WASHINGTON UPDATE

Nation caught in meth’s grip

Realistic and gritty awareness campaign launched in Montana to educate teens

BY ANGELA KENNEDY

Crystal, crank, Tina, ice, glass— it’s all methamphetamine and, increasingly, it’s everywhere.

Last month, the Substance Abuse and Mental Health Services Administration released a report stating that admissions to treatment for methamphetamine abuse have increased significantly across the nation, moving from West to East. States in the Midwest and South, where meth rates were relatively low only a decade ago, are now experiencing high rates of treatment admissions. In the National Survey on Drug Use and Health issued three years ago, more than 12.3 million Americans indicated they had tried meth, and 1.5 million said they were regular users. The Federal Drug Enforcement Administration reported that it had seized 17,033 methamphetamine labs in 2004, an increase of 129 percent from five years earlier.

This widespread surge in meth use is affecting more than just addicts. Law enforcement agencies nationwide rank meth as the No. 1 drug they are battling today. Meth addicts are filling the U.S. prison system, while their children are flooding the social services system. Meth even affects the environment. For every pound of meth that is created (or “cooked”), as much as eight pounds of toxic waste are produced. In an effort to stem the tide of meth abuse, President George W. Bush on 2006 Legislative Institute sessions instructed attendees on the basics of the policymaking process and how to engage in state and federal advocacy. In addition, attendees took part in role-playing exercises that prepared them to conduct lobbying visits. Other sessions covered grant writing, media relations and how counselors can remain active as advocates after returning home. The institute also provided lobbying information on issues of concern to school counselors, rehabilitation counselors and mental health counselors.

“The importance of what professional counselors can do to impact public policy is hard to overstate in today’s policymaking environment,” said ACA Executive Director Richard Yep. “I was extremely pleased to see such a hard-working and dedicated group of professional counselors come to Washington.”

When participants visited their representatives’ and senators’ offices on Capitol Hill on the last day of the Legislative Institute, they lobbied on specific issues: Medicare coverage of licensed professional counselors, recognition of LPCs under TRICARE and other Department of Defense programs, funding for the Elementary and Secondary School Counseling Program and reauthorization of the Workforce Investment Act.

Continued on page 28
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The Substance Abuse and Mental Health Services Administration awarded $19.2 million in March to Texas, Georgia, Illinois, Pennsylvania, Wisconsin, Missouri and Colorado for crisis counseling assistance in the aftermath of Hurricanes Katrina, Rita and Wilma. The grants were awarded through a partnership between SAMHSA and the Federal Emergency Management Agency.

More than $66 million in federal crisis counseling support has been made available to states to date. Additional grants will be awarded in coming weeks. The most recent grants are meant to enable states to address the ongoing counseling needs of people affected by the hurricanes, regardless of whether they are residing in their home states or have resettled in other areas. States will receive a portion of the funds initially, with the remaining approved funds released as service needs continue.

“The impact of Hurricanes Katrina, Rita and Wilma is unprecedented,” said SAMHSA Administrator Charles Curie. “Most survivors are demonstrating remarkable resiliency and are rebuilding their lives. However, for some survivors, the psychological impact of their experiences is potentially both serious and long-lasting. These new grants are part of a broader federal effort to assure that emotional and psychological well-being are addressed in the overall recovery process.”

The crisis counseling program will hire and train people locally to provide outreach to survivors of the hurricanes who need mental health services. This outreach effort will include mobile services in which trained workers travel to where disaster survivors have congregated, including shelters, disaster recovery centers and temporary hotels, to provide supportive contacts, educational materials and brief counseling services.

Texas has been hosting hundreds of thousands of evacuees from Louisiana and Mississippi who began arriving prior to Katrina’s landfall. Texas was approved for up to $12.1 million to continue its outreach and support services to an unusually large number of displaced individuals who are spread out over 250 of the state’s 254 counties.

Georgia, Colorado, Illinois, Missouri, Pennsylvania and Wisconsin also received grants to fund various programs that have been established to meet the needs of hurricane victims who were forced to temporarily or permanently relocate.

The Last Word

“I believe that if we do not advocate for who we are as professionals and as a profession, then nobody is going to listen to us when we stand up to advocate for clients.”

—Jane Myers, “Advocacy and professional counseling,” p. 16

By the Numbers: Methamphetamine Lab Seizures

This map shows the number of methamphetamine lab seizures in 2004 (a note on the U.S. Drug Enforcement Administration website says it includes “all meth incidents, including labs, dumpsites or chemical and glassware seizures”). Missouri, which had only 438 meth lab seizures in 1999, jumped dramatically to 2,788 lab seizures in 2004, the highest number in the nation. Tennessee also had a large increase, from 143 seizures in 1999 to 1,327 in 2004. For more, read the cover story, “Nation caught in meth’s grip.” Source: National Clandestine Laboratory Database

States provided with more than $19 million in crisis counseling aid for hurricane victims

Celebrate Counseling Awareness Month

April has been designated as Counseling Awareness Month. The pivotal role that counselors play in society should be celebrated year-round, but the American Counseling Association hopes this special designated month will be used as a focused opportunity to call public awareness to the wide range of services that the counseling profession provides.

A visit to the ACA website will reveal a number of effective strategies counselors can use to promote the observance. Go to www.counseling.org/Resources and click on the download titled “Public Awareness Ideas and Strategies for Professional Counselors.” Single copies of the guide are also available for free to ACA members by calling ACA Member Services at 800.347.6647 ext. 222.

The guide is filled with advocacy and public relations strategies for use during Counseling Awareness Month and throughout the year. It includes sections on participating in professional organizations, group participation in civic and charitable activities, delivering speeches and presentations, and working with the media. In addition, there are helpful resources for use in public awareness materials, including “Frequently Asked Questions About Career Counseling.” “Professional Counselors as Providers of Mental Health Care” and “Scope of Practice for Rehabilitation Counseling.”

ACA, NEA tout school counselors

ACA has partnered with the National Education Association to produce 3,000 copies of the brochure “What Is a School Counselor: A Resource Guide for Parents and Students.” The brochure provides a quick overview of the role and value of school counselors. Both ACA and NEA have an online version of the brochure available on their respective websites. From the ACA website at www.counseling.org, click on “Public Policy;” then “Resources & Reports;” then “Resources for School Counselors.”

NEA plans to distribute the brochure to its 52 state affiliates, caucuses and board of directors. ACA will use the brochures when making lobbying visits on Capitol Hill as a leave-behind for congressional staff. The brochures will also be distributed at professional meetings and conferences.

Present at the 2007 ACA Convention

Believe it or not, the countdown is already on for the 2007 ACA Convention in Detroit. ACA has issued a call for programs for the Detroit convention, and all proposals for Learning Institutes and Education Sessions must be submitted by June 5, 2006. The Learning Institutes, which will be held March 21-22, 2007, provide counseling professionals with opportunities to enhance their skills while earning continuing education credit. Both three-hour and six-hour Learning Institute formats are available.

Education Sessions will be held March 22-25, 2007, and will feature the following formats: 90-minute sessions, 60-minute sessions and 30-minute project/research poster sessions. An individual may not present at more than two ACA Education Sessions.

Prospective presenters should submit their proposals using the online form at www.counseling.org/convention. The user-friendly form (available on the website starting April 10) will guide presenters through the process. A committee of professional counselors representing all ACA divisions and regions will review the proposals using a blind review process. Acceptance/rejection notices will be delivered by Aug. 15, 2006.

The main presenter at each Learning Institute and Education Session must be a current ACA member in good standing. It is suggested that main presenters verify their membership by calling 800.347.6647 ext. 222 before submitting a proposal. The main presenter will serve as the contact person for the individual Learning Institute or Education Session.

Call ACA Professional Learning at 800.347.6647 ext. 229 with questions regarding the submissions process.
Don’t condemn counselors who have chosen not to celebrate LGB lifestyle

I read with interest Garrett J. McAuliffe’s article (“Speaking out for the love that dare not speak its name”) that was published in the February 2006 issue of Counseling Today.

The article, which was written for the Dignity, Development & Diversity column, called for all professional counselors to become staunch advocates for lesbian, gay, and bisexual rights. The article was well written but just a tad strident in its presentation. Apparently Mr. McAuliffe does not allow for those of us, professional counselors to be sure, who do not join him in passionate insistence that the LGB lifestyle is something to be celebrated.

He states that “LGB people are indispensable, ,” as if a person’s contribution to society had anything at all to do with his/her sexual preference. Granted, some of our most gifted and talented human resources have been, and remain, gay or lesbian. But their giftedness has no more to do with their sexual connection than does the brand of toothpaste they use. They are gifted because they are gifted; they are not indispensable because they are LGB. To insist otherwise is to be offensive to the people for whom he speaks.

For example, I wonder how many people who have enjoyed Oscar Wilde’s work for over a century had no idea he was gay. Apparently his being gay had nothing to do with his success in the eyes of his public. He was indispensable because he was Oscar Wilde. (The quote Mr. McAuliffe uses from Wilde is not one of his more cogent. I doubt any but a very few would agree that gay love is the “noblest form of affection.”)

I’m glad Mr. McAuliffe wrote his contributing piece, and I will continue to read similar pieces with interest and as much fair-mindedness as I can, even if they do give me pause. But he goes beyond the pale to insist that I change my values, set aside who I am (I’m pretty indispensable, myself) or do my clients a disservice by pretending to celebrate the struggle they have with being torn between two worlds.

The struggle, frankly, is tragic. I will help them find the inner strength to make the right choice for themselves and accept what they cannot change. But if they need a counselor to help them pillage society for not cheering their lifestyle as much as they would like, I will, ethically, refer them.

Mike Spencer
Melbourne, Fla.
mspen1024@aol.com

Reader provides report from the front lines of California licensure battle

I read with great interest the February issue of Counseling Today. I wanted to add a bit of material to the article titled “California licensure bill stalls.” which appeared in the ACA in Action column and dealt with the licensing effort for professional counselors in California.

The article suggests that Bill Wilson’s testimony at the California Assembly Business and Professions Committee helped passage of AB 894, the California counselor licensure bill. While that is true, it does not mention that I was the other designated speaker for the California Coalition for Counselor Licensure.

I am a licensed psychologist and marriage and family therapist and a counselor educator at San Francisco State University with a private practice. I hold a 30-year membership in the American Counseling Association. I was asked by CCCL to give testimony to the Business and Professions Committee in January as well as to the Joint Committee on Boards, Commissions and Consumer Protection last December. We won that round before we moved on to the Business and Professions Committee. Since Counseling Today is interested in reporting the activities of ACA members, I thought you should be aware of this.

You should also know that I and other CCCL members met with the California State Psychological Association Political Action Committee chair and with the Board of Behavioral Science and its executive director. This has been a very difficult and disillusioning battle — less about serving and protecting the public and more about protecting professional turf. It has been especially difficult for me because other licensed friends and colleagues view me as a traitor. Nevertheless, what I have found from this political experience is that at least at the state level, the membership of ACA and other interested parties need to contact and inform legislators. Letters are nice and are certainly helpful, but this licensing game is about numbers and politics. When I speak to members of the Assembly and Senate, they all want to know the size of the constituency I represent and, of course, who votes.

Robert Chope
San Francisco State University

Correction: In the January 2006 article “EB-ACA, BACP: Counseling with a European flavor,” the chief executive of the British Association for Counselling and Psychotherapy was misidentified as Jan Wain- son. Laurie Clarke has served as BACP’s chief executive since May 2002. Counseling Today regrets the error.

Counseling Today welcomes letters to the editor via e-mail to ct@counseling.org. Letters may also be sent to Letters to the Editor, c/o Counseling Today, 5999 Stevenson Ave., Alexandria, VA 22304.
May there be peace on mortal, immortal and divine planes. I meditate to the most brilliant splendor of spirit. May spirit guide us to take the correct action at the correct time. May there be peace, the most wonderful peace.

As I sat down to write this column, I noticed an uneasiness. The words were not spilling onto the computer screen. I had swirling thoughts about multiple topics that I wanted to write about, but nothing felt cognitively coherent. Words and phrases trickled out, but nothing that led to the evolution of a column.

As luck would have it, I interrupted the task of writing for my yoga class. I try to attend yoga class at least three times a week — more if I’m not traveling. For me, yoga is a form of spiritual, mental and physical nourishment. I have been involved with yoga for nearly five years, and after each 90-minute session, I feel replenished, calm and emotionally stronger. Sometimes I feel as if I am just floating away.

At the beginning of class, the instructor generally invites us to dedicate our practice to something or someone. On this particular day, the word “inspiration” immediately appeared in my consciousness. Yes, my practice would serve as a source of inspiration so that I could return and put my thoughts to paper with ease and joy.

At the start of class, we often chant. Chanting is a ritual that helps us to focus on our practice and minimize stray thoughts that are bound to flow in, often upsetting our concentration. I am sharing the English version of today’s mantra at the top of the column. Generally, we chant in Hindi because most of yoga is grounded in Indian philosophy and worldviews. Surprisingly, after chanting the mantra three times, I found that I was very connected to the rhythm of our voices. I was breathing more consciously and no longer concerned about my writer’s block. I am now back at the computer, ready to write about my attempts to practice wellness. In so doing, I hope I will inspire some of you to consider different avenues for bringing wellness into your daily lives.

My routine of simple wellness practices
Since coming to Phoenix seven years ago, I have found many opportunities to work on mind-body balance. One of my favorite activities is walking the labyrinth at the nearby Franciscan Renewal Center. A labyrinth is defined as a maze of interconnected passages that allow the explorer to circulate through. I walk the labyrinth because it allows me to connect with my thoughts and feelings, putting me into a meditative state.

The worldview of American Indians, the original residents of this vast Southwest, indicates that people, animals, plants, the earth and all forms of nature are interconnected. Since moving to Phoenix, I have taken this principle to heart. When I take my 1.5 mile walk around the neighborhood, I am keenly aware of the stark blue sky that serves as a backdrop for Piestewa Peak and Camelback Mountain. I notice the tiny hummingbirds beating their tiny wings in midair. I notice the colorful wildflowers that decorate the earth, rocks and gardens. Then, of course, there are thephenomenal cacti. If I want to get a refresher on the range of cacti, I drive to the Botanical Gardens. There, I can wander liberally among desert gardens filled with barrelhead, prickly pear and saguaro cactus.

Once again, I am surrounded and humbled by the power of nature and plants. There is something very peaceful here, and as the mantra indicates, a sense of splendor and of the divine. My appreciation for the American Indian worldview of nature has increased greatly, and I feel very fortunate that all of these places of beauty are close by.

Symbols of spirituality and wellness
The cultural influence of American Indians, primarily the Hopi, Apache, Tohono O’otham and the Navajo, is pervasive throughout Arizona and other parts of the Southwest. Their worldview, which is inclusive of living beings, plants and nature, holds respect and appreciation for the power of animals. I have been introduced to totem power stones, which are also known as fetishes. These are carved objects, generally from stone, in the shape of an animal. Fetishes have meanings that I find to be sources of support and reaffirmation. For example, the eagle is associated with terms such as divine, spirit...
Coalitions and coalescing

Last month, the American Counseling Association collaborated with three other national associations to present information to congressional staff on school-based mental health services. ACA joined the American School Counselor Association, the National Association of School Psychologists and the School Social Work Association of America in conjunction with the offices of Sens. Edward Kennedy (D-Mass) and Pete Domenici (R-N.M.) to provide compelling information about the growing need that our nation’s students have for school-based mental health services.

Key staff members of the senators’ offices offered remarks, as did several professionals, including a professional school counselor, school psychologist, school social worker and a principal. In addition, the audience heard from a parent who provided firsthand information about a situation that involved her daughter. She stressed the outstanding services that her daughter had received from the school counselor and school social worker.

This first-ever event was a stunning success and demonstrated the growing importance of working together in professional coalitions.

Also last month, a meeting that included master’s level mental health care providers convened to explore issues of common concern to professional counselors, social workers, and marriage and family therapists. This group meets quarterly to discuss issues at the state and national levels, and the common goal is to determine how best to help those in need.

From my perspective, it is high time that counseling professionals and others in the mental health arena come together to take an in-depth look at issues that affect the services being provided to children, adolescents, adults, couples and families. We have an administration in Washington, D.C., that is proud of its cuts in nondiscretionary domestic spending (i.e., education, health care and human services). It seems to me that those of us involved in advocating for people who are seeking help with life’s challenges need to join forces now more than ever if we are to maintain, and hopefully increase, the amount of funding that is spent on those in need.

If you are a member of ACA, please consider joining our Government Relations listserv so that you can stay up-to-date on the latest developments in the public policy arena and, more importantly, find out when your voice is needed! You can join the network by sending an e-mail to publicpolicy@counseling.org. It’s that easy.

I also want you to know that ACA will continue its efforts to form coalitions with those whose missions are consistent with the association’s agenda. While we are here in large part to provide services so that our members can become even better at what they do for their clients and students, we also know that you want us to consistently advocate for the profession of counseling. Your renewal of membership in ACA each year will tell us if we are on the right track.

However, I encourage you to move beyond a “once-a-year” vote on the subject. You can do this by simply telling us whenever you identify a need that we should address. Send us an e-mail, call us toll free (800.347.6647) or even send a letter through the mail and let your voice be heard. If you are an ACA member, this is YOUR association. We can only do what you want if we know that you want it.

While there is a finite budget for services and programs, the more information we have on a particular subject, the better the decision-making process will be for your elected leaders and your professional staff here at ACA headquarters.

In a world where our voices sometimes seem to be drowned out by others, know that as a member of ACA, we want your voice to be heard, especially as we look at how best to provide services, resources and advocacy on behalf of the counseling profession.

As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.

I

Robert Walsh, MA, NCC, LCPC and Norman G. Dasebrook, MS, LCPC, consultant and authors, have helped hundreds of counselors start and expand successful private practices. Since 1999 Walsh and Dasebrook have lectured throughout the country and co-authored, 'The Complete Guide to Private Practice for Licensed Mental Health Professionals,' now in its 3rd edition.

The Complete Guide 3rd edition contains over 170 pages of ideas and examples, included are all the private practice forms on CD-ROM. Some of the topics covered:

- Marketing strategies and advertising
- Referral sources
- Office set up with minimal investment
- HIPAA disclosure and clients’ right documents
- How to bill insurance
- How to get on managed care panels

Knowledge is a degree that incorporates life’s curriculum.
The Canfield family (left to right): daughters Sarah and Catherine, wife Irene, daughter Caroline, and Brian with son Jack.

Twenty questions with Brian Canfield

Getting to know ACA’s new president-elect-elect

BY ANGELA KENNEDY

On Feb. 23, American Counseling Association Nominations and Elections Chair Sam Gladding called Brian Canfield to tell him the good news — Canfield had won the ACA presidential election and would begin his term in July 2007.

For the past five years, Canfield has headed Southeastern Louisiana University’s Department of Human Development. Previously he was a member of the Educational Leadership and Counseling Department at the University of Louisiana-Monroe and also taught at Louisiana State University-Shreveport and Texas A&M University. He earned his doctorate from Texas A&M and received both his master’s and bachelor’s degrees from Louisiana Tech University. Canfield is also the past president of the International Association of Marriage and Family Counselors and other divisions, encouraged me to run for ACA president, believing that I might be able to make a positive contribution to the future direction and growth of ACA.

2. In the past, many ACA presidents have had a theme. Any thoughts as to what yours will be?

I have some ideas, but I’m still giving this some thought.

3. In running for ACA president, you said, “Healthy branches and divisions are the key to a healthy ACA.” What do you mean by that, and how do you hope to achieve that in your term?

Our association was founded more than 50 years ago by four counseling-related groups that came together to provide a common voice. Even if it were possible, I think it would be unwise to attempt to steer counseling into some generic identity in which all counselors are trained and cast in essentially the same mold. We are a diverse group whose members work with very different types of client populations in varied settings. While this diversity presents some challenges, I think it is potentially one of our greatest strengths.

I’m hopeful we can find better ways to support interest and membership in the divisions and state branches among all ACA members and vice versa. This could take many forms, such as enhanced dues incentives for joint ACA and division membership and rebates for division, region or state branch members attending the annual ACA conference. We need to find new ways to restructure ACA in relation to the divisions and branches so that we are not competing against each other for membership dues and other resources. This will not be an easy task, and it can only be accomplished by building a strong consensus among constituent counseling groups and within the ACA Governing Council.

4. You also mentioned increasing membership. What are some of your ideas for improving the value of ACA membership and boosting the membership numbers?

The political reality is that numbers equal influence. One organization speaking with the voice of 50,000 members is potentially more politically and socially impactful than 10 organizations of 5,000 members each. Helping all counselors understand that a single professional voice — one that only ACA is potentially in a position to provide — will have a direct and meaningful impact upon the status of the counseling profession and our ability to practice. However, this does not need to be and cannot be done at the expense of the divisions.

I think obtaining licensure in all 50 states by adding California and Nevada to the fold should remain a top priority. These additions would greatly enhance our association.

5. You said, “I would work to increase parity, particularly in the public sector.” Explain how you would like to forge or improve these relationships.

The goal of professional parity for counselors is realistic and obtainable. It is an ongoing task that requires a focused use of our resources to educate the public and our legislators at both the state and federal levels. The more members we have, both in our state associations and within ACA, the stronger our voice in the legislative process, which ultimately defines our scope of practice and the rules we play in society.

