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Cover Story

28 Multicultural considerations
Interviews by Jenny Christenson
ACA members discuss some of the unique aspects and challenges of working competently with six diverse client populations: multiethnic/multiracial individuals, Latinas/os, African Americans, Asian Americans, Arab Americans and American Indians.

Features

40 Cultural communication
By Jenny Christenson
Counselors examine the ways in which culturally competent counseling can help students of color overcome barriers to success.

46 Serving up ethics advice with a smile
By Jonathan Rollins
Paul Fornell draws on 30 years of experience as a professional counselor — and a sharp sense of humor — when offering ACA members consultation on ethical dilemmas and professional standards issues.

50 Reader Viewpoint
Strategies for restoring energy in depressed clients
By Robert DePaolo
A private practitioner weaves together elements of psychology, biology and human nature in proposing a brief treatment approach for short-term relief to those living with depression.

Extras

52 Grad students: Prepare to write!
Counseling students are invited to share their opinions (and perhaps win prizes) in the ACA Foundation’s annual essay contest.

54 Evans elected ACA President
Marcheta Evans will take the reins as ACA’s 59th president in July 2010; also included: complete election results for ACA divisions and regions.
A recent analysis funded by the National Institute of Mental Health (NIMH) and published in the *Journal of the American Geriatric Society* found that Medicare participants who have depression in addition to diabetes or congestive heart failure have significantly higher health care costs than their peers without coexisting depression.

According to NIMH, participants with diagnosed depression spent significantly more in nearly every health cost category, including home health care, skilled nursing facility costs, outpatient care, inpatient care, physician charges and medical equipment. They did not, however, spend more on specialty mental health care than their peers without coexisting depression. Mental health care accounted for less than 1 percent of total health care costs.
I am an asterisk

We hold these truths to be self-evident, that all men are created equal*, that they are endowed by their Creator with certain unalienable rights*, that among these are life, liberty and the pursuit of happiness.* — Opening statement of the Declaration of Independence

(*unless you are …)

Like many of you, my partner and I rushed to see as many of the Academy Award nominees for best picture as possible before the presentation on Feb. 22. In fact, we crammed in all five within a very short period of time. Wonderfully, we saved what we think was the best for last. That’s right, Sunday afternoon, right before the 81st Academy Awards ceremony began, we finally saw Milk. For those of you who haven’t seen the film, I highly recommend it; for those of you who have, perhaps you will understand why I feel compelled to write about it in this month’s column: Milk is an inspirational story for all people.

In 1977, Harvey Milk won a seat on the San Francisco Board of Supervisors, becoming the first openly gay man in the United States to be elected to political office. Serving as the first openly gay official in San Francisco was not his only claim to fame, however. He was a politician for all people, and for all the right reasons. He endeavored to represent everyone in the true spirit of social justice, liberty and equal rights for all. Tragically, his life was cut short when a former supervisor, Dan White, assassinated him and Mayor George Moscone.

Harvey Milk is also known for delivering, shortly before he was murdered, what is sometimes referred to affectionately as perhaps the first “hope” speech in the gay rights movement. In this speech, he challenged sexual minorities to come out and show the nation just how large their numbers were. He believed if people realized that they actually knew and cared about gay people living in their own families and communities, then hate and bigotry would naturally lessen. He believed that if folks came out, then sexual minority youth would look around and finally have hope that they were not alone, thereby lessening incidents of despair, addiction and suicide as well. He believed that if all the “us”-es — the ethnic minorities, the sexual minorities and the “differently abled” — came together and spoke with one accord, they could change the world and make it a more positive and affirming place for those who were different.

By the way, the backdrop to this famous speech was the Proposition 6 referendum in California that called for all known or suspected gay and lesbian teachers, as well as anyone who supported them, to be fired immediately. Fortunately, Prop 6 was defeated, as indeed it should have been, being that it was based on hatred, prejudice, ignorance and bigotry. But some 30 years later, I am very sad to say that life has a way of repeating itself, particularly in the equal rights arena. Proposition 8 has replaced Proposition 6 as a new way to politicize prejudice and discriminate against sexual minorities. Supporters of Proposition 8 are fueled by feelings of moral and religious superiority (similar to those who supported Proposition 6). They are also fueled by a belief that they have an obligation to “save” California from its certain “path to hell” if sexual minorities are allowed to retain the equal and unalienable rights to pursue life, liberty and happiness — the right to marry each other as awarded by the California Supreme Court and as promised in the Declaration of Independence.

Continued on page 21
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EXECUTIVE DIRECTOR'S MESSAGE

Thanks and be well. •


**Article on job loss sparks discussion**

I am writing to thank you for including Jenny Christenson’s article “Finding hope after losing a job” in the February 2009 issue of Counseling Today. The timing could not have been better.

I am a graduate student in the service agency counseling program at the University of North Carolina at Pembroke. One of my current classes is Career Development Through the Life Span. We have a discussion group that focuses on current events and trends related to careers. I was the moderator of one of these discussions. I had chosen two articles from our surrounding counties’ local newspapers that focused on the area’s unemployment rate. Shortly after choosing these articles, my copy of Counseling Today arrived. Once I read Jenny’s article, I knew I had to incorporate it into the discussion I was leading.

The article was full of beneficial information that pertained not only to this particular discussion, but also to our course as a whole. It put a real-world spin on all of the information we are learning in textbooks. The article was not only informative, but also sparked some very interesting and spirited discussion.

The class consensus was that as future counselors, we need to remember why we have decided to enter this professional field. We want to become counselors because we care about people, want to help them and have a deep empathy for our work with individuals. It is this empathy that allows us on a daily basis. In the current state of our economy, the class as a whole believes that assumptions, prejudgments and stereotypes can have as they creep into our work with individuals.

The state of Iowa’s Family Development and Self-Sufficiency (FaDSS) Program is based on relationship building (monthly in-home visits with families receiving welfare) and effective advocacy. This may be as simple as sitting beside a family and providing support and guidance as they make their way through the complicated system of assistance in hopes of achieving self-sufficiency. It can be most helpful to a family when their FaDSS professional confronts other professionals who hold limiting beliefs based on family history, prejudgment or classism.

Let us all stand up to end any kind of prejudgment, to take the time to really listen to each individual soul and to support every person in becoming who they truly are.

Karen McCarthy, NCC
Past Program Manager
State of Iowa FaDSS Program
Dubuque, Iowa

**Commentary on ‘culture of poverty’ draws praise, criticism**

To anyone who missed Mary Amanda Graham’s February 2009 Reader Viewpoint article (“Focus on ‘culture of poverty’ misses the mark”), take a second look! Although I have been away from the work world and Community Action Agencies for nearly 10 years, it seems some of the same beliefs remain, even among advocates. I think Ms. Graham reminds us gently of the damage that assumptions, prejudgments and stereotypes can have as they creep into our work with individuals.

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Let us all stand up to end any kind of prejudgment, to take the time to really listen to each individual soul and to support every person in becoming who they truly are.

Karen McCarthy, NCC
Past Program Manager
State of Iowa FaDSS Program
Dubuque, Iowa

I was disappointed to see Ms. Graham treat one culture with disdain while attempting to educate us on the culture of poverty. She writes in her article that a school counselor told her, “People like you do really well in the Army.” She then goes on to say, “At that moment, as a child, I heard the message loud and clear that I had little meaning, possessed low potential and, at some level, was expendable.”

As a person who served in the military for 20 years, I can see that Ms. Graham knows little to nothing about that culture. These men and women are the only thing standing between us and the evil in the world that would gleefully invade and destroy this country. Can you honestly say that has no meaning? These men and women are some of the finest this country has to offer. Their lives have great meaning, which people who have never served do not understand. They have an abundance of potential. That is why we can train them to supervise other personnel and to be responsible for millions of dollars worth of equipment. We do not consider any military person expendable. They are our comrades in arms, our brothers and sisters in uniform. We put our lives in each other’s hands every day.

As for doing well in the military, it is absolutely true. I too came from poverty. I have managed to complete my master’s
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degree in counseling and am a licensed counselor thanks in part to the financial support of the GI bill, but mostly because of the dedication, work ethic and high principles I learned in service to this country. While you are thinking about cultures, please remember that the person in uniform is part of a culture with a proud tradition of service and selfless devotion to our country.

Donald L. Graves, LPC/MHSP
Behavioral Research Institute Inc.
Cleveland, Tenn.

Taking another look at biological components, psychotropic medications

This letter is in response to the critique of my article that I wrote for The Top Five column (“Helping adult clients with ADHD,” December 2008). As counselors, we are ethically obligated to provide the best standard of counseling services possible. This includes receiving accurate information on the well-researched role of genetics and psychotropic medication in the diagnosis and treatment of attention deficit hyperactivity disorder and other disorders. It is by acquiring this accurate information that we can best serve our clients — even if a counselor’s opinion differs from that information.

Instead of refuting the misleading and erroneous statements in the critique (Letters, February 2009), I feel it is more productive to use this opportunity to urge counselors to practice the best standard of client care. I implore all counselors to learn as much as they can about the very real biological nature of ADHD, depression, anxiety, schizophrenia and other issues that affect our clients. Even if you do not agree with psychotropic medication, chances are you are seeing clients being prescribed these medications. It is ethically and legally in your best interest to learn about these medications, the potential benefits and side effects, and the role of genetics in the development of psychiatric symptoms. It is also recommended that your opinion on the use of psychotropic medications and the biological etiology of disorders, pro or con, be disclosed to your client as part of the informed consent process.

By being informed as much as possible about the biological component of mental health disorders, we operate at the same level of knowledge and practice as other mental health clinicians. When we became counselors, we agreed to provide the best standard of care to our clients — and that includes being informed and up-to-date with the current research and standards of practice in mental health.

Stephanie Moulton Sarkis, Ph.D., NCC, LMHC
Adjunct Assistant Professor
Florida Atlantic University
Boca Raton, Fla.
stephanie@stephaniesarkis.com

Mind-body connection leads to counselor-client connection

I learned enough from reading “Making the mind-body connection” (February 2009) to want to know a lot more. I work at a 24-hour group home for mentally ill adults. In my part-time capacity, management has asked me to try and reach one of the residents who has been here for seven months and has not opened up to any staff. I am happy to report that I have made some inroads by sharing the Counseling Today article with her. She is very intelligent and already knows the value of integrating her thoughts with her...
physical health to try and control signs and symptoms of her psychosis.

Thank you, and congratulations on a great article.
Patty Boyle McCrosan
Phoenix, Ariz.

Coverage of music therapy seems slightly off-key

Thank you for highlighting the importance of creativity in counseling relationships and the value of the creative arts therapies in “Creating connection, crafting wellness” (November 2008). We applaud the enthusiasm expressed for the power of music in treatment.

While mention is made of the use of recorded music in counseling and the American Music Therapy Association (AMTA) website is listed, there is no recognition of music therapy as a profession in its own right, nor any information related to the education and national board certification required to practice as a qualified music therapist. Friends who use “active listening skills” can help each other immensely, though it certainly would not be considered counseling. In a similar fashion, counselors using music can potentially enhance the counseling process, but they are not practicing music therapy.

As a professional discipline, music therapy has been in existence for more than half a century, with a wealth of research to support its clinical applications. We appreciate Counseling Today’s encouragement of counselors using creativity to enhance their work, but we believe it is important to make a clear distinction between counselors using music and the services provided by board-certified music therapists.

Music therapy is an established health profession in which music is used within a therapeutic relationship to address the physical, emotional, cognitive and social needs of individuals of all ages. Music therapists use both instrumental and vocal music strategies to facilitate change. After assessment of the strengths and needs of each client, qualified music therapists provide indicated treatment and participate as members of the interdisciplinary team to support a vast continuum of outcomes.

Those who wish to become music therapists must earn a bachelor’s degree or higher in music therapy from one of more than 70 AMTA-approved colleges and universities. Entry-level study requires academic course work and 1,200 hours of clinical training, including a supervised internship. Upon completion of academic and clinical training, students are eligible to take the national examination administered by the Certification Board for Music Therapists (CBMT), an independent, nonprofit certifying agency fully accredited by the National Commission for Certifying Agencies. After successful completion of the CBMT examination, graduates are issued the credential necessary for professional practice: Music Therapist-Board Certified. To demonstrate continued competence and to maintain this credential, music therapists are required to complete 100 hours of continuing music therapy education or to retake and pass the CBMT examination with every five-year recertification cycle. For more information, readers can visit musictherapy.org and cbmt.org.

We appreciate Counseling Today’s continued support of the creative arts therapies and are grateful for its commitment to educating the public of these therapies’ benefits.
Barbara L. Wheeler
President, American Music Therapy Association
Silver Spring, Md.

Letters policy

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VA to request new occupational category for counselors

The American Counseling Association is pleased to announce that the Department of Veterans Affairs (VA) has approved the establishment of a new occupational category, or categories, for Licensed Professional Counselors and Marriage and Family Therapists working within the VA health care system. The move is an important step forward in implementing Public Law 109-461, the Veterans Benefits, Health Care and Information Technology Act of 2006, which established explicit recognition of both mental health counselors and MFTs within the Veterans Health Administration. Until the VA’s endorsement of a new occupational category, it was unclear whether counselors and MFTs would be considered merely subcategories of an existing occupational category for a different profession.

The announcement came after the House Veterans Affairs Committee wrote to VA Secretary Eric Shinseki urging the VA to “move quickly” to establish regulations enabling counselors and MFTs to “work to their full potential within the VA.” The letter also stated that federal job classifications for each of the professions should be established “in order to recognize their status as full-fledged, independent mental health professions.” The letter was developed and solicited jointly by ACA, the American Mental Health Counselors Association and the American Association for Marriage and Family Therapy.

Although it will take some time for the federal Office of Personnel Management to develop new occupational descriptions in response to a request from the VA, their creation will mark a key step in achieving recognition of the counseling profession.

President outlines budget promoting health care, education

On Feb. 26, nine days after signing the economic stimulus package into law, President Barack Obama made public his budget outline for Fiscal Year 2010. The outline will be followed by a complete, detailed budget proposal expected to be submitted to Congress in April. Although the outline proposes only slight increases in discretionary spending next year at both the Departments of Education and Health and Human Services, it includes policies that would result in billions of dollars in increased support for health and education.

The budget outline calls for dramatic changes to the Pell grant program, shifting it from a discretionary to a mandatory program and eliminating bank-based student loans in favor of direct lending to students. The outline calls for $116.8 billion in increased spending on Pell grants over the next 10 years, allowing Pell grant levels to grow faster than the rate of inflation and keep better pace with tuition increases.

In the area of health care, the budget outline proposes the establishment of a reserve fund of more than $630 billion over 10 years to finance broad health care system reform. President Obama and congressional leaders are hoping to enact legislation to significantly reduce the number of Americans without health insurance, now estimated at 46 million. The cost of the reserve fund would be partially paid for through $176.6 billion in savings from reductions in spending on Medicare Advantage health care plans, in which managed care companies provide health care coverage to Medicare beneficiaries. Currently, the government pays managed care companies an average of 14 percent more per beneficiary than it costs to provide coverage through the traditional fee-for-service Medicare program.

Other sources of funding for the initiative include the accelerated development and adoption of health information technology systems, implementation of demonstration and pilot programs under Medicare and Medicaid to evaluate payment reforms to reduce unnecessary and inefficient spending, and an increased investment in program integrity initiatives to reduce waste, fraud and abuse in Medicare and Medicaid. The budget outline also proposes a $330 million increase in spending on programs aimed at reducing shortages of health care professionals, such as the National Health Service Corps loan repayment program.

The budget outline calls for a $4.9 billion increase in spending on the VA for FY 2010 to $52.5 billion. During the next five years, the budget would increase funding for the VA by $25 billion above the current spending baseline. The budget outline specifically identifies improving mental health screening and treatment services as a priority area for both the VA and the Department of Defense.

The House and Senate Budget Committees have begun hearings on the president’s budget outline and the broad spectrum of issues that it touches. The president’s budget will serve as the basis for the budget ultimately adopted by Congress, and the budget adopted by Congress will set the framework for the appropriations bills to be enacted later this year. Importantly, the budget adopted by Congress will determine how much money is available for spending on Medicare benefit changes (such as physician payment reform and establishment of coverage of professional counselors’ services) and health care system reform. Both major Medicare legislation and health care reform legislation are on the agenda for Congress this year.
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The six-hour workshops are designed for career counselors and academic advisors who support college and high school students, as well as all practitioners who help adults with career decisions. This program has been approved for the National Board for Certified Counselors (NBCC) CEUs.

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A timeless wisdom: Lessons from traditional healers

At the 2007 Association for Counselor Education and Supervision conference in Columbus, Ohio, I had the pleasure of hearing Courtland Lee deliver a very moving keynote address. Those in attendance probably still remember the tragic story of the young boy who desperately needed a trip to the dentist but never received it. When I began The Top Five and started thinking about counselors I wanted to feature in the column, Courtland was one of the first people who came to mind. This month, I’m delighted to share the article he’s written for us.

Courtland Lee is a professor and director of the counselor education program at the University of Maryland, College Park. He is the author, editor or coeditor of five books on multicultural counseling, two books on counseling and social justice and three books on counseling African American males.

Courtland is the president of the International Association for Counselling and a fellow of the British Association for Counselling and Psychotherapy — the only American to receive this honor. Courtland is also a fellow and past president of the American Counseling Association, along with being a past president of the Association for Multicultural Counseling and Development. In addition, he is a past president of Chi Sigma Iota and a charter member of CSI’s Academy of Leaders for Excellence.

Courtland Lee

As a professional counselor, I have had the good fortune of traveling to every continent except Antarctica. Everywhere I have journeyed in the world, I have been struck by a remarkable fact about our profession. Even though counseling is a uniquely 20th-century North American profession, the activities that make up the counseling process are universal. Every culture has traditional ways of dealing with human crises and psychological distress. People throughout the world have for centuries found help for problem resolution and decision making outside of a context that consists of a professionally trained and credentialed counselor.

Throughout human history, people in crisis have looked to other individuals to help them solve problems and make decisions. These helpers, or in some cases, healers, have many names: curanderos/curanderas in Mexico, mudangs in Korea, sangomas in South Africa, fakirs in the Middle East and shamans in North America. Although they practice a variety of techniques, they all represent a universal tradition of helping people solve problems and make decisions.

I firmly believe that as professional counselors in the technologically sophisticated 21st century, we belong to this tradition. These traditional helpers/healers have much to teach us about the nature of health and well-being and how to be effective with those whom we work. We, like them, are part of a centuries-old, worldwide helping/healing tradition and, as such, are the inheritors and guardians of a timeless wisdom. Importantly, people look to us to help them solve problems or make decisions. From this timeless wisdom, here are five important lessons for professional counselors.

