How work affects clients’ lives

Also inside:
• Counseling considerations with baby boomers
• Presidents reflect on ACA’s 60th anniversary
• Ambivalence and adolescent substance abusers
• ACA, Division and Region election results
EVERYTHING YOU’VE EVER Wanted IN A WEBSITE AND MORE!

WEBSITES FOR THERAPISTS. MADE SIMPLE.

With TherapySites’ easy-to-use online tools, it is easy to effectively market and run your practice.

Build a successful web presence in minutes using the most comprehensive online package available to therapists. Your website becomes much more than a website - it becomes a one-stop business portal to help grow your practice. Get started now!

$0 SET-UP FEE. NO EXTRA CHARGES. $59 MONTH. 30-DAY MONEY-BACK GUARANTEE

Search Engine Optimization
100+ Search Engine & Directory Listings
Credit Card Processing
HIPAA Compliant Technology
Video & Audio Integration
Pre-Built Client Forms
Unlimited Technical Support
Psychology Today Directory Listing

See TherapySites.com for details.

therapysites.com
More than just a website.

STEP 1: Select design
STEP 2: Customize
STEP 3: Preview, Edit
STEP 4: Launch Site
Cover Story

Bringing work home
By Lynne Shallcross
Whether putting in a 40-hour workweek or never truly unplugging from the job, work exerts a major influence on various aspects of clients’ lives, from self-identity to stress levels to their relationships and interactions with others.

Features

Not content to ‘ride off into the sunset’
By Lynne Shallcross
As baby boomers continue to move toward and reach retirement age, counselors say this generation is challenging traditional notions of what it means to grow older.

ACA: Celebrating 60 years
Compiled by Heather Rudow
Seventeen individuals who have served as ACA president share their memories of milestone events, perspectives on the trends that influenced the organization and the profession, and reflections on how ACA shaped them personally and professionally.

Knowledge Share
Working through ambivalence with adolescent substance abusers
By Matthew Snyder & Lynn Zubernis
Several techniques and strategies that make use of brief treatments can be effective in helping counselors to engage with this challenging population and to establish critical conditions for positive change.

Reader Viewpoint
Why aren’t they screaming?
A counselor’s reflection on aging
By Judith Gusky
Counselors and clients both stand to benefit when “old age” is viewed as yet another important stage of development.

Reader Viewpoint
The school counselor’s external office
By Richard O’Connell
Standing in a central place each morning and greeting students, staff and parents before school begins is an invaluable practice that breaks down barriers, establishes rapport and maximizes the use of school counselors’ time.

Extras

FY 2012 Election Results
West-Olatunji chosen as ACA president-elect

The American Counseling Association announced in February that Cirecie West-Olatunji, associate professor and mental health track coordinator in the University of Florida’s counselor education program, had been elected by the ACA membership to serve as the association’s 62nd president.

West-Olatunji has served as a volunteer leader at the branch, division and national levels and currently serves on the ACA Governing Council as the representative from the Association for Multicultural Counseling and Development. In addition, she is a former member of the ACA Executive Committee. In 2007-2008, West-Olatunji was president of AMCD.

West-Olatunji will begin her term as president-elect of ACA on July 1 and will assume the role of ACA president on July 1, 2013, for a one-year term. A licensed professional counselor as well as a registered disaster mental health services provider with both the American Red Cross and the Substance Abuse and Mental Health Services Administration, she has led disaster outreach trips to Botswana, South Africa, post-Katrina New Orleans, Haiti and Cedar Key, Fla. She has been a counselor educator for more than 12 years and also ran a private practice for approximately seven years. She has served on the ACA International Committee and has presented keynote addresses or research papers in Botswana, China, Ghana, Jamaica, Malaysia, the Philippines, Romania, Singapore, South Africa and Thailand. In addition, West-Olatunji has written extensively for many journals, contributed book chapters and co-authored three books. She received both her doctorate and master’s degree in counselor education from the University of New Orleans.

In addition to West-Olatunji, this year’s candidates for ACA president-elect were Michael D’Andrea, Kelly Duncan, Gerald Juhnke, Michael Kocet and Christine Moll. ACA leaders and members appreciate their willingness to run for office as well as their commitment and desire to improve the profession.

More than 2,700 votes were cast during the election, representing one of the highest levels of participation in the past five years.

For the complete list of election results, turn to page 55.
FROM THE PRESIDENT

A critical time

I hesitate as I begin to write this column because I am aware there are strong feelings and different opinions concerning an ongoing issue in our association. As the overarching professional organization with the responsibility to represent the counseling profession, we must begin to bring some resolution to this issue to prevent splintering beyond a level of reconciliation. The issue is sometimes referred to as “specialization of practice,” but at other times it is determined more by the “location of practice.”

For 60 years, ACA has served as a professional organization for a wide range of “counselors.” The current group of approximately 50,000 “counselors” who hold membership in ACA includes both students and individuals providing service in a wide variety of work settings. Our membership includes those who developed their skills and received training from both accredited and nonaccredited programs. Most members hold licenses or certification, although some do not. Some members have doctoral degrees or additional clinical and didactic experiences that are representative of a “specialization.” Other members have graduate-level training purported to include the necessary course work and clinical experiences to enable them to serve clients with specific issues and/or in a particular setting. The result is that a wide umbrella covers “professional counselors.” ACA can take pride in the fact that through the years, we have been a home to counselors serving in a variety of settings with a wide spectrum of clients and presenting problems.

In recent years, as “professional counseling” has developed standards and licensure one step at a time in one state at a time, “counselors” have seemed intent on dividing into differing groups and espousing particular specializations on the basis of the population being served or the work setting. In essence, they are choosing to “go it on their own” for a variety of reasons. Several years ago, some groups within ACA’s divisional structure sought changes that allowed for membership in the divisions without concurrent membership in the parent organization. This decision resulted in growth for some groups and decline for others. Although ACA has maintained its membership numbers and is currently experiencing strong growth, the change has also resulted in many “counselors” choosing not to be a part of ACA and separating from other counselors at both the national and state levels. Identification with one’s work setting and specialized practice is inevitable, but this process must not be divisive.

One reason to continue bringing up the topic of unity is the overpowering need for consistency among licensure laws and the related desire for license portability. Another reason is the need to be unified in large numbers to support employment of counselors at appropriate levels in schools and agencies. While we spend time labeling ourselves as “mental health counselors,” “school counselors,” “rehabilitation counselors,” “addictions counselors,” “career counselors,” “life coaches,” “marriage and family counselors,” ad infinitum, other organized, unified professional groups are writing language into state statutes and job descriptions that would prevent “counselors” from serving in the very roles they are the best qualified to fill. ACA members send me emails every week with copies of job descriptions that exclude professional counselors. School and agency counselors in many states are telling me they are in danger of losing their positions because their schools and agencies are scrambling to come up with enough funds to provide services.

I realize this is the second time I have used my president’s message to talk about unity. I strongly believe we are facing one of the most critical times in the life of our profession, and we must stand together. We must focus on reaching a core professional identity that we can accept and that can be written into state and national statutes and guidelines. The alternative is to proceed in different directions and split our profession, enabling other groups to impose their preferences on our job opportunities and future interests.
Go Green and Opt Out of Your Print Copy of JCD!

If you are one of the thousands of eco-conscious ACA members who has already let us know that you want to opt out of your print copy of JCD, you can access your first issue today—as well as the digital archive going back to 1921! Simply log into the ACA website, www.counseling.org, click on the Publications page and then “Electronic Journal Access” on the left-hand side menu, which will link to JCD in the Wiley Online Library.

By choosing electronic-only access, you’ll decrease your carbon footprint without missing any of the premier articles and research you’ve come to value. Even if you prefer to read on hard copy, you can still print out articles of your choice simply by downloading the PDF.

Cancel Your Print Copies Today

If you haven’t already told us that you prefer not to receive print copies of JCD and your division journals, you are still on the mailing list. To choose electronic-only journal access, simply log into the members-only section of the ACA website and enter your username and password. Once logged in, first select “Manage Your Membership” in the right-hand column, then “Communication Options and Professional Information” at the top of the page. Then, check the “JCD Electronic” box. For Division journal electronic-only access, scroll down to “Communications Options” and check your Division(s) acronym. Alternatively, call ACA Member Services at 800-347-6647 x222 / 703-823-9800 x222.

Note. Beginning July 1, 2012, there will be a $35.00 per volume year charge for members requesting print copies of the JCD.

Set Up E-Mail Alerts to Receive Notification When Each New Issue is Available Online

To ensure you receive immediate online access to each new issue of JCD, set up an e-mail alert by following the steps below.

1. Log into the Wiley Online Library if you are not already a registered user (http://onlinelibrary.wiley.com/) and create a profile. Once registered, return to the journal homepage.
2. Select “Get New Content Alerts” from Journal Tools on the top of the left-hand side menu.
3. You will now receive an e-mail when a new issue is published.
A few months ago at a fundraiser at the Apollo Theater in New York, President Barack Obama was on stage and decided to sing a line from Al Green’s classic 1972 hit “Let’s Stay Together.” The clip went viral, being seen by millions on YouTube and television. The president’s crooning was even turned into a ringtone for cell phones. But with all due respect to the leader of the free world, he would be well advised to keep his day job.

The song is actually one of my all-time favorites, partly for the melody and beat, but more importantly for the title and words. Although Al Green sang about a challenge facing a couple in a romantic relationship, I have been thinking lately about how the song can also apply to organizations and their supporters. In such relationships, supporters (or in ACA’s case, members) need to know that they can count on their organization to fulfill a certain need and that it will practice according to an accepted set of values.

In turn, the organization has certain expectations of its members (to practice ethically, to cover some portion of the cost of services provided, etc.).

Throughout the past several months, discussions have been occurring within the association regarding some of the rules, policies and structure of our governance and how to ensure that all members have an opportunity to participate and be represented. Rather than simply looking at the number of representatives on the board or the intricacies of a voting procedure, I would ask, “What values should your professional membership organization embrace, adopt and practice?”