6. You specifically mentioned working with the Department of Defense. Why do you feel this is an important partnership to have?

Counselors will increasingly be an invaluable resource in helping military families and society in general to cope with the inevitable challenges created by the war on terrorism. As such, we need to ensure that counselors are empowered to provide services in both the civilian and military sectors on par with our social work colleagues. I think the time is right to build stronger partnerships with the Department of Defense and various branches of the armed services.

7. You also noted that you would like to work with the Governing Council to revise/ review fiscal and administrative policies to help ACA operate more efficiently and cost-effectively.

What financial concerns do you have about the organization, and what improvements do you hope to make as president?

ACA must continue to operate as a fiscally sound and efficiently managed corporation. My perception is that, at present, we are on fiscally stable ground, to the credit of our recent group of elected leaders and professional staff. One of the benefits of bringing “new blood” into top leadership roles is for ACA to gain new perspectives. I have a fairly extensive management background, but I recognize that a major task of the president-elect is to “listen and learn” as much as possible about current association procedures and practices. I’m fortunate that I will have some excellent teachers to assist me in this learning process. Only then would I be in any position to offer specific thoughts as to possible improvements.

8. Leading up to your term, how do you see the organization? After your term, how do you hope to leave the position?

In the past several decades I have watched the counseling field become increasingly fragmented. I would like to help reverse that trend by positioning ACA to serve as the umbrella organization for all counseling-related groups, while concurrently empowering our divisions, chapters and regions.

9. Explain the ideas and ambitions behind the “summit meeting” you proposed when running for ACA president.

A number of professional associations (e.g., the American Association for Marriage and Family Therapy, the American Psychological Association, the National Association of Social Workers) are spending a great deal of money and resources addressing similar issues. While
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Resume or vita? What's the difference?

Q: What's the difference between a resume and a vita? And how do I know which one I should use?
A: Let's start with simple definitions. Webster's Dictionary defines a resume as a "condensed statement, or summary." In this case, it serves as a summary of your experience. A vita, short for curriculum vitae, is Latin for "the course of one's life."

The two terms are often used interchangeably, with resume the more frequently used in the general population. Vita or "C.V." (for curriculum vitae) is more often used in academic and research environments. Both types of documents relate the same kinds of information, including academic background, work history, significant accomplishments, etc.

However, the presentation and the amount of information can vary substantially.

In general, a resume is a one- to two-page document (sometimes a little longer) that concisely describes the background of an individual. Because of the widespread use and availability of computers, the resume has evolved during the last 20 years to become a document targeted for a specific purpose. With relatively few keystrokes and a good printer, a resume can be transformed to appropriately address the advertised needs of a potential employer — assuming, of course, you have the desired background.

A resume is intended to be brief. A chief executive officer with decades of experience in business may have a multipage resume, but a one-page executive summary that highlights the person's most pertinent accomplishments is likely to accompany the document.

A vita, on the other hand, is supposed to lengthen over time. The vita includes the same general categories of information as are found in most resumes, but in addition it also features listings (often lengthy) of the individual's publications and presentations. (This is, after all, a document targeted for academe, where "Publish or Perish" is the mantra for long-term survival.) As a result, vitae tend to be substantially longer than resumes.

In a vita, the "academic background" or "education" section is almost always presented first (a nod to its academic comfort zone), whereas "related professional experience" usually leads off a well-written resume.

If you are applying for a position in an agency or a counseling center, you’ll more than likely send a resume. On the other hand, the application process for research and faculty positions will usually require a curriculum vitae.

Career Center practical tip of the month: If you have to use an industrial-strength stapler for your resume, you should edit it down or write a one-page executive summary.

Amy Reece Connelly is ACA's manager of Career Services. Send your career-related questions at acacareers@counseling.org.

Common categories used in both resumes and vitae
- Education or academic background
- Licensure/certification/endorsements
- Professional experience
- Clinical experience
- Related experience
- Internships/practicas
- Community involvement
- Professional memberships
- Awards/recognition/honors
- Publications
- Presentations

Categories used more frequently in vitae
- Books and book chapters
- Refereed publications
- Works in progress/manuscripts in progress
- Presentations
- Conference and workshop presentations
- Institutional service/committees
- Grants received
- Supervision experience
- Research or research in progress

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- San Ramon, CA: July 17-20, 2006
- Austin, TX: August 21-24, 2006
- Bradenton, FL: September 25-28, 2006
- Tacoma, WA: October 2-5, 2006

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The rhythm of emotion

Unleashing the therapeutic power of the drum

BY MARK REISER

Editor’s note: This is part one of a two-part series. Part two will appear in the May 2006 issue of Counseling Today.

You, my friend, are a true musician. Without an instrument in hand, you make music without even realizing it. For we are all, by our very nature, drummers. We clap when impressed. We tap our feet when hearing a favorite song. We bounce a pencil on a desk when nervous. We pace our breathing when stressed.

No doubt, rhythm is an integral part of everyday life. As drummer Mickey Hart noted in an interview with Maclean’s, “Rhythm ... is the one common denominator we have. We’re rhythm animals.” Whether it’s the steady pounding of our heartbeat or the synchronized firing of neurons in our brain, we are driven by rhythm. In essence, the drum is nature’s universal instrument.

This universality is evident when we peer into our past. Since ancient times, indigenous cultures have used drums in religious ceremonies, healing rituals, tribal celebrations and communal expression. Too often we seem to forget the lessons that our ancestors can teach us. But this ancestral legacy — the healing power of the drum — is being rediscovered the world over. In particular, it is gradually being embraced by the therapeutic community. In fact, drum therapy is currently being used with an astounding variety of clients, from adult sexual offenders to autistic children. Drums are providing a way for clients of all kinds to express themselves, connect with others and heal from within.

My friend the drum

While I am eager to jump into the scores of ways in which people are using drum therapy — and why it is working — I am first compelled to address my own history with this topic. Admittedly, I was not drawn to the drums 10 years ago by therapeutic goals. But just the same, I have reaped profound emotional rewards from my experience on a drum kit.

As a teenager, I was enamored with some of the “masters” of rock drumming: Keith Moon, John Bonham, Mitch Mitchell, Neil Peart. Gradually, I became obsessed. When listening to music, the drums became the only instrument that I heard. Naturally, this fueled my desire to pick up the sticks. A few years ago, I finally found the courage to buy a trap kit (snare drum, toms, bass drum, cymbals, etc.). Thus far, my relationship with the drums has been nothing short of magical.

The drums have provided me with my most effective outlet for stress relief. Whether I’m nervous, angry or bored, I consistently feel lighter and happier after a session on my kit. Whenever I feel exhausted from stress, a light bulb immediately comes on, and I say, “Ooh, I know why I feel like this — it’s been too long since my last jam session.” So I drum. Afterward, I have far more energy, motivation and optimism.

The benefits do not stop there, because the drums also serve as my emotional barometer. On days when I feel down, I play with a slow tempo. When I’m frustrated, my improvisational skills are diminished; my drumming sounds sloppy and forced. When I’m happy, I play louder and cleaner. But regardless of my initial mood, I frequently play until I find a steady rhythm and until I feel revived and energized. In short, drums are my therapy.

Drum therapy, you say?

I am hardly unique in realizing the profoundly therapeutic power of the drum. In fact, drums are becoming more commonplace in the world of counseling. But how are they being used and with whom? Let’s explore how a special musical instrument can be so cathartic.

We’ll start with Doug, an autistic adult with severe sensory impairments. Doug was 40 years old, virtually deaf and mute, and had severe vision impairment. To experience the benefits of therapy, Doug needed a voice — a way to interact both with himself and others, Enter the drum.

Doug’s therapist, Lawrence Keats, chose to set up a series of four drum stations, each one designed to explore different facets of cognition, emotion and both inter- and intrapersonal communication. As he described in his article, “Doug: The Rhythm in His World,” Keats named each station, with titles ranging from “Hello” to “What’s New?” Doug delighted in these exercises in percussion, often laughing and dancing with unbridled joy.

The various stations served as windows into Doug’s world. As Keats noted, “Doug’s choice of drums, combination of sonorities and the dynamic level at which he played were very often indicative of his emotional state at the time.” Hmmm ... that sounds oddly familiar to how I use the drums. Parallel to my own experience, Doug created unique and dynamic patterns on days when he was in high spirits. He was disjointed and withdrawn on the drums when he was worried or anxious. That was invaluable information for the counselor, especially given that Doug could not express those emotions verbally.

Doug also gained a new social consciousness through the drums. On the fourth drum station, “Let’s Jam!” Doug once invited his friend Grace for an impromptu jam session. During that time, Keats noted that the three of them were transformed into a “spirited trio of creativity and laughter.” It became evident to Keats that Doug was able to “experience the unique feeling that one gets from entertainment with a fellow musician — even more special for Doug considering his hearing impairment.” In time, Doug’s skills on the drums grew tremendously, as did his interpersonal communication with the outside world. In short, the drums provided a way for Doug to know himself and reach out to his external world.

Like individuals with autism, Alzheimer’s patients are another population that experiences severe communicative impairments. Conny Tomaino of the Institute for Music and Neurological Function uses drums extensively in therapy. In an interview with the Wall Street...
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Holding on to Jess, letting go of the rest

My mother woke me one morning, and I knew, just by the look on her face, that the world had shifted drastically in some way. From that moment on — the moment I heard that Jessie, my 18-year-old sister, had died — everything in my family changed forever.

Jessie spent her first night at college partying. Around 1 a.m., after a night of socializing, Jessie and a young man left the dorm, they decided to sit down on a grassy area to continue discussing the foundation of their friendship. The discussion was interrupted, however, when the sprinklers had "forgiven" the driver. Subconsciously, these outlets served as a means of self-punishment that halted the process of exploring my toxic negative emotions.

The emotion that reared its head most vividly was anger. I found myself flailing about in a vicious downward spiral that left me doubting my sense of self. I felt a void in my soul, which I desperately tried to fill by binging on food and alcohol. I also exercised excessively in hopes of temporarily numbing myself to the emptiness that I felt. Subconsciously, I was engaging in a destructive behavior. Of course, at that time, I believed Jessie’s death was the catalyst for these behaviors. But in fact, numerous factors had contributed to my self-destructive behaviors, including a fear of abandonment and lack of acceptance.

As a result of feeling estranged from my family, I indulged in social activities. I interacted with individuals from my past as well as new faces, but the socializing was defined by drinking. I was reintroducing myself, socially, as the girl who recently lost her younger sister; this became my identity. Driven by my need for social acceptance, I began to engage in self-destructive behaviors, including a fear of abandonment and lack of acceptance. These were compounded by being raised in an authoritarian, critical household and intimidated by alcoholism (across generations).

Forgiveness became the catalyst for altering my perceptions and challenging my fears, assumptions and grievances to promote a stronger sense of self. In addition, I was able to transform judgment of others into a channel for growing self-acceptance. In so doing, I have become more forgiving of both myself and the man
who killed my sister. I now accept that it was an accident, a mistake. I take no pleasure in his downfall; in fact, I know that his wife, his two small children and his parents are victims as well.

Even though the process is ongoing, I can confidently attest that I am achieving a stronger sense of identity. Through my journey, I have been given the opportunity to explore the essential elements of my soul and define my sense of self. Indeed, this inner search has enhanced my acceptance of my personal style, perceptions, desires, skills, internal barriers and needs. I am aware of and appreciate my individuality, which encompasses both my strengths and, more importantly, my weaknesses. In the beginning of my therapeutic journey, the power of choice was one of my weaknesses because I chose to engage in self-destructive behaviors. However, after facing my vulnerabilities, I am empowered by the concept of choice, which is directly connected to my acceptance of a healthier sense of self. For example, I am aware that I truly do not enjoy drinking to get drunk. In regard to exercising, I am aware that, at times, it does take on a form of punishment, depending on the state of my emotions.

I have woven the experience of my sister’s death into the essence of my own life. As a school counselor, I am keeping Jessie’s spirit and soul alive by utilizing her death as a catalyst for a new, nourishing perspective on life. The posture of my father’s forgiveness enriches my life and my work as a counselor. His example of forgiveness has taught me to accept myself. This generates acceptance of others, and I find that people are innately good.

The turning point in my counseling came when I realized that instead of judging or attacking people’s character, I needed to accept individuals and their emotions with respect. I exhibit unconditional love for others and myself, giving my clients permission to open their minds and emotions to receive feedback. Everyone has a story to tell. Forgiveness and a nonjudgmental outlook are the gifts that I pass along from my father to others, as well as to myself.

Every day I strive to be myself. I respectfully listen to my inner voice, unwrapping the connection to my inner being. Through the adversity of Jessie’s death and my father’s forgiving response to this personal tragedy, I also became empowered in my ability to forgive. As a result, I also have an increased passion for counseling others.

Heather Savard is a school counselor at Millstone Township Middle School in Clarksburg, N.J., and a graduate student at Kean University.

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Heather Savard is a school counselor at Millstone Township Middle School in Clarksburg, N.J., and a graduate student at Kean University.
Advocacy and professional counseling

An interview with Jane Myers

BY COLIN C. WARD

“Counselors need to recognize their expertise and that becoming counselors occurs not by accident but by hundreds of hours of training and course work. … To be silent while others talk about counseling and say that ‘anyone can counsel’ implies we have no professional pride.” — Jane Myers & Thomas Sweeney (2002)

As described by Edwin Herr in 1985 in the Journal of Counseling & Development, the American Counseling Association was founded as a “confederation of relatively autonomous, incorporated national divisions reflecting different sets of member interests, employment settings and professional functions.” While emphasizing a common professionalism, ACA has retained the right of divisions to advance their own special interests. But as numerous counseling specialties and diverse counseling roles have evolved, it has sometimes been difficult to maintain the professional and political strength that is gained through greater unity.

In an interview published in the July 2005 issue of Counseling Today, Reese House suggested that professional counseling might address this struggle by unifying through a common voice of social change. To explore this topic further, I spoke with Jane Myers, a past president of ACA and a distinguished scholar on issues related to counseling, aging and wellness.

Colin Ward: What would you describe as the key elements in your development as an agent of social change?

Jane Myers: I think what has influenced me the most are those individuals whom I have admired or respected, especially when I was growing up. As a child I wanted to be like Albert Schweitzer because I admired his selfless devotion to the needs of others and his tremendous reverence for life in all its forms. He was a great humanitarian who set up a hospital in Africa to serve people who had no access to health care.

In the sixties, I read John Kennedy’s book Profiles in Courage and found many heroes whose lives spoke to their passion in following a cause. I was drawn to Martin Luther King as a leader and saw the goals and ideals that he believed in as worthy of pursuing. But I saw myself not so much as an advocate for social change on a macro level but as somebody who, on a micro level, worked with individuals to bring about change in their lives.

I would say it is who clients are as individuals that matters to me. I have trouble seeing classes of people when there is an individual in front of me. I have never wanted to be out on the front lines, being the leader and standing up and convincing other people that they should want to change. Rather, I see my role as working one-on-one and encouraging others to be the macro-level leaders.

CW: As you continue to think about your own development as a counselor and advocate, what obstacles did you need to overcome?

JM: First, I needed to learn to work within bureaucratic systems that I found stifling. I found that I was unable to advocate effectively for clients when I found myself in conflict with administrators and the system. When I moved into higher education I found that, although there are still politics, I had much more freedom to choose what I would like to do.

The other obstacle was my own personal growth. I have had to deal with being a product of a dysfunctional family and how that influenced me as an adult. I have often wondered how much more effective I might have been in my work as a counselor, and as a person, had I participated in counseling at a young age. As an advocacy issue, I think we need to ensure the availability of counseling to young people to increase their capacity to cope with life challenges — both the ones they experience growing up and those they will encounter across the life span.

CW: So as you developed as an adult, you began to have more clarity about what was happening around you as well as your role as a social advocate?

JM: Yes, that and the experience of working with a variety of clients. I came to realize that I was not effective with some people in the various client populations. Coming to terms with that was a major move forward in my life. I could focus on my strengths. I think the challenge goes back to accepting everybody.

I worked with an offender caseload and had two men on work release follow me home one night. I realized, “This is not a good thing.” I couldn’t save everybody, and I couldn’t be open to the possibility of trying to do that. I had to look at what I reasonably could be expected to do and what I was drawn most to do. That turned out to be a passion for working with adults with disabilities and older adults (many of whom also have disabilities).

CW: So a focus on what you have a passion for. In your recent survey on Advocacy in the Counseling Profession, you and Thomas Sweeney conclude that there is a need to better identify characteristics of effective counselor advocates. What characteristics have you found important in your own development as a counselor advocate?

JM: I would have to say a passion for the counseling profession and for the people we serve as counselors. A passion for work with clients is what got me involved and what keeps me involved, and my love of the profession developed the more I learned about what counselors do and how to be effective in our various roles.

One of the things I like to do is to help other people discover what their particular passion is and to pursue that, as there are far more individual and social needs than any of us can singularly or collectively meet. I guess this translates into a lot of individual work with students providing support and encouragement. Being an introvert, I do best one-on-one. I don’t especially like large classes, and when I have them, I try to find a way to connect with students individually. It is those
individual relationships and the encouragement within those relationships that are meaningful to me.

I really do want people to want to be professional counselors. I can’t think of a better job to have. I don’t want people to tread water going through our counselor education programs and just get by. I want them to challenge themselves and find out what their niche is. I think a commitment to excellence is the hallmark of a good counselor, in whatever role they choose.

CW: You want to push them to identify and focus on their area of professional passion.

JM: Yes. Further, I don’t expect anyone to be just like me. We all have unique gifts, and as teachers and supervisors, we need to help students find out what their unique gifts may be. We can help supervisors find an area of passion as well as provide them the skills they need to be effective advocates. When one is passionate, can one help but be an advocate for positive change?

Reese House’s point about identifying a group of committed allies targets the need to network. You have to go out and find people to network with if you are going to find a way to create change. You have to build on people’s strengths. When we are looking at counselors, individually and collectively, we have a tremendous variety of strengths and a tremendous variety of potential.

Somewhere in the program or in supervision we have to have a process where people come together and have some dialogue as well as encouragement from each other. Right now we send people out and say, “Go forth and make change,” but I believe we haven’t given them adequate skills and we haven’t helped them develop a commitment to use those skills.

CW: How do we promote a commitment from counselors toward advocacy work?

JM: I think we start with counselor preparation. Training in advocacy has to be infused in our professional standards so that all counselors receive training in this critical skill. I think we have to train every counselor with the skills required to be an effective advocate. They have to know that this is part of their role regardless of the setting in which they work or the client populations with whom they work. We have to expose people to the broad range of strategies for what advocacy is and what different perspectives can make and then help them carry through with the challenge of becoming an advocate for change.

CW: What holds us back as professionals from doing more of this?

JM: Well, although the CACREP standards include advocacy in the core curriculum standards and in the doctoral standards, I think we lack a strong advocacy curriculum to implement the standards. More and more counselor education programs are responsive to the standards, which are minimum expectations. However, to meet the standards, only minimal training in advocacy is required, and this can be theoretical and not practical. Many programs are small and struggling, and if they can hit the minimum they are doing quite well. Not all programs are accredited, either. All programs have their own unique emphases that make them strong. However, advocacy seems to be an area where we could do more in terms of training.

Our professional associations have government relations and advocacy committees at the state and local levels which do their own training for members. Chi Sigma Iota has a strong advocacy emphasis, and NBCC (National Board for Certified Counselors) has a strong advocacy emphasis. We need to start training counselors with the expectation that the skills of advocacy are an integral part of what the profession is about and are central to who we are as professionals.

If we can be clear about our counselor identity and clear about our roles as advocates and the expectations that this embodies, I think we will do better in the future, for both our profession and the clients we serve. If you take a class of 40 counseling students and say, “How many of you consider yourselves advocates?” you might get some hands, but most will say, “More or less.” They will walk around it. I’d like counselors to graduate and say, “Oh, yes, I am an advocate!”

CW: So we need to find a way for the profession to hang its hat on the identity and skills of advocacy. How do we go about doing that?

JM: We need something more in our training programs. Let me say “we” loosely. If most programs are like the ones I have taught in, the faculty has not sat down together and discussed advocacy as something that is mandatory for the curriculum. In many programs, advocacy training and advocacy activities are being emphasized through CSI (Chi Sigma Iota) chapters. CSI members, both students and professionals, have recognized the need. The CSI Advocacy Committee is very strong and one of the most important initiatives of our CSI chapter. The committee writes letters to all the students every year encouraging them to engage in advocacy activities and explaining to them what advocacy means. There are also workshops on advocacy techniques and strategies. The CSI state counseling organization has an advocacy listserv, and we make sure all students are members. We encourage students to write letters and/or be involved in local organizations.

The one thing that comes back to me over and over is that there is advocacy for the profession and there is advocacy for the people the profession serves. I don’t see them as mutually exclusive. I become frustrated with people who think that advocacy for the profession is self-serving and criticize the time spent in

Continued on page 49
Nation’s mental health care system receives D grade

According to the first state-by-state report on the nation’s mental health care system in more than 15 years, the United States gets only a D grade for helping adults with serious mental illnesses. “Grading the States: A Report on America’s Health Care System for Serious Mental Illnesses” was funded by the Stanley Family Foundation.