1. Respect your client’s belief in the power of the healer. It is important to understand that a helper is effective only if the person he or she is attempting to help believes that the helper has the power to make a difference. Traditional healers throughout the world have been effective for centuries because people believe they have helping power. This is also true of professional counselors. Counseling can be effective only if a client believes the counselor has the power to help. For many individuals from cultural backgrounds in which professional counseling does not exist, there is a far greater likelihood that they will have faith in the healing power of some traditional helping source rather than a Licensed Professional Counselor trained in a CACREP-accredited counselor education program. Therefore, respecting a client’s belief in the power of a traditional healer may mean that counselors need to form helping alliances, when appropriate, with healers. Significantly, both guidelines for cultural competency and ethical guidelines call for respecting indigenous helping practices.

2. Promote a holistic perspective. In the worldwide traditions of indigenous healers, little distinction is generally made between physical, mental and spiritual well-being. Individuals are seen from a holistic perspective with a strong emphasis on the interconnectedness of mind-body-spirit. In the universal helping tradition, there is not “physical” or “mental” illness, but rather a misalignment of the whole person with natural forces. Therefore, counselors would be wise to focus on the importance of interconnectedness in academic, career and personal-social counseling interventions. A review of recent literature suggests that this holistic perspective is being advocated in wellness approaches to counseling.

3. Emphasize the psychospiritual dimension of the client’s reality. The traditions of indigenous healing emphasize a nonordinary reality, which is the realm where human destiny is decided. In many cultures, healers consider this to be the spirit world. Many indigenous healing practices include the “journey” to the spirit world by the healer on behalf of the helpee to find answers for problem resolution or decision making.

The concept of nonordinary reality underscores the importance of what can be considered the psychospiritual dimension of a client’s reality and...
personality. This domain of personality transcends thoughts, feelings and actions. For many healers, this realm of reality is considered to be the seat of the soul. For counselors, such a concept implies going to places often beyond both their training and comfort level. What it suggests is that it is important for counselors to emphasize the spiritual dimension of a client’s reality.

From an existential perspective, this notion of spirituality suggests helping people focus on how they approach living and dying and the meaning of their lives. Indigenous helpers teach us that when we work with clients, it is important to help them heighten their awareness of what is sacred in their lives (either from a religious or secular perspective). It is also important that counselors work with clients to assess the meaning of life and significant concepts. For example, what does work/career mean? What will it mean to me and my family to be the first person to graduate from college?

4. **Adopt an active helping role.** In the universal healing tradition, helpers adopt an active helping role. Whether it is “journeying” on behalf of a helpee or conducting some ritual or ceremony, the healer actively takes part in the problem-solving or decision-making process. The traditions of counseling, on the other hand, often reflect a more passive role for the counselor. The counselor generally engages in listening, and the whole helping process is often considered the “talking cure.”

Significantly, the active role of the traditional healer lays the basis for the concept of the “activist counselor” that has become prominent in the literature. This is the counselor who acts not only *with* the client but also *for* the client as an advocate or systemic change agent. Traditional healing practices underscore the notion of counselor as a primary instrument for change.

5. **Accept cultural difference as merely difference and not deviation.** Any review of worldwide helping/healing practices has the potential to surprise, shock and even repel many professional counselors. It is important to note, however, that these practices are deeply rooted in age-old cultural traditions in every society — the same way that professional counseling is rooted in many cultural traditions of the United States. The wisdom of traditional healing practices teaches us that as culturally competent counselors, we must be careful in placing value judgments on cultural helping practices that differ from our own. We must commit ourselves to understanding the worldview of our clients and respect their views on the power of helpers, no matter how different the helping practices may be. We must understand that we, as counselors, walk an ancient healer’s path and are part of a worldwide healing tradition.

Mark Reiser is the column editor for The Top Five and a doctoral student in the University of Wyoming Counselor Education Department. Contact him at reiser@uwyo.edu to comment on this article or to recommend other counseling professionals to feature in upcoming columns.

Letters to the editor: ct@counseling.org

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I sometimes receive letters from American Counseling Association members on any number of topics. Some letters are so compelling that I call the member to clarify, ask questions or inquire about a source. My conversation with Steve Bryson was so interesting that I asked him to share in Counselor Career Stories how he developed his “just some guy” philosophy. Read his story; it might help you along your own career path.

Rebecca Daniel-Burke: Tell me about your current counseling position.

Steve Bryson: I am a registered nurse (RN) and a Licensed Clinical Professional Counselor in Whitefish, Mont. I have a private practice. As is the case with most folks in small towns and rural communities in America, I see most presenting problems, although I see a good number of people with eating disorders.

RDB: What started you down this career path?

SB: I grew up with an adoptive father who was a mortician. It seems from an early age I was a good listener. I remember listening to families talk about their loved ones. Adults kept saying I was a good listener. I suppose that was the beginning.

After high school, I became a Navy coreman (medic). I thought I would see the world, but I was stationed in California and stayed there throughout my Navy career. I observed that RNs worked in a number of interesting settings in the Navy. When I got out of the Navy, I went to college and became an RN and received my bachelor’s in psychology.

My first position out of school was as a charge nurse at a state mental hospital in Montana. I oversaw two locked wards and two unlocked wards. I realized then that I needed to know more about counseling.

Eventually, I moved to Seattle and remained there for seven years. During that time, I got my master’s in community mental health counseling. I got my license as an LCPC when I moved back to Montana.

RDB: What led you toward counseling people with eating disorders?

SB: It was actually by default; nobody wanted to treat them. They used to be viewed as willful and vain with controlling mothers, etc. I began treating people with anorexia, bulimia and eating disorders NOS (not otherwise specified). I learned quickly that the team approach was very important. I work with an internist who had a large group of clients with eating disorders, a dietician and an exercise physiologist. Any counselor in any town can put together this team. Eating disorders need to be treated from different angles, so a multidisciplinary approach is the most effective.

RDB: Do you see clients with DSM (Diagnostic and Statistical Manual of Mental Disorders) subtypes?

SB: Yes, we see binge/purge types who use vomiting, types who use overexercising and food restriction, etc.

RDB: Why do you think so few counselors want to treat eating disorders?

SB: For one thing, it is very difficult. It is not a lone-wolf pursuit; you must use the whole team. Counselors who like to work alone aren’t comfortable with that. Even when using a team approach … people die. Not long ago, a man died from starvation and his refusal to enter inpatient treatment. I saw him and was so worried that we had him taken to the emergency room against his will. They tested him, and because most of his tests were within normal range at that moment, they released him. Two weeks later, he died. It’s tough on the whole team. We are still processing our feelings about his death in our team.

RDB: Sometimes we do everything we can think of and we still lose someone. It is never easy.

SB: This is true.
comprehensive follow-up if we are going to see success.

RDB: Was it difficult to get into the entrepreneurial spirit one needs to create a new program?

SB: No, I enjoy it.

RDB: What mistakes have you made along your career path? And more important, what lessons did you learn from those mistakes?

SB: When I was green, I would neglect to ask for help, for supervision or consults. I made some bonehead mistakes. The lesson is simple. Ask for supervision. Ask for peer consults. Do not try to go it alone.

RDB: What have your clients taught you?

SB: To never underestimate the power and resilience of the human spirit. They have also taught me that creating a warm, helping relationship with an atmosphere of caring and trust is more important than all of my therapeutic skills and strategies.

RDB: What mistakes have you made along your career path? And more important, what lessons did you learn from those mistakes?

SB: Early on, my great aunt sat me down and said, “You have a lot of abilities, you are bright and you are a good listener. You need to use these skills.”

I also had a mentor who was a priest and a psychologist. His name is Kazimir Zielinski. Kaz was very supportive and complimentary toward me. He bolstered my confidence. He told me that my natural style was something I should capitalize on. He told me not to water down my natural style by trying to fit a mold. He also had such a depth of understanding about the theory and practice of counseling that inspired me to learn and grow. And he inspired with the humility that I try to model now. When I am in a therapy room with a client and feel like I hit a roadblock, I say to myself, “I’m just some guy. I am not such a big deal, not the end all-be-all. I am just some guy.”

Lastly, I worked at the University of Washington with David Dunner, the chief of psychiatry at Harborview Hospital in Seattle. He was a hard core researcher, very evidence based, and he had hundreds of journal articles he had authored. But he also had a full heart. One day they were giving him a party to celebrate some accomplishment. He told me I should come. I said I had to work, but I wanted him to know that he was an inspiration to work for. He said, “You are an inspiration to me.” I said, “Well, I’ll never accomplish as much because I am not an M.D.” His response was, “There is ample evidence that there is no correlation between the educational level of the therapist and the effectiveness of the therapy.” He convinced me I could do important work as an RN and a professional counselor.

RDB: I love those stories. By the way, do you have a theoretical hero, a theorist who inspires you?

SB: The counseling world opened up to me when I read (Carl) Rogers. My heart-centered approach found a home in Rogers.

RDB: You have a private practice, you are helping to build a treatment center — you are a busy man. How do you take care of yourself?

SB: I live in Montana on 20 acres. I go downhill skiing, I climb to all the peaks I can, I hike, I canoe and I love to just sit in my backyard with my family and look at the beauty of our surroundings.
“Sometimes I do quiet mindfulness walks through the land. I might see some wildlife, but other than that, it is still and gorgeous, and I am alone and quiet.

One thing I do for my spiritual side is look at the sky. I have nine telescopes. I love to look at the sky, at the stars. Nothing seems big or insurmountable when I look at the sky. The other little thing that helps me when I get stressed out dealing with clients is I say to myself once again, “I’m just some guy.”

RDB: Interestingly enough, when I feel overwhelmed by complex problems, I often say to myself, “I am just a sharecropper’s daughter.”

SB: Are you?

RDB: Yes, I am. And this brings me to our last question. Is there anything I have not asked that you want our readers to know about your story?

SB: I know this magazine is really pored through by students and new counselors. I want them to know that they are involved in one of the noblest professions. Where else do you get to experience the cutting edge of life and get paid for it? I hope they are deeply honored by those people who come to them and entrust them with something so important.

ACA values the opportunity to honor the career paths of working counselors with Counselor Career Stories. The hope is that the lessons these counselors share each month will be helpful to working counselors and students alike as they seek employment and career fulfillment. For additional assistance with career and employment issues, visit the ACA Career Center at counseling.org/CareerCenter, where you can view current online job listings, CareerBuilder and state and federal employment lists.

Rebecca Daniel-Burke is the director of the ACA Career Center. She was a working counselor for many years and went on to oversee, interview and hire counselors in various settings. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

Letters to the editor: ct@counseling.org
More Than a Job! Helping Your Teenagers Find Success and Satisfaction in Their Future Careers
Richard T. Lapan
Motivating adolescents to become actively engaged in their own career development is not always easy, but this book makes it fun. Written for parents, school counselors, and private practitioners who work with adolescents, More Than a Job! provides an easy-to-follow, step-by-step plan to help teenagers prepare for their future educational and career goals. Lapan’s TEAM (Targets, Examples, Assessments, Mutual Actions) approach uses a series of exercises and activities for teens and adults to do together that identify strengths and areas of concern, foster clear communication and interpersonal skills, enhance self-esteem, and increase resiliency and independence in adolescents so that they are able to work toward successful and rewarding careers.
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Alternatives to ‘all-in-one’ programs

Q: Our office manager is looking for a system to manage our client’s contact and insurance information as well as tracking of payments and aging reports. Can you recommend or point me in the direction of a system that would serve our purpose? We use Availity (availity.com) for most of our insurance billing because the majority of our clients are Blue Cross Blue Shield and Aetna, and (Availity is) free. People have suggested QuickBooks, but we aren’t sure if that is appropriate. Thanks so much for always providing ACA members with great information.

A: Since you don’t need or want an “all-in-one” program, QuickBooks (quickbooks.intuit.com) would be a good bet. QuickBooks will not only create a database, do client invoicing and keep track of accounts, but also serve all of your accountings needs and do payroll for the office manager as well. The cost is about $200.

More and more, we are hearing that smaller practices are using a “dual system” for practice management and billing. With free or low-cost electronic billing services such as Availity and Office Ally (officeally.com), practices are opting to use one program for insurance and another for client billing. Although there is some duplicate data entry with this option, it is less expensive than purchasing an all-in-one program and possibly having to pay other, after-the-purchase, fees.

Q: Can I bill insurance companies for my time spent writing letters to courts, Family Services and so on as requested by clients? If so, what CPT (Current Procedural Terminology) code would I use?

A: You could, but don’t wait by the mailbox for the check to arrive. Most insurance and managed care companies will only reimburse for direct client contact. That is why we always encourage counselors to read the provider contracts before they sign. You could charge the client for extensive report writing or correspondence as long as it is spelled out in your informed consent document. We believe time spent in routine correspondence or making telephone calls for client care is included in the direct service fee.

Q: I am in the process of incorporating and taking the big leap to get a part-time practice started. I have a National Provider Identifier (NPI) number. Does the incorporation also need one? And if so, is that the one I would then use?

A: If you are an individual practice office, the quick answer is no. If there are counselors in the office in addition to you, then your group will need its own group NPI number. (Also see the answer to the next question.)

Q: I am currently in a group practice but will be leaving (soon). The managed care networks I am a part of include Aetna, Blue Cross Blue Shield of Illinois, LifeSynch, Humana, Magellan and ValueOptions. When I depart this group practice, what must I do to continue my participation as a private practice provider in these managed care companies? I’d like this transition to be as seamless as possible (without causing problems for others remaining in the group practice). Any suggestions?

A: This may get a little technical. We would take two paths to get started on your own. First, you can use the individual NPI number that you had with your former group in your new private practice. An individual provider has and owns his own NPI number, which is portable; there is also a group NPI number that is owned by the former group and is not portable. You cannot use that group number in your own business. Any group you later form would need a new group NPI.

We talked with the provider relations director for American Behavioral Managed Care, who provides us pretty reliable inside information. She said your personal NPI is portable, so put it on lines 24j., 32a. and 33a. of your CMS-1500 claim forms. You do not need two NPIs unless you establish a group practice. You would then need to apply for a group NPI number, which would replace the personal NPI number you have been using on line 32a. You may want to run all this by the group you were connected to just to keep from burning bridges accidentally.

Second, write to each of your managed care and insurance companies to let them know of your intentions to start a private practice. Our contact, the provider relations director, said the managed care and insurance companies should be glad to keep you in their networks, but you must give them the address of your new care and insurance companies to let them know of your intentions to start a private practice. Good luck, and let us know how the transition goes so we can share details with other providers moving to independent practices.

Find the important new ACA bulletin “Transfer Plan — Counselor Incapacitation or Termination of Practice” in the Private Practice Pointers section of the ACA website (counseling.org).

ACA members can e-mail their questions to Robert J. Walsh and Norman C. Dasenbrook at walshgasp@aol.com and access a series of “Private Practice Pointers” on the ACA website at counseling.org.

Letters to the editor: ct@counseling.org
FROM THE PRESIDENT

Continued from page 5

What it is even sadder to me is that although we have a champion of hope in the White House, I am not sure the rights of sexual minorities are on the radar. And I’m definitely not sure that the current political and national climate provides much hope to our sexual minority youth. We remain asterisks.

This is a call to action. I am an asterisk. The inalienable and equal rights that supposedly apply to all people do not apply to me. I challenge each of you to advocate every day, in every way, for those who are disenfranchised, oppressed and marginalized. I challenge you to give hope to the “us”es by fulfilling your ethical obligation to engage in social action and effect positive change.

As a lesbian, as a mother, as a partner, as a counselor, as a leader and as a human, I ask you to stand with me and change the world one person at a time.

With pride,
Colleen ♠

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Building Multicultural Competency: Development, Training and Practice

This book is based on the premise that the counseling profession, especially its training programs, is deficient when it comes to multicultural training, course offerings and support of students of color. Add to that deficit the fact that the United States is becoming more diverse. In 40 years, people of color will become the numerical majority, something called the “browning of America” (which I find humorous, considering that the Americas were inhabited by brown people to begin with). If a paradigm change does not occur, then the field of counseling will be prepared to effectively serve less than half of the U.S. population.

To begin, editors Joseph White and Sheila Henderson describe the evolution of the Multicultural, Multiracial, Multiethnic Competency Building Model (M'CB). This multicultural centered (rather than European American) model guides the reader “to achieve change in levels of multicultural competency … if action is taken across four levels”: 1) conceptual/theoretical/intellectual, 2) emotional through multicultural dialogue, 3) behavioral engagement and 4) skill building. The authors not only discuss the difficulty and emotionality involved in cross-cultural encounters but also suggest ways to engage through films, literature, discussion questions and similar activities.

What impressed me about this chapter is the authors’ emphasis on self-reflection and self-study. Having taught diversity courses in higher education for years, I know such courses must connect issues of multiculturalism, diversity and racism to one’s own life before moving forward. This chapter guides both instructors and students in making that important step.

Five chapters of promising practices make up Part II of the book. I found these chapters to be honest — we learn much from what does not work — while providing examples of how programs can change. These chapters also document the commitment that higher education must make in the area of diversity enhancement.

Part III contains four chapters for training and mentoring in the field. Topics addressed include multicultural research, multicultural mentoring, managing resistance to multicultural initiatives and challenging dialogues.

The final chapter, written by Thomas A. and William D. Parham, is a frank discussion of the evolution of the National Multicultural Conference and Summit. With admirable intentions to engage in meaningful and multiple discussions, the first summit was held in 1999. The authors candidly discuss the 2005 controversy generated by a conference session purposely listed to disguise a workshop on “conversion therapy” for lesbian-gay-bisexual-transgender clients, which caused quite an uproar.

I was impressed by the honest and open discussion of difficult issues presented in this book. This “how-to” resource provides guidance when it comes to teaching multicultural issues and diversity, and I would highly recommend it to all instructors.

Reviewed by Stephanie J. Waterman, assistant professor of educational leadership, higher education, Warner Graduate School of Education and Human Development, University of Rochester.

Reflections on Human Potential: Bridging the Person-Centered Approach and Positive Psychology

The purpose of these 17 essays seems to be twofold: to provide a deeper understanding of the person-centered concept of human potential and to connect this approach to the field of positive psychology.

The introduction provides a brief overview of positive psychology and person-centered personality theory. The aim, as the title claims, is to build a bridge between positive psychology and person-centered counseling and then to contrast them with illness ideology. The first section of the book contains three essays that discuss the historical context of the actualizing tendency in person-centered theory, beginning with Carl Rogers’ paper on the topic written in 1963. The next two essays provide a clear explanation of the role of the actualizing tendency in person-centered theory and present what Tony Merry calls the “conundrum of the actualizing tendency.” This conundrum looks at actualization as the posited “only source of motivation,” whereas “to assume secondary motives is inconsistent with person-centered theory.”

The book’s second section comprises five essays dedicated to contemporary explorations of human potential in person-centered theory. Emphasis is placed on making the shift from viewing human potential as a noun to perceiving it as a verb — or the tendency to actualize. “The Myth of the Actualizing Tendency” by Brian Levitt explores the actualizing tendency as a construct that
Perhaps the easiest and most common way of making a planned gift is in your will. Did you know that 50 to 70 percent of Americans die without a will? It’s easy to put off making a will, but if you die without one, your assets may be distributed according to the law rather than your wishes. This could mean that your partner receives less or that the money goes to family members who may not need it.