Don’t get me wrong. I can get into the “detail weeds” with the best of them (just ask the ACA staff). But before we get to the details, doesn’t it make sense to have the member-supporters of the organization let leadership know what is important to them? If, for example, ACA embraces dignity, diversity and inclusion, should we not look at each association goal or objective through a lens that helps us to support those values? This might also include applying a social justice lens to the actions we take on behalf of the profession if the membership embraces this value. Notice I did not say agenda because I believe stating our values is much more broad and encompassing than an agenda, which, frankly, can be created and promoted by a limited few. And how democratic is that?

This is an exciting time to be a part of ACA because of the issues facing our member-supporters, the services and benefits we can develop to enhance your role as counseling professionals and our ability to engage in positive, respectful dialogue that looks at the ongoing relationship between the organization and its 50,000 supporters. With so many challenges facing the profession and those whom you serve, let’s move forward to ensure that both the organization and its members know they are being mutually supported.

Or, as Al Green would say, let’s stay together.

Being together does not mean that all 50,000 member-supporters are going to agree on each and every policy, bylaw or procedure. Rather, let’s engage in a meaningful and respectful discussion resulting in collective agreement that our values are clear, our brand promise is supportive and our mission is empowering. From my perspective, reaching an understanding of these three major components (values, promise and mission) will speak volumes to our various constituencies about the identity of YOUR American Counseling Association.

As always, I look forward to your comments, questions and thoughts. Feel free to call me at 800.347.6647 ext. 231 or email me at ryep@counseling.org. You can also follow me on Twitter: @RichYep.

Be well. ◆
License portability and military spouses

Thank you, Thomas J. Sherman, for sharing your complicated journey of obtaining a license in another state (“License portability: One counselor’s journey across state lines,” January). How many counselors are out there who are passionate, skilled and eager to contribute to this noble profession but are hindered by lack of license portability?

As a military spouse, I face the portability dilemma. How frustrating that states’ rights inhibit my right to work because I happened to marry a U.S. Army soldier who is committed to defending and protecting the very rights that trip me up professionally. It took me eight years, four countries on two continents and extraordinary perseverance to obtain my master’s in counseling psychology, find an appropriate internship and receive my license, while moving with my soldier husband around the world. But these obstacles were only the beginning of my struggle to do the work I am passionate about and feel is my life’s purpose, which is counseling military members and their families. With rates of posttraumatic stress disorder, suicide, substance abuse and sexual assault in the military skyrocketing, more competent mental health providers who understand the military subculture are needed. As a military spouse of 19 years, I have lived, breathed and been immersed in this subculture of America.

Because of military orders, I currently live in a state that has no reciprocity with any other state. The requirements for licensure are so different from the state where I have my license that it surely would have taken me a year or more to meet them—only to be moving again this summer to an unknown location. On Feb. 15, first lady Michelle Obama, Jill Biden and Defense Secretary Leon Panetta spoke of their commitment to aid military spouses with the licensing challenges they face (see defense.gov/news/newsarticle.aspx?id=67211). As these initiatives pass through states’ licensing boards, I hope they are considered thoughtfully.

My situation as a military spouse is somewhat unique, but surely there are numerous counselors in the United States who have to make life choices on the basis of inhibiting state licensure laws. Embracing a method that allows counselors to move easily from state to state is a win-win situation for counselors, clients and the profession. Counselors would have the freedom of movement that is often vital in our changing economy. Clients win by having a more diverse population of counselors from which to choose.

Portability also means new ideas will be injected into a state’s counseling climate. Bringing in counselors from other areas of the country could only yield more diversity and freshness to perhaps stale state systems, increasing cultural competence and leading to more sharing of techniques and skills. Ours is a global economy and world. It is time for states to realize that insulation and nonstandardized licensure requirements are not the way to propel the counseling profession forward into the 21st century.

Patricia T. Hanley, M.A., LPC, NCC
pthanley@hotmail.com

Editor’s note: Delegates to the 20/20: A Vision for the Future of Counseling initiative are currently focusing their efforts on a Building Blocks to Licensure Portability initiative. For more information, read “20/20 delegates pushing toward licensure portability” in the November 2011 issue of Counseling Today (also available at ct.counseling.org) or visit the 20/20 initiative section of the American Counseling Association website at counseling.org/20-20/index.aspx.

Novice counselor models what it means to ‘be human’

Suze Hirsh’s amusing, well-written “Learning Curve: Notes From a Novice” article in the February issue (“Coming clean: Rookie bloopers, blunders and flat-out mistakes”) made me laugh out loud in recognition and solidarity.

Far from making her seem incompetent, the article stands as proof of Hirsh’s substantial personal and professional gifts. Modeling what “being human” looks like is one of the best—and scariest—things we can do for our clients. But we can’t do it without the courage to expose our soft underbellies the way that Hirsh did in writing her article.

Suze, thanks for being such a great role model! I hope you never come to feel like you get it right every time with clients; it might mean you’ve stopped growing.

Tina Gilbertson, LPC
TinaGilbertson@gmail.com

I just wanted to tell Suze Hirsh that I really enjoyed her February column. I have to say that I laughed quite a bit because I have made some of these mistakes in the past as well. I have been practicing for the past five years, three of which have been as a licensed professional, and even now I make some mistakes where I’m thinking, “Whoops, won’t do that one next time.”

I thought her article was quite refreshing and a reminder to even a “seasoned” therapist that perfection is strived for but not often achieved. We are human and will make mistakes that, hopefully, we will learn from in the future. Great article!

Chuyone McGuire, LPC, NCC
Clinical Director/Therapist
Elmwood Counseling and Consulting Services
Sugar Land, Texas
crmcguir@elmwoodcounseling.com
Like no other reference in professional counseling. Whether preparing for a credentialing examination or an unfamiliar client issue, this book will serve as a review of salient information or a quick resource.

— Thomas J. Sweeney, PhD
Professor Emeritus, Ohio University

This premiere counseling reference book is ideal for students, educators, supervisors, researchers, and practitioners seeking to quickly update or refresh their knowledge of the most important topics in counseling. More than 400 entries span the 2009 CACREP core areas used in counselor preparation, continuing education, and accreditation of counseling degree programs, making this a perfect text for introductory counseling classes or for use as a study guide when preparing for the National Counselor Exam. Includes instructive examples that connect readers to practice, teaching, supervision, and research; helpful cross-referencing of entries; boldfaced important terminology; and suggested resources for further study. 2009 • 672 pages

Order #72879
List Price: $104.95
Regular Member Price: $79.95
ACA Member Price: $60.00—now through December 31, 2012

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

800-422-2648 x222
counseling.org
M-F 8am – 6pm, ET
Medicare physician payment fix approved through end of year

Breaking recent precedent, the House of Representatives, the Senate and President Barack Obama agreed to a legislative package extending payroll tax relief, unemployment benefits and Medicare physician payment rates more than a week before each was set to expire at the end of February. The House approved the final package by a 293-132 vote on Feb. 17, and the Senate followed suit with a 60-36 vote later that same afternoon.

The package will maintain Medicare’s physician payment rates at current levels through the end of this year, thus postponing what would have been a 27 percent payment cut. The 10-month postponement in the rate cut will cost $18 billion. The high cost of even this stopgap measure indicates why Congress has yet to permanently fix the payment rate problem; eliminating the “sustainable growth rate” formula completely would cost roughly $300 billion over 10 years. Despite lobbying by the American Counseling Association and our coalition partners, the package did not include Medicare coverage of counselors and marriage and family therapists.

Congress paid for the short-term payment rate fix for physicians by cutting billions of dollars in Medicare payments to clinical laboratories as well as “bad debt” payments to hospitals and skilled nursing facilities to cover losses when patients don’t pay their bills. Unfortunately, the package also cuts $5 billion in the Prevention and Public Health Fund established by the Affordable Care Act. The fund is an important investment in keeping Americans healthy and reducing health care costs over the long term. Only a handful of other Medicare provisions besides the physician payment rate were included in the package. It did not include a provision sought by currently covered mental health provider groups to maintain a 5 percent rate increase that had been in effect for outpatient psychotherapy services.

The Medicare physician payment rate issue is expected to be left on the “to do” list for a lame-duck Congress convening after the Nov. 6 elections. Consideration of the multibillion dollar “doc fix” will take place at the same time that other major issues with big fiscal impacts are considered, including the Jan. 1 expiration date for the Bush era tax cuts and $1.2 trillion in automatic spending reductions scheduled to kick in on that same date. This package will be our next target for attaching our provision, and we will be working with counselors through the coming months to make the best use of this opportunity.

President requests more money for VA, zero dollars for ESSCP

President Obama submitted his budget request for Fiscal Year 2013 spending to Congress on Feb. 13. He suggests increasing spending for the Department of Veterans Affairs (VA) by 10.5 percent compared with prior-year levels. A hefty $1.35 billion of VA spending would be directed toward ending homelessness among U.S. veterans, marking a 33 percent increase for these programs. The budget would provide $6.2 billion in funding for mental health treatment, $312 million more than the prior year. It also calls for $54 million in advance appropriations for FY 2014, set aside for the purpose of funding VA medical programs a year in advance in case of a government shutdown.

ACA continues to work with its partners to apply more pressure on the VA to hire additional counselors and marriage and family therapists. ACA staff is meeting with congressional offices to share concerns with federal lawmakers, and we are optimistic everyone will see that a large population of qualified counselors exists to help meet the needs of our nation’s veterans. For more information on issues relating to the VA and counselors, contact Art Terrazas of ACA at aterrazas@counseling.org or 800.347.6647 ext. 242.

As in previous years, the president’s budget contains no money for the Elementary and Secondary School Counseling Program (ESSCP), which is the only currently existing Department of Education program that provides focused support for school counseling services. Instead, Obama proposes to consolidate ESSCP and other programs into a new, larger “Successful, Safe and Healthy Students” program, which would include student mental health and well-being programs as an allowed use of funds. However, this change and others put forward as part of the budget can take place only if the Elementary and Secondary Education Act is reauthorized, which few analysts expect to happen this year.

