



## Neurocounseling across age groups

**A**t the 2017 American Counseling Association Conference in San Francisco this past March, 10 counselor educators presented a daylong Learning Institute titled “Neurocounseling: Brain-Based Case Conceptualization, Assessment and Intervention.” Each speaker focused on a chapter written for the newly published ACA book, *Neurocounseling: Brain-Based Clinical Approaches*.

I heard many ideas from my colleagues during this Learning Institute, but I emerged from the day with two new main insights and questions. The first curiosity came out of a discussion with my husband, Ted Chapin. Looking at the presenters, we were both struck by the varied ages and age span of the speakers (and the participants for that matter). After inquiring, we discovered that the youngest presenters were in their 20s and 30s, whereas the oldest were in their 80s. That made me begin to wonder whether neurocounseling and the idea of bridging brain and behavior might impact age groups differently. The second question that came to my mind: Which group might benefit most from neurocounseling?

This past April at Bradley University in Peoria, Illinois, our online master’s in counseling students arrived for their residency, where they finished up the Neurocounseling: Brain and Behavior course. On the last day of class, I interviewed these students about my two questions. The class had a total of 13 students: four students in their 20s, three students in their 30s, three students in their 40s and three students in their 50s. Four of the students were male, and the cultural backgrounds represented in class were Caucasian, African American, Hispanic and Asian. What wonderful diversity we enjoyed in our class.

In addition to interviewing my students, I decided to interview Allen Ivey and Thom Field — two of the main speakers at the Learning Institute in San Francisco.

I’d like to share the very fun and fascinating responses to my questions:

1) How does learning about neurocounseling and bridging your brain and behavior impact you at this time in your life?

2) What is the largest benefit to you?

My students and colleagues gave me permission to share their ideas.

### The 20s age group

Tess, Tiffany, Meghan and Stephanie worked together and stated that they are definitely more conscious of the foods they are eating and the impact these foods have on the gut-brain axis. For this group, discovering the many contributors to brain dysregulation was new and fascinating. They also stated that they now better understand the importance of self-regulation and brain regulation strategies in combating some of life’s daily stressors. They indicated a desire to continue meditation, yoga and exercise.

They said that understanding the default mode network — the sections of the brain that assist with introspection and reflection — helped them to grasp the importance of time with self and self-care. They said learning about epigenetics would help them in deciding how to care for themselves as they start to navigate big life changes. During this transitional time when their brains are still developing, they said that they can use neurocounseling to facilitate adaptive change. Learning about neuroplasticity will help them remember that their environments can influence them negatively and positively.

### The 30s age group

Matt, Stephen and Brendan believe that at this stage in their lives, they are at full capacity and operating in that mode. All three agreed that striving for peak performance is essential, and that being mindful of their families and profession is extremely important. At this point in their lives, they have the energy and hunger to want to learn and to be as healthy as possible. They take their life roles very

seriously. They are of an age at which they have the maturity to plan for their futures.

Brendan stated that every year gets faster, and as he gets older, time seems different. All three stated that incorporating brain-based research into counseling makes counseling more efficacious. Brendan said he has realized that it is never too late to begin self-care. All three students are beginning to feel the finite nature of life, even in their 30s. Stephen made the entire class laugh when he shared his recent realization that a lot of brain pruning went on in his 20s.

### The 40s age group

Amy, Briana and Tameka all shared a wish that they had known about neurocounseling information earlier. In learning about the gut-brain connection last year, Amy said it completely changed her life. Both her pain and depression were lifted. Briana said she enjoys this age because she can view life from both ends of the spectrum. This group can even explain life before we grew so dependent on technology and can see both the advantages and disadvantages.

Neurocounseling education assists these individuals in seeing life differently. Self-care seems to be more important in their 40s. They will use their wisdom to assist with life changes, from becoming empty nesters to menopause to life conflicts. Briana stated that everyone wants the same thing in life — to be calm and focused — and neurocounseling aids in that goal.