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This collection offers much that will be of use and interest to graduate students, faculty members and practitioners. The vast number of literature references provided throughout these essays is a highly valuable resource that highlights the major components of the person-centered approach. These references are then connected with those from the newer field of positive psychology, where research is under development. Commonalities between the person-centered approach and positive psychology are discussed, as are ways in which the use of one informs the use of the other. Comparisons are also made between the positive psychology paradigm and the traditional medical model, stressing the importance of incorporating aspects of overall well-being.

Because multiple voices contribute to this book, information is presented in a manner that ranges from basic to more dense and complex. Each essay is independent of the others, but their arrangement flows well. This insightful collection explains the overall components of the theories, provides more detailed explanations of human potential and should inspire readers to apply these concepts to their own lives as well as to the lives of those individuals they may serve.

Reviewed by Michelle A. Weigel, assistant professor, psychology, University of Mary (N.D.), and doctoral student, counselor education and supervision, North Dakota State University.

Ruth Harper is the column editor for Resource Reviews and a professor of counseling and human resource development at South Dakota State University. Submit reviews for consideration to Ruth.Harper@sdstate.edu.

Letters to the editor: ct@counseling.org
Highly publicized cases of cyberbullying in which the targets of the taunts or abuse eventually committed suicide have increased the level of concern about this topic in recent years. Sameer Hinduja and Justin W. Patchin bring to light some startling realities in their book *Bullying Beyond the Schoolyard: Preventing and Responding to Cyberbullying* and on their website at Cyberbullying.us.

According to their research, 17.5 percent of youth have been victimized during their lifetime through cyberbullying (the Pew Internet and American Life project — pewinternet.org/PPFitr216/report_display.asp — puts this figure at 32 percent). In turn, 17.3 percent of youth reported having participated in an act of cyberbullying. When looking at the past 30 days, the researchers found that 9.4 percent of youth reported having been cyberbullied, which included actions such as receiving e-mails that were upsetting, being made fun of in chat rooms or having something posted on their MySpace page that made them feel upset.

Cyberbullying leads to feelings of frustration, sadness, embarrassment and fear among those who are targeted. The perpetrators of cyberbullying are most often students from the victim’s school (26.5 percent), a friend (21.1 percent), an ex-friend (20 percent) or an ex-boyfriend/ex-girlfriend (14.1 percent). The gender prevalence of those who perpetrate cyberbullying is nearly equal, but females are more likely to have been victims of cyberbullying in their lifetime.

The impact of cyberbullying can manifest itself in a variety of ways beyond the immediate incident, including poor grades, absenteeism, emotional dysfunctions and self-esteem issues, depression and (as an extreme response to the victimization) suicide. This month, *The Digital Psyway* focuses on websites that can be useful in helping counselors, parents and children develop guidelines for safe Internet use and prevent cyberbullying.

**Websites for kids**

Several of the websites designed for kids are colorful and interactive. This is helpful when trying to educate them about profile safety, cyberbullying and online chatting.

- **Netmartz.org**: Created by the National Center for Missing and Exploited Children, this site is interactive and provides statistics for parents, children and educators.
- **SafeTeens.com**: Gives a list of social-web tips for teens, while also providing information for parents.
- **Stopcyberbullying.org**: Provides definitions and covers the hows, whys and prevention aspects of cyberbullying. The site also provides an age range for kids to click on, as well as resources for parents, teachers and law enforcement.
- **Cyberbullying.info**: Another very interactive site developed for younger children in which a detective helps them explore the dangers of the online world through games, news articles and facts. An information technology consultant from Australia created the site.

**Sign up or purchase**

- **WebWiseKids.org**: This site has a curriculum concerning online issues that users may purchase for a hands-on and minds-on learning experience for children. Educators may find this site worth looking through for the lesson examples.
- **CSN.org**: The Child Safety Network site is free, but users must create an account to log in and receive information from the group.

**Corporate/media-sponsored sites**

Many corporate and media organizations are getting involved in “cybersafety” efforts to provide some assurance that they are protecting youth from potential Internet abuse. Several websites are sponsored or created by these companies.

- **BlogSafety.com**: Supported by many of the social networking sites such as Facebook, MySpace, Xanga and AOL. It provides advice and articles on topics concerning cyberbullying, text messaging, online chatting and so forth. A Spanish-language version of the site is also available.
- **MySpace.com**: MySpace.com is getting involved in the growing concern over safety in its social networking world, issuing a protocol for users to report abuse or other safety concerns. Users can click on the safety tab on the home page, file a report with the company and access advice from the people in charge of helping MySpace members.
- **GetNetWise.org**: Google, Microsoft and Verizon are among the corporate sponsors of this site. Topics covered include kids’ safety, spam, security and privacy.

**Legal, criminal issues**

Parents, educators and students should be made aware of sites that provide assistance with legal and criminal issues related to the online world.

- **NCPC.org/cyberbullying**: The National Crime Prevention Council uses this site to share information on what parents and kids can do about cyberbullying.
- **Cybertipline.com**: The National Center for Missing and Exploited Children has developed this site so parents, educators and children can report cybercrimes.
- **Cyberbullying.org**: Created by Nancy Willard, a lawyer who specializes in school law, this website includes examples of cyberbullying and what can be done to help.
- **WiredSafety.org**: This site provides information on a variety of online activities that could put users at risk of safety issues such as identity theft and cyberharassment.
“As an instructor, I am delighted to see a text that is adaptable to beginning and advanced career counseling contexts, that addresses contemporary work issues and challenges, and that attends to the concerns and strengths of diverse clients. This is a book to keep on the shelf in the career counseling office long after class is over for quick reference to concepts, options, and strategies.”

—Ellen Hawley McWhirter, PhD
University of Oregon

This book presents a practice-focused approach to career counseling that will help you enhance the skills and techniques in your career counseling repertoire. It incorporates the most widely used traditional career counseling practices with new and emerging career development concepts, making it an exceptional text for both counselors-in-training and seasoned practitioners. Topics discussed include traditional and postmodern career theories and approaches; counseling an increasingly diverse workforce and addressing cultural context issues such as race, class, gender, and disability; forming a productive alliance with the client; gathering client information; using assessment inventories and instruments; developing client action plans; and navigating the termination process. 2009 • 325 pgs

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Internet lingo
Users interested in the “techno” language commonly used in text messaging and online (including in instances of cyberbullying) can find English-to-techno and techno-to-English translations at lingo2word.com and transl8it.com. Both websites are fluid and updated by users regularly. For software and explanations of technology jargon on the World Wide Web, sites such as webopedia.com and whatis.com are helpful.

■ Lingo2word.com: Type in the Internet lingo and this site will produce a translation. This site also handles emoticons.

■ Transl8it.com: This site includes a “most-used message” list. Users can also add lingo to the database.

■ Webopedia.com: Users can choose categories to go along with the words they are looking for. The site also has pronunciation help.

■ Whatis.com: Similar to Webopedia.com, this site has a range of tech and software information.

The Internet is a great place for a child’s learning and enjoyment. Let’s keep it a safe place to be.

You can find these links and add your own by commenting at The Digital Psyway website at digitalpsyway.net.

Amanda K. Brace trains school counselors about cyberbullying and is a doctoral student in the counseling and human development services program at Kent State University.

Marty Jencius is the column editor for The Digital Psyway and an associate professor of counseling and human development services at Kent State University. Contact him at mjencius@kent.edu.

Letters to the editor: cti@counseling.org
Periodically, *New Perspectives* dedicates space for new professionals or graduate counseling students to share their developmental experiences in their own words. This month, Wendy Eckenrod-Green, a National Certified Counselor and a doctoral candidate at the University of North Carolina-Charlotte, writes about grief in the wake of graduation.

In the May and June issues, *New Perspectives* will feature a two-part series on the career concerns of new graduates.

**Wendy Eckenrod-Green**

As graduation descends on counseling students and faculty, numerous feelings and memories begin to stir. A sacred bittersweetness often sweeps over students and faculty during this time. Students are likely filled with pride due to their accomplishments, perseverance and hard work. Faculty members may likewise be flush with pride due to their own hard work, including their committed efforts to mentor students, and because their counseling progeny are ready to enter the field with outstretched wings.

Routine overlooked, ignored or avoided, however, are the feelings of sadness that often accompany the expected pride and joy. Graduating with a master’s or doctoral degree is no small task, so when the day arrives, or even as it approaches, there is a sense of letting go, of a goal accomplished, of transition from student to professional. And like other significant events in our lives (weddings and births, for example), we long to celebrate this accomplishment with our loved ones, some of whom may be deceased.

One small-group discussion during my doctoral interviews stands out. The question was, “Why have you chosen to get a doctoral degree?” I distinctly remember the response of one of the female candidates: “For the ancestors,” she explained. She was of Appalachian descent and would be the first person in her family to earn a Ph.D. I immediately identified with this woman. I too would be the first in my family and, like other students I have met, I have conquered a lot of barriers to get there.

During my doctoral program, several students and colleagues have experienced the significant personal loss of a mother, a father, a friend or a grandparent. I experienced the loss of my own grandfather during this time. As my own graduation neared, I was cloaked by the love and memories of both my living and deceased ancestors. The bittersweet feelings of pride and sadness return. I long to make sense of or do something with the sadness that still catches me off guard at times.

My reflections turn to questions: How can I honor my beloved ancestors, both living and deceased, on graduation day? How can I grieve for them in a way that is healthy? How can I share with my two little redheaded boys the importance of our ancestors?

Although graduation is a time filled with celebration, students and faculty should be prepared for unexpected grief that may arise based on loved ones who have died or are otherwise unable to attend the graduation ceremony. According to “A Guide to Grief” on the HospiceNet.org website, grief is a normal response to loss, including the death of a loved one or the loss of a home, job, friendship, relationship or marriage. The website also states that because grief does not follow an exact timetable, it is important for students and professors to be aware of some of the reactions to grief, including shock, denial, anger, guilt, sadness, acceptance and growth.

Faculty members can assist students in many ways by taking on the role of mentor or adviser. Faculty can also facilitate small-group class discussions to help students cope with grief as graduation nears. Faculty members need to function from the foundation of multicultural counseling competence (knowledge, awareness and skills) because there are sometimes significant differences in how various cultures grieve. Recommendations for faculty (adapted from HospiceNet.org) include:

- Help students prepare for unexpected grief before graduation and assist students through the grieving process.
- Be a good nonjudgmental listener (be careful of boundaries and dual relationships).
- Be patient.
- Let the person cry.
- Before graduation, formally check in with students who have experienced a loss during or prior to entering the program.
- Continue to provide support after the initial loss.
- Respect the pain of loss and be prepared for your own emotional feelings. Relating to others who are grieving sometimes generates memories, questions and fears about our own mortality and experiences.
- Help students process what it means to them to have a master’s or doctoral degree in counseling.
- Help students brainstorm ways they can honor their ancestors or loved ones.
- Be aware of the feelings and symptoms of grief.
Pay attention to danger signs (including weight loss, substance abuse, depression, prolonged sleep disorders, physical problems, talk about suicide and lack of personal hygiene).

Be aware of community resources.

_HospiceNet.org_ makes the following recommendations for people experiencing grief:

- Feel the pain.
- Talk about sorrow by sharing memories.
- Forgive yourself for all the things you believe you should have said or done.
- Eat well and exercise (create a routine).
- Indulge yourself (for example, take a nap or read a good book).

Recommendations for students who are grieving include:

- Allow yourself to grieve a loss.
- Express your feelings.
- Ask for help when needed.
- Be patient with yourself.
- Keep yourself healthy.
- Be alert to your physical needs.
- Learn more about grief.
- Trust your ability to heal.

- I was 11 when I lost my grandmother to cancer. Prior to her death, she had the infinite wisdom of creating a tradition to help us commemorate and remember our ancestors. Red roses were placed on a table at the front of the funeral home and, one by one, all my grandmother’s children and grandchildren picked up a rose. My grandmother’s wish was that we would all travel to the Dan River, to a specific bridge near where my great-grandmother grew up, and cast the roses into the river. At age 36, I still honor this act of remembrance to signify both loss and celebration.

This river and area is a sacred place to me. I married my husband next to this river, and on my wedding day, my bouquet consisted of red roses. When the ceremony was over, I stole away and stood alone on the riverbank. I pulled a single red rose from my bouquet and delicately tossed it into the river. After I defend my dissertation, I will again stand on the bank of this sacred river and cast a single red rose to celebrate and honor my ancestors.

What follows are other suggestions to help express thoughts and feelings related to grief (adapted from _HospiceNet.org_ and _HumanityQuest.com_):

- Keep a journal
- Write a poem
- Create a collage that expresses grief
- Create a cartoon
- Create masks of what grief looks like
- Take a photograph
- Reflect on or write about the following topics: A special memory I have of you is … Ways in which you will continue to live on in me are … Special ways I have of keeping my memories of you alive include …

**Counseling or internship employment spots:** Assistant director of academic advising at Meredith College; former graduate intern at Meredith Academic Advising and Career Centers (internships can turn into career opportunities)

**Greatest accomplishments:**

- Marrying a wonderful man; being a mom to a beautiful toddler; taking advantage of as many opportunities as possible to grow, both personally and professionally; making wonderful relationships with professionals, students and faculty; being featured in _Counseling Today_

**Keys to success:**

1) Never let anyone tell you you can’t do something;
2) Be grounded in your religious/spiritual beliefs and use that strong foundation as your rock and anchor;
3) See a need, fill a need;
4) Wherever you go, go with all your heart;
5) Share something with someone: mentor, teach, help people grow;
6) Love with all your heart, read, laugh and play as much as you can.

**When you grow up, you want to:**

Be the best mom and wife I can be, become a counselor educator, become a published writer with journal/newsletter articles and books and become ACA president!

**My Life, My Story**

“My Life, My Story” profiles an individual new to the counseling profession who is proving to be exceptional. If you would like to nominate a student or new professional to be featured, e-mail dfletche@westga.edu.

**Introducing … Angela S. Shores,**

Licensed Professional Counselor and American College Counseling Association graduate student member at large

**Age:** 30

**Hometown:** Born and raised in Mount Ulla, N.C.; currently in Fuquay Varina, N.C.

**Current school/program status:**

Doctoral student in counselor education at North Carolina State University, Raleigh, N.C.

**Prior education:** Master’s in community counseling (2006) and bachelor’s in religion (2001) from Campbell University

**Letters to the editor:**

If you are a student or new counseling professional who would like to submit a question for this column to address, e-mail dfletche@westga.edu.

*Donjanae L. Fletcher is the column editor for New Perspectives and an assistant professor at the University of West Georgia.*

*Letters to the editor: ct@counseling.org*
In August 2008, the U.S. Census Bureau released updated population projections for the midcentury. Among its findings were that minority populations, which currently make up roughly one-third of the U.S. population, would actually become the majority in 2042 and would constitute more than half of all U.S. children by 2023.

The Hispanic population is projected to grow from 46.7 million in 2008 to 132.8 million in 2050 and make up 30 percent of the nation’s total population. African Americans are expected to make up 15 percent of the nation’s total population in 2050, increasing from 41.1 million to 65.7 million. The country’s Asian population is projected to reach 40.6 million (9.2 percent) by midcentury. Perhaps most telling, the number of individuals who identify as being of two or more races will more than triple between 2008 and 2050, from 5.2 million to 16.2 million. At the same time, the nation’s white population is expected to decline from 66 percent of the population in 2008 to 46 percent in 2050.

Given the rapidly increasing ethnic and racial diversity of the United States, Counseling Today asked six American Counseling Association members to discuss some of the major considerations in working with diverse client populations.

Multicultural considerations

Counselors discuss some of the unique aspects and challenges of working competently with six diverse client populations

Interviews by Jenny Christenson

In August 2008, the U.S. Census Bureau released updated population projections for the midcentury. Among its findings were that minority populations, which currently make up roughly one-third of the U.S. population, would actually become the majority in 2042 and would constitute more than half of all U.S. children by 2023.

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Given the rapidly increasing ethnic and racial diversity of the United States, Counseling Today asked six American Counseling Association members to discuss some of the major considerations in working with diverse client populations.

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Kelley Kenney
Coordinator of graduate programs in student affairs administration and student affairs college counseling in the Kutztown University Department of Counseling and Human Services; North Atlantic Region representative to the ACA Governing Council; board member of the Association of Multi-Ethnic Americans; copresenter with Mark Kenney of “Discussing the Multiracial Population in Counselor Education Curriculum” at the 2009 ACA Conference; coauthor with Bea Wehrly and Mark Kenney of Counseling Multiracial Families (Sage Publications, 1999)

Describe your professional background in working with people who identify as multietnic/multiracial.
I’m an LPC, a counselor educator, a member of a multiracial/multiethnic family and have two multiracial teenage daughters. My partner/spouse and I have been doing research, writing, presentations, consulting and teaching courses about the issues of the multiracial population for almost 20 years. We’re the cofounders and cochairs of the ACA Multiracial/Multiethnic Counseling Concerns Interest Network.

What makes this cultural group unique?
It is unique by virtue of its composition. The multiracial, multiethnic population is the most diverse multicultural population in our society. It is a group often represented by not only two cultural backgrounds, but more than two cultural backgrounds. The uniqueness lies in the fact that the worldview experience of multiracial/multiethnic individuals involves navigating a multiplicity of backgrounds.

What are some of the psychosocial issues specific to this group?
Dr. Maria Root, a well-known psychologist who has written extensively on this population, talks about six themes that are salient to the experiences of multiracial/multiethnic people over their lifetime. The psychosocial issues are inherent in these six themes.

1. Uniqueness: Emphasizing the multiracial individual as distinctly
different. Feelings of uniqueness throughout one's lifetime may result in behaviors or interactions that are misinterpreted or misunderstood.

2. Acceptance and belonging: An ongoing issue of concern that results in multiethnic people feeling lost, caught in the middle or that they must straddle both sides of the racial divide. Certainly we've seen this with President Obama.

3. Physical appearance or phenotype: Multiracial individuals are judged or questioned about their identity based upon their physical appearance.

4. Sexuality: This tends to be most significant for multiracial women. Often it is tied to myths and stereotypes related to the exotic multiracial female. Related to the themes of uniqueness and physical appearance and how women are sexualized by society.

5. Self-esteem: Having to do with the development of a positive self-image and a positive internal frame of reference. Self-esteem is impacted by one's experience relative to all of the themes.


What are some issues counselors need to be aware of when working with multiethnic/multiracial clients?

I think that the Multicultural Counseling Competencies provide an excellent framework for how counselors relate to and work with this population. First, it’s important to be aware of one’s own values, beliefs, biases and stereotypes about multiracial individuals. This means being aware of the influence of myths and stereotypes and other forms of misinformation on how one approaches or works with the population. What values, beliefs, assumptions, etc., do you hold about multiracial unions? I think that much of what has surfaced around race with regard to President Obama is related to this.