ACA encourages school counselors to contact their members of Congress to express support for the ESSCP program. States and localities continue to cut school counseling positions and programs to cope with shrinking budgets that have resulted from the lingering economic climate. School counseling services are vitally important for preparing students to learn and helping them to reach their academic and personal potential. Research shows that lower student-to-counselor ratios correlate to lower frequencies of school discipline problems. The most recent data from the National Center for Education Statistics indicate that the national average student-to-counselor ratio in elementary and secondary schools is greater than 459:1, nearly twice the ratio that ACA recommends. ESSCP is a cost-effective investment in our nation’s future.
ONLINE PROGRAMS

School of Counseling and Social Service
- Ph.D. in Counselor Education and Supervision
- Ph.D. in Human Services
- M.S. in Career Counseling
- M.S. in Marriage, Couple, and Family Counseling
- M.S. in Mental Health Counseling (CACREP-accredited)
- B.S. in Human Services

Find information on costs, occupation types, completion rates, and median loan debt for these programs at www.WaldenU.edu/programdata.

Walden University is accredited by The Higher Learning Commission and a member of the North Central Association, www.ncahlc.org; 1-312-263-0456.

Walden University’s M.S. in Mental Health Counseling is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), a specialized accrediting body recognized by the Council for Higher Education Accreditation (CHEA), which is a requirement for licensure in many states. The M.S. in Mental Health Counseling program is designed to prepare graduates to qualify to sit for licensing exams and to meet the academic licensure requirements of many state counseling boards. Walden enrollment advisors can provide guidance on licensure issues, state by state educational requirements, and internship and practicum requirements, however, it remains the student’s responsibility to evaluate and understand the licensure requirements for the state or international location in which he or she intends to work or requirements vary widely. Walden University makes no representation or guarantee that the completion of a degree or coursework for graduate credit will permit the student to obtain licensure.

Helping others is your passion. Helping you is ours.

You don’t just work. You work to make a difference. At Walden University, our School of Counseling and Social Service offers a variety of graduate programs—developed by distinguished scholars, researchers, and practitioners in the field—that allows you to build on your experience to achieve your goals. Our M.S. in Mental Health Counseling program is one of the only CACREP-accredited programs of its kind offered online. And our Ph.D. in Counselor Education and Supervision program can help you assume a leadership role in a clinical, community, academic, nonprofit, or research setting. At Walden, an accredited institution with more than 40 years of experience in distance education, we believe the best use of knowledge is to serve the greater good.

Take the next step toward making a greater difference. Call or visit us online to learn more.

1-800-997-8504
WaldenU.edu/Counseling

Visit Walden at booth #201 at the ACA 2012 Conference & Exposition
San Francisco, CA March 23–25

WALDEN UNIVERSITY
A higher degree. A higher purpose.

A MEMBER OF THE LAUREATE INTERNATIONAL UNIVERSITIES NETWORK
Karen Spruill called me one day to discuss private practice and experiences with client death and the aftermath. As her story began to unfold, I knew I wanted to spotlight the work she was doing in this column.

Rebecca Daniel-Burke: What is your current counseling position?

Karen Spruill: I am in private practice as an LMHC (licensed mental health counselor) under the auspices of my church. I have actually provided services to three local congregations within my denomination. I also have an affiliation with a hospital chaplain who allows me to share space, and we have referred people to each other. I see church members and all members of the community.

RDB: What led you down the path toward a career in counseling?

KS: I dated and then married a man who was pursuing his doctorate in psychology. When our children were small, I started a support group at church for mothers of preschoolers. I also wrote a book about my experience with postpartum depression.

A turning point in my career came at midlife. It was after the year when my husband was doing his doctoral internship. Due to his meager stipend, I was forced back into employment. I ended up working as a legal advocate in a women's domestic abuse shelter. That work gave me a sense of mission. Shortly after my husband graduated with his doctorate, I started pursuing my master's degree in community counseling. That led me toward the private practice where I now work.

RDB: During your years in private practice, you have experienced a lot regarding client death and the aftermath. Please tell us about your experience.

KS: After I co-authored a book about surviving breast cancer, I felt comfortable helping people with cancer or pain issues. I knew death would come for some of them.

The client death that is with me still belongs to one of the people I worked with the longest. We met weekly, [every other week] and then every three weeks as he could afford. During 18 months, I saw little relief for him from his chronic depression. He was completely cut off from all family members. Later he called and told me that he had cancer — could I come to his house? I carefully considered the safety and ethical issues, then I agreed. And thus began our descent together [down] the slippery slope of metastasized cancer.

I thought I could handle watching this sad man die. We talked about his medications, doctor's appointments, his pain and lack of ability to eat. I tried to help him find resources and kept encouraging him to make a will and try hospice. We were both aggravated by the fact that no one in the medical profession would give him an idea of his odds for surviving treatment and cancer. We worked through his reluctance to get a will [because he saw it as] a sign that it would hasten death. He did not want to give up on chemo until his blood work would not allow it. I attempted to get him to talk about his fears or any last wishes. I watched as he lost more and more weight.

About one month before his death, I used a release of information [form] to speak with his oncologist. My client had continued to smoke during treatment for lung cancer. He had finally agreed that he could use help to stop smoking. During my short conversation with the oncologist, she refused to give me any odds of recovery — he had cancer in three major organs — and remarked that her office “did not deal with helping people stop smoking. He would have to go to his primary care physician for that.” I was amazed and beyond aggravation.

On one of my last visits to my client, he asked if I could take him to his treatments when his best friend would be out of town. I had to decline [because of] what I saw as a boundary issue. I was also going to be out of town during some of the same time as his friend was. I apologized for disappointing him and again encouraged him to consider some of the community resources, transportation through the American Cancer Society's volunteer network and hospice.

I came home from shopping on a weekend, and my husband said someone had called to say that my client “had the flu” and couldn’t keep his next appointment. At that point, I sincerely doubted that he had the flu. I wondered if he was dying. The next day, with a release of information, I called the friend who was his caretaker. We had talked before about seeing my client become increasingly angry with everyone. I strongly urged him to contact hospice since we would both be out of town for some overlapping time in the coming week. He reported back to me the following day that hospice should be in place on the day he was leaving for a trip.

About five days later in the mountains, I finally got enough cell phone reception to hear my voice mail messages. My client’s friend had left a message several days earlier. The client had died one night after we had left for our trips. The caregiver was clearly stunned, and I was
saddened. I did not want him to die alone. One of our traveling companions saw the tears in my eyes, and I told her what had happened. Then I told my spouse, and we cried together. Then our group of friends sat with us as we expressed our grief for this person’s illness and loss of life. Upon arriving home, in another group setting with some hospital chaplain friends, we shared our thoughts and emotions. The chaplains knew my client and had also been involved with his care.

After several weeks, my client’s caregiving friend arranged a memorial service at a church. Most of the invited people had formerly been employed with my client. The hospital chaplain had been invited to facilitate the service. People spoke of their memories of my client — funny and strange stories from their work together. I was struck by the way his caregiver had expressed his grief. During their time together, he had gotten to know this person well. He would be missed even though he had been difficult. “He was a pain in the a--,” said the caregiver, “but he was my pain in the a--.” The associates laughed and cried. Those of us who had been a part of his life mingled together afterward with refreshments. I came away with a more complete understanding of my client’s life and a clearer view of his mental illness.

I’m not done grieving for him — this is definitely a process. Months have passed since my client died, yet I still think about him. I often pass the road to his home where I made house calls during his illness with cancer. And to further complicate this experience, I found out that the hospital chaplain and I are among the beneficiaries of his estate. No one in ethics training ever mentioned how to deal with that development!

I am learning several things about working with terminal clients:

1) Not all of them are alike. Some are fragile, some are strong. Some want to fight to live, and others gave up living years ago. Yet they have commonalities in coping with emotions of anger, isolation, fear, frustration and pain. Most of them need someone to take the journey with them, even though it’s happening to their body. And no one should have to deal with the medical community without some advocacy or support.

2) Community agencies dealing with terminal clients need a lot more help with providing accurate information and response. My client waited more than four months for a meal delivery service to respond to requests, then they did not get back to him after one home assessment and promised assistance. Many people view hospice as a death sentence or believe they can’t keep their own doctors or that their choices will end.

RDB: What have you learned about yourself from counseling terminal clients?

KS: I am becoming more aware that counseling is a very vulnerable profession. Early on in my career, I was aware of potential legal action against counselors and some of the physical dangers. Yet, the emotional toll can sneak up on you unless you have a heart of stone. The death of a client can feel like losing a family member. So, you have to become proactive in taking care of yourself. That might mean daily yoga, meditation, tapping, journaling or other mindful practices. It also might mean more supervision sessions or attending a grief group.

I’m so thankful that a few other people understood some of the issues I was dealing with as my client’s health was declining. And that I could pass along some understanding to my client’s personal caregiver. Because he saw the client so often, he did not realize that the man was so close to death. I also believe that perhaps once per year, it is good to have our own memorial service for clients whom we have “lost” by death or otherwise. We have some challenging clients that tear at our hearts. Let’s face it, we have spent more time with some of our clients than we do with family members. A candle, a prayer, a hymn or some other meaningful way to acknowledge these people can provide significance to the time we have spent together.

Counseling is truly a synergistic experience for me. The client and I are impacting each other. I am so thankful that I was able to tell my dying client during one of our last sessions that I would never forget him. Because isn’t that part of what we all want to leave behind? Knowing that our lives meant something?  

RDB: Yes, definitely. I am wondering, has counseling clients been transformational for you?

KS: Yes, in so many ways. I have always been a group-oriented person, from the time I created a club in elementary school. Support groups and group dynamics are endlessly fascinating to me. I respect the boundary information provided in my training and wish that had been required much earlier in life. I get excited about most forms of artistic and creative therapies. I usually enjoy assessments and the process of self-discovery.

RDB: Is there anything else you want our readers to know about you, your clients and your work?

KS: I changed careers when my children were in junior high school. Due to an interstate family move, I have experienced two internships. I highly recommend taking a national exam upon finishing one’s degree program, even if you never plan on moving.

I am now uniting two careers from my life — writing and counseling. I write a weekly inspirational blog from my life (answersforme.org/lifenotes). This past year, I published my first children’s book, and I am working on a picture book. A writing friend and I are interested in learning more about dignity therapy to help senior and terminal patients leave their written legacy. I am starting another support group for women survivors of family violence and abuse. Learning and networking continue to provide me with new opportunities each year. ♦

Rebecca Daniel-Burke is the director of professional projects and career services at the American Counseling Association. Contact her at rdanielburke@counseling.org.