The report was developed a common vision and strategy for state mental health agencies that oversee the agency. “Accountability depends on openness. Public confidence cannot exist in health care systems that do not respond,” Fitzpatrick said. “It gets an F overall.”

New York ranked 16th in the nation in the consumer and family test drive of basic information accessibility.

Overall grades for helping adults with serious mental illnesses were assigned as follows:

B: Connecticut, Ohio
B-minus: Maine, South Carolina, Wisconsin
C-plus: Maryland, Michigan, Minnesota, Oregon
C: California, District of Columbia, Hawaii, New Jersey, Rhode Island, Texas
C-minus: Delaware, Florida, Massachusetts, Missouri, New Mexico, Tennessee, Vermont
D-plus: Arizona, North Carolina, Pennsylvania
D: Alaska, Alabama, Georgia, Mississippi, Nebraska, New Hampshire, Oklahoma, Utah, Virginia, Washington, West Virginia, Wyoming
D-minus: Arkansas, Indiana, Louisiana, Nevada
F: Iowa, Idaho, Illinois, Kansas, Kentucky, Montana, North Dakota, South Dakota, United States

The report, including individual state narratives and scoring tables, is available online at www.nami.org/grades.
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Best practices, worse values

The best practices movement in counseling parallels the empirically supported treatments movement in the broader world of psychology. Both are organizational efforts to identify specific treatments that are optimal for specific clients.

In the January 2006 Counseling and Values (pages 154-160), J.T. Hansen argues that the best practices movement is inconsistent with the traditional values of the counseling profession. The best practices movement clearly follows the medical model by matching treatments to diseases. In contrast, during the past few decades researchers in counseling outcomes have endorsed the effectiveness of common factors, finding little evidence that any specific technique is necessary for therapeutic change.

In best practices studies, client problems are defined by DSM-IV/TR diagnoses, which counselors usually view as reductive and unreliable. These studies cannot usually be generalized to real counseling practice, where clients do not represent pure examples of defined disorders as research clients do (or as researchers hope they do). The values of the counseling profession promote a holistic view of the client rather than a view of the client as a person with a specific disorder.

Finally, the word “best” in best practices suggests a hierarchy from best to worst, whereas counselors are urged to understand that “best” is a matter of perspective. Hansen fears that adopting a best practices approach “will have a stifling effect on diversity and innovation” by discounting alternative conceptualizations.

Do your clients get better? Then prove it

“Mental health counseling is nearly unique in that its product is comparatively invisible,” writes Todd W. Leibert in the introduction to “Making Change Outcomes” (Journal of Counseling & Development, Winter 2006, pages 108-112). In this article, Leibert establishes the desirability of measuring the degree and rate of client change. Furthermore, he argues for standardizing assessment methods so that outcome studies can be compared and for using normed measures with known psychometric properties so that clients can be compared to similar clients as well as to the general, nontreatment population.

Leibert goes on to explain in clear language the measurement difficulties inherent in outcome assessment. The person who rates a client’s improvement — be it clients themselves, the therapist, an outside observer or the client’s significant other — strongly affects the bases used for rating. (For instance, clients often rate their counselors highly because they have felt understood; therapists rate their clients’ change highly because they want to be effective.) The ratings method employed — using true-or-false statements, 1 to 5 scales or checklists — also influences how a rater answers questions. Client satisfaction surveys, which many agencies depend on, are returned only 5 to 10 percent of the time, but they contain positive feedback 80 percent of the time. Again, a client can be highly satisfied for many reasons, not all of which correlate to positive change.

Tailoring the outcome measure to the client with assessments such as the Target Complaint Inventory, which lets different goals be set for each client, means that comparing client groups is difficult, and combining data from different clients produces results that are hard to interpret. Counselors who work in agencies that endeavor to come up with client outcome data will benefit greatly from Leibert’s knowledgeable and well-written overview of the technical aspects of measurement.

Exploring the multiple roles of career clients

A constructivist approach to career counseling includes exploring the client’s perspective on life roles and their relations to each other. Life roles include positions such as son or daughter, student, employee, citizen, worker, spouse or partner, homemaker, parent and retiree. These roles take on different proportions in our lives at different times, and their salience is affected by the culture and subcultures that influence us.

In “A Constructivist Look at Life Roles,” which appears in the December 2005 issue of The Career Development Quarterly (pages 138-149), Pamela E. Brott summarizes several counseling techniques that career counselors can use to help clients identify life roles in their past, present and desired future. Several of these techniques are graphic exercises designed to map out roles: life-space maps, life lines, life-space genograms (three-generation family trees of occupations) and life roles circles. Other techniques, such as life roles analysis and life roles assessment, utilize lists of questions that shed light on values, beliefs, and costs and benefits of role expectations. Counselors looking for techniques to illuminate a client’s life as a whole will be interested in this article.

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End-of-life care for terminally ill clients

Editor’s note: American Counseling Association members received the 2005 ACA Code of Ethics bundled with the December 2005 issue of Counseling Today. Completed over a three-year period, this revision of the ethical code is the first in a decade and includes major updates in areas such as confidentiality, dual relationships, the use of technology in counseling, selecting interventions, record keeping, end-of-life issues and cultural sensitivity.

All ACA members are required to abide by the ACA Code of Ethics, and 21 state licensing boards use it as the basis for adjudicating complaints of ethical violations. As a service to members, Counseling Today is publishing a monthly column focusing on new aspects of the ACA Code of Ethics (the ethics code is also available online at www.counseling.org/ethics). ACA Chief Professional Officer David Kaplan conducted the following interview with Vilia Tarvydas and Christine Moll, two members of the ACA Ethical Code Revision Task Force.

David Kaplan: The 2005 revision of the ACA Code of Ethics breaks new ground in addressing the needs of the terminally ill and end-of-life care (see Standard A.9). Christine Moll: Palliative end-of-life care is a growing area for all human service practitioners, whether they are counselors, social workers or psychologists. Through the new standard on end-of-life care, ACA has become a pioneer in addressing the immediate needs of the terminally ill in our society. In addition, Standard A.9 was written to assist counselors for the next 10 years, and I think that this is truly visionary.

DK: Why did the Ethical Code Revision Task Force feel that it was important to address end-of-life care?

Vilia Tarvydas: The ACA Ethics Committee had been periodically receiving inquiries about end-of-life care. The number of inquiries grew with the implementation of the Oregon assisted suicide law and some prominent cases, such as the Terri Schiavo right-to-die case in Florida. It became obvious to us that our code was not giving sufficient guidance to counselors.

CM: We are affirming the right of a person to determine their level of care, and if that means talking with their doctor about hastening their death, then that’s where that person’s right of determination is. We recognize that this is as controversial for many counselors with particular religious values and morality stances as the issue of abortion. We are not taking a moral stance on this, and we are not promoting physician-assisted suicide. What we are promoting is an individual’s right to determine their own choice.

DK: Isn’t the new end-of-life care standard about more than physician-assisted suicide?

VT: Absolutely! It is really all about helping a client maximize their quality of life. The section is focused on helping terminally ill clients live with a decent quality of life until they die. It recognizes the terminal illness but focuses on the need to be alive until the moment of death, to make choices, get emotional support and meet holistic needs while the client is still alive.

CM: The new standard focuses on the end-of-life developmental stage that affects the client, their family, their legacy and their community of friends. It is about developing and implementing plans that will increase and enhance a client’s ability to make decisions and remain as independent and/or self-determining as possible.

VT: And the new ethical code standard makes it clear that professional counselors can play an important role in providing end-of-life care for terminally ill clients.

DK: The recent revision of the ACA Code of Ethics calls for confidentiality to be broken to protect a client from “serious and foreseeable harm” (see Standard B.2.a). Does the new standard speak to confidentiality with a terminally ill client who wishes to consider hastening his or her death?

CM: Standard A.9.c. states, “Counselors who provide services to terminal-ill clients who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and/or legal parties.”

So in and of itself, a statement from a terminally ill client that they want your help in thinking through the issue of hastening their death does not constitute serious and foreseeable harm and thus would not automatically call for the breaking of confidentiality.

DK: Can an ethical complaint be filed with ACA against the counselor for violating the edict to “do no harm” if the counselor agrees to assist a terminally ill client to explore the hastening of his or her own death?

VT: Standard A.9.b. states that “Recognizing the personal, moral and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.”

Because of this statement, counselors cannot be brought up on charges to the ACA Ethics Committee of doing harm by helping a terminally ill client explore end-of-life decisions. The other side is that counselors who feel that their own morality and personal views will not allow them to assist terminally ill clients who wish to explore end-of-life options cannot be brought up on charges for refusing to assist the client, as long as they provide appropriate referral information.

(EDITOR’S NOTE: Note that state laws that conflict with this response take precedence.)

DK: Does competence play into the decision about whether to provide end-of-life care to terminally ill clients?

VT: Yes. The provision of end-of-life care is a very specialized and complicated matter. It requires knowledge of holistic approaches— not just counseling interventions but also knowledge of medicine and the exploration of spirituality. There are very particular types of skills involved, and counselors who are in a general practice at times will need to consult with or refer to a variety of professionals.

CM: Competence in working with terminally ill clients means having the ability to integrate the clients’ physical, emotional, social, spiritual, cultural and family needs into a plan that helps them effectively work through this last developmental stage.

DK: Let’s get back to the important aspirational aspect of Standard A.9., “End-of-Life Care for Terminally Ill Clients.” While we have been focusing on mandates, this standard actually has a preponderance of aspirational statements.

CM: This was not just written as a “nobs and bolts” standard. As I stated before, it is important to remember that we are working with clients on a developmental moment in their life that will affect how peacefully they die, what their legacy will be and the impact they have on their family and community of friends.

VT: Counselors are different than such professionals as clinical psychologists because, in addition to assisting the client with solving problems they may experience, we focus on assets and the growth and development that one can experience during the dying process. So the “Quality of Care” section of A.9 was written to make sure that we don’t get lost in the stampede to focus on the actual moment of death or the method of death, so we do not get bogged down purely in legal details.

The “Quality of Care” section focuses on making sure that we are attuned to helping clients obtain high-quality end-of-life care for their physical, emotional, social and spiritual needs, exercising the highest degree of self-determination possible, giving them every possible opportunity to engage in informed decision-making regarding their end-of-life care and receiving complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

DK: Both of you, as well as the entire Ethical Code Revision Task Force, are to be congratulated for writing a very sensitive and helpful new standard that focuses on the best interests of a client with a terminal illness.

Letters to the editor: ct@counseling.org

Next month: A new focus on cultural sensitivity

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Canfield
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respecting our differences, it only makes sense that we explore areas of common interest and cooperation. A step toward this possibility is to engage organizational leaders in a dialogue through a hosted summit meeting. Organizations don’t make connections; people within those organizations make connections.

10. What current hot topics related to mental health most interest you?
Intercultural counseling theory and applications that better address the needs of a culturally pluralistic society. I also have a long-standing interest in counseling holding a philosophical position which views human behavior from a nonpathological perspective whenever possible. I find the growing trend to view poor life choices and socially unacceptable behavior through the lens of pathology very problematic.

Don’t get me wrong. Traditional psychiatric treatment has its place, but I don’t think medication is a panacea for the human condition. For me, counselors can make a major contribution to society by empowering people to acquire new skills and make better choices that enhance the quality of life.

11. As an ACA member for almost 30 years, how has the organization changed over the decades?
I’ve watched ACA grow significantly since the late 1970s when I first became part of the counseling field. In the last decade or so, the trend has been toward increased specialization and subsequent fragmentation. It doesn’t matter whether we view this trend as a good thing or a bad thing — it is a reality. However, I believe we can effectively evolve and adapt.

12. What made you decide to become a counselor?
As an undergraduate, I was involved in student organizations and became fascinated with group dynamics and how people interact. I was fortunate to be attending a college, Louisiana Tech University, which had a good counselor education program. I was attracted to a career that offered both intellectual challenge and an opportunity to help others. For me, counseling has been a good fit.

13. Living in Louisiana, were you affected by the hurricanes?
My family evacuated to Shreveport before Katrina, but I remained at home to look after our pets. This was our common practice when previous hurricanes had threatened. Living on the north shore, we didn’t flood, but the wind was severe and we had a large oak tree fall on our house. Immediately after the storm, there were no utilities or police, fire and medical services. No stores were open, many roads were impassable and gas was impossible to find. It felt like being in some type of bad post-apocalyptic B movie, only it was real life!

It was a month before we had power restored. For the most part, people were truly on their own. However, something unexpected happened. Neighbors began to interact with each other in a way they had not done before the storm. People shared food and water and helped neighbors remove fallen trees from their houses and driveways. Watching people come together was an affirming experience.

In our community, the physical damage has been repaired, and we feel very fortunate. The most difficult thing for me has been seeing how the aftermath of the storm has disrupted and altered the lives of many of my clients, students and faculty colleagues, some of whom lost everything. Even today, there are vast areas of New Orleans and the region, both affluent and poor neighborhoods, which are virtual ghost towns. It may be old news for most of the world, but it remains much worse than people can imagine.

14. Who was the most influential person in your career?
My parents instilled in me a work ethic and core values. And...
of course, my wife Irene, who is also a counselor and my strongest supporter, has been a very positive influence. Several mentors have provided guidance and encouragement throughout my career — Alan Hovestadt, Robert Smith, David Fenell and Don W. Locke immediately come to mind. There have been many others who have influenced me in sometimes subtle but profoundly meaningful ways.

15. What are you most proud of professionally?
I am most proud of those occasions throughout my career when I have had a positive impact on my students and clients.

16. What advice do you have for young professionals/student counselors?
Do what you love and you will never work a day in your life. Success follows commitment and enthusiasm in any endeavor. Seek out the best education and training experiences available and make the necessary personal and professional commitments to succeed. Find teachers and supervisors who can serve as mentors. By all means, get involved as a student and remain active in ACA and its divisions and state branches. These groups guide the future of your career, so be a part of the process.

17. Fill in the blank. Brian Canfield was the ACA president who __________ .
Helped expand the scope and practice of the counseling profession.

18. What are your hobbies/interests outside of work?
Most of my activities outside of work tend to be family-oriented sorts of things. My wife Irene and I like to travel to new places and meet new people. I enjoy playing the piano. I have been a student of the martial arts for more than 30 years and hold a black belt in Isshinryu karate. I love working out, but at 51 years of age, my body is somewhat less forgiving of abuse.

I derive a great deal of satisfaction from taking on new projects and seeing them through to fruition. This penchant to build things takes a number of forms. I have completed several major house renovations myself. I also enjoy developing new academic programs, study abroad programs and other professional opportunities for my students and colleagues. Aside from spending time with my family, one of my greatest pleasures is reading a good book.

19. Would you like to mention your family?
My wife Irene and I have two children at home: Catherine and Jack. My two oldest daughters, Caroline and Sarah, are both away at college. Though my dad passed away some years back and we no longer live in the same community, I stay in close contact with my mom, as well as my three brothers and their families.

20. Anything you would like to add?
Just that I am truly honored by the expression of confidence my colleagues have shown to me in electing me to serve as ACA president in 2007. I will do my best to be an effective leader.

Angela Kennedy is a senior writer at Counseling Today. E-mail comments about this article to akennedy@counseling.org.

IF TIME DOESN’T HEAL A BROKEN HEART, WHAT DOES?

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Addiction Treatment Homework Planner, 2nd edition

As a pedagogical practice, the concept of homework plays a vital role in the development and maintenance of an adult’s level of motivation in recovery. Homework provides adults with personal time and an experience to develop positive beliefs about their achievements in recovery. It also allows them to develop strategies for coping with difficulties such as mistakes and unexpected setbacks. Furthermore, homework of the most collaborative kind places the client behind the wheel of her or his recovery. This second edition of James Finley and Brenda Lenz’s book, which is accompanied by a CD-ROM, is an excellent interactive resource designed for therapists and clients alike.

At 370 pages, the handbook is massive but is well organized around 37 addiction-related themes and corresponding homework assignments. Each theme is presented with a brief overview of the particular addictive and/or symptomatic behavior, as well as attendant goals. For example, the handbook begins with a general introductory chapter on co-dependency as an addictive behavior and, from there, covers other key types of co-dependent symptoms and behaviors. Each section offers ideas for additional homework that can be applied to a particular addictive behavior, as well as additional problems for which the homework exercises in that section may be utilized. Finally, each theme-related section presents at least two homework “strategies” and exercises to help clients learn about, monitor and/or resolve their presenting issues.

The authors stress the importance of homework as a critical component for supplying adults with the training they need to become aware of and change their addiction and behavioral cycles. Thus, the homework assignments are presented as personal technologies to help clients make positive changes in their lives. The assignments assist clients with learning the differences between inappropriate and appropriate attitudes, thinking cycles and behaviors. Significantly, they also encourage the practice of positive thoughts, attitudes and behaviors. The homework assignments included in this book can support clients in learning how to detect their destructive addictive cycles and how to reduce them in day-to-day life.

The homework exercises are clear, simple and to the point. This accessibility encourages clients to develop (and practice developing) systematic strategies not only in therapy sessions but also outside of them. Each exercise provides clients with various coping skills and techniques that they will need to utilize between therapy sessions in order to self-monitor their recovery.

The handbook covers a wide range of chemical and non-chemical addictive behaviors, including nicotine dependence, alcoholism, gambling, “anger as a drug,” “being genuinely unselfish” and several other issues that typically stem from co-dependency. The exercises can be used straight from the book to work with both individuals and groups. They can also be read aloud as a starting point for discussion. The handbook’s CD-ROM encourages clients and counselors to individualize the homework exercises using a word processor. The authors have created an exceptionally useful resource tool for an area that encompasses several different types of attitudes and behaviors. The common theme is that they are all addictive in nature. The handbook is reader-friendly for both the therapist and the client, providing a wealth of information for either those working in addictive counseling or those experiencing addictive traits in their own lives. The book is well-written, well-organized and provides a no-nonsense approach to helping clients learn about and develop strategies for treating co-dependencies and addictions.

I would strongly recommend this book especially for those clinicians who are just beginning or are early on in their education and training as addiction counselors. But this handbook isn’t just for “beginners.” In fact, the homework exercises presented in this book may spark some new and creative ideas for therapy among those addiction clinicians who are more seasoned. Reviewed by Christopher P. Roseman, a licensed professional counselor and a doctoral candidate in counseling education and supervision at the University of Toledo.

On Becoming a Survivor: A Psychologist Who Survived Violent Crime Provides Comfort and Guidelines for Survivors, Their Families and Friends

A friend once remarked, “Sometimes you find the most remarkable things at garage sales.” Counseling Today literally receives hundreds of books each year from publishers and authors hoping for a review. Publishing houses large and small contribute to the stacks of books in my office. Typically, we publish 36 or so book reviews each year. We aim to review books that fill the needs of a diverse professional counseling audience. Combining through these stacks of possibilities is akin to a garage sale of the most wonderful sort. I expect a hearty selection of books that address issues of interest to counselor trainees, professional counselors and counselor educators. I also expect to find a fair number of books that must hold some appeal for a particular professional audience; however, that professional audience does not necessarily include counselors. From the remaining pile of books — books that steadfastly defy any sorting calculus I can divine — I sometimes unearth the remarkable.

Wrapped in the decidedly unremarkable cover of the self-published, Barry Reister’s very little book is for victims of violent crimes who are now ready to tackle the difficult work of survivorship. Reister has a unique set of credentials informing his work. A licensed psychologist and certified counselor currently in private practice, he has directed college counseling centers and held faculty and administrative positions. As a lieutenant with Armored Cavalry, he spent a year in Vietnam, an experience directly relevant to his book. More to the point, he and a female friend found themselves victims of a horrifying violent crime. Although traces of Reister’s professional persona occasionally surface throughout the book, he mainly writes from the position of a survivor, a person invested in healing. He writes not just to tell his story (which includes the sanitized but nonetheless graphic details of their kidnapping and the rape of his companion) and not simply to move himself into survivorship, instead, Reister writes with a compassionate eye on his audience — other victims. In sharing his personal tale, he carefully walks the line of a person able to give advice, he offers practical suggestions that are both rooted in his personal experience and informed by his professional training. For example, despite his experiences as a war veteran and the victim of a gun-related crime, Reister cautions that “carrying firearms can be more of a danger than a protection.”

More than any other quality, Reister conveys a genuineness. That genuineness thrives despite his experience of being victimized, which should offer hope to others. In the final pages of his book, Reister provides insight into his healing. “There may also be a desire, as I obviously feel, to find some kind of meaning in the event. That meaning might be something like I’m trying to do, by sharing thoughts and feelings that might be of assistance to others.”

Packaging concerns itself with the wrappings and trapings of a product. Interestingly, we confuse the package with the thing itself. Barry Reister’s earnest little book is an unpretentious, genuine offer to be useful to survivors. In the end, perhaps, the packaging fits.

Reviewed by James S. Korcsuka, the Resource Reviews editor for Counseling Today and associate professor of counseling at the University of South Dakota.

Submit reviews for consideration to column coordinator James R. Finley, PhD, at jfinley@msudenver.edu.
Journal, she said, “I found a new way to interact with those who do not engage with others and are not aware of their environment.” Eric Hall, CEO of the Alzheimer’s Foundation of America, said, “Drum therapy gets them to participate in life once again. … There is some type of power in the rhythm that promotes cognitive function.”