Counselors have been subjected to the same biases and the same misinformation as the rest of society, so I think it is important that counselors work on themselves. They must also assess the values, beliefs, assumptions, etc., of the multiracial individual and assess how the multiracial individual’s experience might have been impacted by myths and stereotypes, attitudes and values. For example, for children, issues such as how they are treated in school by teachers, counselors or other children and how the reactions of others have impacted their view of themselves and their view of other multiracial people are all important to consider.

What do counselors need to know about family dynamics specific to this group?

The second domain of the Multicultural Counseling Competencies is the knowledge domain, which emphasizes the importance of gaining knowledge and understanding about the client and his or her worldview experience. With the multiracial population, that means obtaining knowledge about the history of the multiracial experience in the U.S. as well as knowledge about the worldview experience of the individuals counselors may be working with.

The multiracial individual’s experience and worldview is often influenced by the history of race relations in this country, and the experience is often different depending upon his or her racial and ethnic composition. We know that in terms of interracial couples, the largest composition tends to be Asian women/European men and Native American women/European men. The smallest composition is African American women with European men, but black/white unions continue to meet with much scrutiny and controversy. We’ve observed this in the reactions of some to President Obama. So working with multiracial individuals requires knowledge and understanding of the history of race relations in this country, how that history has influenced society’s response and reaction to mixed-race unions and mixed-race individuals and how that has impacted the individual family and the family’s interactions and dynamics. If you are working with a multiracial individual who is of Asian and African heritage, it’s understanding that their worldview experience is different from someone who is of Latino and Asian heritage.

Understanding the impact of the multiple cultures and multiple cultural worldviews on family dynamics is very important. In addition, understanding how families navigate the multiple cultural backgrounds is important. Dr. Root’s Ecological Framework for Understanding Identity provides a model for examining family dynamics and looks at the impact of family dynamics on identity. This model looks at the influence of a number of variables on how the individual’s experience has been shaped. These variables include gender; regional/geographical and generational history of race relations; sexual orientation; social class; inherited influences such as language, parents’ identity and nativity; extended family; names; values of the home; traits such as temperament, social skills, talents, coping
skills; social interaction with community; social interaction in the home, school and work; friends; outside-the-home community; how one identifies racially and ethnically; and phenotype. Phenotype is an overarching variable that influences all of the other variables.

So family dynamics influence identity and may be influenced again by the varied racial, ethnic and cultural backgrounds and other identities represented in the family. It is also important to note that the experiences might be, and often are, different for siblings growing up in the same family.

**Are there some cultural norms present in this group that differ from those found in mainstream America?**

The thing that differs most about this population from others is that for multiracial people, it’s about having a sense of and being able to claim all aspects of who they are and not feeling as though they have to choose one identity over another.

**What are some challenges, and ways to overcome these challenges, when working with people from this cultural background?**

To me, the challenges are related to the counselor’s level of cultural competence — awareness, knowledge and skills — to work with the population. So, going back to the Multicultural Counseling Competencies, how aware is the counselor about his or her attitudes, values, beliefs, biases and assumptions about this population and how these may impact upon his or her ability to work with this population? Second, how knowledgeable is the counselor about the multiracial client’s cultural worldview experiences and the multiple cultural contexts within which the client navigates? And third, how does the counselor’s awareness and knowledge translate into respectfulness and mindfulness in utilizing appropriate intervention approaches and strategies?

**Are there certain techniques that are helpful in working with multiethnic/multiracial people?**

I come from and work from the philosophy that it is important to meet the client where the client is and utilize skills and techniques that are not only respectful of the individual from a cultural context, but also respectful and mindful of what the individual is presenting with. So I don’t think of the individual from the perspective of what theoretical construct I can use in working with them. I’m thinking more from the context of what I need to do to be respectful of all of who this person is and what is going to be the best approach based upon what they are presenting.

Certainly things such as role-playing, journaling, bibliotherapy, genograms, cognitive reframing and various cognitive behavioral techniques may be helpful.

**Any final words of advice for working effectively with people from this cultural group?**

Yes, it is important to understand and to be mindful and accepting of the fluidity of identity when working with multiracial/multiethnic people. It is also important to be aware of and to understand that fluidity as a positive, not as a negative, again keeping in mind Maria Root’s model, which emphasizes the multiple influences upon identity.

**Latinas/os**

**Patricia Arredondo**

Associate vice chancellor for academic affairs; dean, School of Continuing Education; professor, Department of Educational Psychology, University of Wisconsin-Milwaukee; coauthor with Azara L. Santiago-Rivera and Maritza Gallardo-Cooper of *Counseling Latinas y La Familia* (Sage Publications, 2002); former president of ACA

**Describe your professional background in working with people who identify as Latinas or Latinos.**

I have worked with Latinos of various ethnic backgrounds, particularly of Mexican, Puerto Rican or Cuban heritage. In clinical practice, my clients were primarily women. These were professional women, college students and immigrant women. Additionally, I have conducted research studies with immigrant Latino families in the Southwest.

**What makes this cultural group unique?**

I would not use the word “unique.” All cultural groups have worldviews informed by historical experiences, beliefs, values and traditions. *Latinas/os* is a term that encompasses very heterogeneous ethnic groups of individuals who are multiracial from birth. Their/our heritage is European and indigenous, or European and African or European, indigenous and African. The common denominator of the different Latino ethnic groups is the Spanish language.

**What are some of the psychosocial issues specific to this group?**

Generation status in the U.S. introduces varying psychosocial issues. For immigrants or first-generation persons and families, stressors include language differences, employment limitations, educational attainment, discrimination and low-income employment.

For adolescents, there may be stress related to identity conflict. It is hard to fit in if you do not look like the majority group. Color is a factor. Latinos may be visibly dark or white, thereby having different social experiences. Second- and third-generation Latinos have more exposure to risk behaviors than do first-generation persons.

There are many health disparities for Latinos compared with the Caucasian population. Education is an asset for greater employment and education opportunities, as it is for most groups.

**What are some issues counselors need to be aware of when working with Latina/o clients?**

First, there must be recognition of the heterogeneity among Latinos, as indicated in previous comments. Variables of heterogeneity include ethnic heritage, multiple heritages/mixed race, language abilities (bilingual, monolingual English or Spanish), gender (marianismo and...
machismo), age, relationship status (single, married, separated), citizenship status, place of birth in the U.S. (regional differences matter), religious preferences, sexual orientation, socioeconomic status, education attainment and so forth.

Depending on the client’s generation status in the U.S., there may be issues of family separation based on immigration. Some immigrants have traumatic experiences in entering the U.S. that may predispose them to fears, anxiety and social phobias. Loss and separation may contribute to depression.

Not all Latinos speak Spanish. When working with adults, be more formal. Latinos are hierarchical, and it is best to use titles when speaking to adult women and men. Depending on generation status — immigrant, second or third — a family may hold more traditional values and practices.

**What do counselors need to know about family dynamics specific to this group?**

Latinos are more allocentric or collectivistic, with an emphasis on relationships. There are values that speak to the importance of relationships. *Familismo* refers to the importance of family as the hub or focal point for individuals. The extended family network involves *comadres*, *compadres*, *madrinas* and *padrinos*. These individuals are not necessarily blood relatives, but they become essential to the family for their connection through their role as godparents for baptism, marriage, etc. *Personalismo* indicates the value of relationships. Getting to know someone else counts. *Hermanadad* is another term referring to “brotherhood” — a sense of interdependence. *Respeto* signifies the expectation for relationships. One must care about and show respect for the relationship.

Emphasis is placed on parents and their obligation to bring up “sound” children. There is a proverb that says, “*Padres sanos, hijos honrados*” (solid, well-balanced parents have honorable children).
Are there some cultural norms present in this group that differ from those found in mainstream America?

The previous examples may answer this question. Norms differ based on generational differences. Families who are more recent arrivals will maintain their cultural values and practices very readily. Generation differences may lead to tensions between parents and children who want to “Americanize.” The longer families are here, the communities where they live, and their occupation and educational attainment may mean families adopt more mainstream values. A study a few years ago found that no matter how long people have been in the United States, they indicate that family is their highest priority. The value of *familismo* persists.

What are some challenges, and ways to overcome these challenges, when working with people from this cultural background?

Counselors need to address their biases and assumptions about Latinos. Otherwise, they will create barriers with the clients.

Are there certain techniques that are helpful in working with Latinas/os?

You cannot generalize. Everything is situational and person-centered. The counselor must consider all of the identity variables, generational differences and cultural values previously discussed. Depending on the situation, family counseling can be very effective. Again, the counselor must be aware of family norms and know when having a child in the room with parents is not advisable. Also, children should never translate for parents in therapy.

Depending on the issue, group work, individual and/or family counseling can be used.

Any final words of advice for working effectively with people from this cultural group?

Latinos of second and third generation have grown up to be bicultural. They generally know more than a counselor about how things work in this country from multiple perspectives. Counselors should be careful not to patronize or assume that individuals are immigrants and speak Spanish.

**African Americans**

Cirecie West-Olatunji

Assistant professor, University of Florida Department of Counselor Education, and affiliate faculty member, African American studies; immediate past president, Association for Multicultural Counseling and Development; presenter on “Examining Parent Proficiencies of Culturally Diverse Parents” at the 2009 ACA Conference

Describe your professional background in working with people who identify as African American.

My training began during my studies in the master’s program at Teachers College of Columbia University, where I concentrated in multicultural counseling. This allowed me to take specialty courses that focused on cultural constructs and the intersectionality of identity for culturally diverse women and other socially marginalized groups. I later transferred to the University of New Orleans, where I completed my master’s and doctoral studies. Throughout my clinical and research training, I maintained a focus on multicultural counseling. Upon becoming licensed, I established a limited private practice, working with primarily African American clients across a broad spectrum of socioeconomic classes and ethnic groups (for example, Afro-Creole, Afro-Caribbean and continental African clients). Subsequent to these experiences, I have disseminated my research that focuses on African American students and academic achievement.

What makes this cultural group unique?

Prototypically, African Americans are often characterized by an emphasis on spirituality, socio-centrality (emphasis on relationships), group orientation, flexible family roles, family networks that are intergenerational and can include non-blood-related members, and knowledge construction through social interactions.

What are some of the psychosocial issues specific to this group?

Most evident are the secondary symptoms due to systemic oppression, primarily racism. It has been suggested that traumatic stress results from the cumulative and pervasive effects of racism across generations. Such psychological distress is characterized by health disparities, such as high blood pressure, diabetes, obesity and cardiovascular diseases, among others. Additionally, African Americans are disproportionately represented among individuals diagnosed with both internalizing (depression, anxiety) and externalizing (irritability, aggression) behaviors.

For youth, African American students are disproportionately represented among children with special education categories. In particular, these students are twice as likely to be labeled as having an emotional behavior disorder, attention deficit hyperactivity disorder, learning disorder or mild mental retardation than their white counterparts, while they are half as likely to be placed in gifted and talented programs. Chronic underachievement persists for many African American students as a secondary symptom, due in large part to educational hegemony.

What are some issues counselors need to be aware of when working with African American clients?

Counselors need to become aware of the subtle forms of bias that invade our ability to accurately assess and conceptualize the behavioral and attitudinal presentation of African American clients. Without an understanding of the cultural nuances of any culture, counselors can unknowingly impose their values on clients and aggravate presenting problems. Moreover, lack of competence can cause African American clients to disengage from the therapeutic process.

Counselors need to become knowledgeable about African American values, strengths and methods of coping. For instance, much has been written about resistance as a form of coping for African American clients, suggesting that African American students who speak out for themselves in schools may be appropriately advocating for themselves and others.
What do counselors need to know about family dynamics specific to this group?

The concept of interchangeable family roles is important when working with African American families. As such, Western or Eurocentric notions of gender roles may be challenged when attempting to meet the needs of African American families. Additionally, many African American families consist of multigenerational members, wherein elders typically play an important role in maintaining family, community and cultural traditions and values. Therefore, counselors need to explore clients’ definitions of salient family members before assuming that all families are nuclear.

Are there some cultural norms present in this group that differ from those found in mainstream America?

Several norms are in contrast to Western or Eurocentric notions of normality. The most evident is the emphasis on group rather than individual needs or wants. African Americans tend to focus on community-level interactions. There is an African saying, “I am because we are,” suggesting that there is very little separation between the individual and the group. Using a Western perspective for conceptualizing a client who espouses this philosophy, a counselor might view the individual as enmeshed with the family unit. From the African American worldview, such a group orientation aids in developing deeper values regarding one’s civic commitment, morality and spirituality as reflected in how one treats other members of the group (as one would treat oneself). Hence, self-monitoring behavior is intrinsically linked to the fate of one’s group.

Is there a counseling school of thought that this group might find offensive?

Many forms of nondirective therapies and interventions have been suggested as ineffective with many African American clients. This may be due to the emphasis on genuineness or authenticity in interpersonal relationships that is recognized by the counselor’s ability to appropriately self-disclose, admit limitations in expertise and acknowledge unintentional forms of bias. This may be why recovery skills are viewed as important in the development of cultural competence in counseling. “Keeping it real” is a term African American clients often express in stating what they value in relationships.

What are some challenges, and ways to overcome these challenges, when working with people from this cultural background?

A major challenge continues to be unintentional forms of bias and, in school settings, lowered expectations for academic performance by teachers and counselors alike. To overcome unintentional bias, counselors need to move outside of their comfort zones and expose themselves to settings and experiences that challenge their beliefs and paradigms. Activities such as immersion experiences, clinical outreach projects, use of multimedia (movies, films, etc.) and opportunities to establish meaningful relationships with African American individuals can assist counselors in becoming more effective. Further, they can become change agents to advocate for vulnerable populations within a systemic context.

Are there certain techniques that are helpful in working with African Americans?

Community-based interventions have been underutilized by counselors when working with African American clients. Organic settings where African Americans typically experience transformation and healing occur in religious settings, community environments and familial contexts. Yet, counselors may be hesitant to move outside of their familiar contexts to embed themselves in African American communities.

One such intervention that utilizes the resources and strengths of African American communities is the rite of passage program. Rite of passage programs are designed to support cultural and personal identity development as well as academic excellence through educational support, exposure to cultural and historical information, discipline and civic commitment. Such programs have been successful in improving students’ educational outcomes and trajectories.

Asian Americans

Manisha Lakhota
Career counselor at the University of California-Berkeley Career Center; presenter of “Career Counseling Issues and Interventions for Asian/Pacific Islander Premed and Business College Students” at the 2008 ACA Conference in Honolulu.
Describe your professional background in working with people who identify as Asian American.

Through my role as a career counselor, I serve students of various ethnic and cultural backgrounds, including Asian Americans. My experience working with Asian Americans includes collaborating with the director of Asian Pacific American Student Services at the University of Southern California to develop and present a four-part career development workshop series to help students build a sense of community and strengthen their skill sets. Also, students who attended this program gained a higher level of empowerment and developed new tools to become more successful in their self-presentation. We developed the series based on feedback we had received from employers and students, as well as literature review.

What makes this cultural group unique?

As a group, Asian Americans are made up of many diverse cultures/groups, which in themselves have unique values and beliefs. Some general attributes may include collectivistic identity, filial piety, humility, recognition through achievement and conformity to norms. College students who come from and adhere to collectivistic identity may have family strongly influencing their major/career choice and activities. For example, family may direct students to pick a specific major to lead to a specific career and provide feedback on what activities are considered useful or relevant.

What are some of the psychosocial issues specific to this group?

Specifically with college students, some issues that can impact this group include external stereotypes (for example, the “model minority” myth), generational status, acculturation level and parental influence in decision making and values.

What are some issues counselors need to be aware of when working with Asian American clients?

This is similar to my previous response. In working with college students, some issues that counselors may want to consider are the stereotypes (model minority myth, bamboo ceiling) impacting the student, the generational level of the student, the acculturation level of the student (how does the student identify her/himself) and the amount of parental influence (expectations) in decision making.

With each of these issues, counselors can expect a full range of student reactions. For example, with parental influence, reaction can range from students being loyally compliant regardless of personal interests or needs to having feelings of conflict and guilt for wanting or considering other options. The students may feel conflicted and believe themselves to be rebellious or disobedient. What might be considered a strength in American culture may be considered a weakness or inappropriate in Asian culture — for example, individualism, speaking about one’s accomplishments, etc.

What do counselors need to know about family dynamics specific to this group?

In general, Asian Americans are more likely to use a collectivistic rather than individualistic way of decision making. This means that family, specifically elders, can have a huge influence on decision making, even if the individual is considered an adult. The parents may feel it is their duty to provide guidance and help to the next generation. Having that awareness and not being judgmental is important in working with individuals who follow a more collectivistic approach in their decision making.

Are there some cultural norms present in this group that differ from those found in mainstream America?

Some cultural values that may differ from mainstream European Americans include the importance of filial piety, humility, conformity to family and cultural norms, and family recognition through achievement.

What are some challenges, and ways to overcome these challenges, when working with people from this cultural background?

Some challenges may include internalized/externalized perceptions, conflicting values, disparity in educational levels within the group as a whole, high prevalence of poverty despite a higher median income level and disparity between level of education and income. It is important to be respectful and take the time to build rapport so that the client is comfortable discussing family and cultural issues. If these clients are able to identify and discuss their concerns (both internal and external), they can reach an acceptance of what they believe they have to do and/or grow in their capability to “negotiate” with their families.

Are there certain techniques that are helpful in working with Asian Americans?

Research regarding counseling Asian Americans and the understanding of issues impacting Asian Americans is starting to grow, but there are still many gaps. From my experience, I think it would be important to first consider self-identity, generation level, acculturation and how much rapport the counselor has developed. I think an approach that is concrete, direct and action-oriented can be a good strategy in building rapport and demonstrating respect. Solely focusing on feelings may alienate the client. Using directive questions through narrative counseling can be a good approach, focusing on thoughts rather than feelings and involving family and cultural questions, depending on the comfort level and self-identity the client presents.

Any final words of advice for working effectively with people from this cultural group?

It is important for the counselor to be aware of her or his own beliefs and biases regarding Asian Americans and to be nonjudgmental, even if the counselor considers her/himself to be Asian American because the counselor’s experience may be vastly different from that of the student. It is also important not to assume that these students should be able to make their own decisions. Inadvertent judgment can cause distress in the students, and they will probably not return. Listen to the students for cues, or they may simply state that this — whatever that may be — is what they have to do.
These students may or may not be able or want to communicate with their families — it may not be appropriate.

**Arab Americans**

Mireille Aprahamian

Full-time faculty research associate and director of evaluation at the Johns Hopkins Bloomberg School of Public Health evaluating school-based early interventions; faculty associate at Johns Hopkins School of Education teaching a course on cross-cultural counseling

Describe your professional background in working with people who identify as Arab American.

Over the past seven years, I have been researching and counseling the Arab American population through various channels. I was a language instructor teaching the Arabic language, culture and geopolitics for the U.S. military. During that time, I also worked as a counselor, gaining over two years’ experience counseling minority populations to include Arab Americans. I collaborated with various Arab religious leaders (pastors and imams), extending out my counseling services to the Arab and Middle Eastern community as needed. Because most members of the community typically seek out pastoral counseling before they go to a public counselor, my role has been as more of a consultant and adviser to the leaders.