Letters to the editor: ct@counseling.org
I can see clearly now

Bone weary from a 28-hour journey, with the culminating stage a 12-hour flight, I felt vomited forward by the mass of fellow travelers anxious to be freed from the belly of that mechanical bird. Stumbling in somnambulant fashion from the plane’s dim confinement, I was thrust into the surreal beehive of Kingsford-Smith International Airport in Sydney, Australia, feeling totally disoriented. Fatigue has the corrosive ability to strip away our defense mechanisms, forcing us to confront realities we prefer to deny. Despite the legions of people scurrying through the terminal, I was hit with a G-force-like sense of loneliness and isolation. Such was my rude transition to the beginning of my sabbatical on the oldest, smallest, flattest, hottest continent.

It all began in exciting fashion. During my sabbatical, I was privileged to receive an invitation to teach in the counseling program at the University of Notre Dame Australia (UNDA) in Fremantle, Western Australia. Going “down under” was the fulfillment of a childhood resolution. During grade school, I had discovered National Geographic magazine and the wonderful exotica documented in each issue. Each month the Geographic brought the far reaches of the world to my rural Arkansas hometown: Bushmen of the Kalahari, Icelandic volcanoes, the steppes of Mongolia and New Zealand’s rugged South Island. Of particular interest, however, was an article on Australia featuring hopping kangaroos, outback children educated through the School of the Air, endless ocean beaches, 100,000-acre sheep stations and Aborigines with their dot art and didgeridoos. From that issue forward I resolved one day to book passage to this mythical land of “Oz.”

Wish fulfillment collides with stark reality

Some 40 years after reading that article, my dream was fulfilled. Reality sometimes bears scant resemblance to the idyllic images projected in our minds, however. Scorching heat, tremendous isolation, pesky sandflies and, most significantly, separation from loved ones can somehow evade the “visualization” process. During my short walk from the plane to the terminal, reality hit: a four-month separation from my spouse while working with strangers and living for six months in an unfamiliar location about as far from home as possible. Just as I was realizing a long-term dream, an intense and ironic desire emerged to catch the next plane headed north of the equator.

The University of Hard Knocks — otherwise known as life experience — has taught me that personal growth is usually preceded by waves of struggle and doubt. The beginning to my sabbatical was certainly emblematic of this most basic lesson. Stifling incipient panic, I bought a Starbucks coffee and sat down to regroup. I’d like to say my mental sobriety returned, but what really kept me tethered was the fact that backing out at the “midnight” hour would be both expensive and quite embarrassing. So, gathering my bags, I shuffled toward the last leg of a long journey.

Landing hours later in Perth, I was met by the program secretary, who drove me to my sabbatical “home.” The leaden sky and pouring rain were in stark contrast to the Chamber of Commerce-like photos of brilliant sunshine and smiling people I’d viewed on the Internet. The faces in the terminal and in traffic seemed as morose as my own reflection in the side mirror. Settling into my compact flat, I unpacked, set out my wife’s picture, made a cup of coffee and gazed forlornly through the window at Fremantle’s unfamiliar, liquid profile, my thoughts literally 10,000 miles away.

Foot-in-mouth plays midwife to success

Fortunately, academia’s prescribed routines have long served as a gyroscope for me. Three days after arriving, I began teaching in UNDA’s undergraduate counseling program, which provided me a needed sense of purpose. My students were a mosaic of culture and ethnicity. In one class of some 20 students, a dozen hailed from various Asian, African, South American and European countries. My “Yankee accent” and idioms were a frequent source of amusement.

Early in the term, one class member inquired if I had watched the “big footy match on the telly.” This referred to the Australian rules football game — a cross between rugby and American football, sans caps — between the two professional clubs in the area. Eager to score points and build my relationship with the class, I enthusiastically exclaimed, “Yes, I was rooting for Fremantle all the way!”

Twenty faces stared back at me in shock and embarrassment. Were they fans of the other team? I wondered. Near panic, I was rescued by a Kiwi (New Zealander) in the front row: “Did you mean you were cheering for Freo?” she asked.

“Uh … yes,” I stammered.

Suddenly, the class erupted in laughter. Thoroughly confused, a young Aussie in the back row enlightened me: “In Oz we cheer for our teams. Rooting is a euphemism for a more intimate sport” (i.e., sex).

My face flushed scarlet, and I momentarily feared having lost their respect. But my embarrassing faux pas seemed to humanize me in their eyes and stimulated an engaging discussion regarding cultural variations in proper word usage. Several students volunteered stories of similar gaffes they had made in other countries.

“You’re just a regular bloke after all,” pronounced a middle-aged, working-class student who thereafter transformed from erstwhile sphinx to class chatterbox.

I also began developing needed social connections. A server in the coffee shop I patronized in the afternoons began razzing me because of my bright purple Niagara University coffee mug. One afternoon, he dressed entirely in purple
At Argosy University, we are committed to a student-centered, life-focused experience both in the classroom and beyond, featuring practical knowledge taught by experienced, passionate faculty. Our programs are designed to provide students with a solid foundation for the practice of counseling.

Our master’s-level programs are committed to preparing students for careers as counselors who may work in a variety of settings, including private and group practices, psychiatric and substance abuse treatment facilities, hospitals and clinics, mental health agencies, and college counseling centers.

Our doctoral program in Counselor Education & Supervision provides advanced skills and knowledge necessary for leadership and advocacy, as well as preparation for supervisory, training and teaching positions in the counseling profession.

Argosy University is committed to providing the highest standards for academic excellence to our students. Several of our counseling programs are accredited by Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

**Argosy University. Passionate Learners.**

We invite you to learn more.
Call 855-274-6798 (855-ARGOSYU) or visit argosy.edu

See Allprograms.info for program duration, tuition, fees, and other costs, median debt, federal salary data, alumni success, and other important info.

Financial aid is available to those who qualify.

Argosy University is accredited by the Accrediting Commission for Senior Colleges and Universities of the Western Association of Schools and Colleges (985 Atlantic Avenue, Suite 100, Alameda, California, 94501, http://www.wascsenior.org).
in an act of good-natured ribbing. (‘And ‘eh hates purple, mate!’ his co-worker volunteered.)

Students in my classes even began to laugh with and not simply at me. My colleagues began inviting me for coffee, and this isolated patch of the world suddenly looked brighter, even on rainy days. Feeling grounded in the place of my being, I began to see the beauty surrounding me: the Indian Ocean just a stone’s throw away, the bike path meandering some 20 miles along the stunning south coast and the seemingly endless sunny days presiding over a deep cerulean blue firmament. Still, I missed my wife, our home and close friends, and continued to feel like a stranger in this oddest of lands.

Renewal

During the October spring break, I flew to the lonely town of Alice Springs in the dead center of the continent. Alice Springs has a colorful history and, influenced by Jill Ker Conway’s autobiography The Road from Coonain, I desired an authentic Outback experience. Spending a week in one of the most remote towns on Earth was like doing postgraduate study in anthropology, given the various cultures and nationalities that made up this small frontier community.

I caught an interview with an addictions counselor who discussed how cultural expectations dictated his practice. He explained that when practicing in Melbourne, he saw clients only at the clinic. But in remote Australia, he counseled in homes, accompanied indigenous people on kangaroo hunts and partook in cultural ceremonies with clients. Although admitting that boundary issues and confidentiality were concerns, he explained that his failure to attend and participate in such events would signal a lack of cultural respect, which would leave indigenous clients reluctant to trust him.

Later, as I fell into conversation with an Aboriginal artist selling her paintings, she inquired about my work. I mentioned I was a professor of counseling. Intrigued, she asked me to explain the term counseling, and I briefly outlined the counseling profession.

The elderly woman nodded thoughtfully. “How many days do you spend with the families you treat?” she asked.

I explained that counseling was traditionally delivered in one-hour sessions in a professional setting.

“You might need to change your approach in the Outback,” she said. “Get out to the people, you know.” Before saying goodbye, she patted me on the shoulder and offered her guidance should I ever accept a counseling job in “The Alice.”

These two examples of blending approach with culture are illustrative of the type of flexibility counselors need when practicing in collectivist, family-centered cultures. These experiences also left me to consider how culture informs practice, rather than vice versa.

On my final day in central Australia, I rose before dawn and cycled into the Simpson Desert to catch the sunrise. Meditating on the sunburnt orange, purple and crimson hues reflecting off the arid MacDonnell Ranges, the ongoing tempest in my head was stilled. Returning from my trance, I saw a red kangaroo standing just yards away and studying me. Not having heard him approach, it was as if he had simply materialized. We locked eyes for several moments before the magnificent marsupial hopped off and melted into the surrounding emptiness.

According to Aboriginal legend, the red kangaroo is one of the spiritual ancestors who created the animals and landscape during the Dreamtime and is believed to be reborn within certain people. Though the rationalist inside me cannot accept supernatural-type explanations, the esoteric part of my psyche struggles to assimilate strict reductionism. Likely, he was just hopping past. Or perhaps, as the local Arrernte tribe might suggest, he had a message for me.

At dusk, I peddled back into the desert to glimpse stars free of the obfuscating effect of streetlights. Gazing unimpeded into the Southern Hemisphere’s spectacular night sky, a line from a Crosby, Stills and Nash song about seeing “the Southern Cross for the first time” and understanding “why you came this way” came to me. Though I had previously glimpsed Acrux and her four companions in the famous constellation, this time I saw clearly and without distortion. Even though I was a visitor from a distant continent, in some ineffable way this vast, lonely, fragile red dirt land felt like home. I also experienced what might be described as a type of psychospiritual rebirth, leaving me to consider that perhaps I hadn’t merely “come” this way, but had been led.

I returned to Fremantle feeling renewed both in my sabbatical choice and in my profession as a counselor educator. My voyage into the desert had been an unanticipated vision quest, during which the rhythms of nature and variations of culture had calmed my unquiet mind and restored me to harmony.

As a counselor, I understood such tranquil periods are transient. Life challenges always emerge and bring forth future struggles with which to grapple. Struggle is, of course, an invitation for rich psychological and spiritual growth. In this “upside-down” land, I had experienced much internal struggle and had grown because of it.

Joy through perseverance

Weeks later, with my spouse about to arrive, a successful semester under my belt and anticipating a two-week road trip to explore the rugged Western Australian coast, I experienced an incredible lightness of being. At my “afternoon” coffee shop, where music was often piped in, Johnny Nash’s iconic song “I Can See Clearly Now” came over the speaker. The words and melody struck the perfect chord in my psyche. Uninhibited, and totally out of character, I stood and began singing and dancing, much to the delight of the surprised patrons.

