

Lifetime Achievement in Counseling Series

An Interview With Liliana R. Sznaidman



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This interview is the fourth in the Lifetime Achievement in Counseling Series at TPC that presents an annual interview with a seminal figure who has attained outstanding achievement in counseling over a career. I am honored to present the interview of Liliana Sznaidman, a professional counselor in North Carolina. Ms. Sznaidman is the second practitioner to be interviewed for this annual series. Ms. Sznaidman is a licensed professional counselor and licensed professional counselor supervisor with over 20 years of clinical experience. She is currently the principal owner of a private practice where she provides counseling, clinical supervision, and consultation services. Joshua Smith and Dr. Neal Gray graciously accepted the assignment to interview Ms. Sznaidman. What follows are Ms. Sznaidman's reflections on her counseling career and its impact on her clients. —J. Scott Hinkle, Editor

Liliana Sznaidman has over 20 years of experience as a licensed professional counselor (LPC) and licensed professional counselor supervisor (LPCS) in North Carolina. She currently owns a private practice where she provides counseling and psychotherapy to adults, couples, and young adult clients. She also provides clinical supervision and consultation services to pre-licensed counselors and other mental health professionals.

Ms. Sznaidman received her master's degree in counseling at the University of North Carolina at Greensboro. Prior to her master's training, she completed a degree in early childhood education in Buenos Aires, Argentina. In addition to her LPC and LPCS, Ms. Sznaidman holds the credentials of National Certified Counselor and Approved Clinical Supervisor. She also has completed post-master's training in clinical supervision and has received extensive training in psychoanalytic theory and practice.

Before going into private practice, Ms. Sznaidman worked as an outpatient psychotherapist providing family counseling services, and as a bilingual therapist. Ms. Sznaidman has been an advocate and asset to her community. She has conducted and co-facilitated psychoeducational groups in Spanish for Latinx adolescents and assisted in providing case management and referrals. Ms. Sznaidman has demonstrated service to the profession by serving as a field placement supervisor for master's-level student interns and provided professional presentations to community agencies.

Ms. Sznaidman is a member of several professional organizations, including the Licensed Professional Counselors Association of North Carolina (LPCANC), where she was the president of the board of directors and helped to advocate for the inclusion of LPCs in continuing education opportunities. She also created the first mentoring program in the association. Ms. Sznaidman is an active member of the American Mental Health Counselors Association (AMHCA); the Pro Bono Counseling Network for Durham, Orange, Person, and Chatham Counties; and the Psychoanalytic Center of the Carolinas. Ms. Sznaidman received both the 2009 Distinguished Practitioner Award and the 2013 Alumni Distinguished Service Award from the University of North Carolina at Greensboro, and was named 2014 Mental Health Counselor of the Year by AMHCA.



In this interview, Ms. Sznaidman shares beneficial insights into her career, her approach to counseling, growth and changes within the counseling profession, her involvement in professional organizations, and the future development of the profession.

1. As an LPC and LPCS in North Carolina, what led you to pursue a degree in counseling compared to other helping professions?

It was in my late high school years when I began to think about engaging in a helping profession due to personal experiences receiving such help and becoming increasingly curious about the human mind.

However, political unrest in my country of origin, Argentina, followed by a couple of moves back and forth to the United States, veered my career in a different direction and affected a delay of my initial plans. It was after I settled more permanently in the United States that a counseling career became a reality.

After examining other specialties within the mental health profession, I decided to pursue professional counseling due to its predominant academic and practice emphasis on the provision of services to clients. Other disciplines seemed to divide their focus between this and macro work in communities, or psychological testing, which was not appealing to me in either the academic or practice realms.

2. As a bilingual counselor with clinical interests in diversity and cross-cultural counseling, what have been your perceptions and observations regarding multicultural competency in counseling?