This “power” that Hall references is a topic of research. Drums truly do affect the brain in a profound way (I’ll address this research next month). But for now, let’s continue dipping into the world of therapeutic possibilities with the drum.

Can drums help a person overcome trauma? That’s precisely what Helen Zador of Canada discovered. Zador had a history of being abused, including being the victim of a brutal gang rape when she was in her 20s. As she noted to interviewer B.D. Johnson, “At first just looking at the drums aroused a fear. … They’re phallic in shape … the sound is primal, deep in your body.” When she first attempted to play the drums, the experience brought back vivid physical memories of the trauma, and tears filled her eyes. But over time, she was gradually able to confront her fear, and the drums gave her a means of overcoming the pain. Zador now works as a massage therapist and, fittingly, her worktable is surrounded by a variety of percussion instruments.

**Counseling with the drum**

Lou Farley, a licensed professional counselor and a member of the American Counseling Association, also surrounds himself with percussion instruments. Farley has been playing the drums for more than 10 years. He has received both formal training and private lessons in percussion and currently works with native healers in the Laramie, Wyo., area. Farley often uses percussion to supplement talk therapy in his private practice, both in individual and group sessions. In fact, Farley asserts that drums can be a valuable component in all four main stages of therapy (assessment, treatment planning, treatment and evaluation of treatment).

Farley provided an example of how he might utilize drums in working with a highly resistant adolescent. Let’s say the young boy indicated a fondness for percussion. Farley would drop a drum in front of him and ask him to play for five minutes. The way the child plays the drums can reveal a huge piece of his inner world. If the child plays with constricted hands and a regular, safe pattern, this might suggest he is scared and nervous and that he finds comfort in order. He may not feel comfortable taking the lead. Farley would then reflect these personal qualities back to the client, and the two of them could process how these qualities affect his social relationships.

One possible intervention is having the client play “sloppy drums” for five minutes. Farley and the child would then process how this feels, with Farley further encouraging the client to take a risk and loosen up. Next, Farley might play drums along with him, providing a small sense of order, while illustrating to the client that a lack of perfect order doesn’t mean his world will fall apart; letting go is OK. Six months later, Farley might again see how the client plays the drums, using this as a litmus test for the efficacy of treatment.

**Perceptive healing: From intrapersonal to interpersonal**

The efficacy of drums as a counseling tool is not restricted to individuals. In fact, couples and groups can also reap the benefits. This is precisely what Robert Friedman, author of *The Healing Power of the Drum*, is finding in his own practice. Friedman helps couples find new avenues of discussion via the drum. According to an interview with Michelle Cook, Friedman seeks to enable his clients to become more “synchronized with their personal rhythms.”

How about the utility of percussion for group therapy? Percussion can be a means of group communication, just as tribal cultures have used it for millennia. In fact, you may be surprised at some of the specific populations benefiting from this form of group counseling. For example, Dalena Watson found that drum therapy groups could allow sexual offenders to process and regulate intense emotions. Similarly, Vaughn Kaser has discovered that such groups can help pedophiles gain kinesthetic awareness and control. Drum therapy has also enhanced the social skills of student groups and has facilitated improvements in communication, behavior and cooperation among angry adolescents.

But one of the most innovative applications of group drum therapy has occurred at a pair of clinical mental health centers in Kansas City, where severely mentally ill patients were trained to become performing musicians. An anthropologist, a social worker and two professional musicians initiated a drum therapy program for a diverse group of patients who were struggling with severe disorders such as manic depression, schizophrenia and multiple personality disorder. According to Jeffrey Longhofer and Jerry Florersh, the facilitators chose to teach the group the African “Dagbama” tradition, which is polyrhythmic and quite different from anything in Western culture. Patients were told right away that they would have the chance to become legitimate musicians. Imagine the empowerment that went along with that assurance!

The group practiced together and, over time, they became more proficient. Each person had a unique part in the production, yet each was allowed to contribute to a meaningful whole. Inclusion is a crucial healing factor for individuals whose illnesses so often are an exclusionary factor. In time, their self-esteem skyrocketed and their interpersonal skills flourished. They gained both a sense of accomplishment and identity within a group. The story does not stop there. Throughout the musical training, the facilitators had planned to allow these patients to take their performances into the community. And perform they did. In essence, these concerts gave the patients not only a meaningful way to contribute to society but a context within which they could reintegrate themselves into the society they might someday rejoin. Indeed, this experience offered an incredible source of empowerment for this population, while perhaps unexpectedly providing a viable path to a new vocation.

Mark Reiser will receive his master’s degree in counselor education from the University of Wyoming in May. He also teaches for the Department of Physics and Astronomy on the side, and will be enrolling in the doctoral program in counselor education next year. Contact him at reiser@uwyo.edu.

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**Prevention in action!**

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[The Prevention Researcher](http://wpp.uwyo.edu)
Bruce Dickinson, a retired LPC from Nebraska, said the practice lobbying sessions were especially helpful in preparing him to meet with Rep. Jeff Fortenberry to discuss Medicare issues. First-time attendee Deborah Braboy, a licensed associate counselor from Oklahoma, came away from the Legislative Institute with a new appreciation of the governmental process. "It's vitally important for counselors to attend these types of opportunities, study the issues and speak to members of Congress to shed some light on mental health concerns and the population that we serve," she said.

Braboy said she had an "awesome" visit with Rep. Dan Boren (D-Okla.). "He honestly gave me his undivided attention," Braboy said. "He was attentive and asked some very pertinent questions. We talked about the TRICARE issue before the House right now, and he agreed to co-sponsor the bill. In fact, he said he would contact the appropriate offices and add his name to the bill that day."

ACA Public Policy Director Scott Barstow said the association hosts the annual Legislative Institute as a way to encourage counselors to participate in the legislative process and become a voice for the profession on Capitol Hill. He noted that legislators are often more willing to listen to a counselor from their own state or district than to a paid lobbyist.

"The single biggest factor in getting a member of Congress or a state legislature to do something on a given issue is constituent contact," Barstow said. "We need to get as many counselors as possible up to Capitol Hill making congressional office visits on a regular basis. We also need to get as many counselors as possible motivated to call, write and visit their legislators once they get back home. We can never have too many counselors doing this, and the more people we can train, the better."

The award goes to …

Each year during the Legislative Institute, ACA recognizes a member of Congress who has demonstrated leadership on behalf of the counseling profession. This year, the Federal Legislative Service Award was presented to Rep. Robin Hayes (R-N.C.) for his hard work and leadership in support of establishing independent practice authority for licensed professional counselors under the TRICARE program.

In March 2005, Hayes introduced the TRICARE Mental Health Services Enhancement Act (H.R. 1358) in an effort to provide military personnel and their families easier and faster access to qualified mental health professionals. There is a significant need for improved access to mental health services for this population, but federal law still requires licensed professional counselors to see TRICARE beneficiaries only under physician referral and supervision.

"ACA is very grateful for Rep. Hayes’ successful work in gaining House passage of the language in H.R. 1358 within the Fiscal Year 2006 defense authorization bill," said Yep, who presented the award to Hayes. "Mental health services for those in uniform and their dependents is not a Republican issue, and it’s not a Democratic issue — it’s a people issue. We are pleased to honor Rep. Hayes with our highest public policy commendation."

Upon receiving the award, Hayes said, "I am honored to be recognized by the American Counseling Association, but the people we should really honor are our hard-working men and women in uniform. As a member of the House Armed Services Committee, I believe it is necessary to change our existing TRICARE system to include unfettered access by our soldiers and their families to licensed mental health counselors. Exposure to the type of prolonged stress our soldiers face in Iraq requires Congress to make it easier for soldiers to receive the mental health care they may need."

Hayes is currently serving his fourth term in Congress and represents North Carolina’s 8th Congressional District. He is a member of the House Armed Services Committee. "I believe it is necessary to change our existing TRICARE system to include unfettered access by our soldiers and their families to licensed mental health counselors. Exposure to the type of prolonged stress our soldiers face in Iraq requires Congress to make it easier for soldiers to receive the mental health care they may need.""
Continuing the fight

Although the Legislative Institute’s attendees have returned home, their work is far from over. They are continuing their advocacy efforts on behalf of the counseling profession with calls, letters, and e-mails to their state leaders. ACA staff members are coordinating follow-up contacts to the congressional offices visited by Legislative Institute attendees.

“Ultimately, each member of Congress should know a counselor in their community who can tell them about the profession’s policy needs,” Barstow said. “Ongoing contact with congressional offices by Legislative Institute attendees — and other counselors — is the surest way of keeping counseling issues firmly on their radar screen. All counselors should view it as both their right and their duty to regularly contact their elected officials.”

One of the reasons this is so important is that anecdotal information on how government policies affect their constituents is invaluable to legislators. Consequently, Brian Altman of ACA’s Public Policy and Legislation staff is encouraging ACA members to play a role in advocacy efforts by sending him personal stories about why Medicare reimbursement for LPCs is so important.

“It was wonderful for our members to be able to go up to Capitol Hill,” he said, “but this is another way that ACA members can make our voices heard. I’m asking for members to provide me with quotes and anecdotes regarding why LPCs need Medicare reimbursement. We want to be able to share these with staff members on the Hill.”

He continued, “Have counselors had to reject clients because they can’t bill Medicare and they had no other way to pay? Are clients who once were seeing a counselor through private health insurance now paying completely out of pocket because they’re now Medicare beneficiaries? Have counselors tried to bill indirectly through the ‘incident to’ clause and been unable to find a direct billing provider willing to take them on as an employee? We need to hear these stories.”

Altman requests that ACA members make their stories as concise as possible. “Capitol Hill staff have very little time, so I will have to boil down all the stories into a two-page document,” he explained. “Thus, if you can provide me a paragraph that you think will have the most personal and emotional impact, that would be great.”

Submission can be e-mailed to Baltman@counseling.org and should include “Medicare Story” in the subject line.

Announcements regarding next year’s ACA Legislative Institute will come out this summer and fall. Counselors interested in attending or learning more about legislative advocacy may contact ACA’s Christie Lum at clum@counseling.org or by calling 800.347.6647 ext. 354.

Counseling Today · April 2006

Angela Kennedy is a senior writer at Counseling Today. E-mail comments about this article to akennedy@counseling.org.

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From football's frozen tundra to Adler’s warm space

Daniel Eckstein has excelled at both sports and counseling and believes that each can support the other.

BY JIM PATERSON

Listening to Daniel Eckstein is a bit like switching channels back and forth between ESPN and PBS.

In one instant he'll tell you about the time he was congratulated for catching a long, soaring pass from Bart Starr, one of the most famous quarterbacks ever to play in the National Football League. Or he'll describe how he jumped into a practice drill with Ray Nitschke, a linebacker whose name, four decades later, is still synonymous with the athletic violence that takes place on the pro football field. He'll excitedly dissect a college football championship game in which one player in particular exhibits an almost superhuman effort.

Then, barely catching his breath, he'll analyze, with the same passion and pride, the emotional state of that winning college player and the implications for all of us. Or describe a new Adlerian technique he's developed which he thinks counselors can use to more effectively work with teens.

That link — the connection between sports and therapy — is at the center of Eckstein's life, and for good reason. He has performed in both arenas at the highest levels.

Eckstein, for 33 years a teacher, author, administrator and counselor, was a star football player early in his life. He made a big enough name for himself at tiny Presbyterian College that the Green Bay Packers, champions of the first two Super Bowls, and their legendary coach Vince Lombardi selected him in the 15th round of the 1969 draft as a wide receiver.

He would eventually be the last man cut from that team, an experience that led him to write his first book, *The 41st Packer*, published in 1970. The title alludes to the fact that each pro football team was allowed to keep only 40 players. In the book, Eckstein chronicled the time he spent with the celebrated Packers team.

Eckstein received his bachelor's in psychology from Presbyterian College in Clinton, S.C., in 1969. While his football career continued with the Miami Dolphins after he was cut by Green Bay, he nonetheless pursued other options. He moved quickly to obtain his master's in guidance and counseling in 1971 and his doctorate in counselor education in 1973 from the University of South Carolina. He has written numerous articles on topics ranging from "An Adlerian Approach to Anger" to "Exploring Different Expressions of Love" to "First-born Depressives." He has also authored 11 other books on subjects such as encouragement, child discipline and the Adlerian process of lifestyle assessment and has a new book coming out this spring titled *The Five R's of Relationships*, a topic about which he has written extensively.

Eckstein is currently an associate professor at the University of Texas and Eastern Mediterranean University in North Cyprus. He is also a teacher and administrator at the Adler School of Psychology in Toronto, a faculty member with the online Capella University and past president of the North American Adlerian Society. He has been an active member of the American Counseling Association for 20 years and has contributed regularly to several of its journals.

But despite his nine-page resume filled with his experiences writing and teaching about emotional health, Eckstein is quick to talk about sports, and especially how it is deeply connected to the art of helping people live better lives. "There are so many lessons we learn in sports," Eckstein said. "Counselors can understand a lot from athletes — about things like team building and flow especially. And, in turn, counselors can have a big role in the lives of athletes."

Eckstein is testimony to the compatibility of the two worlds, still sounding so much like the athlete and competitor he has always been yet clearly consumed by the world of counseling and his role in it.

"I was ADHD before the term was in vogue," he said. "I know that prayer, meditation, relaxation, guided imagery and hypnosis are all concrete ways to move stressed-out or hyperactive Type A personalities from the sympathetic to the parasympathetic nervous system. Great foul shooters in basketball are a good, concrete example of this phenomenon. Great performers of all types effectively manage their own subjective states by finding that still quiet voice or 'being in the zone.' Counselors can understand this process and help athletes and all public figures and, yes, even school students, move to a more relaxed state."

Eckstein said counselors can encourage clients to use techniques such as guided imagery that calm the mind. With these techniques, counselors can help clients perceive troublesome circumstances that are facing them and help them move through these circumstances by visualizing the event, practicing the motions involved and experiencing some of the sensations (repeating words one might hear, for instance). He has discovered that such techniques work best when the imagery is internal — when clients visualize the activity as if they were participating in it rather than simply watching themselves.

One of the key ways that sports informs counseling, Eckstein said, is through techniques that help athletes relax and concentrate. In a recent paper, he described "flow" as a state where the "mind remains totally absorbed in the feelings and behaviors of the present moment." For the average person to achieve flow in the way top athletes often do, he said, there must be balance between the...
challenge and the skill, clear goals, feedback, concentration, loss of awareness of self and time, and a merging of action and awareness. "The mental and physical process work together to produce a fluent motion resulting in an automatic, spontaneous unification of the self," he said, where an individual is on "autopilot." By achieving such a mental state, Eckstein said, counselors can help others to more effectively face stressful moments in life.

Counselors can prepare clients in the initial stage of a session where they would normally use "attending" approaches by having them meditate or pray. Eckstein said, this method, helps to move our clients and us from the sympathetic to the parasympathetic central nervous system function.

Greater creativity, problem solving and insight are possible when clients move from a "flight-fight" state to one where they are "calm and connected," he said. This approach can also assist counselors in calming themselves, making the transition to another client and being connected to that person, he said. "In counseling, like in athletics, flow is that optimal state of being present, making contact with the client and also maintaining an awareness of our own internal reservoir that is too often neglected because we are not still and quiet enough," he said. "The more 'ego' we are in — 'Will they like me?' 'I must do a good job' — the less likely we are to be in the flow."

Eckstein noted that "flow" might move outward and can be attained through the process of unity with teammates or a coach — or between a counselor and client. That connection becomes part of a bigger theme for Eckstein. He believes individuals who are successful — in sports, the arts, in business or even in a relationship — often reach the "flow" state and, importantly, understand the need for self-esteem and social interest.

"This concept relates to dance therapy, where we learn about two paradoxical concepts and how they relate," he said. "You must individuate and learn your own beat and your own music and have your own job to do. You match your skills to the job, or you just might dance spontaneously to your own internal beat. But then we find interactional synchronicity — joining with a partner or the group and blending energies. That is how we learn what it means to be human." The equation — self-esteem plus social interest equals a "natural high" — illustrates this melding of personal achievement and awareness with our need to relate to others.

Eckstein delves deeper into the topic by discussing the performance of University of Texas at Austin quarterback, Vince Young in the most recent NCAA football national championship game. Young seemed to achieve both this higher sense of self and involvement with his team and offered what Eckstein described as "one of the greatest performances ever in college football."

"How do you like that?" Eckstein remarked. "In one thought you get dance therapy, business, Adler and the national championship game in college football."

Athletes have for years worked to understand the perfect blend of mind and body, self and team, Eckstein said, and he believes these elements are especially critical in today's world. He worries that a new narcissism in our society, combined with our increased reliance on technology, is misplacing our priorities and blinding us to our need to interact with others. This is particularly true among young people, he said, in part because self-esteem has been stressed to them too much and they are unaware of the significance and value of our connection to others.

He has thoroughly explored human interaction, including the ways that leadership in sports translates into leadership in other endeavors — former professional or Olympic athletes who have gone on to careers in politics or business or entertainment of another type.

He has also examined how careful, thoughtful encouragement — so important to Adler and counseling and so critical in leadership — can be used to improve the mental health of virtually any individual, from the highest paid athlete to a couple attempting to achieve mutual understanding to an adolescent trying to cope with his confusion and pain.

"Encouraging people have the ability to receive a spark of divinity in everyone and then act as a mirror that reflects that goodness to them," said Eckstein, author of Leadership by Encouragement. His interest in this subject is further demonstrated on his website, www.leadershipbyencouragement.com.

Once again, Eckstein ties the topic in to counseling, talking about Carl Rogers’ "actualizing tendencies" and counselors' efforts to encourage clients to become fully functioning by finding strengths in their core inner selves and bringing those strengths forward.

Eckstein also tells a story about persistence in sports that he thinks is useful for counselors. It involves a former college teammate who was too small and lacked the natural skills to be a starter on the team but who worked harder than any other player. "Tommy Pounds came out for four years and basically didn’t get much action because he just wasn’t that good," Eckstein said. "But he worked so hard and enjoyed being out there day in and day out. There are a lot of those sorts of guys in sports. What makes it work for them, and how can we translate that into something we can all use? It’s that love of the game itself."

Eckstein said encouragement can flow from any of four directions: from above (from a teacher), from below (in the case of counselors, for instance, from a client), laterally (from an associate or person in similar circumstance) and from within, which is something that athletes such as Pounds seem to use and that adolescents, increasingly, ignore. "How do we give adolescents the inner sense of self?" Eckstein asks. "Kids must identify what is right and find out their strengths and learn that apart from production and performance on tests, there is a joy in doing it — the joy of participating. More and more often, counselors can make a contribution by stressing the joy of doing it."

He said counselors may best understand this in the contrast between content and process. Rather than clients being connected with all that is happening in their mind, they must also be in touch with what is happening in the here and now and appreciate their existence.

"The content is the score — the so-called bottom line," he said. "But along the way there is a rich 'process' in sports, and in life for that matter, which is simply the 'being' and not the 'doing' of the activity. Being a good athlete is not only about doing and accomplishing but also about just being. And we all need to be reminded of that."

Counselors can also help athletes themselves, Eckstein said. Sports psychologists can help young soccer players to more fully enjoy the sport and translate that into a healthier lifestyle by stressing the benefits of teamwork or basic ideas about understanding "flow." Counselors can help high school athletes, whose identities are often wrapped up in their athletic skill, to appreciate their value in other ways and to put sports in perspective. Even the adult or professional athlete worries about success or a life without sports. They can be encouraged to examine their other strengths and desires by actualizing. "Imagine an athlete who has put everything into a sport," Eckstein said. "There is loss and depression and grief when there is an injury or the end of a career. That is devastating. But they can understand their value in other ways."

"Counselors are needed in sports," Eckstein said, "and if they pay attention, they can learn a lot from athletes."

Jim Paterson is a high school counselor and writer living in Olney, Md. Contact him at mypat@radix.net.

Letters to the editor: ctj@counselling.org

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March 9 signed the Combat Methamphetamine Epidemic Act, which limits the retail distribution and sale of pseudoephedrine, a legal ingredient that is found in many cold medicines but is also an essential element for making meth.

Methamphetamine is a powerful and addictive stimulant that dramatically affects the central nervous system. Clandestine laboratories easily produce the drug, using relatively inexpensive ingredients available at the local hardware store and pharmacy. Meth can be ingested, snorted, smoked or injected. Regardless of how it enters the body, the effects are the same: intense anxiety, nervousness, paranoia, mood swings and depression.

American Counseling Association member Brian Dew has studied the effects of methamphetamine use in Georgia and is presenting an Education Session, “Behind the Eyes of Methamphetamine Dependents: Critical Perspectives on Achieving and Maintaining Abstinence,” at the ACA/Canadian Counselling Association Convention in Montréal. “Atlanta has the fastest-growing rate of meth use in the country,” Dew said.

Dew, an assistant professor in the Department of Counseling and Psychological Services at Georgia State University, and his research team conducted qualitative interviews with more than 70 recovering meth users. They were specifically interested in three things: how users defined being dependent, factors that impacted their decision to quit using meth and factors that contributed to their staying off the drug. Seventy-five percent of the interviewees were male, and they ranged in age from 18 to 53. The participants had maintained their sobriety anywhere from two weeks to eight years.