The ebullient server who had once dressed in purple emerged from behind the counter to partner with me. We sang and danced together, caught up in the zeitgeist of the moment, unconcerned about appearance or judgment. Locked into the flow of the beauty and harmony of that peak moment, we were as one. ♦

Shannon Hodges is a licensed mental health counselor and associate professor of counseling at Niagara University. Contact him at shodges@niagara.edu.

Letters to the editor:
ct@counseling.org
THE COURSEWORK TO KNOW WHAT LIES WITHIN.
THE EXPERIENCE TO LET IT OUT.

OUR UNIQUE COMBINATION OF WORLD-CLASS CURRICULUM AND UNRIVALED REAL-WORLD EXPERIENCE PREPARES YOU TO UNLOCK HUMAN POTENTIAL

- On-campus and online-blended graduate programs
- Accredited, not-for-profit institution
- Recognized by the National Council of Schools and Programs of Professional Psychology

MASTER’S AND DOCTORAL AREAS OF STUDY
Clinical Psychology
Counseling Psychology
Marital and Family Therapy
Forensic Psychology
Business and I/O Psychology
Applied Behavior Analysis
School Psychology
International Psychology
Organizational Leadership

Call 800.721.8072 or visit thechicagoschool.edu for more information.

Chicago | Los Angeles | Irvine, CA | Westwood, CA | Washington, DC | Online-Blended
Lessons learned: Therapy as a journey

Spring is here — a time when many counseling students are preparing to say goodbye to internships and clients. In this “New Perspectives,” Cristen Chiri reflects on the lessons she learned during her clinical training as a master’s student at Chatham University. Currently, this new professional works as a therapist in a Pittsburgh outpatient clinic and is pursuing a professional counseling license.

Cristen Chiri

Reflecting on starting my clinical placements during graduate school, I remember feeling two opposing emotional states. The first and more prominent emotion was excitement. I knew the opportunity would bring with it new challenges and a chance for me to apply the knowledge I had acquired. I looked forward to this challenge with the confidence that I would be able to do something productive.

In addition to my excitement, I felt a second parallel emotion of anxiety. My mind was full of “what if” questions: What if I don’t say the right thing? What if I don’t know what to do? What if clients don’t like me because of my level of education, age, gender or race? What if they think I don’t know what I’m doing? Questions such as these bounced around in my head until I sat with my first client.

In retrospect, the judgments and questions I anticipated were not reciprocated by my clients. Instead, I was enlightened to find on their part only a genuine appreciation to have someone listen. Through listening, I became humbled by what each client shared. Through listening, their experiences nourished a similar appreciation in me — an appreciation for my clients and the lessons they taught me. They have helped me to become a better counselor and human being.

Lesson one: Slow down!

This is an important lesson because, as a novice counselor, it is very easy to skip over issues that I could process more with clients. Clients often feel rushed to tell many things about their respective weeks. They quicken their pace. Their readiness to talk through things increases.

At first, I was appreciative of their willingness to work with me until I found myself quickening my pace along with them. This dynamic is exacerbated when I am uncertain about what to say or how to handle a sensitive situation. In those instances, it is my own issue or uneasiness with the topic that rushes the conversation.

I have learned to use the analogy of a camera to slow down. Like a camera, I can zoom in on details and zoom back out to regain a bigger picture, with clearer detail. Slowing down may be uncomfortable for one or both of us (counselor and client), but it benefits the therapeutic process.

Lesson two: Take me as I come

Initially, I started my clinical work doing assessments and intakes. In this role, I found myself thinking about what people’s goals for therapy should be. When it came time for clients to decide what to work on, I sometimes felt shocked because their goals often were entirely different than what I thought they needed.

Here again was a profound lesson for a novice counselor: I do not know anything about this individual. I cannot possibly know what the best prognosis is on the basis of a few sessions. Each time I found my goals disparate from my clients’ goals, it was as though they were saying, “Take me as I come, not as you would want me to be.”

Lesson three: Always hope, never expectation

A client who was diagnosed with a life-threatening disease taught me this lesson. She had a pattern of becoming close with people and then pushing them away. She never fully allowed herself to be cared for by herself or others.

When first diagnosed with her illness, this client fought with a passion for life. Then, news came that the illness had become significantly worse, and she lost all hope. I no longer heard her determination and strong will to succeed. Rather, I heard defeat and hopelessness. She felt destined to die alone. I sat with this client for a number of sessions, listening to her pain and grief as I encouraged her to continue treatment. My words of encouragement would be the last thing I could give because she stopped coming to therapy.

All of my “what ifs” came back: What if it was something I had done? What if I had pushed too much?

The ambiguity of my role in her decision was agonizing … until I realized my error. I learned in academia that the best predictor of future behavior is past behavior. I had expected her to go seek help and to continue to fight. Then, an inner voice quietly said, “Take me as I am.” And with that came the third lesson. As with goals in therapy,
PhD in Counseling with a specialization in Marital, Couple, and Family Counseling/Therapy

MS and EdS Degrees with specializations in:

- Marital, Couple, Family Counseling/Therapy*†
- Mental Health Counseling*†
- Rehabilitation Counseling
- School Counseling†
- Dual Specialization in Marital, Couple, Family Counseling/Therapy and Mental Health Counseling
- Dual Specialization in Mental Health Counseling and Rehabilitation Counseling

*Master's degree meets all academic requirements for licensure in Florida.
†Master's program fully accredited by the Council for Accreditation of Counseling and Related Educational Programs

Barry University's PhD in Counseling program in Miami Shores is accredited by the Council for Accreditation of Counseling and Related Educational Programs.

Find yourself at BARRY UNIVERSITY • The second-largest private, Catholic university in the Southeast •
www.barry.edu/CounselingToday

ADRIAN DOMINICAN SCHOOL OF EDUCATION
Master’s, EdS and PhD in Counseling
11300 NE Second Avenue, Miami Shores, FL 33161
305-899-3719 • 800-756-6000, ext. 3719
education@mail.barry.edu

Orlando Location
Master’s and EdS in Counseling
2000 N. Alafaya Trail, Suite 600
Orlando, FL 32826
800-756-6000, ext. 3719
edorlando@mail.barry.edu
I cannot have expectations concerning what I think a client should or should not do. Instead, I can have hope. Hope allows for the belief that the outcome will be positive. Hope allows for free will and interpretation. Maintaining hope rather than expectation allows our good intentions to shine through, while also allowing us an understanding of what is ours to carry home at night and what is not.

I once heard a misconception that counseling is just sitting and talking to people all day. The modality of counseling might be talking and language, but the process of counseling is much more like a journey. It is a journey for everyone, a roller-coaster ride of high points and low points both for the client and the counselor. Just as our clients take and learn from us, we take and learn from them. These lessons have guided and shaped me. For those of my clients who so patiently taught them to me, I would like to say, thank you.

Donjanea L. Fletcher is a student affairs counselor at the University of West Georgia. If you would like to submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, email acanewperspectives@yahoo.com.

Letters to the editor: ct@counseling.org

Nominate an exceptional student or new professional to be featured in “My life, my story” by emailing acanewperspectives@yahoo.com.

This month, graduate student Colleen Walsh is featured as president of the Gamma Zeta chapter of the Chi Sigma Iota (CSI) honor society at the University of West Georgia.

Age: 37

Home: Atlanta, but currently resides in Carrollton, Ga.

Education: Currently pursuing M.Ed. in professional counseling with focus on community counseling from the University of West Georgia (anticipated graduation in July 2012); B.A. in psychology from the University of West Georgia.

Greatest professional accomplishments: Presenting at the Georgia College Counseling Association (under the American College Counseling Association) annual conference this year and the Georgia Mental Health Consumer Network Conference last year.

**Biggest professional challenge:** Achieving balance. I have had so many wonderful opportunities to nurture both my professional and personal growth because of my involvement during graduate school. I am president of my university’s CSI chapter. I intern at the university’s Counseling & Career Development Center and work as a graduate assistant for a federally funded SAMHSA (Substance Abuse and Mental Health Services Administration) suicide prevention/mental health awareness grant. With all of these responsibilities, it is sometime difficult to decide when to take advantage of opportunities and when to say, “I need to take care of me.”

**Words of advice for students:** Take advantage of all the “perks” of being a graduate student in the counseling field. Never again will we be able to attend conferences or join professional organizations at a reduced rate, receive great support for research or have so many professionals willing to mentor us. Don’t hesitate to engage in these chances for personal and professional growth.

---

**ASERVIC Conference**

**June 3 & 4, 2012**

**Spirituality and Counseling**

The Inn & Spa at Loretto, Santa Fe

Keynote: Motivational Interviewing’s William R. Miller

Proposal Deadline December 15, See ASERVIC.org
Cyberbullying: What Counselors Need to Know
Sheri Bauman

Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students face on the Internet. Includes a discussion of the different types of cyberbullying and cyberbullying environments; an overview of prominent theories of aggressive behavior; practical tips to identify and follow cyberfootprints; proactive responses to cyberbullying; effective, nonpunitive strategies for responding to cyberbullying; useful information on current technology and popular websites; and much more. 2011 | 215 pgs
Order #72900 | ISBN 978-1-55620-294-0
List Price: $33.95 | ACA Member Price: $28.95

Counseling Children: A Core Issues Approach
Richard W. Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen

This innovative book offers a means for practitioners in community, mental health, and school settings to better assess, treat, and monitor children’s underlying issues. The diagnostic framework presented helps uncover the nature of children’s core concerns and provides guidance on how to address the issues they are struggling with. Includes numerous strategies such as narrative approaches, play therapy, sand tray therapy, and expressive arts therapy. The book gives suggestions for bringing parents, teachers, and other professionals together as a collaborative team. 2011 | 192 pgs
Order #72901 | ISBN 978-1-55620-283-4
List Price: $29.95 | ACA Member Price: $24.95