I recall taking a multicultural course in graduate school and truly appreciating it, based on how it set the tone for challenging the notion of mainstream cultural values being the guiding principle for helping clients, and erroneous, stereotypical assumptions about other cultures. Yet, it was quite surprising to witness thereafter that more emphasis was not placed on postgraduate continuing education opportunities in multicultural competency.

It seems to me that multiculturalism may be erroneously considered a specialty, particularly in today's society where cultural differences are embedded in many client-therapist dyads. If we conceptualize multicultural nuances in a more expansive manner, even aspects as subtle as having had an urban upbringing compared to being raised on a farm, it might lead to richer exploration and meaning making in the context of working with clients.

Our profession and the counseling field overall would benefit from incorporating multicultural aspects into virtually every realm of training, rather than considering it a separate and unique body of knowledge. By not doing so, we might shortchange the overall growth of our profession in this area and limit how we serve our clients.

3. As a licensed counselor for over 20 years, what in your opinion are the biggest changes within the profession? How have these changes impacted your work as a clinician? Conversely, what are the biggest barriers facing counselors right now?

This is a very good topic to explore because it is easy for professional counselors to forget when there used to be little respect for our profession, despite our graduate training being comparable to that of others in the mental health field. The mental health professional world and the public at large knew very little about our training and our professional license. As a result, employers were quite wary about considering us in their hiring opportunities overall, and particularly while candidates were still accruing full licensure status. Health insurance companies, including those federally or state funded, were not accepting our licensed clinicians on their provider panels.

Being fully aware that the nature of our profession's historical presence may vary from state to state, I can only speak of it based on my experience practicing in North Carolina. Thanks to the work of a handful of dedicated colleagues, professional counselors gradually but steadily gained acknowledgment by prospective employers and attained full third-party reimbursement status from insurance companies that operate within the state. In North Carolina, we were among the first in the field to institute distinct formal licensing tiers for associate, fully licensed, and supervisory levels. This offers a way to clearly reflect differential levels of training within our profession. However, it is evident that more work needs to be done by our professional associations in educating the public at large about who we are, how we are trained, and what exactly each of these tiered licensure levels means.

Nationally, of course we know that Medicare recognition is the next desired achievement, but we have certainly come a long way as a profession. It behooves us all to look back in gratitude in order to look forward to new horizons. Lastly, I want to say how encouraging it is to see the impetus of several national organizations working together toward a more cohesive licensing nomenclature and criteria, as well as reciprocity across states. Implementing uniformity in licensing standards can only benefit all of us in attaining increased professional recognition throughout the United States.

Witnessing the profession evolve and change throughout the years has been both encouraging and at times concerning. Particularly in private practice, the salient point is the impact of increasing administrative requirements and treatment barriers placed by insurance companies, while compensation for counseling services has remaining unchanged or lowered for over 15 years. Over time, insurers established a fee-for-service model that has resulted in a decline in previously available salaried employment opportunities, giving way to contract-based type arrangements. This model may pose many challenges to new graduates who may not feel fully ready to venture on their own into private practice, while also finding percentage fee-for-service remuneration positions financially unsustainable. At the state level, we also have seen a significant transformation involving the transition of publicly funded county mental health clinics to outsourcing management and provision of all services to large private sector companies. This, too, has impacted the nature of the job market for counselors.

Overall, we have seen an increase in new graduates starting out in private practice immediately after graduation, but for some this might be too soon or too daunting. I think that graduate programs can help pave the way by a two-fold approach: providing students with at least the basics of practice management skills and impressing upon them the importance of ongoing supervision and consultation with peers. It is no secret that private practice can at times feel isolating; thus establishing regular contact with colleagues for support and consultation can make a significant and positive impact.

4. I see that you operate from a psychodynamic approach, both as a clinician and as a supervisor. What does that approach mean to you in each of these roles?