In defining their dependency on meth, many of the former users made the same observations: loss of control. They were unable to function while on the drug, and the factors that most influenced their decision to seek treatment were the harm done to family relationships and the loss of employment. Many also had mounting legal problems and were in failing health because of complications from HIV infection, which they had contracted during their drug use. The former meth users stated that family support was essential in their efforts to stay clean, as was the determination and dedication to make very significant lifestyle changes.

Many of those interviewed said treatment facilities were not viable options. “Their perception was that the treatment programs were not capable or knowledgeable of the meth problem here in Atlanta,” Dew said, “so therefore, they didn’t see treatment as an alternative. That has some implications on what we need to do as far as the community and education. That is a major finding.” He noted that longer term treatment is needed to help this specific population.

“One system that is working fairly well is the drug courts,” he said. “If you are found to be in possession and brought into the court system, you are bound to be in that system for 18 months.” During that time, Dew added, offenders are expected to pass urine tests and must attend mandated counseling sessions. “That keeps them clean longer than a month or six weeks,” he said.

Meth is unique, Dew said, in that it spans cultures, ages, sexual orientation and geographic location. “States need to recognize the need for research in this area,” he said. “Treatment programs are recognizing the need to specialize programs for meth dependents and their withdrawal systems. But a lot needs to be done.”

Counselors may request complete research findings and session materials distributed at the convention via e-mail at bdev@gsu.edu.

Montana Meth Project

Many people still remember the image: an egg sizzling, hissing and bubbling in a skillet as a voice-over pronounced, “This is your brain on drugs.” Or the boy next door telling his father, “I learned it by watching you!” Twenty years ago, these were edgy, provocative antidrug messages that targeted adolescents and parents alike. But with today’s Generation Wired teens, those messages come across as lame attempts at drug lectures.

That’s why the Montana Meth Project is revamping the teen drug prevention and awareness genre by presenting gritty, harrowing, true-to-life commercials, billboards, magazine ads, posters and websites.

Founded in February 2005, the nonprofit organization’s primary objective is to significantly reduce first-time methamphetamine use among teens in Montana. The Montana Meth Project is also trying to raise awareness about the scale, depth and critical nature of the methamphetamine problem by mobilizing communities across the state to get involved in prevention, education and treatment efforts.

One out of five Montana adolescents ages 12-17 currently reports having close friends who use meth. The admission rate for methamphetamine/amphetamine use in Montana increased 520 percent between 1992-2002. With the majority of the state being rural, it busts the myth that drug use is more prevalent in urban areas.

In attempting to get inside the minds of teens, the Montana Meth Project developed the “Montana Meth Use and Attitudes Survey.” The online questionnaire provided rich insight, both qualitative and quantitative, into young people’s attitudes and behaviors related to methamphetamine. Additionally, the Montana Meth Project utilized a series of teen focus groups to gain more perspective. The information gathered was key to developing the project’s media blitz of hard-hitting, anti-meth messages.

The campaign kicked off last September and represents the largest cause-marketing effort of its kind in the state’s history. Initial survey data are available on the Montana Meth Project website at www.montanameth.org; the organization is currently processing data collected in the second wave of the survey.

Peg Shea is executive director of the Montana Meth Project as well as a licensed addictions counselor and social worker. She previously served as executive director of Western Montana Addiction Services and as program director of Turning Point in Missoula. Shea has been working in the field of addictions and mental health for more than 28 years.

Shea said the organization’s campaign is different from most other anti-drug messages in that it views meth use as a consumer

The billboard ad shown above is one of several graphic anti-meth messages produced by the Montana Meth Project. The not-for-profit organization has revamped the teen drug prevention and awareness genre by creating high-impact commercials, print ads, posters and websites that are often disturbingly true to life.
marketing problem. Basically, she said, it boils down to the fact that most kids who try meth don’t really know what it is or understand what they are getting themselves into. In the last six months, the Montana Meth Project has purchased 25,000 minutes of TV commercial airtime and 25,000 minutes of radio airplay in addition to numerous billboards and posters. “I think we have been successful in raising the dialog about methamphetamine and the horrific nature of the drug,” Shea said.

The multimedia ads are just one facet of the project’s anti-meth crusade, which also includes community action and public policy. “I travel around the state to talk to anybody and everybody about the campaign and deepen the conversation on meth addiction, prevention and awareness,” Shea said. “I speak about methamphetamine and deepen the conversation on public policy. “I travel around the country representing the Montana Meth Project, visit www.montanameth.org. The project’s sister site, aimed at businesses, service clubs, PTAs, churches — whoever will invite us to have a conversation about our project, our product and our strategies.” Since last October, she has averaged approximately three presentations a week, speaking to more than 10,000 individuals at 75 different venues.

“Three is a very youth-informed campaign,” she said. “We learned from the focus groups and surveys that kids don’t want lectures by adults. They want to hear from other kids telling their stories. They told us in almost a daring way, ‘If you do a television commercial, it has to be edgy. It has to catch our attention and focus because we are a very media-savvy group of kids.’ So that’s why you see what you see. Universally, the feedback from the kids is that the ads are a home run, that the television ads, in particular, get their attention. Even though they find some of the ads disturbing emotionally, they watch them.”

In fact, Shea said, many of the teens are so taken by the TV spots that they instantly recall the names of the ads and recite the lines word for word. “They can literally describe the actors and actresses, the scenes, language, the take-away messages,” she said. “That recall is what we are shooting for.”

The Montana Meth Project continues to collect feedback and is further refining the campaign later this month with a new series of ads. Shea encourages others to take a more aggressive stance with their anti-drug programs and hopes the Montana Meth Project will be viewed as a template for those changes. “If another state wants to replicate this program, that would be great — most importantly, great for that state,” she said. “The impact that this has had on increasing awareness and communication is just phenomenal. I know for certain that parents and kids are talking about methamphetamine because these teaching moments are in their face.”

For more information about the Montana Meth Project, visit www.montanameth.org. The project’s sister site, aimed directly at teenagers, is at www.notevenonce.com. Counselors and other interested parties can download the print ads, commercials and radio messages on both sites for free. All the ads may be viewed, aired and reproduced in any forum, with the exception of paid media outlets. For example, any school may air the commercials for students, but the commercials cannot run on cable.

Continued on page 34

Caitlin, 22
Caitlin is well known in Montana. People hear her voice on the radio in between pop songs and traffic reports. But she’s not a local disc jockey; she’s one of the many voices of meth. As a former meth addict, she volunteered her story to be aired as one of the Montana Meth Project’s four radio segments.

At the age of 15, Caitlin was a normal teen with loving parents and a lot of friends. She was an average student who played soccer, volleyball and basketball. Like many of her peers, she had occasionally experimented with alcohol and marijuana, but she describes herself as “a good kid.” One day at lunch, however, her drug experimentation took a sinister turn while in the back seat of a friend’s car.

“(My friend) pulled out this little baggie of powder and asked me if I had ever tried it,” Caitlin recalled. “I had no idea what it was. I asked her, and all she said is that it would make me feel really good and excited. So I did it, and I felt on top of the world — fantastic. Little did I know that was methamphetamine.”

From that moment on, her world shifted. Caitlin began asking around school for more of the drug, which was nonchalantly referred to as “speed” by many of the students. “For me,” Caitlin said, “it wasn’t cocaine, which kind of had a scarier sound to it. I wasn’t informed about meth and what speed was. So I thought it wasn’t that bad.”

In fact, she thought it was pretty good at first. She was able to concentrate harder in school and do her schoolwork twice as fast as before. But her casual use quickly turned into full-blown addiction within a few short months. To score more meth, she withdrew from her social groups and started to hang around people who sold and cooked the drug. With the drug now readily available to her, it began to take control of her life.
Continued from page 33

Her addiction quickly escalated from snorting the drug to smoking it. She and her new friends would do meth before, during and after school, but somehow she managed to keep playing sports and passing her classes. Because she was at least semifunctional at school and at home, Caitlin’s parents were oblivious to what was happening to their daughter.

“The last thing on their minds was that I would possibly be doing drugs,” Caitlin said. “It just wasn’t in the cards for my parents to possibly be doing drugs,” Caitlin said. “It just wasn’t in the cards for my family or my friends, school — all I cared about was the drug. How am I going to get it and how am I going to pay for it?”

At that point, an anonymous student went to the school counselor and informed her that Caitlin was a meth addict.

Her parents were called in to meet with the school staff. That afternoon when Caitlin returned home, her parents confronted her about the counselor’s accusations. “I denied the entire thing,” she said. “Meanwhile, I was coming down off of it (meth) and I actually fell asleep in the middle of (of our conversation).”

While she was passed out, her parents searched her room and found dozens of small empty baggies, burnt tinfoil and several empty lighters. With the drug paraphernalia as solid proof, they had to accept the fact that their only child had a drug problem.

Caitlin was sent to an outpatient program for six months and attended 12-step meetings. She stayed clean the entire six months, but the very day she was released from the program, she met up with her old friends and got high. “I wasn’t planning on using again is the funny thing,” Caitlin said. “I really liked the 12-step meetings. She stayed clean the entire six months, but the very day she was released from the program, she met up with her old friends and got high. “I wasn’t planning on using again is the funny thing,” Caitlin said. “I really liked the 12-step meetings. Being clean was feeling good and things weren’t so crazy, but I just really loved the drug and the way it made me feel. I started doing it again.”

For the next nine months, Caitlin had a daily drug habit. She conned her parents with a series of lies. Her athletic build disappeared as she lost more than 30 pounds in a matter of weeks. Her face and legs broke out with sores, which she covered with excessive make-up and clothes. Now a senior in high school, her grades began to plummet, and for the first time she was failing classes.

Even with all the telltale signs of drug use, Caitlin found ways to explain everything away to her parents. She was seeing a counselor on a regular basis for her ADD and depression, but she never disclosed anything about her drug habit. “I had all these excuses,” she said. “It sounds so stupid (of my parents), but they are actually really smart, educated people. They still wanted to believe that I was clean. And I was a crazy manipulator. I could talk them into anything. I’m breaking out because I bought a new kind of make-up. I’m losing weight because I’m on a new diet. I’m not doing well in school because of the ADD, and the senior level work is just really hard. I’m depressed, so it’s making me sleep and I’m on this new medication that makes me tired. Those are the reasons — I’m not doing drugs again.”

She even went as far as denying her parents to drug test her. “I was living this one big lie,” Caitlin said. Her parents bought into that lie, at least for a little while. But her grades were slipping so much that it appeared she might not graduate. That’s when her father confronted her again about using drugs. This time Caitlin didn’t deny it, although she immediately regretted telling him the truth and left the house to go get high.

Acknowledging that outpatient treatment programs wouldn’t work for her, Caitlin was sent to a wilderness treatment center, where she spent the next five weeks confronted by the elements of a Utah winter. Her next step was another inpatient treatment center for five months. While in treatment, Caitlin was approaching her 18th birthday, so she was given intense counseling in the event she elected to leave on her own. Instead, Caitlin signed herself back in as an adult. She was determined to stay clean and even earned her high school diploma while in the treatment center.

Now, five years later, she is still sober and has earned a degree in social work. She is a drug addiction counselor at a residential treatment facility in Missoula and has applied to a master’s program. Her journey of addiction is a profound one, and she is using her experiences to help those like her — the “normal” kids.

“Many parents think that their kid isn’t going to do meth,” she said. “Little Jane over there who gets straight A’s and plays basketball, she’s never going to do it. But I was that girl. People need to be constantly aware that anybody can do it. There are no stereotypes of what kind of kid will do meth. It can be any kid.”

While working for the treatment center, Caitlin was approached to tape the radio spot for the Montana Meth Project and agreed. “A big part of my story is that I had no idea what I was getting into,” she said. “I had no clue what it was. I was totally uneducated and uninformed about meth. These commercials will help present an awareness that I didn’t have. Hopefully these kids will take this message, and if they are ever presented with meth, they will be able to make the right decision.”

Caitlin believes that if she had only known more about meth that day at lunch — if she had heard anti-meth messages such as the ones being presented by the Montana Meth Project — her life might have been different.
In Brief
Keep the violence, ditch the food?
For decades, parents, educators and mental health professionals have been campaigning against violence in entertainment, fearing it increases real-life violence. But Izzy Kalman, a nationally certified school psychologist and expert on bullying, claims we are worrying about the wrong problem. The real danger, he says, is not violence in entertainment — it is what we are eating.

The U.S. government recently declared obesity an epidemic. Two out of every three Americans are overweight, and one out of three is obese. At the same time, the nation's murder rate is 5.5 per 100,000 people. Kalman says the damage caused by overeating is greater than by violence. According to Kalman, we are worrying about the wrong problem.

This means people are about 50 times more likely to feel the urge to eat after viewing food than to feel an urge to commit violence after viewing it on TV or in the movies. Kalman said he points out that hundreds of people can sit in a crowded theater and watch a violent film without fights breaking out. Yet the average person sits passively on the couch and watches several hours of TV per week, and images of food are likely to drive that person to the refrigerator during commercials.

Kalman claims attempts to prove that violent entertainment leads to real-life violence are misguided. While graphic violence on the screen is greater than ever, he says, U.S. violence statistics are lower than ever. If violent entertainment actually caused real-life violence, he said, the statistics should be going up rather than down. For more on Kalman's views and research, visit www.bullies2buddies.com/news/2005_12.html#1.

Children still struggling in Katrina's aftermath
Four national organizations recently held a press conference to expose the unmet needs of children affected by Hurricane Katrina and called on the Federal Emergency Management Agency to establish an office responsible for anticipating and meeting the unique needs of children in times of emergency and recovery.

The four national organizations working together on this effort are Voices for America's Children, the Child Welfare League of America, the National Association of Child Care Resource and Referral Agencies, and the National Mental Health Association. Press conference speakers drew attention to what they view as an overall lack of infrastructure and coordination of relief efforts to displaced children across the country. They also claimed that there is a lack of preparedness to assess unmet childcare, child welfare and the mental health needs of affected children.

According to NACCRRA, Hurricane Katrina destroyed much of the child care infrastructure in New Orleans and the Gulf Coast region. The group claimed that FEMA has delivered mixed messages to child care facilities about funding for their reconstruction and repair. None have received FEMA funding thus far, the group said, and one program received a formal rejection. Resulting from this lack of help, many child care programs are unable to reopen, meaning many parents are unable to return to work, according to the group.

Mental health services are also of growing concern in the aftermath of Hurricane Katrina. During the press conference, Raymond Crowel, vice president of mental health and substance abuse services at NMHA, addressed what he termed a lack of appropriate services and resources to support children affected by Katrina. He emphasized the need not only to provide immediate mental health assistance to child survivors but also to ensure long-term supports are in place for slowly emerging issues.

Foster children are another distinct population still reeling from the impact of Katrina. According to CWLA, an immense need exists to improve communication and collaboration among the many agencies that serve these children. Shay Bilchik of CWLA discussed the urgent need to recruit, hire and train foster care case managers as well as financial concerns about rebuilding facilities.

The coalition of groups stressed that it was committed to providing assistance to FEMA to ensure that the nation's children are protected in times of disaster. An independent news service recorded the press conference. It is currently available at http://radio.indymedia.org/news/2006/02/8544.php.
Dealing with institutional racism: Moving beyond phenotypic explanations

This is the second column in a four-part series on the issue of institutional racism and the role professional counselors can play in dealing with this complex problem. The initial column, which appeared in the March 2006 issue, directed attention to the low numbers of people from racially different groups that are members of the leading U.S. counseling and psychology associations, the American Counseling Association and the American Psychological Association. According to the most recent information provided by ACA, the racial makeup of its membership is as follows (Note: Approximately 50 percent of ACA’s members have not supplied this information to the association):

White: 86.5 percent
African American: 6.2 percent
Hispanic: 3.4 percent
American Indian: 1 percent
Asian/Pacific Islander: 1.5 percent
Other racial background: 1.4 percent

The racial makeup of APA’s membership was reported in 2003 as follows:

White: 94.2 percent
African American: 1.7 percent
Hispanic: 2.1 percent
American Indian: 0.3 percent
Asian/Pacific Islander: 1.7 percent

Why direct attention to racial makeup?
There is good reason to refer to the racial makeup of the membership of professional organizations, schools, universities and employment settings when examining the problem of institutional racism. The United States’ rapidly changing demographics and the nondiscrimination, desegregation and pro-integration principles that underlie our legal codes and moral sensibilities suggest that significant underrepresentation of persons from diverse racial groups in any professional group designed to serve the general public represents one dimension of institutional racism.

Stated another way, if the United States is truly a nation “of the people, by the people, for the people,” then it is important that the racial composition of professional groups and educational institutions designed to serve the needs of the broad citizenry accurately mirror the demographic makeup of the nation as a whole. Many multicultural-social justice counseling advocates continue to raise this point.

Among the most notable arguments for this position comes from the 2001 Surgeon General’s Report on Mental Health. In that report, the surgeon general emphasized that the mental health professions have failed to adequately meet the psychological needs of millions of culturally and racially different persons in the United States in part due to the serious underrepresentation of mental health practitioners who come from these diverse groups. Despite calls by the surgeon general and multicultural-social justice advocates to further desegregate the mental health professions, there remains a disproportionately high number of White persons and a disproportionately low number of persons of color who are recruited, retained and promoted in the fields of counseling and psychology. This is indicative of the ways that institutional racism continues to operate in our society in general and in the mental health professions in particular.

Desegregation versus integration
As we pointed out last month, referring to an organization’s racial makeup is only one way to assess the degree to which institutional racism may be operating in an organizational setting. Thomas Parham, a nationally respected leader in the multicultural-social justice counseling movement, has consistently argued that counselors need to move beyond simply calculating the racial composition of organizations when determining the degree to which institutional racism may be manifested.

Parham notes that the martyrs and other participants in the civil rights movement of the 1960s fought hard to ensure that all people, regardless of their racial background, had the legal right to public accommodations and transportation. Expanding on these important civil rights victories, leaders in our public schools, universities and the mental health professions were pressed to ensure that people of color would be accommodated in these organizational and institutional entities.

Parham’s most important point, however, is that there is a profound difference between having a desegregated society and creating a fully integrated society. The physical presence of persons from racially and culturally different groups is commonly used as the sole index for determining the degree to which public schools, universities and employment settings, as well as professional counseling and psychology organizations, are practicing institutional racism.

Parham readily agrees that it is important to develop and implement organizational programs to increase the racial-cultural-ethnic diversity of ACA and other mental health organizations. Like other cultural-social justice advocates, he believes such actions are necessary to eradicate the complex problem of institutional racism in our society in general and the mental health professions in particular.

But to create a fully integrated society, Parham argues that organizations and institutions must also undergo a radical and essential shift in their racial-cultural consciousness. This shift must reflect a much greater level of respect for and integration of the different worldviews, values and interpersonal styles that characterize persons from diverse racial-cultural groups in our contemporary society. To make this shift in organizational consciousness, professional associations such as ACA need to make room for individuals who are often viewed as “radicals” or “troublemakers” because of the assertive ways in which they initiate discussions about controversial issues and advocate for immediate and substantial organizational changes to address these issues.

To expand your thinking about these issues, it is helpful to refer to the various racial-cultural identity development models that have emerged in the counseling literature during the past 35 years.

Using racial/cultural identity models
Culturally competent counselors are familiar with the unique psychological perspectives that characterize people who operate from different racial/cultural identity stages and statuses. Although space limitations do not allow for a detailed discussion, we want to highlight some of the characteristics associated with four racial/cultural identity development stages and statuses because they have particular relevance for the current discussion.

Janet Helms notes that many White persons are oblivious to the ways in which various forms of racism and White privilege adversely affect people of color. Her research into White racial identity development led her to classify persons demonstrating these characteristics as operating from what she refers to as the “contact status.” These individuals commonly promote universalistic views of human development and underestimate the developmental impact of people’s group-referenced identities and experiences. Persons operating from the contact status often resist participating in discussions about institutional racism and may exhibit antagonism toward such discussions when they do occur in organizations such as ACA.

In presenting their theory of racial/cultural identity development (R/CID), Derald and David Sue note that one of the results of living in a racist society is that some persons of color learn to operate from what they refer to as the “conformist stage.” This stage is marked by the internalization of oppression, which leads individuals to accept the standards, values and worldview of the dominant cultural-racial group as superior to those of their own racial-cultural group.

Consequently, persons of color who operate from the conformist stage are likely to endorse the views of White individuals functioning at the contact status. They will emphasize the universal commonalities of all people, while resisting discussions about the impact that institutional racism has on our society in general and professional organizations in particular.

Persons operating from the contact status and conformist stage of R/CID are likely to work well together in organizational settings. However, they will predictably respond negatively to individuals who are functioning from the “resistance and immersion stage” in the R/CID model and Helms’ “autonomy status” in White racial identity development.

Persons of color who operate from the resistance and immersion stage are knowledgeable about the ways in which institutional racism continues to be
manifested, both intentionally and unintentionally, in organizational settings. In addition, they also express their moral disdain for the perpetuation of this complex problem in a militant manner. In a similar way, White persons operating from Helms’ autonomy status are distinguished both by their knowledge of institutional racism and their genuine commitment to eradicate this form of oppression and injustice.

What further distinguishes individuals operating from the autonomy status of White identity development is their willingness to not merely “talk the talk” about institutional racism but to consistently “walk that talk” by advocating for radical and immediate changes in organizations such as ACA. Such advocacy efforts are designed to eliminate the complex problem of institutional racism by fostering the full integration of diverse racial-cultural perspectives, values and interpersonal styles into the organizational culture.