Play Therapy: Basics and Beyond Second Edition
Terry Kottman

Written for use in play therapy and child counseling courses, this extraordinarily practical text provides a detailed examination of basic and advanced play therapy skills and guidance on when and how to use them. After a discussion of the fundamental concepts and logistical aspects of play therapy, Kottman illustrates both commonly used and more advanced play therapy skills. A new chapter on working with parents and teachers is designed to increase the effectiveness of play therapy. Practice exercises and “Questions to Ponder” facilitate the skill-building and self-examination process. 2011 | 375 pgs
Order #72905 | ISBN 978-1-55620-305-3
List Price: $54.95 | ACA Member Price: $39.95

Bullying in Schools: Six Methods of Intervention presented by Ken Rigby

This DVD gives clear, practical guidance on how to prevent and respond to bullying in high schools. Using actors and role play, the DVD features a typical bullying scenario and then demonstrates how the following methods can be applied to the situation: the Disciplinary Approach, Restorative Practice, Strengthening the Victim, Student Mediation, the Support Group Method, and the Method of Shared Concern. By showing the advantages and weaknesses of each method, the counselor or teacher can see how each solution might work. Includes a PDF booklet with a summary of important information and discussion guidelines. Produced by Loggerhead Films
2009 | 35 minutes | DVD Order #78239
List Price and ACA Member Price: $129.00

New Ideas, New Attitudes and Fresh Approaches for Working With Kids and Teens

April 2012  | Counseling Today | 21

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

Order by phone: 800-422-2648 x222
Order online: counseling.org/publications
M-F 8am – 6pm, ET
Paying attention: Gnat necessarily an easy task

Conventional wisdom dictates that the average person has an attention span proportionally equivalent to that of a gnat. By my calculations, this equals about 15 minutes in human time. It wasn’t until I sat face-to-face with First Client Ever that the correlation first crossed my mind because, frankly, I’m usually too busy pondering other things. Think about it (if you can sustain your attention long enough). An average counseling session lasts 45 to 50 minutes. Left unchecked, Typical Therapist could conceivably spend a significant portion of client contact time mentally formulating a grocery list.

For the Student/New Professional, inexperience exacerbates inattention. In addition to envisioning that quart of Lactaid I have to pick up on the way home from work, I regularly retreat inward in session to search the folds of my gray matter for the next appropriate intervention. Then I’ll snap to, realizing Client clearly just said something really important, but I was too distracted by the voice in my head (“Don’t forget the bananas!”) to take it in.

Then there’s this to consider: Clients are people too. Which means Client also is subject to the human–gnat nexus. What if Counselor and Client aren’t focused during concurrent quarter-hours? Contemplating the implications of attention-span deficits is enough to send my Inner Gnat dive-bombing the nearest windshield. Fortunately, so far I have only ever practiced therapy in windowless, converted broom closets. So parking lots — and, therefore, car windshields — are not easily accessible during work hours. My limited attention span ensures that I will have forgotten the malaise by the end of the day; therefore Inner Gnat and I remain safe from harm. Well then. Inattention has its benefits.

Supervisor validated: “Yes, humans tend to lose focus at regular intervals,” she said, adding that we marvelous creatures also have the capacity to refocus shortly thereafter, as long as the individual realizes focus has been lost in the first place. “It’s sort of like when you’re sampling perfumes. After sniffing three fragrances, the nose gets confused. That’s why there’s a little jar of coffee beans in the perfume section at Sephora.” Ahhhhhhh, I get it. Give the schnoz a break before getting back on task.

What then helps Therapist to wake up and smell the coffee beans? Over the course of grad school, practicum, my ongoing postgrad internship and the occasional professional seminar, various mentors have shared a number of theories about lost focus and how to regain it.

The Rx for Supervisor’s Nose Knows Theory: Therapist first must learn to recognize the scent of drifting attention. She helpfully catalogued some telltale signs: Notice Pre-Frontal Cortex has begun tabulating a personal To Do List. Gazing anywhere but at Client. Yawning. And the worst one: Client falls silent in mid-sentence and stares expectantly. Uh-oh. They’re on to you, Counselor.

Second step: Self-forgiveness. “If you focus on your inner voice haranguing you for your failures as a therapist, all that’s going to happen is the problem gets worse,” Supervisor says.

Third step: Take a breath and assess. This involves sucking it up and asking Client to repeat what was just said. “Make sure you do it from a place of authenticity and respect,” she cautioned. “Something like, ‘Could you say that again? I didn’t catch it.’” It is critical to track Client response, including nonverbal. “If the person’s body language suggests they are feeling ignored, or if they tell you outright, by all means process it right then and there.” Yummy-yum-yum. I’m whiffing the odor of humble pie, fresh from the oven.

Neurological hardwiring is not the sole cause of Therapist distractibility. Even counselors have their personal blind spots. Indeed, under-the-radar overidentification with Client can take Therapist deep into treacherous territory. Favorite Professor — a Freudian at heart with a shock of white hair to rival that of Albert Einstein himself — loved, loved, loooovved to talk about countertransference. Of course, as a Freud-o-phile, Prof interpreted in purely psychosexual terms. He would pantomime Male Therapist gazing in a mirror, straightening his tie and smoothing his collar. Then he would pantomime Female Therapist freshening her lipstick and tossing her hair. “If you find yourself doing this before a Certain Someone arrives for their appointment each week,” Favorite Prof would say, “then you’ve got a Big Problem.”

Although I have yet to develop a crush on a client, I have experienced situations in which Client’s presenting issue paralleled an unresolved issue of my own. Case in point: Teen Client had dropped out of high school. Instead of hitting the books, she was taking daily hits on a bong, and Dad was understandably concerned. Initial interview revealed that Teen’s mom recently had been killed in a tragic car accident. Remarkably, neither Dad nor Daughter connected Teen’s unhealthy new lifestyle choices to Mom’s death and Offspring’s unprocessed grief. Equally remarkable — neither did I, at least initially.

It should be noted that at the time, my mother recently had been diagnosed with a deadly form of leukemia, and I was struggling in my personal life with the prospect of her death. Teen made it easy for me to avoid paying attention to my own anticipated grief, as she insisted she already was “totally over” her own. Yet the subject began to come up with increasing frequency and intensity.

Finally, the dam of our joint denial broke. Teen described how she had
declined to accompany Family for a visit to the cemetery on Mom’s birthday. I gently probed to explore the resistance. To my surprise, my eyes began to rim with tears. An image of Favorite Prof fluffing his puffy white locks popped into my consciousness, opening my eyes to the blind spot. I regret that Teen abandoned therapy before I had the opportunity to compartmentalize my personal issues so that I could help see her through her grief. The Nose Knows and, apparently, so do the Eyes.

An educational seminar I attended offered a modern take on the time-honored Freudian concept of countertransference as a barrier to effective counseling. Facilitator introduced the concept of “shock,” wherein individuals are “triggered” by others who exhibit maladaptive beliefs and behaviors that we ourselves possess but are unwilling to claim. For example, during a home visit I once witnessed Father dragging Son bumpity-bump-bump down a flight of stairs, forcibly shoving Youngster into a chair at the kitchen table and yelling nose-to-nose with Son, “Do NOT hit your brother ever again! Violence is NOT the way to solve anything!” Though it was quite easy for Dad to identify belligerence in Son, clearly he did not “own” his own aggressive tendencies. Scary enough, right? Scarier still: What happens when Therapist goes into emotional shock?

My Denial Queen experience with Non-Grieving Teen Client represents a textbook example of the concept. The shock seminar I had attended was based on the theory of the mind–body connection. Facilitator taught that we “energetically leave our bodies” when shock ensues. This explains the sudden inability to pay attention to anything outside ourselves or, alternatively, to become defensive and reactive in response to an emotional trigger. Some ways to get “back into the body,” Facilitator suggested, are breathing consciously, sniffing lavender (to calm) or peppermint (to energize), drinking something hot or something cold — or even inconspically tapping the clavicles. Some ways to get “back into the body,” Facilitator suggested, are breathing consciously, sniffing lavender (to calm) or peppermint (to energize), drinking something hot or something cold — or even inconspically tapping the clavicles. That last suggestion especially sounded like so much focus-pocus to me, but it is based on the ancient Eastern practice of Jin Shin, designed to awaken the body’s “energy centers.” I road-tested the technique once during a long and boring drive, when a bad case of highway hypnosis had my head bobbing. Lo and behold, it worked. Since then I have always kept a thermos of hot green tea and a bottle of cold water within easy reach on my desk. And when I’m expecting that Certain Client might make me trigger happy, I will put a few drops of lavender- or peppermint-scented oil on my palms before the session begins. Rub hands vigorously. Whiff. Rinse. Repeat.

Of course, there are practical matters that distract Therapist as well. I once participated in a personal growth seminar conducted three time zones to the west of my home base in South Florida. Obsessively concerned about maintaining the pace at which my client contact hours accumulate, I had committed to a full schedule beginning bright and early the morning after my return on the red-eye. Thanks to the miracle of modern air travel, my body was fully present in the Eastern time zone. Unfortunately, my brain remained on the Pacific Coast. If toothpicks had been handy, I gladly would have used them to prop open my eyelids. Amazingly, Client after Client didn’t seem to notice that my eyeballs were spinning in their sockets.

Supervisor was amused when I admitted the gaffe. “Sometimes, the best thing you can do is just be there for the client,” she said, “even if it’s in body, not in spirit.” It was comforting to hear that Supervisor had endured a similar experience way back when. “It may sound funny,” she noted, “but often when you think you’ve had a clunker of a session, the next week a client will come back and report that it was the most productive session they ever had.”

So there you have it: A checklist for when you’re checking out. We can take our clients only as far as we ourselves have gone. The bottom line: Give yourself permission to pay attention not only to Client but to Self as well.

Suze Hirsh is a state-registered intern in mental health counseling at a not-for-profit community social services agency in South Florida. Contact her at suze.hirsh@gmail.com.

Letters to the editor: ct@counseling.org
Should I grow my solo practice into a group practice?

Benjamin Franklin was known for his strict schedule. His personal notes show he was asleep by 10 p.m., awake at 5 a.m. and that he spent most of his waking hours working or reviewing his tasks.

Starting a counseling practice isn’t a 40-hour-per-week job. Successful entrepreneurs either “Do the Franklin” or burn the midnight oil. Or both! This is because aspiring counselor-entrepreneurs must stay relevant with the practice of counseling, while simultaneously learning (and executing) the myriad aspects of running a business (enacting a business plan, managing finances, setting up an office, getting the word out and so on).