During graduate school, I gained extensive knowledge about this population and their collective experiences while conducting my dissertation on levels of acculturation and its impact on Arab Americans’ mental health. Currently, I am a counselor educator teaching courses on cross-cultural and multicultural counseling to graduate students. Placing special emphasis on social justice work in my classrooms, I highlight significant counseling considerations when working with misrepresented cultural groups, including Arab and Muslim Americans.

**What makes this cultural group unique?**

I think what makes Arab Americans unique is their eclectic culture. There are major differences between Arabs who come from different parts of the Arab world in terms of language, traditions, religion, immigration experiences, level of conservativeness and government policies. Christian and Muslim Arab Americans identify and adapt differently in the United States due to differences in values and unique practices between Western and Islamic faiths.

Traditional Arab American families have very strong family values, religious affiliation and social connections. Arab Americans depend on one another for support, and they typically maintain a more conservative approach to life. For example, in many cases, divorce, abortion, casual dating, alcohol and drug use, and seeking counseling services are looked at as shameful. Gender roles are also unique, and men are viewed as the highest authority in the house of most traditional Arab families. Lastly, Arab Americans face unique stressors associated with historical and political world events.

**What are some of the psychosocial issues specific to this group?**

The most common and detrimental issues faced by Arab Americans are stereotyping and the ongoing discrimination experiences, which have a significant impact on their mental health. Being publicly profiled, stereotyped and misrepresented has devalued the uniqueness of this particular group and led to more mistrust, fear and isolation in society, while creating an unsafe environment for all.

Besides the effects of discrimination experiences, Arab Americans face difficulties acculturating for various reasons. Conflicts with cultural and religious values and language barriers can make it difficult for most Arab Americans, especially Muslim Arabs, to acculturate.

**What are some issues counselors need to be aware of when working with Arab American clients?**

Given the stereotypes and biases, counselors need to be aware that developing
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**“Multicultural Considerations”**

1. According to Kenny, it is important to understand and to be mindful and accepting of the ______ of identity when working with multiracial/multiethnic people.
   - a. multifaceted nature
   - b. fluidity
   - c. vulnerability
   - d. layers

2. According to the interviewee(s), tend to be collectivistic.
   - a. Asian Americans
   - b. American Indians
   - c. Arab Americans
   - d. All of the above

**“Cultural Communication”**

3. Day-Vines notes that although they are still not optimal, performance levels among African American students have improved significantly since the civil rights movement.
   - a. True
   - b. False

4. Counselors featured in the article have successfully employed all of the following EXCEPT ______ when working with African American students.
   - a. rap music
   - b. bibliotherapy
   - c. talk therapy or narrative therapy
   - d. dance/movement therapy

**“The Top Five”**

5. According to Lee, the universal helping tradition includes all of the following EXCEPT:
   - a. belief in the power of the healer
   - b. emphasis on nonordinary reality
   - c. an active helping role
   - d. a community aspect

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trust and a positive therapeutic alliance might be a challenge when working with Arab Americans. Counselors should monitor assumptions on both ends — client and counselor. Because counseling is usually a taboo in the Arab culture, the client may feel uncomfortable with the setting. Language barriers and clashes of value systems, especially religious and cultural values, might be issues as well. Counselors should avoid using complex counseling terminology that may get lost in translation, so it is good to read and listen to both body and verbal language. In addition, avoid implied meanings, especially if the clients use Arabic as their primary language.

What do counselors need to know about family dynamics specific to this group?

Definitely know that the majority of Arab American families come from a collectivistic society where family and community are placed before the individual. One member’s behavior can bring shame to the entire family. Often, treatment plans or counseling sessions should include other immediate and extended family members. Clients might have to consult with or take the family into perspective. Gender roles should be assessed because, in most cases, the father or male figure of the family — grandfather, brother, uncle, etc. — is considered the head of household.

Are there some cultural norms present in this group that differ from those found in mainstream America?

Religion is the primary difference. Arab Muslims have specific holidays and traditions that are unique to their faith (Ramadan, pilgrimage and so on). Arab American families believe in honor and hospitality. Dress codes are also more conservative, particularly with Muslim Arabs. Some Muslim women choose to wear the traditional hijab (cover). However, at times, women here in the United States purposely wear a different kind of hijab. Because of stereotyping and how they are perceived and treated, they find alternative ways to cover their hair, and others choose to get rid of it completely. A lot of people are taking steps to blend in with the American culture in such ways as changes in name, changes in physical appearances, etc.

Is there a counseling school of thought that this group might find offensive?

I find that choosing an appropriate counseling approach is often based on the client and the family. In my experience, a lot of the existential approaches are often successful when working with Arab Americans because they focus more on understanding the client and the client’s worldviews. Spiritual counseling is the most preferred approach by many Arab Americans. I don’t have any evidence to back up any potentially offensive approaches.

What are some challenges, and ways to overcome these challenges, when working with people from this cultural background?

Trust, language barriers and communication styles can be dealt with in many ways:

2. Know the regions of the Middle East. If you have a client from Iraq, he or she is going to have a completely different experience than someone from the United Arab Emirates. Be knowledgeable of the historical and political events pertaining to the country of origin. Then you can have knowledge of the client’s background and culture.
3. Consult with community leaders. Because spiritual counseling is huge with Arab Americans, counselors often play nontraditional counseling roles as consultants and advisers. Counselors should research community resources and be equipped to make specific referrals related to the needs of this population. Counselors should consider that, often, an Arab American client is coming to counseling as a last resort and absolutely needs your help. Often they might not come to you for typical mental health problems. They might need help with job searching and so on. Traditionally, they have already consulted their family and community long before they came to see you. Therefore, it is perfectly normal to be more active in finding solutions with the client.
Are there certain techniques that are helpful in working with Arab Americans?

Treat the condition, but take into consideration cultural components, stressors and values. Treating every symptom as pathology might not be appropriate with this population given that it might be related to psychosocial issues. Conducting informal assessments of discrimination experiences, gender roles, levels of acculturation (language use, media use and social relationships), identity (cultural and religious), age at migration (may cause parental conflict) and length of time in the United States is an important technique in determining proper diagnosis and treatment planning.

Examine clients’ media use. Ask what television channels they watch to see how close they are to their culture and how much discrimination they are being exposed to in the media. Also examine their relationships, including how close they are to their social surroundings and how isolated they may be from the American community, which can lead to not having access to the available resources.

Lastly, assessing trauma experienced pre- and postimmigration can help determine the cause of the problem. Some Arab American clients might have gone through war trauma in their homelands. Another technique is building a support system through family, friends and community.

Any final words of advice for working effectively with people from this cultural group?

Keep in mind the cultural diversity present in this population. Remember to assess the trauma they might have experienced prior to immigration. Although it is easier for Christians to acculturate in the United States, you may find the same anxiety and depression symptoms as in Muslim Arab Americans due to the fact that they are the minority in the Arab world and, therefore, may have been prone to discrimination experiences.

Also, keep up with current events. Politics and news are where stereotypes are mostly found, and that’s where the stressors originate. Consider family ties back home and how that may impact the client and family living in the United States.

When assessing country of origin, find out if it is a secular state (separate from religion) or not. Oftentimes, secular states might have more of a Western-adopted culture.

American Indians

Tarrell Awe Agahe Portman
Director, Office of Graduate Ethnic Inclusion, University of Iowa Graduate College; associate professor and coordinator, school counseling and counselor education and supervision programs, Department of Counseling, Rehabilitation and Student Development; author of such journal articles as “American Indian Women Sex Role Attributions” and “Debunking the Pocahontas Paradox: The Need for a Humanistic Perspective”

Describe your professional background in working with people who identify as American Indian.

My professional experiences have always aligned with my cultural background. I have dedicated my research to counseling issues particularly related to American Indian populations.

What makes this cultural group unique?

The terms American Indian, Native American, Native American Indian and Indigenous Peoples are used interchangeably to describe a population of people that consists of many separate tribal or aboriginal nations. These separate groups have their own sovereignty issues and connections with U.S. and state governmental systems. This “dual citizenship” creates a unique cultural atmosphere for Native American peoples even different from those of other underrepresented groups.

Although attributes cannot be generalized to all indigenous peoples, there are some common value systems among the populations. These may be based upon tribal traditions and oral histories or sharing of information from one group to another.

What are some of the psychosocial issues specific to this group?

Identity issues abound with American Indian populations. These vary from geographic living conditions, such as urban, rural or reservation, to the larger issues of federal or state government recognition. In addition, psychosocial issues related to oppression, power and prejudice may create health and wellness issues.

What are some issues counselors need to be aware of when working with American Indian clients?

Counselors need to be aware of the vast differences that can be found among American Indian tribal groups in relation to traditions, values and environmental orientations. One of the most important issues is counselor self-awareness about romanticizing American Indian clients or taking a deficit perspective of American Indian abilities or wellness.

What do counselors need to know about family dynamics specific to this group?

One of the best studies about American Indian family dynamics was presented through Carolyn Attneave’s publications. Any counselor working with American Indian populations should read this material.

Are there some cultural norms present in this group that differ from those found in mainstream America?

There are many cultural norms that differ, but it is difficult to convey this to counselors without being stereotypical or creating counselors who automatically assume or impose cultural normative information on their American Indian clients.

Is there a counseling school of thought that this group might find offensive?

This would vary by the individual. However, due to the genocidal behaviors of past governments, American Indian clients may not do well with some governmental policies or procedures mandating counseling.

What are some challenges, and ways to overcome these challenges, when working with people from this cultural background?

Empowering American Indian clients to reflect and consult with other Ameri-
Any Indian people to discuss treatment options would be a good beginning.

Are there certain techniques that are helpful in working with American Indians?

In my opinion, an existential approach works well with American Indian clients.

Any final words of advice for working effectively with people from this group?

Be open to group decision making and the influence of the group culture on the individual. For the most part, American Indian tribal groups are representative of collectivistic cultures.

Jenny Christenson is a former staff writer for Counseling Today.

Letters to the editor: ct@counseling.org

ACA resources

The following books published by the American Counseling Association are available for order by calling 800.347.6647 ext. 222 or by visiting the ACA online bookstore at counseling.org.

- Counseling Multiple Heritage Individuals, Couples and Families, written and edited by Richard C. Henriksen Jr. and Derrick A. Paladino
- Counseling African American Families, edited by Jo-Ann Lipford Sanders and Carla Bradley (copublished by the International Association of Marriage and Family Counselors)
- Contemporary Mental Health Issues Among African Americans, edited by Debra Harley and John Dillard
- Counseling Asian Families From a Systems Perspective, edited by Kit S. Ng (copublished by IAMFC)
- Case Incidents in Counseling for International Transitions, edited by Nancy Arthur and Paul Pedersen
- A Handbook for Counseling International Students in the United States, edited by Hemla D. Singaravelu and Mark Pope
- Cross-Cultural Counseling: A Casebook by Clemmont E. Vontress, Jake A. Johnson and Lawrence R. Epp
Ooh, ooh, I know the answer!” calls out an African American middle school student. Excited about learning, enthusiastic about participating in class and eager to interact with his teacher, he is a seemingly model student. But in an education system that caters mostly to the norms of white middle class culture, teachers may view his behavior as representative of something entirely different, says Sam Steen, a counselor educator at George Washington University and a member of the American Counseling Association, the Association for Counselor Education and Supervision and the Association for Specialists in Group Work.

Every culture has different communication patterns, Steen explains. For instance, in African American culture, he says, “Everyone jockeys for the opportunity to voice their opinion, and although it is competitive, it is not malicious.” However, when placed in the context of a school classroom governed by white middle class values, this style of communication may be interpreted as being disrespectful, Steen says, even when that is not what the student intended.

Norma Day-Vines, an associate professor of counselor education at Virginia Tech, says this “simultaneous communication” style is at odds with the prevailing sequential communication style (in which people take turns talking), often leading to misunderstandings both in the classroom and society at large. For example, in mainstream America, she says, people express dissent in a dispassionate manner. “But within the African American community, we tend to be animated. When in a classroom, if something comes up, the student may become highly animated,” she says, adding that this sometimes creates unintended conflict with the teacher.

Differences in communication patterns are just one of the reasons that minorities are at a disadvantage in U.S. schools and society, where they often face additional obstacles to their successful development, Steen contends.

**Added obstacles**

In general, the U.S. education system still uses a model that works best for white middle class kids, says Courtland Lee, director of the counselor education program at the University of Maryland, president of the International Association for Counseling and a past president of ACA. “Basically, for a lot of kids of color, schools represent a reality that doesn’t make sense to them or is not very relevant to them,” he explains. “They are at a disadvantage because American society, in terms of its value system overall, is based on realities embedded in white middle class culture, which means inherent privileges for white middle class people, but not people who are not white middle class.”

Some counselors point to the continued prevalence of “tracking” as evidence that students of diverse backgrounds aren’t made to feel a part of the prevailing academic and social culture in school systems. “Tracking is when kids are placed in certain classrooms based on ability level,” explains Julia Bryan, assistant professor of counselor education at the University of Maryland. “Often you see that it is children of color who are in the lower academic tracks.” Although efforts have been made to address this disparity, she notes that children of color are not often found in Advanced Placement courses in high schools. “You will see that children of color are often encouraged to apply to two-year colleges rather than more selective four-year colleges. White kids are...
pushed toward more selective four-year colleges,” says Bryan, a member of ACA and ACES.

“You have disproportionate numbers of minority students in special education and experiencing expulsion and disciplinary actions,” adds Day-Vines, a member of ACA, ACES and the Association for Multicultural Counseling and Development. “One thing that the research literature suggests is that African American students are more than two and a half times more likely to have discipline referrals or be expelled. They, along with Latino students, are also more likely to be expelled for more ambiguous offenses.”

Day-Vines also asserts that, in general, students of color aren’t being taught or encouraged to believe in themselves in the school system. She believes this plays a role in their comparatively low performance levels as it relates to grades and overall school achievement. “Prior to the civil rights movement, there wasn’t this level of low performance among African American students because they were often taught by African American teachers,” she says. “This helped children believe in themselves and reinforced the notion that children can do a lot. This is the concept behind Historically Black Colleges and Universities. Treating children with dignity and respect is one of the qualities we need to return to in public education,” she says, regardless of an educator’s race.

Steen says racially, ethnically and culturally diverse students are at a disadvantage because they often have limited access to positive role models in positions of responsibility. “The role models that students of color have in society tend to be athletes, musicians,” he says. “Rarely are they educators, and it is not until recently that they have been politicians.”

Minority students from low-income backgrounds and living in urban areas struggle even more, Steen says. “The research is clear that students from low-income backgrounds who live in neighborhoods where violence is more rampant, where they are more likely to come from single-parent households, lack basic resources and necessities.” In addition, issues of homelessness and addiction, whether in their neighborhoods or in their families, are more likely to touch the lives of children of color, Steen says, further hindering their developmental opportunities in school.

While stressing the need to be sensitive to these potential struggles, Day-Vines also reminds counselors that not every African America student will internalize oppression or have difficulty succeeding in the U.S. education system.

**Strategies for promoting student development**

In the midst of this disparity, counselors are well positioned to help students of color overcome some of these barriers to their development. Indeed, Lee says, “Counselors’ role should be to help kids navigate the system. I think counselors have a moral imperative to knock down those systemic barriers. Counselors need to be advocates for children, ensuring that all children are held to high standards.”

Steen says counselors need to be careful to help students of diverse cultures adapt to the norms of their schools and social environments without invalidating the cultures and social norms of minority children. Counselors can teach social norms and academic skills through

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psychoeducational groups in the classroom or hold counseling groups outside of class to help students adjust to difficulties they are having. "In both cases," Steen says, "the ultimate goal is to empower students through the interactions they have with you as a leader and with each other to work on some of their issues and challenges and teach them how to overcome some of the barriers to prepare them to be successful in the classroom."

To genuinely effect change in how school systems and society at large function with regard to people of diverse backgrounds, Steen and other counselor educators say counselors must work on a systemic level. This involves "building partnerships and working with stakeholders such as parents, community leaders and staff to create programs that can help children and families," says Bryan, who adds that counselor education programs need to provide more training to help counselors develop advocacy and leadership skills.

Steen suggests that counselors "collaborate with people who have those skills that they don't have, while also taking on a leadership role where (counselors) initiate programs or initiate task forces." For example, counselors can work more closely with parents, who "are just waiting for those invitations," he says. Steen asserts that school counselors can better spend their time taking on this liaison role rather than limiting themselves to one-on-one therapy with students. In the long run, he says, more people — both students and adults in the wider community — will be positively affected by counselors assuming this expanded role.

Day-Vines also emphasizes the importance of creating partnerships between schools and communities. She points to an example in an Oakland, Calif., high school that was experiencing a high rate of discipline problems among its African American and Latino students. Community leaders were brought into the school to train students, using focus groups, to talk to their teachers about what might happen if they worked together more cohesively. During the schoolwide initiative, counselors worked individually with students to validate — and sometimes challenge — their perspectives. Counselors also promoted the initiative throughout the school.

"One result was that teachers gained a great deal of respect for the students because they were able to articulate their concerns," Day-Vines says. "Overall, more than 75 percent of the disciplinary infractions were reduced." Although community leaders provided most of the training to students in this instance, counselors possess the expertise to perform similar training initiatives, she adds.

**Building relationships for systemic change**

The leverage that counselors have in a school is gained over time, Steen advises. "School counselors who are trained as advocates learn that they must gain allies," he says, adding that counselors may not be able to make a substantial difference early on. "But over time, they establish credibility, show small successes, build relationships with teachers who have a similar framework or belief system and build relationships with administrators. As the years pass, they start winning the war based on these small successes."

Building relationships with teachers and administrators is helpful, Steen says, because counselors are then better positioned to advocate for institutional change. "Their work not only impacts the few students they see in their counseling offices, but also the school, school district and community at large when working together with teachers and administrators," he says. "Initially, counselors can engage students in critical thinking about their race, ethnicity and cultural backgrounds and how they fit within the context of today's society. Further, an emphasis on strengths, skills and talents students possess, as well as coping strategies they are aware of and those they are not aware of, can be included in counseling interventions and programs" for students of color.

Steen shares seven tips to help counselors create stronger relationships with teachers and administrators:

1. Be as flexible as possible.
2. Have a team-player orientation.
3. Engage in and facilitate honest and open dialogue.
4. Model professionalism.
5. Negotiate and compromise.

6. Speak an educator's language (with an emphasis on academic and career development).

7. Take risks and reflect on decisions made.

"Counselors need to take the initiative to seize leadership to work on behalf of kids," Lee says. "Counselors have to get angry — at the achievement gap, at the system — and get to the point where they go up to the system and say 'enough is enough' to people in positions of power and public policy-making positions."

One important way counselors can influence public policy, Lee says, is by gathering and presenting data that show systemic inequities for children of color, including suspension rates, academic achievement rates and differential graduation rates. "The important thing is that data speak volumes," Lee says. "Counselors can gather data for their individual schools, or they can collaborate across all schools (in a district) to show inequities."