Organizations such as ACA are similar to all other societal institutions in that they operate as self-sustaining human entities. This self-sustaining nature provides the sort of stability and predictability that are necessary to achieve their goals and objectives. However, it often leads to the dismissal and negation of perspectives presented by persons who not only come from different racial-cultural groups but operate from racial/cultural identity development stages and statuses that are very different from those of their fellow organizational leaders.

We believe that many, if not most, organizations and institutions that perpetuate various forms of institutional racism are more likely to favor persons of color and White persons who operate from the conformist stage and the contact status. These organizations are unlikely to embrace and support the views expressed by individuals functioning from the resistance and immersion stage and the autonomy status. Yet, as Parham and Helms suggest, putting persons who operate from the resistance and immersion stage and the autonomy status in leadership positions is vital for moving from a desegregated society to a more truly integrated and democratic nation.

Clearly, the challenge of dealing with the complex problem of institutional racism is daunting. Yet we are hopeful that by presenting this four-part series, you will gain new insights into the nature of this problem and think in new ways about the things you can do to help alleviate this problem in whatever organizations or institutions of which you are a part.

We hope this series will stimulate more discussion about these issues. With this in mind, we encourage readers to take the time to submit letters to the editor of Counseling Today that reflect either your agreement or disagreement with any of the ideas presented in this column. Letters may be e-mailed to ct@counseling.org.

Michael D’Andrea (michael@hawaii.edu) and Judy Daniels (jdaniels@hawaii.edu) are faculty members in the Department of Counselor Education at the University of Hawaii.
AACE requests nominations for Executive Council

Submitted by Brad Erford berford@loyola.edu

The Association for Assessment in Counseling and Education is soliciting member nominations for several Executive Council positions. Elected officials begin their duties on July 1, 2007. Interested members should immediately contact either Past President David Lundburg at landburg@ncat.edu or President Brian Glaser at bglas@uga.edu.

The Executive Council is accepting nominations for:

- President-elect, serving a three-year term
- Treasurer, serving a two-year term
- Member-at-large for publica-
- tions, who oversees the editors of all AACE publication series, chairs the Publications Committee and reviews proposals for new AACE publications
- Member-at-large for membership, who tracks membership and chairs the Membership Committee

The Executive Council also encourages interested members to volunteer for two essential member services. A webmaster is needed to oversee the AACE website. As strange as this might sound, very little computer sophistication is necessary, as nearly all of the technical work can be completed by the host organization. Responsibilities include periodic updating or creation of website content. Also needed is a liaison to Counseling Today. This liaison prepares brief, periodic articles (such as this one) about AACE activities and submits them to the editor of Counseling Today.

Both positions are great opportunities to serve the AACE membership and assume a leadership position in AACE. Interested members should contact Brad Erford at berford@loyola.edu.

AADA’s ‘New Age of Aging’: A new but familiar face

Submitted by Larry D. Burlew burlew@mail.montclair.edu

Once the American Counseling Association/Canadian Counselling Association Convention in Montréal is behind us, Association for Adult Development and Aging members can reflect on President Vonda Long’s vision about the “New Age of Aging,” which President-Elect Wendy Enochs will most likely continue as part of her agenda. You may have attended the AADA panel discussion or the research presentation on the changing dynamics of adult development. These AADA-sponsored events highlight a very important fact: What looked typical “normal” 20 years ago may look quite different in today’s technological, fast-paced, global American environment.

The “New Age of Aging” has brought about changes in developmental tasks and challenges for adults throughout the life span. Who would have thought we’d be communicating almost every day via a computer with friends and relatives in other states instead of occasionally writing letters? Or talking on mobile phones for business or with loved ones while driving down a highway? How have these results affected the changing family structure, whether it be the multiple layers of blended families, women having children much later in life, or gay men and lesbians adopting children and dealing with school systems as two daddies or two mommies? What impact has the trauma of 9/11 and dealing with the threat of terrorism on American soil had on adults thinking about longevity? What are the challenges of the adult worker who is facing one of the largest international working environments ever experienced in U.S. history?

These changes in adult development for the 21st century are exactly what the “New Age of Aging” is all about. But what are the changes? How have they impacted the “typical” developmental tasks and challenges of Americans through adulthood? The AADA Competencies Task Force, co-chaired by Patricia Stevens and Summer Reiner, is charged with exploring these changes and taking a leadership role in summarizing their conclusions for AADA members and the counseling profession in general. AADA is focused on adult development throughout the life span and feels strongly that systems as two daddies or two mommies should have state-of-the-art information available to them about typical adult developmental tasks. But again, the key words are the “New Age of Aging,” because what once was “typical” about adult development has changed. A person’s face changes with age. When you look in the mirror, you see a familiar person, but with each decade you’re something different about the face you’re viewing. Similarly, adult development has changed over the years, and AADA hopes to bring some clarity to that newer, yet still familiar face. If you have any questions about the work of the task force, please contact either Patricia Stevens or Summer Reiner.

ACC website now features member practitioner page

Submitted by Thelma Duffey tduffey@satx.tx.rr.com

Greeting ACCers! The Association for Creativity in Counseling has been busy with its many projects and is working toward meeting the needs expressed by our membership in the most recent survey. In response to the survey, we have posted a practitioner page on the ACC website. If you would like to have your name and area of clinical practice listed on our website, please forward your information to our webmaster, Shane Haberstroh, at www.acc.org.

Because maintaining connection with the membership is important to the ACC Board, please provide us with your most up-to-date e-mail and direct mailing address so we can keep you informed of ACC news. To update your information, contact Membership Chair Heather Trepal at heather.trepal@utsa.edu.

In the ACC’s flagship publication, the Journal of Creativity in Mental Health, is scheduled for publication by the Haworth Press Inc. by the end of this month. As editor of JCMH, I am very happy to bring this new journal to you. If you are interested in submitting a manuscript for review, visit our website at www.acc.org for instructions.

JCMH is also pleased to announce its upcoming thematic issue, scheduled for publication in the fall. This issue will feature creative ways to help individuals, couples and families transcend the loss of a dream. Articles will consider how information on various forms of grief and loss, including death, divorce, miscarriage, addiction, suicides and diverse forms of trauma. We will also include information on other losses considered by some as disenfranchised, such as personal and professional betrayal, unrequited love and the loss of a pet. This thematic material will also be published in monograph/book form: When the Music Stops: A Dream Does – Creative Interventions in Grief and Loss Therapy.

This publication will describe creative approaches to diverse issues encountered by clinicians in their practices. It is also designed to provide practical clinical information for practitioners, internship, and grief and loss courses offered in counseling training programs.

On behalf of the ACC Board, we thank you for your efforts toward helping ACC achieve its mission and goals. Please be in touch. We welcome and encourage both your suggestions and participation.

ASERVIC announces election results

Submitted by Cheri Smith aservic@ựa.ack.org

The results of the national election are in, and the newest additions to the leadership of the Association for Spiritual, Ethical and Religious Values Education in Counseling include Michele Kiely Briggs (president-elect) and J. Scott Young (Governor Council representative) of AACE.

The new ASERVIC Board members are Marsha Wiggins-Frane, Holly Hartvig Moonhead, Marie F. Shoffner and H. Ray Wooten. Congratulations, and our thanks for their willingness to serve ASERVIC.

In state division news, the Pennsylvania Division of ASERVIC is sponsoring a Spring Retreat from May 19-21 at Mountain Dale Farms in Beaver Springs. Topics will include “Effortless Meditation Workshop,” “Convergence of LGBT and Spirituality,” “Introduction to Reflexology Workshop” and a “Dream Retreat Workshop.” Retreat participants may earn up to 10.5 continuing education units. For more information, contact Pennsylvania ASERVIC Division President Joanna Castro-Shaffer at adelabelbousque@msn.com.

West Virginia is working toward chartering a state division. If you are interested in becoming involved in a future West Virginia ASERVIC division, contact Darlene Daneker at daneker@marshall.edu.

In journal news, Christopher Snk (csink@spu.edu), editor of Counseling and Values, has announced that article proposals should be sought for a special issue that will focus on the relationship between philosophy and counseling, with particular emphasis on the person. We hope the author(s) and contact information, the proposal title, aims of the article and a 500-600 word summary. Proposals should be attached to an e-mail in Microsoft Word format and sent no later than May 30 to the special issue editor: James T. Hansen, Ph.D., Oak- land University, Department of Counseling, 450 E. Pawley Hall, Rochester, MI 48309. Phone: 248.370.3071; fax: 248.370.4141; e-mail: Jhansen@oakland.edu.

In ACA/CCA Convention news, ASERVIC activities will take place at Le Centre Sheraton. All members are welcome. On Friday, the ASERVIC Board will be meeting in the Drummond Room from 9 a.m.-6 p.m. On Saturday from 8-9 a.m., E. H. Mike Robinson III will facilitate the Town Meeting in Salon 4. Devonne Reese and Diane Hertzel, LASERVIC representatives, will present a program about Hurricane Katrina in Salons 6 and 7 from 12-2 p.m. Grant Hayes will host the Graduate Student Meeting in Suite 3204 from 4:15-5 p.m. On Sunday, Catholic Mass will be held from 7:30 a.m. in Salon 1; and an Interfaith Service will follow from 8-9. Fan- nie Cooley will host the Past Presidents’ Meeting in Suite 3204 from 11 a.m.-noon. Gordon Spice will host the State Presidents’ Luncheon in Suite 3204 from 12-2 p.m. ASERVIC will hold a joint reception with AADA, ASGW, C-AHEAD and CSJ in Salon Musset from 6-8 p.m. ASERVIC will also have a booth in the convention hall.

Check the ACA program guide for times/locations of the following ASERVIC programs: “ACA’s New Ethical Guidelines: Evaluating the Past and Present Role of ASERVIC,” “Altruism and the Counseling Profession,” “Graduate Students’ Perceptions of the Need for Spiritual Discussion and Religious Values Education in Counseling,” “The Intersection of Integrative Theory and Integrative Developmental Models to Help GLBT Clients Develop a Healthy Identity” and “Using Spiritual Interventions for Self-Care: Tools for Competent Practice.”
Do you have an opinion related to the future of counseling? Would you like to share some ideas about how counseling training and education programs could better prepare today’s students for the future demands of this profession?

The American Counseling Association Foundation not only wants to hear your ideas but is offering a $500 prize for the most outstanding views and interesting essay. The annual ACA Foundation Graduate Student Essay Contest presents an opportunity for graduate students currently enrolled in counseling programs to share their insights on this profession and its future.

The writer of the winning essay will receive a $500 grant, a free one-year membership in ACA and publication of his or her essay in Counseling Today. Four runner-up essayists will also receive a free one-year ACA membership and publication of their essays in Counseling Today.

The competition, now in its seventh year, provides young counselors with an opportunity to gain national exposure while they help educate seasoned counseling professionals about the ideas and views of the profession’s newest members. A committee of experienced counselors will evaluate the essays. “We have found the competition to be an exciting opportunity for young counselors,” said Jane Goodman, chair of the ACA Foundation. “It gives them a reason to really think about the profession they’re joining and its future directions. And we welcome their fresh observations and thoughts. That’s why we’ve been so proud to serve as the contest’s sponsor for so many years.”

Past essay competitions have drawn hundreds of entries from graduate students at universities across the United States, as well as some from foreign countries. The result has been not only prizes for the winning essays, but an avenue for new and interesting viewpoints to be shared among all ACA members.

“Too often experienced counselors, especially those working outside the field of counselor education, have limited opportunities to interact with those new to our profession,” said ACA President Patricia Arredondo. “The publication of these essays in Counseling Today lets those of us who have been working in counseling for many years see how today’s emerging counselors are thinking and gives them insight into the directions our profession may be taking in the years to come.”

This year’s essay competition provides entrants with the opportunity to address one of two possible topics:

I If you could change one thing to make the counseling profession stronger and more effective, what would that be?

I How can the counseling profession do more to reach those most in need of services?

The ACA Foundation Graduate Student Essay Contest is open to all students enrolled in graduate level courses at an accredited institution of higher learning. The entry deadline is midnight on April 28.

Essay length is limited to 750 words or less. Longer essays will be disqualified and are not eligible for judging.

Entries can be submitted via e-mail, as a Word or WordPerfect file, to acafessays@counseling.org. If submitted by mail, essays must be typed and double-spaced, and three copies of the essay must be submitted. Mailed essays should be sent to ACAF Graduate Student Essay Competition, 5999 Stevenson Ave., Alexandria, VA 22304-3300. Mailed essays must be postmarked by April 28.

Complete details and submission guidelines for the essay competition may be obtained by calling ACA Member Services at 800.347.6647 ext. 222 or by checking the ACA website at www.counseling.org.
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Evolving from a racist worldview:
A White woman’s perspective

I was thrilled to be learning about multicultural counseling and developing important skills for working with clients of different cultures. What I eventually acquired from the multicultural counseling course, however, turned out to be much greater than knowledge and skills. I received the gift of personal growth and a passion to promote multiculturalism in my practice, my research and my life.

The class consisted of small group discussions and in-class workshops. We worked on many issues of race, ethnicity, gender and sexual orientation that created a growing awareness of multicultural issues in counseling. The unexpected aspect of these activities was to realize a very important part of my own cultural identity development.

One key point in the process came when we watched The Color of Fear, a documentary directed by a film producer and social worker. The video focused on a group of men from culturally diverse backgrounds who assembled for a weekend retreat to have frank and involved conversations about culture and race. During the discussion, one of the White men said he was there because he was a racist and needed to continue progressing in the ways he thought and felt about race. My initial reaction was to think that he was a neo-Nazi or had perhaps committed a hate crime. Surely owning up to the label of “racist” meant that this person had committed an overt act of discrimination. The longer I watched, however, the more it became apparent that this man was not a White extremist but someone who was dedicated to breaking down the racial barriers in his life.

Readings and classes began to clarify for me that this racist man was actually at what Janet Helms has termed the integration stage of his White identity. He was acknowledging responsibility for maintaining racism and had the courage to own the White history of oppression as well as his part in that system. This realization was a catalyst for my own White identity development as someone who had been too scared and timid to admit ever having a racist thought or reacting to someone based on a stereotype.

Most White people, myself included, feel jittery and awkward even mentioning someone’s race. I first thought it was preposterous when we were told to ask a client of color if working with a White counselor would be an issue. How could I ask such a thing? Wouldn’t that damage any potential for therapeutic rapport? Wouldn’t that make me sound like a … gulp … racist?

To be honest, I still don’t fully know the answer to that question, but what I do know is that racial differences are often the big elephant in the room whether we give them recognition or not. Perhaps this is not always true, but ignoring the issue of race may actually limit the rapport that develops between client and counselor. Talking about race was not comfortable, but it was becoming very clear that the more I avoided it, the more I continued to project myself as bumbling, awkward and multicultural incompetent.

I first admitted to being a racist a few weeks later during a conversation with a friend. My friend’s eyes widened, and he tried to convince me that it wasn’t true, that I was a “good person.” I explained that I was a racist because I had categorized people in an unfair manner based on their race and reacted to people based on a stereotype of their personal characteristics. I really was a part of the White majority and needed to own up to the privileges that position had bestowed on me. My history originates with people who have oppressed others, and I have played a role in the system that evolved from those beginnings. I’m not pleased to have these things in my history, but they are there nevertheless. The fact of the matter is that being a “good person” does not exempt someone from being racist.

That moment was a big step in my racial identity development, but it was certainly not the most comfortable. I wouldn’t have done it on my own, which has convinced me that more initiatives should be created to help people own their learned racism. Many people must have similar thoughts that equate being a racist with being a White extremist. If we can redefine racism as a personal deficit or a deficient mindset with which we all struggle, more people may be able to admit their racism and change their behaviors.

Rita Hardiman’s White Racial Identity Development Model gives credence to this idea. She names the stage change from a racist worldview:

Continued on page 45
both licensed professional counselor coverage laws and laws requiring minimum coverage requirements for mental health services in general.

Given the federal government’s failure to pass legislation requiring health insurance companies to cover mental health services on the same basis as general medical services — without the use of arbitrary and discriminatory visit limits and cost-sharing requirements — state mental health parity laws are the only bulwark against health plans cutting back on mental health coverage. If S. 1955 becomes law, 39 state mental health parity laws that prevent discriminatory coverage of mental health services by insurers would be pre-empted. In addition, 32 state minimum mental health benefit mandates or mandated offering laws would be pre-empted. Finally, S. 1955 would pre-empt stronger states laws that would be pre-empted. In addition, 32 state minimum mental health benefit laws and laws requiring minimum coverage requirements for mental health services in general.

Unfortunately, Kennedy’s amendment failed on a 10-10 tie vote. Voting for the amendment were Sens. Kennedy, Christopher Dodd (D-Conn.), Tom Harkin (D-Iowa), Barbara Mikulski (D-Md.), Jeff Bingaman (D-N.M.), Patty Murray (D-Wash.), Jack Reed (D-R.I.), Hillary Rodham-Clinton (D-N.Y.), James Jeffords (I-VT) and Mike DeWine (R-Ohio).

Voting against the amendment were Sens. Enzi, Judd Gregg (R-N.H.), William Frist (R-Tenn.), Lamar Alexander (R-Tenn.), Richard Burr (R-N.C.), Johnny Isakson (R-Ga.), John Ensign (R- Nev.), Orrin Hatch (R-Utah), Jeff Sessions (R-Ala.) and Pat Roberts (R-Kan.).

The vote’s outcome was disappointing, although not unexpected given the reluctance of congressional leadership to support mental health insurance parity legislation. In this environment, the American Counseling Association and other mental health advocates are being forced to play defense to try to stop legislation such as S. 1955 instead of playing offense and trying to pass the Wellstone mental health legislation. Kennedy announced his intention to reintroduce the Senate version of the Paul Wellstone Mental Health Equitable Treatment Act with Sen. Pete Domenici (R-N.M.) in mid March.

For up-to-date information on mental health parity legislation, visit www.counseling.org/PublicPolicy/PositionPapers.aspx and click on the briefing paper titled “Parity of Insurance Coverage for Mental Health Treatment,” or contact Brian Altman with ACA at 800.347.6647 ext. 242.

Langevin, Simmons send funding request letter

Reps. Jim Langevin (D-R.I.) and Rob Simmons (R-Conn.) sent a “Dear Colleague” letter to their fellow representatives asking them to sign on to a letter urging the House Appropriations Committee to provide adequate funding for the Elementary and Secondary School Counseling Program in Fiscal Year 2007. Last year, 55 members of the U.S. House of Representatives (49 Democrats and six Republicans) signed a similar letter organized by Langevin and Simmons.

The letter is an important component of the effort to maintain, if not increase, funding for ESSCP. As usual, President George W. Bush has called for elimination of the program’s funding. Thankfully, Congress has rejected this proposal, but the program remains stuck below the $40 million funding level. Until Congress appropriates at least $40 million for ESSCP, no secondary schools are eligible for assistance.

The average student-to-counselor ratio in U.S. schools is 488:1, nearly double the 250:1 ratio recommended by ACA and its division, the American School Counselor Association. Establishing adequate access to school counseling services has been shown to improve students’ academic achievement while also promoting school safety.

Counselors are encouraged to ask their representatives to sign the Langevin-Simmons letter requesting adequate funding for ESSCP. To send an e-mail to your Congress member on this issue, go to http://capwiz.com/counseling/issues/alert/?alertid=8531801&type=CO

For more information, visit the ACA website at www.counseling.org/publicpolicy or contact Chris Campbell with ACA’s Public Policy staff at 800.347.6647 ext. 241.
EB-ACA issues call for proposals to present at annual conference
Submitted by Rebecca Brickwedde
bbe4963@yahoo.com

The European Branch of the American Counseling Association is pleased to announce the 47th Annual EB-ACA Fall Conference to be held in Bad Herrenalb, Germany, Nov. 9-12. This professional development event will offer a wide variety of two-hour minisessions, as well as three 15-hour Learning Institutes.

EB-ACA would like to encourage ACA members to submit presentation proposals. Proposal forms can be downloaded from the EB-ACA website and forwarded to the conference chair via e-mail. The deadline for proposal submissions is May 1.

Our conference theme this year is “Counseling in a Global Community.” David Jolliff and Arthur Horne will be delivering the keynote address, “Surviving and Thriving in a Time of Global Change,” at the evening banquet on Nov. 9. Jolliff is an adjunct professor of the Adler School of Professional Psychology in Chicago. He also works as a consultant to various social service agencies, offering training seminars and spiritual development retreats. He is a licensed clinical social worker and marriage and family therapist, as well as a nationally certified clinical mental health counselor and a national certified counselor.

Horne is a professor at the faculty of the University of Georgia and former chair of the Counseling Department. He is the author of numerous books on group counseling, family therapy and school violence. He is a licensed psychologist, a member of the American Association of Marriage and Family Therapists and a certified clinical mental health counselor.

The location for this year’s conference is the Treff Hotel. This delightful and comfortable hotel offers first-class accommodations and is surrounded by the beautiful Black Forest region of hills and mountains. Bad Herrenalb lies between Baden Baden and Karlsruhe and is easily reached by train from Frankfurt via Karlsruhe. EB-ACA has negotiated special conference prices for this event. More information about this lovely hotel is available on its website at www.treffhotel-badherrenalb.de.