After a year of hustle ...

Once you’ve done the Franklin for about a year, you’ll notice some changes. Your phone will be ringing and your caseload will be filling. People will tell you that they’ve read your articles or saw you on the news. New clients will tell you that they’ve heard you speak or watched a YouTube video of one of your talks. New clients will also tell you that another client (to whom you provided great care and service) referred them!

If all goes well, at some point in year two your caseload will reach 35 sessions per week. At 35 sessions, you’re with clients 26.25 hours per week. You spend 13.75 hours per week on clinical notes and managing your one-office company. You’re working a comfortable 40 hours per week and bringing home net earnings of six figures per year. Your private practice is thriving! And you have options ...

Stay small

Although nothing needs to change, your small practice has several options to consider.

A) Hire administrative help. Perhaps you have some tasks you wish to delegate, such as reception and scheduling, billing and bookkeeping, or general office upkeep. This can sometimes be done without reducing net profit.

If a counselor earns $65 per clinical hour, an increase in the counselor’s caseload could compensate for the administrative costs as long as the employee costs less than $65 an hour and completes his or her tasks efficiently. This approach won’t reduce the number of hours in the counselor’s workweek, but it will allow the counselor to trade administrative tasks for clinical work.

B) Raise your rates. Your caseload is full. You’re even turning some clients away because you’re too full to schedule them. In this case, you might have the luxury of raising your rates. This is supply and demand: There is limited supply of you, and there’s overwhelming demand.

By raising rates, you will reduce demand, so finding a balance is important. Don’t overdo it! Raise prices slowly, and for new clients only. Or raise rates for your most desirable appointment times. (Note: If you accept insurance, you will need to provide services at your contracted rate. However, one can reserve premium times for the highest-paying insurance companies or block out times for cash-only clients.)

Get big

Perhaps, after years of counseling, you decide that spending the majority of your workweek in session with clients isn’t for you. Or you decide that you want to capitalize on your practice’s extra client leads without raising prices. A desirable option may be to bring on another counselor.

Bringing on a counselor to work in your practice is a big decision (and responsibility) because it involves much more than funneling surplus client leads. To execute this well might mean transitioning from full-time clinician to full-time manager. Counselors expect a lot when joining a group practice. Traditionally, a practice will provide:

- Office space: Two counselors sharing one office won’t work. Even if one counselor is part time, scheduling conflicts will arise during the most desirable session hours.

- Ample leads: The attrition rate for clients is approximately eight sessions. Therefore, a counselor needs 4.5 new clients per week to build and maintain a full caseload.

- Billing/credentialing: Reliable, timely medical billing is crucial. Also, even if a counselor is previously paneled with insurance companies, additional credentialing is necessary to allow him or her to bill through your practice.

- Reception and scheduling: Counselors expect a high level of administrative help on the front end. Printing forms, ordering supplies and other office tasks are often the responsibility of the practice.

- Insurance: To recruit great counselors, consider a 50 percent split on health insurance and pay 100 percent of professional liability insurance.

- Community: Counselors often wish to be part of a community, and even seasoned clinicians expect the practice to offer some clinical supervision. Changing from a solo practice to a group practice isn’t a small change. It’s the start of a new business — with more risk and more reward. Get ready for a new journey and to once again “Do the Franklin”!

A solo or a group practice … which is right for you? ♦
Here is a great piece of advice that can make a tangible difference in someone’s future: The Center for Professional Development at Excelsior College, offering the education and skills needed to advance in a current job or start a new career. And like the degree programs at Excelsior College, the Center’s non-credit programs are designed to provide a first-rate online learning experience for adult students.

At the Center, there are over 150 non-credit programs in today’s fastest-growing career fields: business administration, health care, project management, investigative science, sustainable energy, computer technology, and much more. No waiting for a semester to begin; every course is available when the student is ready—no matter where in the world that student might be.

Our Campus Is Wherever You Are—Virtually Everywhere.

WWW.EXCELSIOR.EDU/CPD
**The Bulimia Workbook for Teens: Activities to Help You Stop Bingeing and Purging**


Lisa M. Schab provides an innovative resource for adolescents and clinicians alike with *The Bulimia Workbook for Teens*. Well organized and easy to understand, the book describes 42 self-help activities for teenagers with bulimia. Perhaps more noteworthy for counselors, Schab’s workbook provides valuable strategies for working with clients exhibiting any type of disordered eating behavior.

Drawing from cognitive behavior therapy (CBT) and neuroscience, Schab connects faulty thinking with bulimic behaviors. In attempting to teach readers different cognitions, Schab begins each activity with a positive affirmation. From there, she includes six sections within each activity (think, speak, imagine, act, create and transcend) to reinforce readers’ awareness and application of CBT concepts. The “think” sections feature writing prompts encouraging readers to explore their personal thoughts and subsequent bulimic actions (for example, list all the ways bulimia keeps you dishonest). Similarly, the “speak” sections promote verbalization of the readers’ burgeoning comprehension of bulimia, while the “imagine” sections promote visualization of a bulimia-free life. The “act” sections urge readers to perform certain healthful actions (for example, designate a safe anger room). The “create” sections incorporate art activities for feelings expression and relaxation skills training. Finally, the “transcend” sections offer other considerations to promote well-being and a different perspective (for example, pray or hold good thoughts for anyone you know who is struggling with bulimia). In short, this is not a worksheet workbook. With such a variety of components interwoven into each activity, Schab thoughtfully appeals to readers’ diverse talents, interests and learning styles, while reiterating critical components essential to eating disorder recovery.

Throughout the workbook, Schab personifies bulimia, establishing the eating disorder outside of the self, which makes it easier for readers to view bulimia as a negative coping skill rather than as an innate character flaw. In so doing, Schab validates readers’ experiences. Readers are taught to project troubling feelings and concerns, thereby permitting them to reframe the problem externally, while instilling a more optimistic outlook.

Schab’s workbook distinguishes between physical and emotional hunger and identifies the thought-feeling-behavior cycle. She normalizes anger, sadness, fear, anxiety, shame and mistakes and elaborates on how control is a universal aspect of eating disorders. Additionally, she describes the role of the media and corresponding body image distortion, assertive communication skills and the importance of forgiveness. Schab’s tone is consistently psychoeducational, encouraging and hopeful. In short, readers embark on an altruistic journey most often characterized by cognitive behavioral precepts and accentuated by spirituality exploration and self-love generation (breath work, meditation, the practice of gratitude and so on). Schab’s holistic view of the individual is both engaging to readers and a critical component of sustainable recovery.

*The Bulimia Workbook for Teens* is a noteworthy resource for teenagers with bulimia, although its contents are certainly not limited to adolescents. Professional counselors will find the multidimensional approach that Schab advocates a practical guide to creative and dynamic eating disorder interventions.

Reviewed by Anastasia Imig, doctoral student of counselor education, University of South Dakota.

---

**Mental Health Disorders in Adolescents: A Guide for Parents, Teachers and Professionals**


You are probably familiar with the adage “knowledge is power.” If this is indeed true, any parent who reads this text will be empowered and well-equipped to face the challenges that can come with parenting an adolescent in the 21st century. From tips on communicating effectively with your adolescent to a list of questions to ask a potential therapist, this guide contains plenty of information that is useful not only to parents but also to professionals who work with adolescents in one way or another.

The issues with which adolescents struggle can seem overwhelming, and parents might feel as though they are constantly navigating rough, unpredictable terrain without a map to provide direction. To further confound matters, even when a mental health concern is identified, the list of professionals one may be required to work with can read like the *Dictionary of Occupational Titles*. The treatment team may include an array of professionals, ranging from medical doctors (such as pediatricians and psychiatrists) to mental health professionals (such as clinical mental health counselors and school counselors) to social service personnel (including social workers and even case managers). To the average consumer of health services, the roles of these various professionals are not always clear; in fact, they can be a source of much confusion. Fortunately, the *Mental Health Disorders in Adolescents* text is a timely resource for parents trying to make sense of and navigate through the system. The authors
recognize the key role that parents play and assert the parents' place in the treatment team.

This text is divided into two sections. Section 1 is aptly titled “Recognizing the Problem, Finding Help and Negotiating the System.” Chapters in this section contain pointers on identifying whether problems adolescents are experiencing are related to common angst or might be more serious and require the help of a mental health professional. In Chapter 4, the authors provide brief overviews of the major modalities of psychotherapy. Chapter 5 offers a discussion of psychiatric medications, explaining in simple terms the various classifications of medications, their common uses and possible side effects of each class of medications.

Section 2, titled “Common Psychiatric Problems in Adolescence,” consists of 15 chapters. Each chapter examines in detail a major category of mental health disorder found in the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)*. The authors also provide a list of symptoms and warning signs for each disorder so parents can better identify the onset of a mental disorder in their adolescent. Also included are case studies that facilitate the practical application of the key elements in each chapter. Common treatment approaches and prognosis for each disorder are also discussed.

Four chapters in this section are devoted to disorders not found in the *DSM-IV-TR* that nonetheless warrant special attention: “School-Related Problems” (Chapter 10), “Reactions to Stress, Loss and Illness” (Chapter 17), “Reactions to Trauma” (Chapter 18) and “Dangerous Behavior: Suicide, Self-Injury and Violence” (Chapter 19). These are all very important topics, particularly the chapter addressing suicide, self-injury and violence. With the increase in adolescent suicide and bullying, it is particularly important that parents learn to recognize the signs and have the tools to deal with these crises or find the right help.

The text is an easy read, with key points summarized in boxes (called sidebars) placed generously throughout for easy reference at the end of key sections. The authors encourage parents to participate in the mental health care of their adolescents and emphasize not being afraid to seek second opinions if they are dissatisfied with their care providers. By knowing what to expect — from the initial evaluation to the termination of treatment — parents are better equipped to advocate for their children's needs and to navigate the confounding maze of managed care with the power that comes from knowing. Apart from the primary target audience, others groups that would benefit from this text include school counselors, mental health counselors, teachers, social workers, case managers and medical professionals who form part of the treatment team.

