

Lifetime Achievement in Counseling Series: An Interview with Kathleen Brown Rice



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Each year TPC presents an interview with an influential veteran in counseling as part of its Lifetime Achievement in Counseling series. This year I am honored to introduce Dr. Kathleen Brown Rice, a clinician, supervisor, and counselor educator with expertise in substance use disorders and historical trauma. In this interview, she discusses the personal and professional motivations for her work and her perspective on the future of counseling and counselor education. I am grateful to Dr. Joshua Smith and Dr. Neal Gray for highlighting the ongoing contributions of leaders in the profession for the TPC readership.

—Richelle Joe, Editor



Kathleen Brown Rice, PhD, NCC, ACS, LPC-S (TX), LPC (SD), LCMHC (NC), is a professor of counselor education in the College of Education at Sam Houston State University. She obtained her CACREP-accredited PhD in counselor education and supervision from the University of North Carolina at Charlotte and her CACREP-accredited Master of Science in counseling from South Dakota State University. Dr. Rice is a Licensed Professional Counselor-Supervisor in Texas, a Licensed Professional Counselor in South Dakota, and a Licensed Clinical Mental Health Counselor in North Carolina. Additionally, she holds the National Certified Counselor and Approved Clinical Supervisor credentials. She has worked as a professional counselor in various clinical settings and currently operates a private practice assisting clients with mental health, trauma, and substance abuse issues. Dr. Rice's scholarly research activity focuses on counselor supervision and training with an emphasis in ethical considerations; the implications of historical and generational trauma; and the impact of substance abuse on individuals, families, and the community. She also incorporates the use of biomarkers in her research to understand emotional regulation, risky behaviors, and resiliency. As part of her extensive scholarship, she serves as an expert peer reviewer on the TPC Editorial Review Board.

In this interview, Dr. Rice provides her analysis of the current state of the counseling profession and the possibilities for its future, in addition to discussing the importance of social justice, access to online education, and service.

1. As a counselor educator with experience in both traditional (face-to-face) and online delivery, what do you see as the benefits and challenges of both? Additionally, in your opinion, how can online delivery for skills courses ensure counselor competency?

During my master's and doctoral studies, not one online class was offered. Things have changed immensely. According to the Council for the Accreditation of Counseling and Related Educational Programs website (CACREP; 2024), there are 12 CACREP-accredited online doctoral programs and 118 CACREP-accredited online master's programs. I believe as telecounseling in the field increases, the number of online programs and online course offerings in face-to-face programs will also continue to grow. A 2021 Ruffalo Noel Levitz Graduate Student Recruitment Report surveyed prospective students

who planned to enroll in graduate school and found that 48% preferred hybrid programs, 32% preferred fully online programs, and 20% wanted a traditional classroom program. When looking at within-group differences, doctoral students preferred traditional classroom instruction and master's students preferred hybrid or online programs (Ruffalo Noel Levitz, 2022).

Courses and programs being offered online provide greater flexibility for our students to schedule around work and personal commitments. This can provide students with a better school-life balance. Online counseling programs can provide access to learners who would not otherwise be able to pursue their graduate education and search out specialty tracks that may not be available in their own geographical area. Online programming diversifies the learning environment by providing the opportunity for students from different backgrounds, worldviews, and cultures to engage and collaborate. While these virtual learning environments increase opportunities, there are also struggles we need to consider with this learning modality. Students in online programs may feel isolated and have fewer or qualitatively different opportunities to engage. This can result in a loss of community and feelings of being unsupported, and even have implications on their professional identity development. Given the differences in jurisdictional requirements for licensure, every program might not lead to the educational requirements for licensure where the student lives or wants to practice. There are also legal considerations related to mandatory reporting and limits of confidentiality that vary across jurisdictions. Lastly, online instruction can restrict assessment related to professional comportment issues. This can lead to students' gate-slipping to the detriment of clients and the counseling profession.

When looking at how to best support skills courses to ensure we are training competent and ethical counselors, it is important to consider the traits of the student, faculty, and program. Vineyard (2019) recommended that a successful virtual student is one who has good time management skills, has the ability to self-regulate, and is self-motivated. Thus, we must be honest with ourselves as educators and administrators that online programming is not the right fit for every student. Additionally, to best support virtual students, educators need to think about different types of support such as providing regular live supervision of sessions and consistently reviewing recordings. Further, faculty should seek out training and continuing education to enhance their online instruction and understand gatekeeping strategies. For programs, they should be committed to providing the required online platforms and training for both students and faculty to support an online counseling training program. Also, there should be a residency component built into the program. My personal experience and the results of my research on problems of professional competency prove that having face-to-face personal contact is how most disposition problems are discovered. I believe observing how our students interact with us and each other is a crucial part of the gatekeeping process.

2. Having an extensive research and publication record aimed toward understanding racial and generational trauma, particularly with Indigenous, tribal, and Native American populations, could you speak about the importance of advocacy and social justice in the counseling profession?