After gathering accurate data, he says, counselors can present the information to school administrators, superintendents, central office staff, school board members and their political representatives at local, state and national levels. Lee adds that there is power in numbers and encourages groups of counselors to approach policy makers together.

**Diverse approaches**

Steen and Day-Vines previously worked together on a group counseling program that targeted achievement and ethnic identity in African American high school students through the use of culturally relevant bibliotherapy. The two counselors assessed how the students felt about themselves both before and after the group program and discovered that their self-concept and academic concept improved after the bibliotherapy intervention, in which the students read books by African American authors.

"Through engagement with the central protagonist, they begin to come up with solutions to problems (and) coping strategies," Day-Vines says. Using bibliotherapy in this manner is "healing, because most young people (of color) have mainly been exposed to people who are white in books," she continues. "A conclusion that a person may draw is that 'I don't see children of color succeeding academically..."
(in books), so that is not something I can do.” Culturally relevant bibliotherapy also allows students of color to see their cultures represented in healthy ways, unlike the often negative depictions prevalent in the news, Day-Vines says.

In addition to books, Dana Griffin, assistant professor of counselor education at the University of North Carolina at Chapel Hill, advocates using contemporary music such as rap (provided it has a positive message) as a tool for raising the self-esteem of African American children. Listening to the music provides a platform for adolescents and older children to discuss what it means to be black in America as well as appropriate paths to success in life, she says. “Mainly, I choose songs by African Americans,” says Griffin, a member of ACA, ACES, AMCD and the Counseling Association for Humanistic Education and Development. “You can always find positive rap songs or singers that write about loving yourself (rather than) giving up. So I can say to children, ‘See, here are some people who are just like you who are doing well.’”

One song that Griffin likes to use with girls is “Work That” by Mary J. Blige. “(Blige) talks about how African American girls are often judged by how they look but that they should keep their head up and keep (on going). I use that to raise the self-esteem of girls.”

Sometimes, the best technique to assist students is “plain talk therapy or narrative therapy,” Griffin says, adding that children and adolescents often carry around feelings about their experiences in school that are not validated by adults. Narrative therapy “gives them a place to be themselves,” she says. “If a child comes to your office and says a teacher is racist, we need to validate their viewpoint, whether it is true or not.” This validation can be done during individual therapy.

Another way for counselors to help provide validation to students of color is through creation of minority identity development groups, Griffin says. This approach allows students to talk about their feelings and concerns in school within a group of their peers. In setting up these groups, Griffin suggests recruiting a few students who are strong and outspoken because they will naturally empower the other students. In addition, Griffin says, “I’m an advocate for always involving parents (in general). Listen to their side, listen to their viewpoints.”

**Bridging the cultural gap**

Day-Vines has developed a model called “broaching” to describe counselors’ optimum behavior when interacting with minority children and discussing the often-sensitive issues connected to race. “You can use broaching with children to examine the extent to which racial, ethnic and cultural differences affect their learning,” she says. “Broaching answers the question, ‘How do we open up to children to explore the racial impact on their school experience?’”

Validation of the child’s experiences with racism is important in the concept of broaching as a counselor, says Day-Vines, who described the broaching model in detail in an article she cowrote for the *Journal of Counseling & Development* (“Broaching the Subjects of Race, Ethnicity and Culture During the Counseling Process,” Fall 2007). In the article, she and her coauthors write that “Broaching behavior refers to a consistent and ongoing attitude of openness with a genuine commitment by the counselor to continually explore issues of diversity.” Day-Vines describes the sensitivity involved in the technique of broaching with the following example: “The counselor may indicate, ‘We’re both from different ethnic backgrounds. I’m wondering how you feel about working with a white European American woman on your concerns.’”

To better understand African American children, Day-Vines also suggests that non-black counselors use “cultural informants” to indirectly bridge the cultural gap. “You may be working with a child whose culture you don’t know much about, so you might identify an adult in the community who is a member of that culture and get feedback and recommendations from them,” she explains. “Reaching out into the community is important.”

Another way counselors can boost the development of students from diverse backgrounds is to bring representatives from the community who are also culturally diverse into the school, Day-Vines suggests. People of color who are in positions of power or responsibility in society are particularly good role models for children on school career days. “Putting children in contact with resources in the
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Serving up ethics advice with a smile

Paul Fornell, ACA’s new director of ethics and professional standards, finds the humor in life even while helping counselors deal with serious issues

By Jonathan Rollins

Clark Kent would famously step into a phone booth and emerge as Superman. Paul Fornell sometimes found a more modest costume change helpful in his line of work as a counselor. When situations grew tense, Fornell would reach into his briefcase or desk drawer for a secret weapon — his clown nose. “Humor is very important in my life,” he says. “If I can’t find some way to make light of a situation appropriately, then I know I’m in big trouble.”

It might seem somewhat ironic then that Fornell, whose personalized license plate once read “GUFFAW,” is also an expert on the very serious subject of counseling ethics. In January, the 30-year counseling veteran joined the American Counseling Association as its director of ethics and professional standards.

In his new position, Fornell provides ACA members with free, confidential consultations.

“ACA’s ethics consultations are one of the most valued of all our services because they allow members to consult with an experienced professional counselor on the particular issue facing them at the moment,” explains ACA Chief Professional Officer David Kaplan. “Ethical dilemmas expressed by clients, supervisees, students and our peers have different twists that can be quite complicated. It is therefore helpful to be able to sort through the options with an expert. Even if the scenario is pretty cut-and-dried, it is helpful to receive confirmation that we are going in the right direction and doing the right thing.”

Kaplan says Fornell is a natural fit as director of ethics and professional standards. “We are very fortunate to have someone of Paul’s caliber here at ACA,” Kaplan says. “He is first and foremost a practicing counselor, so he brings an extensive practitioner background from a wide variety of settings, including schools, colleges and private practice. He is a National Certified Counselor, Master Career Counselor and Licensed Professional Clinical Counselor, so he draws from an extensive array of practical situations in his consultations. He is also extremely knowledgeable about counseling ethics and the ACA Code of Ethics. Add to that the fact that Paul has held many ACA leadership positions focusing on licensure and other professional standards issues, and you have the perfect person for the position.”

While Fornell likes nothing better than to entice a smile or laugh out of anyone who crosses his path, providing ethics consultations to ACA members fulfills another one of his passions. “Helping people problem solve really gets my juices flowing,” he says. “I love this organization (ACA), and at this point in my career, I’m hoping that I have some wisdom and experience that I can share appropriately with our members.”

Kaplan acknowledges that Fornell’s broad-based experience, along with his natural desire and ability to relate to others, made him an appealing choice to head up ethics and professional standards at ACA. “When members call Paul, they will be talking to someone who understands their world and has
the extensive experience and knowledge necessary to assist them with whatever ethics, licensure or other professional standards need they may have,” Kaplan says.

Fornell joined ACA (then the American Personnel and Guidance Association) in 1980 and is a life member. Among other leadership positions, he has served as president of the American College Counseling Association, the New Mexico Counseling Association and the California Counseling Association. He was integral in getting the counselor licensure law passed in New Mexico (he holds the second Clinical Mental Health Counselor license ever issued in that state) and has worked as a counselor in diverse settings ranging from rural New Mexico to inner city Chicago. Fornell began his career as a special education teacher, during which time he realized he could have a more substantial impact working with people one-on-one. He decided to pursue a degree in counseling only after engaging in the therapy process himself as a client (he believes this is a beneficial step for all counselors to take). Fornell has spent the majority of his 30-year counseling career in college counseling centers, including the last decade in the career development center at California State University, Long Beach. He has also been a private practitioner and worked as a counselor at an all-Navajo school.

In his new position at ACA, Fornell typically handles 10 to 15 calls per day from members seeking consultation about ethical dilemmas or professional standards issues. All too often, these counselors are already in “crisis mode” by the time they call, and while Fornell is invested in helping them as best he can, he emphasizes that ACA members should not view the consultation services only as a last-ditch option. There is no shame, Fornell says, in counselors admitting that they don’t have all the answers and seeking help as part of regular practice. The real danger comes when counselors sequester themselves and rely solely on their own perspective, he says.

“Every day offers a challenge if you’re a professional counselor, particularly if you’re working alone in private practice or as a solo school counselor,” he says. “No matter how professionally skilled you are, you’re human, and ethical situations will naturally arise for all counselors. How often does an otherwise bright, competent counselor screw up because of a blind spot? We’ve all got them, even the greatest therapists in the world.”

Any counselor questioning his or her decision making or handling of specific situations should “stop the chatter in your skull,” Fornell says, and call ACA for free consultation. “If you even have the thought,” he says, “pick up the phone. It doesn’t matter. What’s the worst that can happen? Almost 100 percent of the time, it’s a good thing you called. If you’re smart enough to pick up the phone and ask for help, that’s a sign of strength. You’re being the consummate professional.”

When ACA members contact him, Fornell says, they can expect the consultation to be “peer-to-peer, practitioner-to-practitioner — a true collaborative effort.” While he provides his professional opinion on the appropriate behavior to follow in each individual situation based on the ACA

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“Keren Humphrey has given mental health professionals a complete guide for working with diverse clients experiencing grief in a variety of forms. This book is well written, easy to understand, and is an excellent tool for beginning counselors or seasoned professionals.”

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Based on contemporary understandings of the nature of personal and interpersonal loss and the ways in which people integrate loss and grief into their lives, this innovative book focuses on tailoring effective interventions to the uniqueness of the griever’s experience. In Part 1, Dr. Humphrey discusses a variety of death- and non-death-related loss and grief experiences, offers conceptualization guidelines, outlines selected psychosocial factors, and describes intervention based on two contemporary grief models. Part 2 provides detailed therapeutic strategies organized according to focus or theoretical origins along with suggestions for implementation and customization to client uniqueness. Specific chapters include cognitive–behavioral and constructivist strategies, emotion-focused strategies, narrative therapy, solution-focused therapy, and adjunctive activities. The final chapter focuses on counselor roles and recommended professional and personal practices. 2009 • 260 pgs

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Code of Ethics, one of Fornell’s main goals is to get each caller to consider a single question: What is your next step going to be?

“Ethics should flow naturally from your education, your training and your professional experience,” Fornell says. “If you know what your values are and apply those values consistently, that’s 90 percent of it. I also believe that continuing education and being a member (of your professional associations) should be part of your everyday ethics.”

Perhaps nothing shields counselors from the kryptonite of potential ethical entanglements, however, quite like dropping the “I can do it all on my own” superhero façade. “Half of the (ethics) calls I receive would never be made if counselors were required to have lifelong consultation or a lifelong mentor,” Fornell says. “Professional competence really comes from reminding ourselves every day, ‘I don’t know everything.’ When you graduate with your counseling degree, it is not the end of your education; it is only the beginning.”

For Fornell, that education has included learning that laughter really can be the best medicine and that, in certain situations, donning a clown nose may be just as powerful as attempting to fit into Superman’s cape.

“We rarely succeed at anything,” Fornell says, “unless we’re having fun doing it.”

Jonathan Rollins is the editor-in-chief of Counseling Today. Contact him at jrollins@counseling.org.

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Strategies for restoring energy in depressed clients

This article attempts to provide a concise, integrative view of depression by weaving together elements of psychology, biology and, in the broadest sense, human nature. It is based on the principle that, despite the complexity of the human mind and the personality, we are the result of mammalian and, particularly, primate evolution, and some of our emotional habits and tolerances can be inferred from traits we share with other organisms, especially with regard to how we conserve and expend energy.

Few would argue the anatomical similarities. For example, the hands, feet and brain structure of a human are unquestionably similar to, if not derived from, the basic primate mind-body template. Yet others might not be comfortable discussing human personality in this way. In any case, it raises a question: Can clinicians learn anything about psychopathology from the fundamental forces of nature? Conceivably, we can, particularly as it pertains to factors responsible for the onset of clinical depression.

While most clinicians are familiar with various methods for working with depressed clients, I would like to propose a rationale and prescription for a brief but focused treatment strategy that might prove beneficial to both therapist and client. As an initial premise, consider that while depression can take many forms, including endogenous, situational, chronic and episodic (or overlapping with other syndromes), it has constant features from which a brief treatment approach can be derived. Before outlining a treatment strategy, it might be helpful to offer a few general statements about depression in a psychobiological context that could pertain whether the etiology is neurochemical, environmental or, as is often the case, some combination of both.

It would appear that most episodes of depression involve three elements. First, there is a disruption of the anabolic/catabolic cycle. To clarify, all organisms (including humans) orchestrate mind and body according to a specific sequence. The first step in the sequence involves the buildup and conservation of energy resources — a process typically referred to as the anabolic phase. In the second phase, energy is expended in the execution of what we would hope to be adaptive, problem-solving behaviors. This is called the catabolic phase. At the risk of waxing “cosmic,” all organisms (and energy systems) in nature function according to this principle. For example, mammals are known for their “hunt and sleep” lifestyles. That is because all systems, including the personality, seek homeostasis, and the rest-activation sequence provides that. Unfortunately, many depressed clients blur this distinction because they have rigid personalities, perfectionist tendencies, compulsions or a penchant for expending energy in an internal rather than external fashion.

As all clinicians are aware, non-fluidity between activity and rest can implode into depression. Yet it’s not just that energy is lacking. While behavioral hopelessness (the notion that one’s behavior doesn’t matter) inhibits overt behavior, it doesn’t necessarily inhibit unproductive, internal mental activity. As a result, a negative cycle is set in motion: Behavioral suppression begets internal expenditure of energy, which depletes resources that might otherwise be used to facilitate overt problem-solving behaviors. That behavioral impoverishment results in unmet needs and enhances the depression.

A second feature of depressive episodes is non-extinction. Whether defined in terms of inadequate neurotransmission, hopeless ideation, nihilistic fantasies or behavioral stagnation, depressed clients lack a capacity for experiential persistence. When an extension of experience is involved — whether it be thinking about the future, setting long-term goals or simply sustaining attention to a complicated task — it tends to produce overload and deepen the client’s depression.

A third factor is uncertainty or entropy — a state during which answers and solutions can’t be found and where stagnation in experiences, relationships and self-assessment produces noise, requiring clarification and stimulus renewal.

Given these three components, it is possible to discuss a concise set of methods for providing short-term relief to depressed clients.

1. Conserve energy through a relaxation of goals, behaviors and perceptions. This involves turning the zoom lens down a bit in a minimization phase by encouraging depressed clients to rest and temporarily abandon futuristic thought and behavior. The support of the counselor is crucial at this stage because the client might resist the idea of taking a “psychic hiatus,” equating rest with failure or irresponsibility. Furthermore, depression is often accompanied by anxiety, which can foment tension-driven activity. Still, the benefits of taking this step are considerable. By espousing that the client revert to an anabolic state, the counselor can not only help to reset the psychobiological gauge, but also take pressure off the client, who is, in effect, given permission to withdraw for a while.

2. Inform significant people in the person’s environment. Family members and other influential people in the client’s life should be informed by the client and, if confidentiality issues are not prohibitive, by the counselor, that rest is a prerequisite for energy restoration, and their support should be solicited. This is important because even a temporary abandonment of goals and social investment can lead to negative social consequences, regardless of how “natural” this rest period might be.

3. Prompt new self-assessments by the client. In light of the client’s newfound willingness to “shut it down,” a broader, more flexible and tolerant sense of self can begin to emerge and should be encouraged by the counselor. This process gives rise to new information about the self, which can
ameliorate the client’s uncertainty and also realign the rest-activity cycle, further helping the client avoid psychic fatigue (anhedonia, psychasthenia) in the future.

4. **Wait for the client to become restless and hungry for stimuli.** At some point in the counseling process, the therapist will recognize that the client has entered a catabolic phase and needs to express energy, set goals and so forth. The counselor can then help the client set small, reachable goals that are not so difficult or egosyntonic that failure would lead to emotional duress.

5. **Set more substantive goals.** This step involves prompting behaviors that are likely to secure social and/or material reinforcers. Depression is linked to neurological transmission deficiencies. Positive reinforcement tends to create links between neurons and nerve branches, and is in itself a good “conductor” of brain activity and extenuator of experience. In other words, positive reinforcement can be a reasonably effective substitute or adjunct to mood-enhancing medications.

6. **Further reduce the client’s entropy or uncertainty.** This step involves the counselor not only supporting a more expansive rest-activation psychological metabolism for the client but also encouraging his/her pursuit of new experiences through reasonable risk taking and a more flexible, resilient self-definition.

These reenergizing strategies are not intended to minimize the importance of social experiences such as trauma, relationship problems or deep-seated feelings of helplessness that should also be grist for the mill in counseling. However, these strategies can prove useful in delving deeply into the psychobiological roots of human nature and addressing the problem of energy depletion in depressed clients.

Robert DePaolo is a Licensed Clinical Mental Health Counselor working in private practice and providing clinical assessments, consultation, training and counseling services for schools and agencies in the state of New Hampshire. Contact him at robertde@surfglobal.net.

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Grad students: Prepare to write!

Winners attest that ACA Foundation essay contest has impacted their careers, outlook on counseling

In preparing the topics for this year’s graduate student essay contest, ACA Foundation Chair Courtland C. Lee and the ACA Foundation Board of Trustees considered the hundreds of students who have entered the contest throughout its dozen-year history and even asked some recent winners how their participation had influenced the course of their education and careers in counseling.

While only the student authors of the top five essays receive valuable prizes, including a cash award, complimentary ACA membership and publication of their winning essay, each of the more than 100 entries received annually is read by at least one judge on the national panel. “So many of the entries are obviously full of careful thought and concern about the direction of the counseling profession,” Lee said. “There are many great ideas in these essays that are going to move us forward, and we can only recognize a few of them.”

“The experiences of some of our most recent winners can tell the stories of many others who, while they didn’t achieve the top awards, took the time to really think about one aspect of the counseling field and how they fit into it,” Lee observed. Since the inception of the essay contest, the ACA Foundation has offered graduate students the opportunity to expand on what they are learning in the classroom and to share their own ideas in one area of counseling or counselor education. “By voicing these thoughts before our panel of readers and then to our Counseling Today audience, they help shape the conversation about the future of our profession,” Lee said.

Shana Averback was in the middle of her graduate studies when she won first place in the 2006 essay contest. “I was in the thick of formulating my thoughts and ideas about the profession,” Averback notes. “It was so validating to have a variety of experienced readers value my words as important to the field. Winning also helped pay for my graduate school program! I now work for RAMS (Richmond Area Multi Services), a San Francisco nonprofit organization, providing behavioral health counseling in a school-based wellness center. I very much incorporate what I wrote about — normalizing mental health problems/services — into my work with teenagers and am also writing a chapter in a book regarding school-based mental health services that is being considered for publication. So, not only am I getting to practice the subject I wrote about, I am getting to write more about the practice.”