### The 50s age group

Linda, Mina and Alex reported enjoying this part of life, having overcome many life experiences and challenges. They believe that this age brings about more intuitive understanding, so a better comprehension of the brain and body helps with understanding how intuition works. All three loved the concept of neurogenesis. They were encouraged that we can build new neuronal pathways until we die. They also believe that

this life stage can bring about the best treatment because life experiences/wisdom and skills are integrated.

Alex said that he does not ever think about his age. Mina said that after taking this class, she will never use her age as an excuse again. Linda expressed excitement about finding her true passion in counseling in her 50s and looks forward to being a role model to others. All three discussed the importance of daily exercise, thanks to understanding how the cascading brain derived neurotropic factors (BDNFs) are activated and released with exercise. The main role of the BDNFs is to alert and assist the brain and body to be ready for the day and to adapt to life stressors and activities.

### Thoughts from presenters

After hearing what graduate students who are relatively new to the world of counseling believe about neurocounseling, it was also enjoyable to learn what some of our Learning Institute presenters think.

These are Thom Field's direct responses to my questions:

"Like many graduate students, my master's program had very sparse training in neuroscience outside of my addictions course. This changed during my doctoral studies in counselor education, when I was immersed into the neuroscience of counseling during an advanced counseling theories course at James Madison University. I learned about brain regions and anatomy, the implications of activation in the limbic system versus prefrontal cortex in client functioning, and an emerging new theory named interpersonal neurobiology. I was hooked and became keenly interested in what was happening in the brain of the client during the counseling process.

"I soon found myself independently researching information about brain functioning, began publishing articles on the application of neuroscience to counseling practice and created a new neuroscience-informed model of cognitive behavior therapy (nCBT) with Drs. Eric Beeson, Laura Jones and Raissa Miller. I was appointed the chair of AMHCA's [the American Mental Health Counselors Association's] neuroscience interest network, and was later appointed as associate editor of the *Journal of Mental Health Counseling's* special section on neurocounseling alongside

Dr. Eric Beeson. Alongside Drs. Laura Jones and Lori Russell-Chapin, I was also an editor of ACA's first published text on the integration of neuroscience into counseling practice in 2017, titled *Neurocounseling: Brain-Based Clinical Approaches*.

"Since that first doctoral course, I have discovered that learning about neuroscience needs to happen in the community. The field is vast, and it would be near impossible to possess knowledge about all areas of neuroscience related to counseling practice. Belonging to neuroscience interest networks, research teams and editorial boards has helped me to better understand the neuroscience field. For example, I am continually learning about broad fields such as epigenetics, social neuroscience, neurofeedback, psychoneuroimmunology, neural development and traumatic stress. I have learned so much from my colleagues and peers, and find the learning process exciting and rewarding. Discussions with colleagues in the neurocounseling community have helped me to parse empirically based neuroscientific knowledge from theoretical models and pop psychology. Being in my 30s, I find that the more I learn, the more I realize I have to learn.

"I have noticed that interest in the application of neuroscience to counseling practice has grown tremendously over the past few years. The topic seems to attract people of all ages, backgrounds and experience [levels]. Graduate counseling students have completed undergraduate programs in psychology or biology that are increasingly emphasizing neuroscience, and they are looking for this emphasis in their graduate programs. Experienced practitioners are intrigued about what is happening in their clients' brains and are exploring neuroscience as a means of better understanding their clients. There are also clinicians who are specializing in biofeedback and neurofeedback. It is indeed an exciting time to be learning about the application of neuroscience to counseling practice."

Here are the direct responses from Allen Ivey about neurocounseling:

"My knowledge of neurocounseling has made an immense difference in my life. Eleven years ago, I started my journey into neuroscience/neurobiology. Nine

years ago in Honolulu, I gave the first presentation on applied neuroscience — now neurocounseling — to ACA. Professionally, neurocounseling reinforces my lifelong emphasis on prevention and using preventive methods as treatment. My successful microskills and prevention work with Vietnam vets years ago made this point clear to me. But preventive treatment remains a hard sell to the helping professions. There is no money in prevention, unfortunately.

"Personally, I have learned that my 83-year-old aging brain can still grow and develop due to neuroplasticity. I have discovered the complex connections between my prefrontal cortex and amygdala/limbic system. This leads to more effective emotional regulation, enabling better cognitive functioning and ability to write and present, as well as to engaging and enjoying emotional experience. Aging no longer scares me.