We have great privilege being counselors and counselor educators. Those initials behind our names have inherent power. Thus, advocacy should be embedded in everything we do from our practice, teaching, research, and mentorship. Our training and education provide us a seat at the table to promote equity and inclusion and advocate with others—and we should take full advantage. Advocacy also relates to us being engaged with the population that we are advocating for. In that, to advocate for any population, you have to know them, understand them, and ask them if and how

they want your support—this is how we advocate *with*. Many groups that have been historically marginalized in the United States were done so under the guise of helping. One example of this relates to the Indian boarding schools.

From the beginning of the formation of the United States into the 19th century, a central agenda for many government officials was to acquire Indigenous lands (e.g., Indian Removal Act of 1830). By 1876, the majority of lands had been seized, and native people were forced to either relocate or live on reservations. Captain Richard H. Pratt believed that this segregation was wrong and supported better treatment for the native people. He delivered a speech at the Nineteenth Annual Conference of Charities and Correction regarding how to reeducate Native Americans/American Indians, where he proclaimed the only course was to “Kill the Indian, and Save the Man.” In that, to save the Indian, full assimilation into White European culture was required. Thereafter, the government and religious organizations established boarding schools (for more information, see [this article](#)). General Pratt would have seen himself as an advocate. However, his actions led to the abuse of many children under the care of these schools, loss of cultural identity, and disruption of the parental relationship, and are seen as the prominent predecessor to many of the existing problems for some American Indians/Native Americans. Advocacy is crucial in the counseling profession. However, it needs to be done in a culturally competent and collaborative manner. I have been approached by researchers to ask for my assistance working in the Indigenous populations. However, when I ask them if they reached out to the community they want to research in, they most often say “no.” I believe it is crucial to be part of the community before you engage in research with the community. Learn what would be beneficial to the community, not just what will get the researcher published and/or grant funding.

3. As a follow-up to the previous questions, where did this passion and pursuit originate for you?

For me, it has a both personal and professional origination and intersection. I am a linear descendent of the Chickasaw tribe. I grew up not knowing a lot about my heritage because my father was trying to protect our family. His lived experience was that it was not safe to let people know. So, our heritage remained closeted the majority of my life. For almost 20 years I worked as a paralegal. The majority of my work supported lawyers focusing on criminal and family law, which included federal law related to reservation crimes. I saw so many judicial problems occurring with many American Indian/Native American individuals, which made me curious about the reasons. I was repeatedly told “that is just how those people are.” Now, I knew that was not true because I was one of *those* people. I got frustrated with the pattern of what I was seeing and felt I was more part of the problem than the solution. At the age of 39, I decided to go back to school to pursue a different career.

During my undergraduate studies, I chose to take an American Indian/Native American history class to understand more. My father supported my quest for knowledge and started to share our heritage with me. This class helped me understand more about the historical components of the *why*. During my master’s studies, I first heard the term *historical trauma*. I began to research this concept and more parts of the *why* were answered for me. For my doctoral studies, I sought a program that specialized in multicultural competency to assist me in gaining more knowledge. However, I was still struggling with truly embracing my biracial identity—then fate interceded. I was the director of clinical experiences at the university where I was working. I received an email from a local reservation that they lost funding and had to let some counselors go and they wondered if we had any interns. No interns were available, so I said I would go. I was assigned a supervisor and during our first supervision session she said to me, “So, when are you going to tell me you’re Indian?”

I started stumbling over excuses about how I was only part, and that I was not really raised a part of the culture. And she said two pivotal things to me: “You are not part, your Indian blood flows through all of you” and “Do you know how powerful it would be for the adolescents that you are going to work with to see someone from their people that is a counselor and doctor? How much you can encourage them?” She was right. I do this work to advocate for my people. That is my passion.

4. Having a background in mental health and substance use counseling, what has been your experience navigating comorbidity? What changes have you seen socially and culturally as a result of the ever-changing landscape in our current society?

When I co-led my first substance abuse group as a practicum student 17 years ago, the focus was on the substance of abuse (i.e., consequences of use, identifying triggers, and changing behavior to not use). There was little discussion regarding trauma or other comorbid mental health disorders. All therapy work was done in group format. This did not leave space for individual counseling to assist clients with working through their own personal mental health struggles. When I was working at a large urban treatment facility, we were not allowed to engage in individual therapy. To meet the needs of my clients, I requested to conduct individual counseling with my group members who met the criteria for comorbidity. I was told that I could, but I would not be paid for the individual sessions and offered to clients pro bono. I agreed. Once I started working with my clients in both individual and group sessions, I saw so much improvement.

I have slowly been seeing a change in this perspective and clients getting counseling for both their substance use and other mental health concerns with the inclusion of holistic interventions. However, lately I have seen a focus more on mental health counseling only. In fact, through survey research by the Substance Abuse and Mental Health Services Administration (2022), it was found that of the 5.8 million adults aged 18 or older who reported a co-occurring mental health and illicit drug or alcohol use disorder in the past year, most (81.5%) received only mental health services. I think it is important that if a counselor is going to work with individuals who meet the criteria for comorbidity, they should be trained in both specialties. I know my educational training and clinical supervised experiences in both have been crucial to successful client outcomes.