Psychoanalytic psychotherapy operates under the premise that through exploration of the unconscious, conflicts take place. It also works by utilizing transference and countertransference in the client–counselor relationship to identify common threads in people’s lives. Analytic therapy is often criticized in part due to the length of treatment intrinsic to this orientation, misconceptions about it being solely rooted on antiquated and outdated theory and practice, as well as the therapist’s role being perceived as less active. However, contrary to many beliefs, there is a significant body of research in its efficacy and long-term sustained gains, in addition to its well-known years of historical practice and evolving theoretical contributions.

In my work with clients, I try to guide them to identify common themes, which when brought to the conscious level, begin to form a cohesive narrative of the person’s life that they may not have previously realized. In supervision, I attempt to help my supervisees identify themes in their clients, while also remaining attentive to what emerges within them in the context of that dyadic relationship. It is meaningful, transforming work that does not focus on presenting symptoms alone, but rather on the underlying roots most often unbeknownst to the client and on affecting long-lasting change for self-fulfilling lives.

5. What has been your experience when interacting with national and local counseling organizations? Do you feel supported by professional organizations and leaders? Has support changed in the last 20 years?

I was active for many years within professional organizations, including serving on a state chapter association’s board of directors, LPCANC, for approximately five years. The work of these organizations is remarkable, as are their attainments. I think it was fortunate that my graduate program placed so much emphasis on involvement in these organizations. It was discussed in classes, in workshops, and certainly modeled by faculty in the program. I met our regional association leaders for the first time in one such workshop, and that experience truly made an impression on me as a student. The learning, networking, and growth opportunities that this involvement affords us is likely not available in any other aspect of our professional careers and is invaluable.

6. Throughout your years of practice, what has been the role of counselor identity, and has that changed over time?

It has been interesting to me to witness my own journey within the profession throughout the years. Certainly, most of us work on getting better at and more experienced in what we are trained to do. It was interesting to me to see this focus and role expand and morph, venturing in different directions, such as advocacy and involvement in professional associations, more intensive clinical training, mentoring and training others via clinical supervision, and combining all of these in my professional life.

7. For future counselors, what advice would you have regarding their involvement in advancement and future development of the profession?

As I mentioned earlier, it was through the work of our dedicated colleagues that we attained the recognitions we now have, and yet more work always needs to be done. It is important that we as a profession make inroads in increasing salaried employment opportunities for our new graduates, as we still witness some hospitals, specific departments, university counseling centers, and the like that do not include professional counselors in their hiring practices. Counselors can certainly enter private practice at any juncture in their career, even while under supervision. Yet, based from my own experience, there is not much better learning than that which takes place when you witness the day-to-day practice of professionals more senior to you. This in my mind translates into full-time employment where excellent role models are available.

Another important aspect of advancing in the profession stems from engaging in lifelong learning and some of the best ways to do so are through continuing education and ongoing supervision. It is not uncommon for new counselors to experience supervision as such a financially burdensome mandate throughout their restricted license period that they tend to discontinue it immediately after full licensure is attained. I see this as depriving themselves of ongoing growth. Clinical supervision can take many different forms and frequency levels after graduation, but it remains an invaluable source of ongoing learning. It has been my own personal choice to remain in some form of clinical supervision throughout the entirety of my 20+ year career thus far, and I have never regretted it.

I would also encourage new counselors to engage in professional associations, volunteering and advocating from the outset. It may seem daunting to have that responsibility on top of learning their way as new professionals. However, it is crucial they know there will most likely be someone in those associations ready to guide them in this endeavor, and as the saying goes, “many hands make light work.”

This concludes the fourth interview for the annual Lifetime Achievement in Counseling Series. TPC is grateful to Joshua D. Smith, NCC, and Dr. Neal D. Gray for providing this interview. Joshua D. Smith is a doctoral student in counselor education and supervision at the University of North Carolina at Charlotte. Neal D. Gray is a professor and Chair of the School of Counseling and Human Services at Lenoir-Rhyne University. Correspondence can be emailed to Joshua Smith at jsmit643@uncc.edu.