"I now teach stress management to cardio rehab patients at Dartmouth-Hitchcock Hospital. There I focus on the importance of exercise, diet, sleep, socialization and other therapeutic lifestyle changes. Personally, I have lost 22 pounds, now exercise and meditate a full hour each day, and have completely changed to the Dean Ornish diet. Luckily, I have Mary [Bradford Ivey] and many friends who meet my socialization needs. I like to think that I will 'go bravely into the night.'"

### Conclusions

Interviewing all of these people did seem to validate my original questions and insights. These perspectives added strength to my own experiences of being in my 60s and knowing that neurocounseling has made such a difference in my life, both personally and professionally.

I believe that personally integrating neurocounseling strategies has actually saved my life and has given me additional choices to achieve a healthier lifestyle. Given some of the biofeedback techniques such as skin temperature control, heart rate variability and diaphragmatic breathing, and the therapeutic lifestyle changes such as nutrition and exercise that I implement on a daily basis, my brain and body are healthier now than ever before.

Neurocounseling has also impacted my professional life in profound ways. I truly see my clients in a different way. When I shake their hands or watch them breathe, I have a new set of clues into their lifestyle. Probably the biggest impact though has been a better understanding of the polyvagal theory by Stephen Porges. Through 30 years of conducting counseling, my main goal was symptom reduction. That is still important to me and my clients, but my major goal now is to assist clients in emotional and physiological safety and to offer skills for self-regulation. These skills can then be transferred to any part of my clients' and students' lives and can be utilized over and over again.

I knew neurocounseling made a difference, and I was delighted that the students from my residency class could experience that as well. One of my students from that class, Stephen Porter, wrote the following comment after the course concluded, and he gave me permission to share his thoughts:

"I wanted to say thanks again very much for the experience of the residency and the class overall. It was a really great

couple of days — and the fact that you (and Dr. Chapin) welcomed us into your work, your home and your office really set the tone for a great learning environment. As I am learning from the paper I just submitted, you effectively activated our social engagement systems with consistent signals of safety!"

I am convinced that neurocounseling is important to every age group. The acquired information affects every person in a unique manner. Erik Erikson's psychosocial stages come to mind with this too. Our main developmental focus at any given time will benefit from a better understanding of how brain health impacts that stage of development, from raising ourselves to raising a family to raising a profession. Epigenetics teaches us that our lifestyle in our 20s affects how our brain and body will age and function in our 90s. Realizing that the definition of a healthy brain is a brain that can process information quickly and accurately helps us set measurable goals.

Once our experiences are viewed through a neurocounseling philosophy, we can never go back to seeing the brain and body independently. So instead of saying,

"I am going to take care of my body," the new mantra today needs to be, "I am going to do everything I can to take care of my brain *and* my body."

Here's to neurocounseling and better brain health. Thanks to everyone who shared their thoughts about neurocounseling and its impact on different age groups. ❖

Lori Russell-Chapin is a professor of counselor education at Bradley University and co-director of the Center for Collaborative Brain Research. She is one of the editors of the new book *Neurocounseling: Brain-Based Clinical Approaches* and also serves as co-editor of *Counseling Today's Neurocounseling: Bridging Brain and Behavior* column. Contact her at [lar@fsmail.bradley.edu](mailto:lar@fsmail.bradley.edu).

Letters to the editor:  
[ct@counseling.org](mailto:ct@counseling.org)



AMERICAN COUNSELING  
ASSOCIATION

## Advertise your internship opportunities through ACA!

ACA will be implementing a site placement resource for graduate students and new professionals during the summer of 2017. If you are seeking a counselor intern, and would like to place your available practicum or internship opportunity on the ACA's website please visit [counseling.org/careers/submit-site](http://counseling.org/careers/submit-site). Complete and submit the form, and direct all questions or concerns to Danielle Irving-Johnson, Career Services Specialist at [acacareers@counseling.org](mailto:acacareers@counseling.org).

Visit [counseling.org/career/submit-site](http://counseling.org/career/submit-site) to get started!