The emergence of reality shows (e.g., *Addicted*, *Intervention*, *Celebrity Rehab*) and scripted shows (e.g., *Euphoria*, *Mom*, *Nurse Jackie*, *Painkiller*) related to addiction have changed how our society views addiction. These shows have allowed the general public to understand more about drug use, how people become addicted, and the consequences of addiction. I believe this has resulted in our society understanding that addiction is a disease and the person with the addiction needs treatment and support, not punishment and disdain. While media has brought some insight to substance use, words such as *addict*, *alcoholic*, *drunk*, and *junkie* are still being regularly utilized. Rather than these labeling words that are shame producing, person-first language (e.g., person with a substance use disorder) is critical to creating a therapeutic environment.

5. It appears service is also an integral part of your counseling identity. What does service mean to you at the local, community, national, and international level?

Service for me encompasses two main concepts: 1) leaving things better than how I found them and 2) working for a cause not for applause. Active involvement in the department, college, university, profession, and community is an important component of service for me as a faculty member.

However, I believe all service should first start on the local level. The analogy of putting your oxygen mask on first applies here. First give oxygen to your local stakeholders. I actively volunteer where gaps have been identified in my microsystem and work to fill these breaches to better serve clients and students. I then move onto service in the macrosystem. I strive to be strategic with the opportunities. We cannot be everything to everyone. Throughout my career, I have said no to roles because I knew that I did not have the bandwidth to do them competently. Service, to me, means making sure that I am only taking on those roles for which I have the time and energy to do well.

I have been honored to be appointed and elected to leadership roles in state and national organizations, serve on several editorial boards, and be selected to present at numerous national and international conferences. I value these opportunities and appreciate these roles and opportunities to provide service to the profession. However, I believe the most impactful service I have done relates to service that has no recognition by a title or line of my curriculum vitae (e.g., pro bono counseling, supervision for licensure, and workshops; consultation; mentorship). This also connects back to advocacy and leaving people with more than what they had, which are core values for me and how I hope to always operate as a counselor educator.

6. What three challenges to the counseling profession as it exists today concern you most?

Counselors-in-training, professional counselors, and counselor educators not doing their own counseling work. I see the concept of the *wounded healer* being manifested more and more in our profession. In my opinion, this is strongly related to the aftermath of the COVID-19 pandemic. The pressure counselors, clinical supervisors, and educators had on them to immediately adjust to the new norm of telecounseling, online education, and the increase in individuals seeking service caused a perfect storm. In connection with the above is the predatory use of pre-licensed counselors. Given the jurisdictional differences related to the scope of practice and insurance companies' view of pre-licensed counselors, the ability to bill or bill under a supervisor varies widely. This can lead to some agencies and practices over-scheduling pre-licensed counselors or bringing in too many supervisees to be supervised and, thus, supervision quality is compromised. The financial costs of a graduate education and the need to get those required hours results in many students and those working on their hours toward licensure being in a vulnerable position with little recourse to do anything regarding these situations. Lastly, there seems to be a lack of focus on evidence-based practices and research being conducted with clients. In the *academic world*, we have access to the latest peer-reviewed articles, and there is a research culture that motivates and encourages us to research and add to the literature. However, in the *practice world*, there may not be as much encouragement of counselor research engagement, consumption, and production. Therefore, there is a need to continue to find ways to bridge the research-to-practice gap and promote more counselors conducting research and gathering data with clients.

7. What needs to change in the counseling profession for these three concerns to be successfully resolved or addressed?

As educators and supervisors, we need to do better with talking about going to counseling. I still do tune-ups with my counselor. We need to acknowledge what we do is difficult and that it is important that we continue our own self-care and our own work. I think we talk the talk about self-care; however, how often do we walk the walk? Are we providing space for our students and supervisees? Are we providing space for ourselves? Professional counselors, whether in training or

practicing, need to remember *counselor heal thyself first* and to do their own work to avoid burnout and unethical practice. As our profession continues to grow, the need for good training sites and competent supervisors will continue to be a concern. I believe the responsibility for developing support for supervisors in the field is with counselor educators. We have resources and time allotted to us to work on strategies to better train and guide supervisors in the field and to advocate for more financial support for counselors-in-training. Lastly, in order for more practitioners in the field to gain access to the new developments in evidence-based practices, more counseling-related journals need to be open-access. We also need to find more ways to disseminate counseling research where counselors may tend to access information such as at scholarly conferences, in *Counseling Today*, and on social media platforms like the [Mental Health Research Facebook page](#). Additionally, to get counselors more involved with conducting research and gathering data with their clients, more educators need to include practitioners as co-researchers on their studies. Ultimately, research to develop evidence-based practices should be seen as part of our service to our profession and advocacy for the clients we serve.

This concludes the ninth interview for the annual Lifetime Achievement in Counseling Series. TPC is grateful to Joshua D. Smith, PhD, NCC, LCMHC, and Neal D. Gray, PhD, LCMHC-S, for providing this interview. Joshua D. Smith is an assistant professor at the University of Mount Olive. Neal D. Gray is a professor at Lenoir-Rhyne University. Correspondence can be emailed to Joshua Smith at jsmith@umo.edu.

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