Catherine Hock described her experience in winning last year’s essay contest: “I am very glad I took the opportunity to write the essay for many reasons. The publicity from the publication opened doors for me in my future counseling career. Not only is it a line on my vita, but I am able to highlight the award in cover letters for job applications. In addition, I was contacted by a doctoral school and invited to apply to their world-renowned program in counseling. Most important, taking the time to learn about the issues facing the counseling profession in the next decade challenged me to confront and think critically about an issue that has become very important to me. Because of the work I did on that essay, I will remain a strong advocate for the counseling profession for many years. I look forward to helping move our profession through some of the challenges ahead.”

Terri Lonowski, the immediate past chair of the ACA Foundation, agreed with Lee that graduate students who take the time to enter the contest are perhaps more aware of their role in the future of the counseling profession. “They see themselves as active participants, not simply cogs in the wheel,” she said.

This year, graduate students in counseling programs and related fields are asked to submit a single essay of 750 words or less on one of the following topics:

- Do you think there is an advantage to counselor education programs having students focus on a particular theoretical framework, or should counselor education promote a more wide-ranging and eclectic approach in training counselors?

- Given how our country’s demographics have changed in a variety of ways in recent years, do you think that the counseling profession has taken adequate steps to meet the needs of this nation’s changing population? If yes, in what ways have counselors or counseling changed? If no, what needs to be done?

A national panel of counseling professionals will review all essays, and the first-place winner will receive a grant of $500. That winner, along with four runners-up, will receive one year of paid ACA membership. All five winning essays will be published in the August issue of Counseling Today.

Complete contest rules are available at counseling.org/ACAFContest. The deadline for entry is May 1.
AMHCA’s Annual Conference is the only national conference devoted entirely to the mental health counseling profession. AMHCA’s 2008 Annual Conference in San Diego was a resounding success, with nearly record-setting attendance. Don’t miss out on the stellar conference being planned for July 2009 in Washington, D.C. We'll be staying on Capitol Hill at The Washington Court Hotel <washingtoncourthotel.com>.

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Louis Cozolino, PhD
Dr. Cozolino is a professor of Psychology at Pepperdine University and an assistant clinical professor of Psychiatry and Biobehavioral Sciences at UCLA. He holds degrees from Harvard University and UCLA and is a practicing clinician who works with children, adolescents, and adults with a variety of challenges, and diagnoses. He is author of *The Neurosciences of Psychotherapy, The Making of a Therapist, and The Neurosciences of Human Relationships: Attachment and the Developing Social Brain*. Following his keynote address, Dr. Cozolino will also present a one-day invited track on, “Rebuilding the Brain in Psychotherapy: The Power of the Social Brain.”

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David Mee-Lee, MD
Cultural Clashes in Co-Occurring Disorders: Clinical Dilemmas in Assessment and Treatment

A physician and a board-certified psychiatrist, Dr. Mee-Lee has worked for more than 25 years developing and promoting innovative behavioral health treatment modalities that emphasize clinical integrity, high quality, and cost-consciousness. In addition to being both a workshop trainer and consultant, he is a prominent researcher and author in the field of addictions and mental health. A native of Australia, Dr. Mee-Lee is an expert in dual diagnosis—co-occurring substance use and mental disorders.

Elaine Gil, PhD
Integrated Approaches for the Treatment of Abused Children

Dr. Gil is director of Clinical Services for Childhelp, Inc., in Fairfax, Va., where she is developing a child abuse and neglect treatment program to provide specialized services to children and their families. She is founder and coordinator of an abused children’s treatment program in Northern Virginia, a Registered Play Therapy Supervisor, a Registered Art Therapist, and a licensed Marriage, Family, and Child Counselor. She was an adjunct faculty member at Virginia Tech for more than 10 years. Dr. Gil is bilingual and bicultural, originally from Guayaquil, Ecuador.

We look forward to seeing you in Washington, D.C.!

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April 2009 | Counseling Today | 53
Marcheta Evans has been elected to serve as the American Counseling Association’s 59th president. She has served as a volunteer leader at the state, region, division and national levels and has been dedicated to the profession and the ACA organization for a number of years.

In addition to Evans, this year’s field included the following candidates: Bradley Erford, A. Michael Hutchins and Michael Lazarchick. ACA leaders and members appreciate those who were willing to run for office this year. The commitment of each of the four candidates to run demonstrates their desire to improve the profession as well as ACA’s ability to attract superior individuals who wish to serve.

More than 2,600 votes were cast in this year’s election for ACA president-elect. Evans will begin her term as president-elect on July 1, 2009, and will assume the role of ACA president on July 1, 2010, for a one-year term. She is the 27th woman and the fourth African American to be elected to the office.

Evans is the department chair and an associate professor at the University of Texas at San Antonio. She is the immediate past president of the Association for Creativity in Counseling, past chair of the ACA Southern Region and has served on a number of committees at both the state and national levels.

FY 2009 Election Results

AACE
President-Elect
* Joshua C. Watson

Governing Council Representative
* Bradley T. Erford
F. Robert Wilson

Treasurer
* Savita Abrahams

Member-at-Large for Awards
* Susan Eaves
Andrew M. Burck

ACES
President-Elect
* Marcheta P. Evans
Michael C. Lazarchick
A. Michael Hutchins
Bradley T. Erford

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AADA
President-Elect
* Jane E. Rheineck

Treasurer
* Patricia Goodspeed Grant

Member-at-Large
* Pamela E. Monk
Radha J. Horton-Parker

ACCA
President-Elect
* Brian Van Brunt
Julia Y. Porter

Treasurer
* Cynthia Bing
Janelle C. Johnson

Member-at-Large
Ed Derr
* Monica Kintigh
Janice Taylor Heard

ACEG
President-Elect
* Donald D. Hill

Board of Directors
John W. Stine
* Linda Parker
*Elizabeth (Beth) Foley
*Laura Goodson

AMCD
President-Elect
* Edil Torres Rivera
S. Kent Butler
After 37 years as a staff member at the American Counseling Association, Jean Gaskins announced her retirement at the end of January. She returned to ACA headquarters in February for a lunch thrown in her honor. In addition to her many friends and coworkers at ACA, she was joined at the lunch by her daughters Rochelle Pinkhard and Linda Moore and son-in-law Larry Moore.
For school counseling to advance as a profession, decisions about practice must be based on strong evidence. The profession needs to embrace activities and approaches that enable practitioners to ground their professional decisions in a strong evidence base.

There is great value in the evidence accumulated through personal professional experience. Developing the habits of reflective practice can enhance the quality of professional experience by ensuring that systematic attention is paid to the process of abstracting knowledge from raw experience. Yet, reflective practice alone is not the complete answer. Reflective practice needs to be complemented by more formal and systematic methods of generating knowledge and weighing evidence.

Action research and outcome research are two such systematic methods that have sometimes been portrayed as antithetical because of the different epistemological assumptions in which each is grounded. We see the value of both “local knowledge” and “generalized knowledge” in school counseling practices, so we view the two approaches as being complementary. To determine how each can be used to improve school counseling practice, it is important to understand the differences and advantages of each approach.

Both action research and outcome research generate knowledge that can help improve effectiveness and move school counseling toward evidence-based practice. Outcome research is intended to test whether a specific practice, intervention or program reliably results in important benefits to clients. To arrive at the answer, large amounts of data must be gathered from different contexts using research designs that can generate strong inferences about the existence of a predictable relationship between an intervention and outcomes that can generally be expected to occur across a wide range of contexts. Outcome research tells us what is likely to work generally. Because of the need to gather data from large numbers of students across a range of different schools using rigorous data collection techniques and strong research designs (for example, with randomly assigned control groups), school counseling practitioners are unlikely to actually conduct outcome research projects.

Some school counseling practitioners will need to collaborate with university-based researchers on the large outcome research projects needed to generate this generalized knowledge on effective practices. And all school counselors need to be able to access, read and evaluate the outcome research literature to make informed decisions about what is likely to work (or not work) in their local context. Outcome research will not, however, provide much help to school counselors who must decide what needs to be done in their schools or who need to determine whether (or demonstrate that) something they have done had its intended effect.

It is through action research that school counselors can generate this useful local knowledge for program improvement and accountability. The strengths of action research lie in the fit between the research methodology and real-world conditions of practice, the short gestation period between conducting an action research project and applying the findings to practice, and consciousness-raising about both practitioner empowerment and the relationship of local knowledge production and improved local practice. With a minimum of training and support, any school counselor can design and conduct a small-scale action research project that produces useful local data and improves communication with school staffs regarding the school counselor’s work. Action research is not intended to result in generalized knowledge. Rather, school counselors can conduct action research to generate local knowledge about the problems that need to be addressed in their school and whether something they did proved effective in addressing those problems.
Action research is very flexible and can be utilized with a wide variety of program settings and conditions of practice. Individual practitioners, a group of counselors, or counselors working in partnership with graduate students and counselor educators can conduct these projects. The action research cycle can be utilized to address an isolated element of a school counselor’s practice or incorporated into efforts at larger-scale programmatic change, such as implementing comprehensive programs. In addition, engagement in localized, small-scale research projects can lead both to immediate application of research findings to practice as well as to productive, ongoing dialogue regarding critical issues in school counseling and best practices in the field.

An additional strength of action research is the consciousness-raising that occurs through the research process. Action research helps school counselors see the link between gathering data about their programs and making informed decisions to improve their programs. Because of its reiterative nature, action research also can help school counselors develop a continuous improvement orientation that reinforces maintaining high standards of practice.

Outcome research and action research are complementary. The school counseling profession needs to harness the strengths of both approaches to move toward evidence-based practice. All school counselors should know how to conduct action research and how to access, evaluate and apply the outcome research literature to improve practice. Furthermore, all school counselors should know how to use the generalized knowledge obtained from outcome research in the framing and formulation of local action research projects. School counselor educators ought to know how to conduct large-scale outcome research studies, lead collaborative action research teams, teach trainees to evaluate and apply the outcome research literature to improve practice and teach trainees to conduct action research projects.

At our home institutions, we are involved through our respective centers in improving school counseling practice through the advancement of outcome and action research. We are also involved in developing new ways to prepare school counseling students to use outcome and action research in practice. Most school counselor training programs require a course in general research or evaluation methods. Often this course is “farmed out” to the research methods program. We do not think this is good practice. Instead, we believe that school counseling students need to learn research methods in the context of their profession’s research base.

We also believe that experiential learning and problem-based learning are the most effective means of teaching school counseling students about research methods and the relationships between different methods of knowledge production and evidence-based practice. We also think experiential learning and problem-based learning are the most effective ways to prepare these students to incorporate research into their work as counselors. In future columns, we will explore the specific issues and practices related to effective preparation of school counselors for evidence-based practice.

Lonnie Rowell (lrowell@sandiego.edu) is director of the Center for Student Support Systems at the University of San Diego. John Carey (jcarey@educ.umass.edu) is director of the National Center for School Counseling Outcome Research at the University of Massachusetts, Amherst.

Letters to the editor: ct@counseling.org

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ACES collecting stories about social justice in counseling
Submitted by Anneliese A. Singh
asingh@uga.edu

The Association for Counselor Education and Supervision Social Justice and Human Rights Committee has announced a call for submissions for personal narratives about experiences of social justice work in counseling.

The purpose of this project is to collect counselors’ narratives of social justice work in action. This collection will serve as a resource for counselor educators, clinicians, supervisors and students who are interested in counselors’ advocacy in action. Narratives might consist of (but are not limited to) the following topics:

- Social justice work in which you currently participate as a counselor
- Personal experiences of how you have been affected by counselor advocacy
- Engaging in specific activities as a counselor advocate
- Experiencing advocacy personally and professionally
- Advocating for clients from historically marginalized backgrounds
- Successes and challenges as a counselor advocate
- Negotiating oppressive systems as a counselor advocate
- Managing advocacy identity development as a counselor advocate
- Having “aha” moments in counselor advocacy — coming to terms with awareness around social justice advocacy in counseling
- Supporting community-building locally, nationally and/or internationally as a counselor advocate
- Attending to multiple identities and issues of privilege and oppression

Interested authors should write in the first person and focus on the experiential, practical and personal aspects of their stories. Using Microsoft Word, authors should submit narratives electronically according to American Psychological Association style guidelines. Narratives should be 1,000 to 1,500 words. Authors will receive an electronic acknowledgment when their narrative is received. All submissions will be reviewed, and authors will receive a decision by Aug. 1. Stories will be published on the ACES website and may be compiled into an ACES bound publication at a later date (in this case, publication permission will be secured at a later date).

E-mail narratives by the deadline of June 1 to editors Anneliese A. Singh (asingh@uga.edu) and Michael P. Chaney (chaney@oakland.edu).

NCDA to administer Ken Hoyt Memorial Fund
Submitted by Deene Pennington
dpennington@ncda.org

Friends and family of Ken Hoyt have established a memorial fund to provide recognition and a monetary award to a career education practitioner or practitioners who exemplify the career education concepts and practices that Hoyt championed throughout his life. The National Career Development Association will hold the fund in trust for this purpose. NCDA, together with the American Association for Career Education, will establish the selection criteria, solicit nominations and select the recipient(s) of the award, which will be presented annually at the NCDA summer conference.

Hoyt, one of the great and influential leaders of the guidance and counseling profession, led the effort to make career education an integral part of the educational program for students at all levels. Often referred to as the “father” of the career education movement, he emphasized the importance of work as a major factor in human growth and development. He worked diligently as a counselor educator at the University of Iowa and later as president of the American Counseling Association and NCDA. His career then took him to the University of Maryland, where he strengthened his national visibility and was offered the position of associate commissioner for career education by then Commissioner of Education Sid Marland.

Hoyt’s convincing rationale for using career education as a major tool in U.S. education reform, the legislative authority of the Career Education section of the Elementary and Secondary Amendments of 1974 and creation of the National Advisory Committee on Career Education were important elements in implementing this priority. Hoyt was an inspiring teacher, adviser, mentor, advocate and role model. NCDA and AACE are pleased to support this memorial fund.

Individuals wishing to remember Hoyt and help ensure that his legacy lives on through the annual Career Education Practitioner Award are encouraged to contribute to the Ken Hoyt Memorial Fund. NCDA is an IRS-approved 501(c)(3) tax-exempt organization. As such, contributions to this fund may be tax deductible. An honor roll of contributors will be housed on the NCDA website, provided to the family and presented as appropriate in other forms. The contributed amount from each individual will not be made public.

NECA to recognize employment innovator at symposium
Submitted by Kay Brawley
kbrawley@mindspring.com

Both local TV channels in Charlotte, N.C. — Time Warner (14) and Action News (9) — have accepted an invitation to cover the recipient of the National Employment Counseling Association’s Outstanding Local Practitioner Award, being presented to Charlotte employment innovator Astrid Chirinos at the NECA Awards Brunch/Social Justice Symposium. NECA’s awardee will also be featured in the “On the Move” section of Today’s Charlotte Woman magazine. Astrid, along with NECA leadership, was also scheduled to be interviewed on “Charlotte Talks with Mike Collins” on 90.7 FM and to be the subject of feature articles in the Charlotte Observer and the Latino community news of Norsan Media.

Among the comments NECA has received from leaders in the Charlotte community: “Thanks for letting me know about Astrid receiving the NECA Award. There is no one more qualified to receive it. We’re delighted that Astrid is being recognized for her good works.”

Astrid is founder of Diverso Global Strategies, which helps national corporations with their multicultural marketing and workforce development strategy services — essential skills for employment in today’s uncertain world. Astrid will
Our website also includes a section where practitioners can advertise their specialties. If you are an ACC member and would like to post your information, we would be happy to include your name in our growing list of innovative practitioners. We hope our website can be a conduit for members to connect with one another.

The Journal of Creativity in Mental Health, published by the Taylor & Francis Group, is another venue used to bring ACC members cutting-edge, innovative practice and research. We are currently seeking manuscripts that describe creative, innovative methods used in counseling practice or counselor education, particularly if they advance inclusive, growth-fostering connections and relationships. We especially seek manuscripts that conceptualize client cases from a developmental, relational, contextual or wellness perspective. If you are interested in submitting a manuscript for review, visit our website for instructions or contact me at tduffy@satx.rr.com.

Additionally, we look forward to hearing from members who would like to participate in various committees and organizational efforts. If you are interested in becoming involved in ACC, please contact us at creativecounselor.org.

Again, we are grateful for the support and participation of our members and look forward to working with you on ACC-related projects. It has been a pleasure to hear from so many of you, and we look forward to having you join us as we move forward in our work with ACC.

ACC revamps website with new look, information
Submitted by Thelma Duffey
tduffy@satx.rr.com

What an exciting time this is for the Association for Creativity in Counseling! At the time of this writing, we are gearing up for the ACA Conference in Charlotte, N.C. This is sure to be a memorable experience for all!

Additionally, we are excited to announce our new website and invite you to visit us at aca-acc.org. In addition to a new face, our website contains new features and up-to-date information on ACC-related news, including:

- 2009 grant recipients
- 2009 award recipients
- A message board for members
- Networking and job posting opportunities
- A listing of clinical practices for members
- Journal highlights
- Updates on our research on relational competencies

Our learning institute "Shadow Work: Re-energize Your Life Now" was held at the European Branch of ACA Annual Conference on Nov. 8-9, 2008. The Learning Institute was revitalizing, stimulating and deeply effective. We began as acquaintances and ended the two days deeply connected by significantly meaningful shared experiences.

Our facilitators, John and Nicola Kurk, certified shadow work trainers, had an exceptional level of expertise and professionalism. Beyond their impressive level of knowledge, they were sensitive, genuine and attentive to each participant as we experienced shadow work. We were in good hands, and the shared level of trust was unique and very special. They began with an introduction to the four "archetypes" developed by Carl Jung, the Swiss psychiatrist and founder of analytic psychology.

We learned about the qualities and characteristics of The Magician (Sage), The Sovereign, The Warrior and The Lover.

The Magician (Sage) energy gives us the ability to generate options with objectivity, to look at given perspectives without judgment and to step out of the situation and see the possibilities available. The Sovereign energy helps us take responsibility and leadship roles. The Warrior energy is our power and accomplishment through establishing boundaries. The Lover energy keeps us connected with what we want to be connected with in our life.

The goal is for all four archetypes to be in balance. Our task was to examine specific areas of our lives and challenge the possible lack of balance.

The 50th Annual EB-ACA Fall Conference will be held in Weiskirchen, Germany, from Nov. 5-8. Visit the EB-ACA website at online-infos.de/eb-aca/main.htm or eb-aca.org for updates and proposal forms. The deadline for proposal submissions is May 1. For further information, contact 2009 EB-ACA Conference Chair Susan Stammerjohan at sasysusanna61@yahoo.com.

Past presidents of the Pennsylvania Counseling Association posed with current PCA President Don Strano (front row, fourth from left) and ACA President Colleen Logan (left of Strano) at the organization’s 40th annual conference. The conference theme was “Exploring Our Roots as Professional Counselors.”
Your Investment + Our Commitment = 
YOUR MEMBER BENEFITS AND SERVICES!

In your career as a counseling professional, you touch thousands of lives every day. You help people with personal, social, educational and career concerns. You help them make decisions, solve problems, and adjust to change. Membership in ACA can help you do it all. At every stage of your career – student to seasoned professional – ACA will help you be your very best.