EB-ACA is dedicated to the support of counselors living and working in Europe. One of our main functions is to provide opportunities for continuing education in Europe. We invite you to join us at our annual conference or at any of the Learning Institutes we provide throughout the year. Our website is constantly being updated with information about our current training opportunities. Also available on our website is our award-winning newsletter, Neues Perspectives.

For updates on the upcoming conference program, proposal forms, and hotel and conference registration information, please visit the EB-ACA website at www.online-infos.de/eb-aca/main.htm.

For more information, contact EB-ACA President and Conference Chair Frankie Nielsen at Frankie.Nielsen@ea.doedeu.

We hope to see you in Bad Herrenalb, Germany!

NCDAA releases publication aimed at career enhancement
Submitted by Denise Pennington
ddpenn@ncda.org

How did you start in your present career? You probably answered a help wanted ad or secured a job by happenstance, then settled for the position you were offered. And even though it wasn’t quite what you were hoping for, it paid the bills, right?

Wrong, according to one of America’s career development experts, former USA Today columnist and global business consultant-turned-author Michael Shahnasarian. His book Decision Time: A Guide to Career Enhancement argues that “settling” is the last thing you should do.

Published by the National Career Development Association, the world’s leading organization of professional career consultants, this brilliant guide, which features a foreword by retired Army Gen. H. Norman Schwarzkopf, gives readers insiders’ secrets to help them identify opportunities and realize career goals.

“Work is a major life activity that consumes approximately one-half of our waking hours during our adult years,” Shahnasarian says. “Being unfilled or less than fully satisfied in your career development is akin to conceding that you don’t really want satisfaction in your life.”

Based on proven methodology used by counselors, the book offers a systematic process for career decision-making and planning, taking out the trial-and-error approach that too many people use. “When life is so short, it should be everyone’s goal to avoid wasting valuable time by going down the wrong avenues,” Shahnasarian says. “That means helping people to more clearly focus their objectives and develop reasonable plans for implementing career decisions.”

NCDAA is offering this exciting new book at an introductory rate of $20. Call toll free at 866.367.6232 or visit www.ncda.org to place an order.

NECA, MACD offer training for distance counseling
Submitted by Kay Brawley
kbrawley@mindspings.com

The Distance Credentialed Counselor Workshop, being held April 27-28 in conjunction with the Maryland Association for Counseling and Development Conference in Baltimore, still has space available. The intensive distance credential counselor (DCC) training will be co-sponsored by the National Employment Counseling Association, the Maryland Association of Marriage and Family Counselors and ReadyMinds at the Heritage Center in Baltimore.

The two-day DCC training helps counselors learn effective distance techniques, with specific applications to career, school and clinical counseling specialties. ReadyMinds, a leader in distance counseling, is the exclusive Center for Credentialing and Education-approved provider offering this training. Counselors will experience hands-on training that can be applied effectively in their current work environments.

Requirements for the DCC training and credential are:

- A master’s degree in counseling or a related family/marriage/career/mental health field
- A license to practice counseling or a related occupation in the state or country of residence, or certification in good standing as a national certified counselor
- Successful completion of the two-day training program and written training accountability form

Those not meeting the licensure or certification requirement can still participate in the training workshop and will have as long as five years to satisfy this DCC requirement. All participants will receive a letter of recognition and a certificate from ReadyMinds after completing the training.

The training fee is $515. NECA, MACD, MAMFC and ACA members will receive a $100 discount at registration. To register for the training, visit ReadyMinds at www.readyminds.com/dcclocations and click on the training site for the Heritage Center in Baltimore. After completing the online forms, receive the special discount by contacting Lisa Miller via e-mail at liam@readyminds.com or calling 888.225.8248.

ReadyMinds is approved to provide continuing education for the National Board for Certified Counselors. Fifteen continuing education hours will be awarded for this training.

NYMHC makes preparations for first convention since licensure
Submitted by Larry Burleson
burleson@mail.montclair.edu

The New York Mental Health Counselors Association will hold its 2006 convention in Albany at the Marriott Hotel from April 28-30. This will be the first NYMHC Convention since counselors received licensure in New York, marking this as a historic occasion. The theme of this year’s convention is “The Competitive Edge: Licensure, Professionalism & Clinical Practice.”

An exciting conference is planned with Bob Walsh, co-author of Starting Your Own Private Practice, serving as the keynote speaker. Make your plans now to attend this historic convention by logging onto the NYMHC website at www.NYMHC.org, going to the convention link and registering online. See you there.

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info@isasap.org or 717-577-8795

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For information or registration contact ISASAP at

info@isasap.org or 717-577-8795

NATIONAL ASSOCIATION OF STATE ARTICULATION PROGRAMS

NASCAP is approved by ACA to offer continuing education for counselors. NASCAP assumes no responsibility for the program.
is during this stage that a White person begins to stop denying the reality of a racist society and becomes aware of harboring his or her own racist attitudes. Engaging in frank conversations about race is critical to accomplishing this step and, consequently, essential to overcoming racism. During these conversations, admissions can occur that allow understanding and healing to begin.

My growth began in the multicultural counseling course. The small group discussions, designed to be nonconfrontational, and films such as The Color of Fear created enormous cultural and emotional dissonance. I was studying counseling because of my love for humanity and a desire to help people. At the same time, I experienced feelings of fear when passing a Black man on the street or grew impatient when working with an Asian immigrant. Even as I continued to learn through yoga and meditation. Everything so seriously all the while. Optimism. They remind me of well-being, inspiration and adaptability. I have purchased many fetishes for myself and as gifts. In all cases, I have selected a fetish that seems relevant for a given life circumstance, either positive or negative.

All in all, my wellness practices provide me with a sense of well-being, inspiration and optimism. They remind me that I do not have to take everything so seriously all the time. Letting go of “over-responsibility” is a message I continue to learn through yoga and meditation.

May there be peace, the most wonderful peace.

President

Continued from page 5

and connection to creator. The horse conveys stamina, mobility and strength.

One of the most carved animal fetishes is the bear — all different types of bears. The bear is typically associated with power, health and healing, and adaptability. I have purchased many fetishes for myself and as gifts. In all cases, I have selected a fetish that seems relevant for a given life circumstance, either positive or negative.

All in all, my wellness practices provide me with a sense of well-being, inspiration and optimism. They remind me that I do not have to take everything so seriously all the time. Letting go of “over-responsibility” is a message I continue to learn through yoga and meditation.

May there be peace, the most wonderful peace. ■

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Medicare Reimbursement of Licensed Professional Counselors

The Senate adopted language recognizing both licensed professional counselors and marriage and family therapists under Medicare late last year as part of broad budget reconciliation legislation. Unfortunately, the budget bill developed by the House-Senate conference committee on the legislation did not include this provision.

The American Counseling Association and the American Mental Health Counselors Association are holding many meetings on the House side to educate Representatives on this issue. We want to ensure that when opportunities to include Medicare reimbursement arise in the future — perhaps later this year — we will have strong support in both chambers. We are also working with our supporters on the Senate side to maintain their support. ACA encourages counselors to contact their Senators and Representative to let them know you care about this issue.

Who to Contact
Your Senators and Representative
Capitol Switchboard 202.224.3121
www.house.gov
www.senate.gov

Message for Representatives

“I am calling to urge you to support Medicare reimbursement for licensed professional counselors. Language establishing Medicare coverage of LPCs has passed the Senate twice in the past three years. It is time for the House of Representatives to take action on this important issue for our district’s senior citizens.

“The lack of an adequate mental health benefit is harming Medicare beneficiaries. According to the National Institute of Mental Health, older Americans are the demographic group most likely to commit suicide. The pool of covered providers needs to be expanded to cover licensed professional counselors to allow better access to mental health treatment and more choice of provider.

“Please contact the House Ways and Means subcommittee on Health and let them know that you support Medicare reimbursement for licensed professional counselors. Thank you for your consideration.”

Who to Contact
Your Representative
Capitol Switchboard 202.224.3121
www.house.gov

Message for Senators

“I am calling to urge you to co-sponsor the Senators Mental Health Access Improvement Act of 2005 (S. 784). Sens. Craig Thomas and Blanche Lincoln sponsor this bill, and the bill’s language has been passed twice by the Senate in the last three years but has yet to be enacted.

“The lack of an adequate mental health benefit is harming Medicare beneficiaries. According to the National Institute of Mental Health, older Americans are the demographic group most likely to commit suicide. The pool of covered providers needs to be expanded to cover licensed professional counselors to allow better access to mental health treatment and more choice of provider.

“Please contact Sen. Thomas’ office and tell the staff that you would like to co-sponsor S. 784. Thank you for your consideration.”

Veterans Affairs Recognition of Licensed Professional Counselors

The VA health care system does not effectively utilize the services of licensed professional counselors for providing mental health services to veterans. LPCs are virtually shut out of clinical and supervisory positions within the VA, regardless of their expertise or experience. The Senate passed the Veterans Health Care Act of 2005 on Dec. 22, 2005. S. 1182 includes a provision explicitly recognizing licensed mental health counselors within the Veterans Health Administration. Counselors should call their Representatives and ask them to include the provision regarding LPCs in any veterans health bill that is drafted and passed this year.

Who to Contact
Your Representative
Capitol Switchboard 202.224.3121
www.house.gov

Message

“I’m calling to ask the Representative to support language to formally establish recognition of licensed professional counselors within the Veterans Health Administration. Such language is included in the Veterans Health Act of 2005 (S. 1182), which passed the Senate last December.

“Currently, LPCs cannot be hired at the skill level and pay grade that other master’s level mental health professionals can be hired. However, LPCs are recognized by the Health Resources Services Administration and the Substance Abuse and Mental Health Services Administration, and are covered by TRICARE. In addition, LPCs have the same expertise and meet virtually identical educational and training requirements as current VHA employees. The VA needs to do more to help veterans with post-traumatic stress disorder and other mental and emotional problems, and expanding the pool of covered providers will help.

“Please support language that would add LPCs to the list of health providers that are eligible to be appointed to positions at the VHA.”

Appropriations for the Elementary and Secondary School Counseling Program

For the fifth year in a row, President George W. Bush has proposed an education budget that would eliminate funding for the Elementary and Secondary School Counseling Program, the only federal program expressly devoted to supporting counseling programs in our nation’s schools. The elimination of ESSCP would end much-needed services to students in 103 school districts across 33 states and the District of Columbia.

Counselors should contact their members of Congress to express their opposition to President Bush’s proposed elimination of ESSCP and to ask for an appropriation for the program that allows support of both elementary and secondary school counseling services.

Who to Contact
Your Senators and Representative
Capitol Switchboard 202.224.3121
www.senate.gov
www.house.gov

Message

“I am strongly opposed to President Bush’s proposal to eliminate funding for the Elementary and Secondary School Counseling Program in his Fiscal Year 2007 education budget. ESSCP is the only federal program devoted expressly to supporting counseling programs in our nation’s schools. The school counseling program is important to me and to hundreds of thousands of students across the country.

“Please reject the president’s proposal to eliminate ESSCP. Instead, I strongly urge you to support sufficient funding to allow middle and high schools, as well as elementary schools, to benefit from this program.”

ACA Resource

Brian Altman
800.347.6647 ext. 242
baltman@counseling.org

Internet briefing paper:
www.counseling.org/publicpolicy

Capwiz “Contact Congress!” site:
http://capwiz.com/counseling

ACA Resource

Chris Campbell
800.347.6647 ext. 241
ccampbell@counseling.org

Internet briefing paper:
www.counseling.org/publicpolicy

Capwiz “Contact Congress!” site:
http://capwiz.com/counseling
Words of advice for establishing a Web presence

Q: I am an ACA member and obtained my New York mental health counselor license in October 2005. I am seeking some resource information for creating my own website, as I plan to have a private practice. Therefore, can you suggest some web design services?

A: First, let us congratulate you and New York for licensing your decision to go into private practice. Websites are almost standard for anyone going into business for themselves, and private practice is no different. Just like business cards, letterhead and brochures, websites are a marketing tool and an information source that adds value to your practice.

In our workshops, we have always discussed websites as a value added service. Recently, a workshop participant reminded us that generations X and Y “Google” everything, which reinforced the marketing piece. This generational reminder was enlightening. So now, we strongly encourage all private practitioners to have a Web presence. The good news is that this technology is easily obtained and very affordable.

In terms of websites, you have a lot of options. One very inexpensive route is to go through your Internet provider (Optonline, Verizon, etc.) or large companies such as AOL, Yahoo,oland.com or Godaddy.com. Most offer a do-it-yourself option for putting up a website. If you only need a one-page website, then consider using an online referral service such as Psychology Today (Psychologytoday.com) or Provisions Consulting through the American Mental Health Counselors Association (AMHCA.org). You simply upload your practice information to a template and off you go. For a nominal monthly fee, they will host your one-page site and include it in their “Find a Therapist” consumer referral. However, potential clients surfing the web will not be able to find your one-page site on Google or Yahoo.

Another avenue is to hire a private design and hosting firm. These professionals will help you create a customized website from scratch. The biggest advantage of hiring a professional is that they do all the work for you so you can focus your efforts on what you do best — treating clients. Moreover, tech support usually doesn’t cost extra, and you have access to a live person.

Our research found that you can get a customized 10-page website, from start to finish, from a professional firm for less than $600. The total fee should include domain registration and hosting for the first year, design, e-mail accounts and search engine submission. After the first year, there is an annual hosting fee of $125-$150. The best way to find these professionals is to ask for a referral from a colleague who already has a website that you like.

While we can’t endorse any one provider, we have used two different website firms. Our e-commerce site, Counseling-PrivatePractice.com, was done by Digitalagile.com. With an e-commerce website (which has the ability to accept credit card payment online) there is an additional cost of $25 per month for hosting. We sell our book, The Complete Guide to Private Practice, through this site. My private practice website, Dasenbrookjohnson.com, was done by TherapyMatch.com. Joshua Rosenthal is the president of Therapy Match Inc. and is also a clinician. Both firms were easy to work with and extremely helpful. Check them out.

In addition, check out Private Practice Pointers on ACA’s website in June for a more detailed bulletin on websites for counselors. And remember, websites are like most other things: You get what you pay for.

Q: Could you write something about the new CPT® codes (current procedural terminology) testing codes that specify (the services of) a psychologist? Is it accurate that professional counselors would come under that code even though it only says “psychologist”?

A: The American Psychological Association has published the following bulletin:

“As of Jan. 1, 2006, the CPT® codes for psychological and neuropsychological testing have been revised. New code numbers have replaced the old CPT® code numbers 96100, 96117 and 96115 for psychological testing, neuropsychological testing and the neurobehavioral status exam. The code for psychological testing, interpretation and reporting, formerly known as 96100, is now: 96101, for psychological testing, interpretation and reporting per hour by a psychologist.

All of the other new testing code numbers are published in CPT® 2006, which is available from the American Medical Association at http://www.ama-assn.org/ama/pub/category/3113.html and (800) 621-8335.”

My initial read of the change is that it covers anyone licensed to do testing. This varies from state to state. CPT codes are for insurance reimbursement, and counselors are reimbursable for testing in many states. After calling provider relations for Magellan/Aetna, I was given information that these codes are for master’s level providers as well as Ph.D.s. We will continue to stay on top of this issue.

Q: I would appreciate your advice concerning the client confidentiality section of the “Informed Consent” form in your book. Do “supervisor/supervisee” relationship and also “court order” need to be specifically addressed and spelled out, or are these exceptions to client confidentiality covered respectively under “consultants” and “state and federal law” exceptions?

A: If your informed consent and HIPAA disclosure form lists consultants and stipulates that you follow state and federal law, you should be OK. Keep in mind that we are not attorneys. However, by including the above you are making an effort to comply with the spirit of the law, which is what HIPAA rules require.

Q: You have a section highlighting how to buy or sell a private practice but not steps to close your practice. Do you have that information?

A: We have a bulletin on buying and selling a private practice on ACA’s website, but ACA Professional Projects Coordinator Martha McIntosh was gracious enough to supply specific steps for closing a practice:

Designate a date you would like to close your practice.

Notify your state licensure board of your reason(s) and circumstances for closing your practice in case there are state-mandated steps for closing a practice.

Inquire about how long to keep your records. Seven years is the recommended time frame by the ACA Insurance Trust.

Make sure your records are shredded, not simply thrown out.

Notify your insurance companies that you are closing your practice.

Notify present and past clients in writing of your closing. Do not take on additional clients in the meantime, thus ensuring that you will not have any more clients to treat at the desired date you wish to close.

Clinical issues with your clients may determine the time frame for closing your practice. In other words, putting proper closure on relationships, holding transitional sessions and providing referrals may determine the length of time you need to close your practice.

Inform clients how they can access their records in the future.

Buy tail insurance if you are ending liability insurance in case of a lawsuit after your practice is closed.

Offer clients who need continued treatment two or three good sources to contact. Also provide release forms that will enable records to be forwarded if the client wishes.

Robert J. Walsh and Norman C. Dasenbrook are the co-authors of The Complete Guide to Private Practice for Mental Health Professionals (www.counseling-privatetractice.com). ACA members can e-mail their questions to walshgasp@aol.com.
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Think of it: Every issue you could be eligible for one hour of credit through this program which is approved by the National Board for Certified Counselors and now, also, the Florida Board of Mental Health Counseling. That means you may be able to earn up to 12 credits per year and up to 60 credits in 5 years. That’s potentially more than half the total requirements you currently need to recertify as an NCC—for a remarkably low price! And NBCC approved home-study credits are often acceptable to State Licensing Boards. Check your local rules.

This is an extraordinary offer: Take advantage of this affordable Continuing Ed for reading Counseling Today® any or every month.

But do it now! Take a few minutes to answer these questions while reading each article. That way you’ll be able to answer the questions quickly and easily.

Counseling Today Quiz — April 2006

As you are reading the following articles you should be able to answer the questions below. This is an “open-book” exam. Use the page or a dictionary. For those that will not be completed, you may refer to the articles. Then mail in with a $15 payment to the address below. Please do not send cash.

“Nation Caught in Meth’s Grip”

1. Correctly select one of the following statements that is true:
   a. Meth is the leading drug of abuse in the U.S.
   b. Meth is the leading drug of abuse in the U.S.
   c. Meth is the leading drug of abuse in the U.S.
   d. Meth is the leading drug of abuse in the U.S.

2. According to Olson, the feedback from the clients is that the drug:
   a. is a home run
   b. is a clear but illegal tool
   c. is a tool to help clients self-heal
   d. all of the above

3. “Washington Update”

   a. G.S. 2395 is known as the state mental health parity law that prevent discriminatory coverage of mental health services by insurance.
   b. is the state mental health parity law that prevent discriminatory coverage of mental health services by insurance.
   c. is the state mental health parity law that prevent discriminatory coverage of mental health services by insurance.
   d. is the state mental health parity law that prevent discriminatory coverage of mental health services by insurance.


   a. The client has provided the author with her most effective
   b. The client has provided the author with her most effective
   c. The client has provided the author with her most effective
   d. The client has provided the author with her most effective

5. “The Case of the Missing Therapist”

   a. She had a physical illness
   b. She had a physical illness
   c. She had a physical illness
   d. She had a physical illness

6. “A Case for Mental Health Care System Reforms”

   a. It has called on the legislature of which state to investigate the state Office of Mental Health?
   b. It has called on the legislature of which state to investigate the state Office of Mental Health?
   c. It has called on the legislature of which state to investigate the state Office of Mental Health?
   d. It has called on the legislature of which state to investigate the state Office of Mental Health?

7. “Advocacy and Professional Counseling: An Interview With Jim Myers”

   a. What does Myers believe as key elements in her development as an agent of social change?
   b. What does Myers believe as key elements in her development as an agent of social change?
   c. What does Myers believe as key elements in her development as an agent of social change?
   d. What does Myers believe as key elements in her development as an agent of social change?

8. “I think we have to train every counselor with this idea that needs time to:
   a. discover and support a sense of professional identity
   b. discover and support a sense of professional identity
   c. discover and support a sense of professional identity
   d. discover and support a sense of professional identity

9. “Twenty Questions With Brian Caffield”

   a. Caffield mentions all of the following hopes for his term DECEPT:
   b. Caffield mentions all of the following hopes for his term DECEPT:
   c. Caffield mentions all of the following hopes for his term DECEPT:
   d. Caffield mentions all of the following hopes for his term DECEPT:

10. “The Case of the Missing Therapist”

    a. Caffield mentions all of the following EXCEPT:
    b. Caffield mentions all of the following EXCEPT:
    c. Caffield mentions all of the following EXCEPT:
    d. Caffield mentions all of the following EXCEPT:

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professional advocacy efforts. I believe that if we do not advocate for who we are as professionals and as a profession, then nobody is going to listen to us when we stand up to advocate for clients.

I won’t say “pleasure,” but I had the experience when I was ACA president of being in front of groups of people who didn’t understand or didn’t respect counselors and were unwilling to allow us access to clients as well as to jobs. I find that an area where there is still a tremendous amount of work to be done.

My hope is that all counselors and counselor educators and supervisors will take an active role in social advocacy, but I do not wish that to supplant the need for professional advocacy. In many ways there are special interest groups that we can join and be involved in, but I do not think that we can create social change or be in a position to help recreate a similar committee two years later during my term as president.

I also participated in ACA’s first Professionalization Committee meeting, which occurred during my year as president and which brought together for the first time in history — if you can imagine — representatives of each ACA division and related entity (i.e., CACREP, CORE, NBCC, AASCB, CRCC, etc.) to create a coordinated plan for professionalization. Tom Sweeney organized and chaired the meeting, which had three major themes: advocacy, accreditation and ethics.

So much has been done that tends to get lost. Our history needs to be part of the training of new leaders. New leaders and new counselors as well as experienced ones need to understand the importance of advocacy and commit to being advocates. In large and small ways, we all play a part.

Letters to the editor: ct@counseling.org

Colin C. Ward is an associate professor at Winona State University. He has more than 20 years of experience as an educator and counselor with an interest in school counselor training, strength-based approaches to counseling and policy for promoting the counseling profession and social mental health.
COMING EVENTS

American Indian/Alaska Native Counseling Workshop
Aug. 8-10
Anchorage, Alaska
"The Creative Journey: Deepening the Process of American Indian/Alaska Native Counseling" is sponsored by Swan Circle and coordinated by the University of Alaska–Anchorage.

The purpose of this conference is to creatively deepen the process of counseling American Indian/Alaska Native clients by building on their traditional ways of communication and healing. Visit www.swancircle.com for additional details, or contact calhtreimer@aol.com or joshzhouh@hotmail.com for more information about the workshop.

FYI

Board members sought
A. Scott McGowan, editor of the Journal of Counseling & Development, is seeking applicants for three-year appointments to the JCD Editorial Board commencing July 1.

Counselors with editorial experience and a record of scholarship relevant to the domain of JCD are encouraged to apply. Publications in refereed journals are required. Applicants must be members of the American Counseling Association and must agree to provide high-quality reviews on a timely basis. Applicants interested in reviewing qualitative research manuscripts should identify their areas of expertise in terms of methodology, theoretical design and statistics. Reviewers for qualitative research are also needed. Applications must be made electronically, but hard copies must also be sent. Since JCD is moving to a complete electronic manuscript submission and review process, prospective reviewers must have an e-mail address and be prepared to forward reviews electronically.

To apply, send the following materials electronically as attachments to jcd@iu.edu: a letter of application describing qualifications and areas of expertise, a vita and a list of publications. In addition, send hard copies of the materials, along with a recent representative article that the applicant has published in a refereed journal, via regular mail to A. Scott McGowan, Editor, JCD, Department of Counseling & Development, Long Island University/C.W. Post Campus, 720 Northern Blvd., Brookville, NY 11548. Incomplete or late applications will not be considered. Applications are invited immediately but must be received electronically no later than May 15.

The Journal of Humanistic Counseling, Education and Development, the journal of the Counseling Association for Humanistic Education and Development, is seeking applicants for its Editorial Board. All ACA members interested in serving on the journal’s Editorial Board are encouraged to submit their application materials by April 15.

Primary responsibilities include reviewing manuscripts and submitting reviews to the editor in a timely manner. Editorial Board members should be familiar with the content and aims of The Journal of Humanistic Counseling, Education and Development and the C-AHEAD division. Several openings are available for the three-year term beginning July 1.

Those selected must be willing to join C-AHEAD. Please send electronic copies of your vita and a cover letter highlighting your qualifications to Mark.Scholar@iu.edu.

Seeking editors

The following qualifications are desired in candidates:
- Previous experience as an editor or editorial board member
- Doctorate in counseling or a related field
- Membership in NCDA
- A vision for CDQ that is consistent with the journal’s purpose and mission
- Significant publication record
- Evidence of strong organizational skills
- Employer/institutional support for serving as editor

The incoming editor should be available to receive manuscripts on Aug. 1, 2007. NCDA encourages participation by members of underrepresented groups in the publication process and would particularly welcome such applicants. To apply, candidates should submit a vita, five sample journal articles, two examples of the applicant’s editing skills, three letters of reference, a one- to two-page statement discussing the applicant’s vision for CDQ and a letter of support from the candidate’s employer. Deadline for applications is May 1. Finalists will be interviewed at the NCDA conference, being held in Chicago from July 7-10.

Send applications to Dennis Engels, Ph.D., Regents Professor and Editor Search Committee Chair, Department of Counseling Development and Higher Education, University of North Texas, P.O. Box 310829, Denton, TX 76203. Phone: 940.565.2918; fax 40.565.2905; e-mail: engels@unt.edu

Call for papers, manuscripts
The Association for Spiritual, Ethical, and Religious Values in Counseling, a division of ACA, invites article proposals for a special issue of its journal, Counseling and Values. This special issue will focus on the relationship between philosophy and counseling, with particular emphasis on values. Proposals should include: (a) the following: author(s) and contact information; (b) proposed title; (c) aims of article and (d) a 500-600 word summary. Proposals should be attached to an e-mail using Microsoft Word format and should be sent no later than June 15 to the special issue editor: James T. Hansen, Ph.D., Oakland University, Department of Counseling, 450E Pawley Hall, Rochester, MI 48309. Phone: 248.370.3071; fax: 248.370.4141; e-mail: jthansen@oakland.edu

ADULTSPAN JOURNAL is inviting submissions for a special issue on health, nutrition and body image of midlife and older adults. Please e-mail the editor with a brief outline of your manuscript by April 1. For more information on this special issue, contact Editor Catherine B. Roland via e-mail at rolandc@mail.montclair.edu.

In addition, ADULTSPAN JOURNAL is currently seeking three types of submissions for upcoming issues: manuscripts that can either be conceptual or research based, practice articles concerning issues of counseling and working with adults, and reviews of new books that are pertinent to adult development.

We are interested in a variety of topics related to life span development and transition, from young adulthood through old age. Many topics are sought. Check with the editor if you have inquiries. Guidelines for authors can be located in the publications area of the ACA website under the journal tab.

Point/Counterpoint writers wanted
Counseling Today is seeking writers for the Point/Counterpoint column, a forum for two professionals to debate a hot-button issue in the counseling field. Proposed topics include:
- Are counselor educators handing out too many As? Is the grading system too lenient?
- Multiculturalism versus diversity: Which should the counseling profession embrace?
- Should the school counseling profession make the move from certification to licensure?
- Psychology training programs provide classes on prescribing medications. Should counseling programs follow suit?

If you are interested in writing on one of the suggested topics or would like to propose a topic, contact Angela Kennedy at akennedy@counseling.org. Please add “Point/Counterpoint” in the subject line. The e-mail must include the topic you would like to write about and your stance on the issue.

Bulletin Board submission guidelines
Entries for the Bulletin Board must be submitted via e-mail to akennedy@counseling.org with “Bulletin Board” in the subject line. Paragraphs (in complete sentences) should be in a Word document, single-spaced, justified, Times font in black. Please provide a contact person with an e-mail address or number to call for more information. Do not send submissions with tables, tabs, bullet points, logos/letterhead, colors or uncommon fonts. Submissions are subject to editing. The rolling deadline is the 10th of every month by close of business, ET.
CLASSIFIEDS

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If the stress of designing or completing your dissertation is overwhelming, I can help you. After years of teaching statistics/research and helping faculty publish, I spent the last six years in private consulting working with students on a one-to-one basis. I design excellent studies (including hypotheses, applicable statistics, and help in general proposal writing) as well as provide data analyses, assist with the write-ups, and provide hand-holding and encouragement. I have a proven track record nationwide; all my clients received their degrees. Call toll-free (866) 375-6704 or e-mail: suekoppel@bellsouth.net

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**Employment Classifieds, April 2006**

**National**

**National Psychologists**
Convert your advanced degree and clinical experience into a gratifying and profitable career diversification. Find out why our firm has the most comprehensive and sophisticated training and development process, designed solely for professionals with your credentials. We’ve written the book (13 of them, actually) on executive coaching, leadership development, derailment prevention, and the nuts and bolts of what's required to make this clinical-to-consulting conversion. We look forward to having the chance to evaluate your potential as a consultant. Likewise, we invite you to conduct your own due diligence on us. Visit our web sites (www.clinical-to-consulting.com and www.tgcsinc.com); request our Career Transformation White Paper; and call our National Director of Recruiting, Bob Drudvlic (614-771-5732), or e-mail Bob at rdrodvlic@gcepcinc.com with any questions you might have.

**Arizona**

**Southeastern Arizona Behavioral Health Services, Inc.**
Multiple Positions
SEABHS, Inc., offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual ability highly valued, Arizona board certification and working knowledge of family-centered therapy preferred. Clinical & administrative positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Morenci and Douglas for MA, MSW, & CSAC. Call our job line at (800) 841-6308 or request an application at SEABHS, HR Dept., 489 N. Arroyo Blvd., Nogales, AZ 85621: (520) 287-4713 or fax (520) 287-4717.

**Alabama**

**Troy University Phoenixin City**
Assistant-Associate Professor
Troy University, Phoenixin City Campus, seeks applicants for a tenure track position at the Assistant-Associate Professor level in Counseling and Psychology. An earned doctorate in counseling, counseling psychology, or related field is required. Successful college teaching experience, demonstrated abilities, advisement, committee work, strong commitment to research are other requirements. Alabama licensure or licensure eligibility in a mental health discipline is required. Duties will include serving as coordinator of a CACREP approved M.S. degree program in Clinical Mental Health Counseling. Position begins in August 2006. Review of applications will begin immediately and continue until the position is filled. Submit letter of application, current vita, academic transcripts, and a list of three current references, including names, addresses, and telephone numbers to Human Resources, Troy University, Troy, AL 36082. Troy University is an AA/EO employer and encourages applications from individuals with disabilities, females, African Americans and other minorities. Visit our website at www.troy.edu/humanresources
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chotherapist (LCPC, LCSW or Psychologist). F/T or P/T. Work in two offices: Oak Park and SW-Side Chicago. Must be experienced with adults. Additional preferred skills, bilingual, experience with teens/families, psychodynamic orientation. Send resume to: A&S Psych Consulting, Attn: Applications, 1101 Lake St., Ste 404, Oak Park, IL 60301.

NORTHEAST OCCUPATIONAL EXCHANGE

Multiple Positions
Northeast Occupational Exchange, Inc. (NOE) is a non-profit licensed comprehensive mental health and substance abuse facility. We provide a range of services to adults and children including outpatient, day treatment, dual diagnosis, community support, case management, after-school, vocational, and parenting programs. Our offices are located across Maine between the Atlantic Coast, White Mountains, and the Maine North Woods allowing for an abundance of recreational and cultural opportunities. NOE has received the Lela Rowland Prevention Award from the National Mental Health Association for bringing evidence-based programs to practice.

CLINICAL OR COUNSELING PSYCHOLOGISTS - BANGOR, NEWPORT, LINCOLN
To provide individual and group services to children/adolescents or adults emphasizing cognitive behavioral and skill-building interventions. Licensed Psychologist preferred. License eligible in Maine. Ample training opportunities and supervision are provided. Salary negotiable.

MENTAL HEALTH CLINICIANS (Child and Adult) - NEWPORT
To provide individual and group therapy, evaluation, assessment and diagnosis services to children/adolescents or adults emphasizing cognitive behavioral and skill-building interventions. LCSW or LCPC preferred. LMSW or LCPC conditional will be considered. License eligible in Maine. NOE offers a competitive salary and generous fringe package including employee paid health, dental, and disability insurance; paid holidays and PEP time. Applicants should forward resume and 3 letters of references to: Dr. Charles O. Tingley, Jr., Ph.D., ABPP, Executive Director, Northeast Occupational Exchange, 29 Franklin Street, Bangor, ME 04401.

MISSISSIPPI

GRACE CHRISTIAN COUNSELING CENTER
New Position
The Grace Christian Counseling Center in Vicksburg has received funding to open a new position. This is an opportunity for someone to begin developing a client load in a non-profit setting. The funding helps pay for partial salary and requires the counselor provide services directed toward Katrina evacuees. It also will involve providing public services for GCCC. Of course, this activity will coincide with providing regular counseling services for our various programs. The pay for this position is a combination of base salary (partially funded by this grant) plus a percentage of fees collected. I am looking for a person with a license with therapy experience although I would be interested in talking to someone that is working to complete hours toward their license. The position may be part-time or full-time. I may be contacted by email, telephone, or mail. Walter L. Frazier, Grace Christian Counseling Center, 1414 Cherry Street, Vicksburg, MS 39180, 601-636-5703 walter@waltorfrazier.com.

OHIO

Tiffin University
Psychology and Counseling
The School of Criminal Justice and Social Sciences at Tiffin University has a faculty opening at the Assistant or Associate Professor level depending upon the qualifications of the successful candidate. The successful candidate will hold a doctorate and a record of scholarly activity in counseling education or a closely related area. In addition to fostering research, advising and providing supervision for graduate students, faculty members are expected to teach across our various programs.

Applicants must demonstrate a commitment and experience with multicultural counseling and diversity. Preferred qualifications include: degree from a CACREP approved doctoral program, recent teaching experience at the graduate level, ability to meet requirements for state counselor or school counselor licensure, experience in public schools and scholarship interest in one or more of the following areas: chemical dependency, career counseling, counseling children and/or adolescents, and development of pre-K 12 school counseling programs. Summer teaching is also possible. Preferred candidates will have experience working with accrediting bodies such as CACREP, NCATE, and APA and incorporating technology in instructional practices. The Department of Professional Psychology and Family Therapy is a graduate department that offers PhD, Ed.S, and M.A. programs in counseling psychology, school counseling, mental health counseling, marriage and family therapy, psychological studies and school psychology. Our location provides numerous opportunities for recreation, entertainment, education and culture as we are 14 miles southwest of New York City.

Please send nominations or letters of interest explaining how minimum and preferred qualifications are met and describing relevant experiences and interests, along with a CV, sample publications, and three current letters of recommendation, specifying the position and level for which you are applying, to: School Counseling and Mental Health Counseling Search Committee, c/o Laura Palmer, Ph.D., Chair, Department of Professional Psychology and Family Therapy. Review of applications will begin immediately and continue until position is filled. Position is contingent upon final budgetary approval. The University is an AA/EEO employer actively seeking minority and women candidates.

LIFESPAN

LPC LifeSpan/Neuropsychological Rehabilitation Services is a large private practice with over 28 years experience located in Neptune, NJ. near all major highways. We are seeking an LPC to join our team who desires a long-term relationship (minimum 3 yrs), doing a variety of services, e.g., consultation, biofeedback, cognitive therapy and psychological testing. This is a full-time position. Clinical areas of training and experience needed include, but not limited to, the full range of clinical psychology conditions. Treatment age range is from children to the elderly. Package includes traditional holidays, sick days, medical insurance, and 401K. Clerically, you will be provided with a full staff responsible for your professional needs. Salary is negotiable dependent upon experience and needs. For e.g., is supervision required? This will automatically lead to your permanent staff position. Please fax CV to 732-988-7123.
Coordinator of Counseling & Student Services

This announcement is being made by Northern Virginia Community College in accordance with Federal and State Law. The Equal Opportunity Act requires that the College give notice of all job openings to all qualified persons. The College must receive applications for the position listed below at the address indicated.

INNOVATIVE COUNSELING ASSOCIATES

Licensed Psychotherapist

Innovative Counseling Associates, a 20-year-old small, congenial private practice is looking for a licensed psychotherapist for a fee-for-service practice. Full-time position available. Contact: JM tofisherjm@tiffin.edu Tiffin University is an Equal Opportunity Employer.

Counseling Today

I

vitae and names and contact information of three references to: John J. Millar, Ph.D., Vice President for Academic Affairs, Tiffin University 155 Miami Street, Tiffin, Ohio 44883. Applications may also be sent by e-mail to fisherjm@tiffin.edu Tiffin University is an Equal Opportunity Employer.

Pennsylvania

MENTAL HEALTH PRACTICE

Licensed Mental Health Professional

Seeking Texas licensed mental health professional to join thriving private practice as an independent contractor. Part-time may increase to full-time. Must provide proof of malpractice insurance. Must be provider contracted with Texas Insurance Companies. Salary negotiable. Must be prepared to work at the undergraduate and graduate levels (Master’s in Counseling). Required: doctorate, counseling experience, strong interest in teaching, scholarly research and distance education. Submit letter, CV, unofficial transcripts and contact information for three references. The position involves teaching, research, service and program support in a CACREP-approved, master’s-level Professional Counseling Program in Central Texas. Specific responsibilities include teaching courses leading to certification/licensure in professional and school counseling, an active, productive program of research, student advisement, and service to the program, department, and university. The successful candidate may teach a variety of courses within the professional counseling curriculum, including research and assessment, both at the main university campus in San Marcos, as well as the Round Rock Higher Education Center in Williamson County. The successful candidate for this position will have the following: an earned doctorate in counseling or a field of study related to counseling psychology, rehabilitation and human services, 3 years teaching, 10 to 15 years counseling experience. A 20-year-old small counselor in a collaborative environment. Teaching, research, and distance education. Must be able to work full-time, evenings and Saturdays. Interested professionals please call Patricia Schoenhofer @ 915-449-5111 or fax resume to 915-533-0304.

Midwestern State University

Counseling, Assistant/Associate Professor, tenure track, Spring 2007. Teach counseling in a collaborative environment at the undergraduate and graduate levels (Master’s in Counseling). Required: doctorate, counseling experience, strong interest in teaching, scholarly research and distance education. Submit letter, CV, unofficial transcripts and contact information for three references, and recent publications. Applications may be sent by e-mail to Eric A. Zehnder. EEO/AA.

Texas

TENURE TRACK FACULTY POSITION

The Professional Counseling Program at Texas State University-San Marcos is currently seeking a qualified candidate to fill a tenure-track faculty position. The position involves teaching, research, service and program support in a CACREP-approved, master’s-level Professional Counseling Program in Central Texas. Specific responsibilities include teaching courses leading to certification/licensure in professional and school counseling, an active, productive program of research, student advisement, and service to the program, department, and university. The successful candidate may teach a variety of courses within the professional counseling curriculum, including research and assessment, both at the main university campus in San Marcos, as well as the Round Rock Higher Education Center in Williamson County. The successful candidate for this position will have the following: an earned doctorate in counseling or a field of study related to counseling psychology, rehabilitation and human services, 3 years teaching, 10 to 15 years counseling experience. A 20-year-old small counselor in a collaborative environment. Teaching, research, and distance education. Must be able to work full-time, evenings and Saturdays. Interested professionals please call Patricia Schoenhofer @ 915-449-5111 or fax resume to 915-533-0304.

Virginia

CITY OF ALEXANDRIA

THERAPIST III/SPANISH SPEAKING

Salary: $50,709-83,907 plus benefits. Provide crisis intervention to adult inmates w/psychiatric, behavioral or substance abuse issues. Req: Bilingual (Eng/Span) skills, VA LCSW, LPC, LSAP or license eligible (has completed all req education and supervision), 1 yr in clinical setting, computer skills, successful compl. of Fed Crim Rec ck. Prefer exp: 2 yrs post grad clinical, 1 yr w/confined pop./law enforcement agency. Apply at www.alexandriava.gov by 3/21/06 5pm. Ref: MHN-6-1523. Jobjline 703-838-4422 EO/AA
Your Malpractice Coverage Might Not Be What You Expect.

Right now, your current policy could be providing you with "claims-made" coverage. And someday, you could be left wishing you’d been better protected with an occurrence policy.

Get the facts and act - before it's too late...

A Claims-Made Policy Means...

...Coverage only for claims made - and reported - while the policy was in force. So if a former patient - or their family - files suit against you and the establishment you worked for years ago, you could be left without coverage.

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...Coverage for incidents that occurred while the policy was in force - no matter when a lawsuit is filed. ...Coverage under a policy which you understand and have control over. So if your employer drops or switches the policy that covers you at work, you would still be protected.

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Go to www.hpsocom/counselingtoday4 for easy, safe and secure online application

Occurrence and Claims-made: What's the difference?

An occurrence policy, like the one currently offered through Healthcare Provider Service Organization (HPSO), covers you for any incident that occurs during the policy term, regardless of when the claim is filed. As long as the incident occurred during the term that the policy was active, regardless of when you were named in a lawsuit, you are covered.

A claims-made policy also provides coverage for an incident that occurs during an active policy period, but only if the claim is also filed during that active policy period. In other words, if you are named in a lawsuit, the lawsuit must be filed during the policy period when the incident occurred or the policy will not protect you.

What's key with a claims-made policy is that you take the risk of not being covered for a claim discovered after the policy has expired. Therefore, if you decide to terminate a claims-made policy, you will need to purchase tail coverage to continue to protect yourself.

This will extend the time that a claim can be reported, but the incident still needs to occur while the policy was active, or you won't be covered.

Also, a claims-made policy can typically cost less than an occurrence policy for the first three to six years, the premium can increase up to 300% per year. It may seem that there is a big difference in price, however, by purchasing a claims-made policy and tail coverage, you can end up paying as much or possibly a little more than purchasing an occurrence policy.

The bottom line is, learn the details of your coverage so you are not caught unaware. You may be shocked how policies differ from each other.
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“I did quite well in my Master’s program (all As) and feel like I learned a lot in graduate school but your study aids were the key to passing the exam on the 1st try. Thank you - please share my news with AATBS and with future examinees.”

- Kelley Cohoon

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