Maximize your potential — Professional Development

- ACA offers FREE ethics consultation FIVE days a week with a 72-hour inquiry response time by Licensed Professional Counselors with a PERSONAL TOUCH.
- ACA Career Services not only provides information about careers in counseling, but it also gives you access to specially-selected counseling jobs through our alliance with Career Builder.
- Private Practice Resources - ACA offers a variety of books and online courses specific to private practice.
- The ACA Insurance Trust (CAAIT) promotes and administers quality insurance and services at competitive rates. Your livelihood is protected with ACA’s professional liability policy.
- The ACA Foundation, the philanthropic arm of the association, supports counselors through the Counselors Care Fund, Foundation publications and programs such as Growing Happy and Confident Kids, and grants and competitions offering awards as well as financial assistance to ACA members.

Stay Ahead of the Learning Curve — Education

- The ACA Annual Conference & Exposition is an annual event featuring a treasure trove of programs that provide continuing education and ensure your life-long learning.
- ACA Online Learning provides professional development courses (post-degree for licensure or certification renewal credit) designed to help you fulfill your ethical responsibility to stay current in the field.
- ACA’s monthly magazine, Counseling Today; quarterly journal of counseling research and practical articles, Journal of Counseling & Development; biweekly e-news bulletin, ACAe-News plus four new special focus e-newsletters, website, counseling.org, Research Center and Online Library of resources are all designed to expand your knowledge, increase your skills and provide you with up-to-date information on the counseling profession.

Make an impact on the counseling care of tomorrow and your job today — Advocacy

- As an ACA member, you’re part of a powerful force. A highly effective advocate for counseling, ACA leads the legislative charge on every contemporary issue facing the profession. ACA provides the latest information on legislation that directly affects you and those who you serve, as well as updates on funding and program support at the national and state levels.
- The ACA Government Relations listserv provides you with free up-to-date alerts on new legislation affecting the counseling profession at the national and state level.

Proud to be a counseling professional — Credibility

- Name recognition: To be recognized as an ACA member brings a wealth of prestige and credibility.
- By stating you are a member of ACA on your business and marketing materials assures those you serve that you are committed to the counseling profession, and that you adhere to the ACA Code of Ethics.
- Put your membership on display with a frameable membership certificate.

Expand your connections — Networking

- As an ACA member, you have access to numerous networking opportunities and a wide range of resources guaranteed to keep you in the loop professionally.
- The ACA Annual Conference & Exposition is the biggest networking opportunity of the year for approximately 3,000 counseling professionals. Meet colleagues from around the world and in your hometown! Rub elbows with well-known authors—whose books you had to read in college—as well as successful practitioners and ACA leaders.
- ACA interest networks and listservs link you to your area of interest or specialty.
- Division and Branch memberships provide an opportunity to be more closely connected with your colleagues working in your specific interest and practice areas, and in your state.

Wait, there's more — Discounts

- Members receive exclusive discounts on all ACA resources and services, as well as discounts from outside organizations.
- ACA has created partnerships with industry leaders in insurance, credit, travel, identity theft and much more! Membership in ACA saves you time and money; provides you with professional development and continuing education opportunities; helps protect your future through legislative and public policy advocacy; provides prestige and credibility; and increases your personal network. Your endorsement is the best way to introduce other counseling professionals to the resources essential in advancing their success.
ACA Is Where You Belong…
Join Us Today!

1. MEMBER REFERRAL NAME
   Full Name ____________________________ M.I. _______ Last Name ____________________________
   (e.g., “Robert” not “Bob”)
   Mailing Address ________________________________________________________________
   City ____________________________ State/Province _______ Zip _______ Country ______________
   Organization ________________________________________________________________
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   E-mail ___________________________________________ Fax ( ) _______________________

2. Select Your ACA Membership
   [ ] $155 Professional: Individuals who hold a master’s degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation. Proof of academic credentials may be requested.
   [ ] $155 Regular: Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional membership.
   [ ] $89 New Professional: Individuals who have graduated with a masters or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year) _______/______ and institution ____________________________________________.
   [ ] $89 Student: Individuals who are enrolled at least half-time in a college or university program. Please select current student status: [ ] Master’s Level [ ] Doctoral Level [ ] Other [ ] Other: Please indicate anticipated date of graduation (month/year) _______/______ and institution ____________________________________________.

3. Make A Voluntary Contribution (Tax Deductible)
   Optional, but a great way to support the profession!
   [ ] ACA Foundation $_______________
   [ ] Distinguished Mentor Award $_______________
   [ ] Human Concerns Fund $_______________
   [ ] Legal Defense Fund $_______________
   [ ] Professional Advocacy Fund $_______________
   [ ] Gilbert & Kathleen Wrenn Award $_______________

4. Total of Membership Dues (Add total amounts from steps 2 and 3)
   Want to avoid dues increases, save on postage, and reduce paperwork? Join now for 2 years at the current rate(s) by simply doubling the current dues.
   ACA Membership - 1 year $_______________
   ACA Membership - 2 years $_______________
   Voluntary Contribution(s) (Check fund(s) from #3) $_______________
   TOTAL AMOUNT REMITTED (add all items above) $_______________

Membership in ACA means that you will abide by ACA’s bylaws and other governing documents and are qualified for the membership category selected. By becoming an ACA member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the ACA Code of Ethics (available to you at counseling.org/ethics) that can include appropriate sanctions up to suspension or expulsion from ACA and public notice about any such action.

There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age, and/or disability.

5. Payment Method
   Total amount enclosed or to be charged $_______________
   [ ] Check or money order, payable to ACA in U.S. funds, enclosed.
   [ ] VISA [ ] MasterCard [ ] American Express [ ] Discover
   Credit Card # ____________________________ Exp. Date ____________________________
   CVC Code: AmEx (4 digits above credit card #) _______ _______ VISA, MC, Discover (last 3 digits next to signature line) _______ _______ _______
   Cardholder’s Name (print) ____________________________
   Phone ( ) _________________________ Date ____________
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April 2009 | Counseling Today | 61
COMING EVENTS

NOSCA National Conference
April 3-5
Las Vegas
Join the National Office for School Counselor Advocacy of the College Board and other school counseling professionals and educators to get a national perspective on the impact school counselors can have on equity in education and education reform in the 21st century. For more information, visit professionals.collegeboard.com/prof-dev/events/nosca.

Fairfield University Counseling Education Spring Lecture Series
April 4 & 25
Fairfield, Conn.
The Fairfield University Department of Counseling Education is sponsoring “Connections and Conversations: The Counselor Education Series for Human Services Professionals,” a lecture and full-day workshop series. All participants can earn up to six continuing education units.

On April 4, Mary Hermann, a lawyer and counselor educator at Virginia Commonwealth University and coeditor of a book on legal and ethical issues in school counseling, will address “Legal and Ethical Issues in Counseling.” On April 25, Sam Gladding, chair and professor in the Department of Counseling at Wake Forest University, closes the series with “Using the Creative Arts in Counseling.”

For more information or to register, contact Kim Baer at kbaer@mail.fairfield.edu or call 203.254.4000 ext. 2140.

ADARA Biennial Conference
April 15-19
San Antonio
The American Deafness and Rehabilitation Association will hold its biennial conference with the theme “Harnessing the Future.” The conference will feature three tracks: rehabilitation counseling, mental health counseling and independent living. For more information, visit ADARA.org or contact Doug Dittfurth at adara2009chair@gmail.com.

NJCA Annual Conference
April 26-29
Somerset, N.J.
Join your colleagues for the New Jersey Counseling Association’s annual conference, held at the Doubletree Hotel & Executive Meeting Center. For more information, visit njcounseling.org.

MACD Spring Conference
May 1
Columbia, Md.
The Maryland Association for Counseling and Development and Johns Hopkins University are sponsoring a conference on “Domestic Violence: Clinical and Community Interventions.” For more information, contact Elizabeth Nyang at enyang@aol.com.

25th Anniversary School Counselor Update
June 14-18
Winona, Minn.
This one-of-a-kind program for school counselors’ personal and professional renewal, held at Winona State University, will feature plenty of time to learn about best school counseling practice. The event includes a workshop on “Promoting Positive Culture Change: Student Achievement and a Sense of Community” as well as presentations on “The Healing Power of Your Story” and “Choice Theory and Restitution.” Earn two semester-hour graduate credits or 35 hours of CEUs.

For additional information, call 800.242.8978 ext. 5337 or e-mail Tim Hatfield at thatfield@winona.edu.

AACE National Assessment and Research Annual Conference
Sept. 11-12
Norfolk, Va.
The Association for Assessment in Counseling invites manuscripts for its 2009 edition. Research and practice-based submissions related to the field of counseling will be considered for blind peer review. Please submit an electronic copy to Peter Emerson at pemerson@selu.edu. Questions should be directed to either Emerson or coeditor Meredith Nelson at mnelson@louisiana.edu.

The journal’s intent is to publish articles relevant to working with sexual minorities that will be of interest to counselors, counselor educators and other counseling-related professionals. For detailed submission guidelines, contact editor Ned Farley at nfarley@antiochseattle.edu.

Keynote speaker Ted Remley will discuss issues related to the ethical considerations regarding admissions testing. For more information, go to theaaceonline.com. Program proposals are now being accepted.

ACES National Conference
Oct. 14-18
San Diego
The biennial conference of the Association for Counselor Education and Supervision will focus on the theme “Transformative Actions: Expanding Social Respect and Relational Consciousness.” Keynote speaker Dana L. Comstock will argue for “The Expanding Role of Counselor Educators in Dismantling ‘Rankism.’” Preconference workshops and the traditional preconference Women’s Retreat will also be held. For more information, contact conference coordinator Leah Brew at lbrew@fullerton.edu.

FYI

Call for submissions
The Louisiana Journal of Counseling invites manuscript submissions for its next special issue of The Journal of LGBT Issues in Counseling, which will focus on LGBT issues and the military. The deadline for submissions is June 30.

The journal’s intent is to publish articles relevant to working with sexual minorities that will be of interest to counselors, counselor educators and other counseling-related professionals. For detailed submission guidelines, contact editor Ned Farley at nfarley@antiochseattle.edu.
CLASSIFIEDS

CALENDAR

Professional Development Workshops – Europe Summer 2009

Adlerian Training Institute will again offer Summer Study & Travel workshops for counselors. July 21-24 - Dublin, Ireland “Counseling for Personal, Spiritual and Relational Growth” and, July 27-30 Leiden, Netherlands “Resiliency based interventions w/ learning & behavior problems: Transcending traditional practice”. For brochure Email: adlieriantraining@aol.com or go to www.adleriantraining.com

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LICENSE EXAM REVIEW

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April 2009 | Counseling Today | 63
Individualized program assists with all aspects of dissertation and thesis writing. By phone, by FAX, by e-mail, or in person. Call “toll free” 1-(888) 463-6999 or wgwargo@academicinfocenter.com

**OFFICE SPACE**

**VIRGINIA**

Full-time and part-time office space available in townhouse community of independent mental health professionals. Prime location in Fairfax, Va. Furnished and partially furnished office with desk, files, and storage. Cost includes phone, fax, utilities, cleaning, computer access, wifi, and great camaraderie. Further info: Carol Hawker (703)385-7575x20 or (703) 282-5911.

**EMPLOYMENT**

**ARIZONA**

**SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC.**

SEABHS, Inc. offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual (Spanish) ability highly valued, Arizona Board of Behavioral Health Examiners License and working knowledge of family-centered therapy preferred. Clinical positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Douglas and Clifton for MA, MSW, LPC & LISAC. SEABHS offers a rewarding work experience, flexible schedule and provides employer paid health, dental, vision, life, short- & long-term disability insurance and 401(k) matching plan. 23 days of PTO first year, 12 days reserved sick leave accrual and paid holidays for full-time and pro-rated for part time employees. Send resumes to HR@seabhssolutions.org or mail to Southeastern Arizona Behavioral Health Services, HR Dept., 611 W. Union Street, Benson, AZ 85602 or fax to (520) 586-6978. Seabhs has been designed as a health care shortage area and employees may be eligible for up to $50,000 student loan forgiveness.

**SIMPSON UNIVERSITY**

**Program Director for Master of Arts in Counseling Psychology**

Simpson University is seeking a full-time Program Director for a new M.A. in Counseling Psychology program which is scheduled to begin Fall 2009 (pending accreditation approval). The emphasis of this program will be on marriage and family therapy. The Program Director will be responsible for the vision, implementation and oversight of this new graduate program. Principal duties include hiring and supervising personnel for the program; development and oversight of curriculum; teaching; participation in student recruitment and marketing efforts; and community relations. The position is a twelve-month appointment.

Applicants must have a graduate degree related to counseling psychology or marriage and family therapy (doctorate preferred). Previous teaching and administrative experience is required. Academic administrative experience is desired. Review of applications will begin March 1, 2009. Applicants must be able to demonstrate a commitment to their Christian faith and share the goals and values of Simpson University. Women and individuals from ethnically diverse backgrounds are encouraged to apply.

Applicants should submit a letter of interest, curriculum vita, application, three letters of reference, and a brief essay regarding the relationship between Christianity and counseling to Dr. Brandy Liebscher at bliebcher@simpsonuniversity.edu. Electronic copies preferred.

Additional contact information:
Dr. Brandy Liebscher
Psychology Department Chair
2211 College View Dr.
Redding, CA 96003

Simpson University, a private Christian institution, values a diverse workplace by seeking not only to comply in all personnel decisions with federal, state and local laws prohibiting employment discrimination on the basis of race, color, national origin, gender, age, disability, and status as a veteran, but also strongly encouraging candidates of diversity to apply.

**DELTA STATE UNIVERSITY**

**Two Positions**

Assistant/Associate Professor of Counselor Education - Tenure track
(Two positions available) Starting date is Fall 2009. Responsibilities: Teach, supervise clinical experiences, and advise students in a Master’s level CACREP accredited community and school counseling program. Qualifications: Doctorate in Counseling or Counselor Education; emphasis and work experience in school or community/clinical mental health counseling preferred; graduate of CACREP accredited program preferred; NCC certification; evidence of successful teaching experience and clinical competence; eligible for licensure as an LPC in the State of Mississippi. Review of applications will begin immediately, and continue until the position is filled. Send a cover letter explaining professional education, experience, and suitability for the position; curriculum vitae; unofficial transcript(s); samples of publications; and names and full contact information for three (3) references. Electronic submissions are strongly encouraged. Phone inquiries are welcomed, please contact Dr. Scott Hutchens (662)846-4355. Applications should be mailed to Office of Human Resources, Delta State University, Kent Wyatt Hall 247, Cleveland, MS 38733 or emailed to DSUHRjobs@deltastate.edu.

**CHRYSALIS SCHOOL**

**Opening for Psychotherapist**

Chrysalis School has an opening for a Therapist. Chrysalis is a therapeutic, home based residential setting for adolescent girls ages 13 to 18. We’re located in beautiful northwest Montana. Outstanding recreational activities abound in this region and are incorporated into the Chrysalis
The American Counseling Association (ACA) is now providing eligible ACA student members with professional liability (“malpractice”) insurance.

Recognizing that all Council for Accreditation of Counseling and Related Educational Programs (CACREP) and many non-CACREP Programs require students to have professional liability insurance, ACA, through an agreement with Healthcare Providers Service Organization (HPSO) and its underwriter, American Casualty Company of Reading Pennsylvania, a CNA company, is providing eligible ACA student members with professional liability insurance coverage as an additional value-added benefit of membership.

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master’s degree counseling curriculum at a post secondary institution. Coverage is available to ACA student members solely while performing counseling services (e.g. practicum and internship) related to such curriculum.

Coverage Features:

- Professional Liability Coverage – Eligible ACA student members are protected up to $1,000,000 for each claim, up to $3,000,000 annual aggregate subject to a master policy aggregate
- Legal Defense and investigative costs - If eligible ACA student members are named in a malpractice lawsuit, an experienced malpractice attorney will be provided, if necessary. Legal expenses incurred to settle covered claims will be paid - WIN or LOSE. This is in addition to the limits of liability.

If you have any questions, please call ACA Member Services toll free at 1-800-347-6647, ext. 222 or 703-823-9800, ext. 222.

*ACA Students who wish to continue insurance through HPSO after graduation or who become a licensed, certified or accredited professional, please apply online at www.hpso.com. This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company and is offered through the Healthcare Providers Service Organization Purchasing Group. All products and services may not be available in all states and may be subject to change without notice. This information is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions and exclusions. CNA is a service mark and trade name registered with the U.S. Patent and Trademark Office.
program including hiking, skiing, snowboarding, rock climbing, white water rafting, kayaking, and horseback riding. This is a full-time, salaried position. It requires flexibility in terms of scheduling to see that students’ emotional growth, crisis management and family therapy happen as needed. Duties include: Provide individual, group and family therapy to Chrysalis students; Write quarterly reports to document student progress throughout their stay at Chrysalis; Maintain regular contact with parents and much more...

Qualifications: Effectively provide therapy and crisis intervention services, excellent written and verbal skills, ability to work as a team member, recreational-related and adventure therapy skills or interest. Ability to remain in control during crisis situations, maintain a professional demeanor

at all times. Experience and Training: M.S.W. or Master’s Degree in psychology or counseling with either licensure or the ability to be licensed as a Social Worker or CPC in the State of Montana. Experience working with adolescents in residential settings preferred.

**SOUTH DAKOTA**

**THE UNIVERSITY OF SOUTH DAKOTA**

**Assistant/Associate Professor of Counselor Education**

Assistant/Associate Professor of Counselor Education in the Division of Counseling and Psychology in Education (Tenure Track). Primary responsibilities for this exemplary counselor educator are teaching master’s and doctoral level counseling courses and contributing to the overall success of the Counselor Education Program and the Division. An earned doctorate in Counselor Education from a CACREP approved program and evidence of accomplishments or strong potential for success in research, publications, grant writing, and professional service are required. Applicants must have a completed doctorate by September 1, 2009.

Further information is available online at https://yourfuture.sdbor.edu. Posting Number 0002055. Inquiries welcome to Dr. Hee-sook Choi, Chair, Division of CPE, (Hee-sook.Choi@usd.edu), 605/677-5250 (http://www.usd.edu/ed), TDD 605/677-6389. The University of South Dakota is an Equal Opportunity/Affirmative Action Employer committed to increasing the diversity of its faculty, staff, administration, and students.
The American Counseling Association and Healthcare Providers Service Organization have teamed up again and now provide a new benefit of ACA membership:

10% Discount\(^1\) on Professional Liability Insurance Rates for ACA Members!

HPSO provides the ONLY official professional liability insurance program endorsed for ACA members, and HPSO continues to be a valuable partner in supporting ACA and promoting the counseling profession.

HPSO protects your interests first and foremost.
For more information or to apply, visit

www.hpso.com/acasaves

\(^1\)Discount is offered effective 3/20/09. Active ACA Members who are current HPSO policyholders will have the discount applied at policy renewal. Minimum premium for a Professional Counselor is $100.

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