*Reviewed by Mathoni Kimemia, assistant professor, Southern Illinois University, Carbondale.*

### Developing & Managing Your School Guidance & Counseling Program, Fifth Edition

By Norman C. Gysbers & Patricia Henderson, 2012, American Counseling Association, 548 pages, $49.95 (ACA members); $69.95 (nonmembers), Order #72915, ISBN: 978-1-55620-312-1

The book describes each phase of the model and provides a timeline for implementing the phases. Each phase is supported by chapters that provide foundational knowledge and practical strategies. The use of phases seems intentional, suggesting that the timeline can be adjusted and differentiated on the basis of the diverse needs of any school environment. The five phases are appropriate for K–12 settings and applicable either to schools lacking a comprehensive program and needing a guiding resource in developing one, or for schools with existing programs that need enhancement.

Real-life examples that are practical and achievable illustrate the strategies in each phase. For example, in the planning phase, Gysbers and Henderson provide actual cases, specific directions, resources and a rationale for completing a school counselor time study in identifying how...
ACA is seeking proposals for:
Pre-Conference Learning Institutes: March 20–21, 2013
Education Sessions: March 22–24, 2013

ACA is seeking advanced programs in all areas.

Timeline:
April 2, 2012: .........................................Online proposal site opens
June 6, 2012: ................ Proposal Submission Deadline (5 p.m., ET)
August 8, 2012: .....................Acceptance/rejection notices emailed
October 31, 2012: ...............................Scheduling notices emailed

Submission Deadline:
June 6, 2012 (5 p.m., ET)
Visit counseling.org/conference for additional information.

Note: The primary presenter must be an ACA member. All Education Session presenters must be registered for the Conference by January 2, 2013.
school counselors are spending their time. The results from the presented study are then revisited and applied in the implementation phase to help readers understand how to develop a weekly schedule format and a building program.

Comprehensive guidance and counseling programs are a reality in today’s schools and a necessity in addressing the academic, social, personal and career development of all students. Gysbers and Henderson present the challenges of developing and executing such programs but then also provide school counselors and administrators methods to address the challenges, benefitting all the students and stakeholders served by the school. This textbook offers school counselors a rationale for implementing comprehensive school counseling programs related to student outcomes and provides the framework for appropriate services aligned with the American School Counselor Association’s National Model. The suggested school-based interventions presented in this textbook promote a supportive and culturally competent educational environment.

Overall, Gysbers and Henderson have provided the counseling community a valuable resource that provides a clear and empirically supported model for planning, designing, implementing, evaluating and enhancing Pre-K–12 guidance and counseling programs. This enduring, influential textbook has been fully updated to reflect current theory and practice, including knowledge gained through various state and local adaptations of the model since publication of the last edition.

Exciting additions to this new edition are increased attention to diversity and the range of issues that students present, counselor accountability, and the roles and responsibilities of district- and building-level guidance and counseling leaders in an increasingly complex educational environment. An abundant array of examples, sample forms, job descriptions, evaluation surveys, flyers, letters, and procedures used by various states and school districts clearly illustrate each step of program development. At the end of each chapter, a new feature called “Your Progress Check” functions as a tracking tool for growth at each stage of the change process.

2012 | 544 pgs
Order #72915 ISBN 978-1-55620-312-1
List Price: $69.95 ACA Member Price: $49.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 6pm)
The new bipolar disorder for children

The American Psychiatric Association (APA) has proposed a new diagnosis to be included in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The condition, formerly known as temper dysregulation disorder, will be called disruptive mood dysregulation disorder (DMDD). By adding this new entry, APA is trying to use the considerable institutional power of the DSM to curb use of the pediatric bipolar label.

Since the mid-1990s, the number of children diagnosed with bipolar disorder (manic depression) has increased a staggering 4,000 percent, and that number has caused a lot of controversy in the mental health professions. This increase might be viewed as reflecting appropriate diagnosis coming after a time of persistent underdiagnosis. However, the spike also coincided with a) the release of the DSM-IV, which first allowed bipolar disorder to be diagnosed in children, b) the increased marketing of medications to physicians and consumers and c) the increased use of bipolar disorder medications in youth.

Although medications for bipolar disorder are effective in children, psychiatrists worried that these children were being given a label that wasn't right for them and, in addition, that they might be burdened with the sentence of a serious mental illness for the rest of their lives.

Some researchers suggest that the label of bipolar disorder is not appropriate for children, namely because distinct symptoms exist that differentiate bipolar disorder in adults from bipolar in children. For example, mania, the characteristic symptom of bipolar disorder, manifests in youth as severe irritability rather than as euphoria, as seen in adults. Another defining feature of manic depression is that it is episodic; yet, in youth, severe irritability is not episodic.

Thus, the main rationale for adding DMDD to the DSM-5 is that although many children with severely impairing forms of irritability present for clinical care, the DSM-IV does not provide sufficient guidance on appropriate diagnosis for these children. Bipolar disorder in the DSM-IV was developed for use only with adults, whose manic presentation differs greatly from that found in youth. DMDD was developed to more accurately delineate this distinction. Furthermore, the disorder will be viewed as a brain or biological dysfunction but not necessarily as a lifelong condition, which is how bipolar disorder is regarded.

To provide further explanation, the following section reviews both bipolar disorder and the proposed DMDD.

Bipolar disorder

Bipolar disorder involves one or more manic episodes and often includes major depressive episodes.

Manic episodes are when a person experiences an unusually elevated or irritable mood that lasts at least one week and includes at least three or more of the following: inflated self-esteem or grandiosity, less need for sleep, inclination to be more talkative than usual, racing thoughts, distractibility, increase in goal-directed activity and excessive involvement in pleasurable activities that could result in painful consequences (for example, unrestrained buying sprees, sexual indiscretions, foolish business investments).

Major depressive episodes include at least five of the following symptoms for at least two weeks: depressed mood, loss of interest in pleasurable activities, trouble sleeping, significant weight gain or loss, lack of interest, feelings of sadness, decreased energy, sense of worthlessness and guilt, difficulty concentrating and recurrent thoughts of death.

DMDD

This proposed disorder can be diagnosed only in children older than 6, and onset must begin before a child turns 10. The disorder is characterized by severe recurrent temper outbursts in response to common stressors. The child must have exhibited these symptoms for at least 12 months:

- Temper outbursts involving yelling/verbal rage or physical aggression
- Overreacting to common stressors
- Temper outbursts occurring on average three or more times a week
- Mood between temper outbursts is persistently negative on an almost daily basis and is observed by others (teachers, parents, peers, etc.)
- Child has not been without symptoms for longer than one day in the past year

Critical review

Although the rationale for reducing the prevalence rates of bipolar disorder in children is a worthwhile cause, critics have argued that inclusion of the DMDD diagnosis in the DSM-5 is premature because of insufficient scientific support. Specifically, little research on the proposed disorder has been conducted with children, and the research that does exist has been conducted predominately by one research group in a select research setting. Thus, major questions on the validity of DMDD remain, and it is impossible to draw definitive conclusions based on the existing literature.

In addition to concerns about the validity of DMDD, researchers have questioned the correct category for DMDD, which has implications for...
treatment. For example, if DMDD were a form of bipolar disorder, first-line treatment would consist of atypical antipsychotic medication and/or mood stabilizers. If DMDD were categorized as a form of depressive disorder, anxiety disorder or attention-deficit/hyperactivity disorder, first-line treatment would be selective serotonin reuptake inhibitors (SSRIs) and stimulants. For the time being, the DSM-5 Childhood Disorders Work Group has placed DMDD in the category of depressive disorders.

Although relatively little research exists on this population of children, and the research that does exist has emanated from one research group, the DSM-5 Childhood Disorders Work Group thinks the upsurge in the prevalence rates of pediatric bipolar disorder suggests that a) severe, non-episodic irritability is common in children, b) these children are severely impaired psychiatrically and c) they do not fit well into any existing DSM category.

Work group members believe that establishing the DMDD diagnosis will not only provide a “home” for these severely impaired youth but will also jump-start research on severe irritability in youth and perhaps lead to modifications in the diagnosis in future editions of the DSM.
It’s Monday of a three-day holiday weekend, and I’m sitting on my couch at home, staring at my laptop, trying to write a story about how work affects life. Ironic? Certainly. And as for you, Counseling Today reader, you’re likely skimming this story after a long day of work with clients or students, looking for ways to improve yourself as a counseling professional even as you simultaneously stir a pot on the stove for dinner. Regardless of how we might feel about it, the line between work and our lives outside of work is getting harder and harder to distinguish.

According to the Center for American Progress, 86 percent of men and 67 percent of women in the United States work more than 40 hours per week. A recent story from The Fiscal Times points to studies suggesting that the “extra work is negatively affecting our health, family lives and effectiveness at work.” One such study published in 2008 in the Journal of Occupational and Environmental Medicine indicated that anxiety and depression are increased among people who work the most overtime. A 2007 study from the American Psychological Association showed that 74 percent of employees regard their work as a significant source of stress, while 20 percent admitted to missing work due to stress.

But even when we’re home, we remain more connected to work than ever before. In 2008, research from the Pew Research Center found that 22 percent of employees are expected to respond to work email even when they’re not at work, half of all employees check work email over the weekend and a third check work email while on vacation. With the economic downturn resulting in fewer employees shouldering more of the workload at many companies, it stands to reason that those percentages have only grown during the past four years.

New research published earlier this year in the journal PLoS ONE by the Public Library of Science again indicated that working extended hours could substantially increase a person’s risk of depression. Those putting in an average of at least 11 hours per day at work were two and a half times more likely to experience depression than those who put in seven- or eight-hour workdays. Researchers took into account

---

**Bringing work home**

Whether unemployed, putting in a 40-hour workweek or never truly unplugging from the job, work exerts a major influence on various aspects of clients’ lives, from self-identity to stress levels to their relationships and interactions with others.

By Lynne Shallcross
In many ways, people locate significant division of ACA, and an NCDA fellow.

Over the course of our lifetime, we spend most of our waking hours at work, points out David Blustein, a professor in the Department of Counseling, Developmental and Educational Psychology at Boston College. The only thing that competes with work in terms of time spent is sleeping, he adds.

Although many studies focus on the negative side of work, Blustein says at its best, work provides people with a sense of self-determination and a means of social connection. It can also serve as a source of fulfillment or compensation for problems people might be experiencing in other areas of their lives, such as a failing relationship, he says. And, of course, stripped to its most basic function, work is the means by which people support themselves financially.

Charles P. Chen, a professor in the counseling psychology program at the University of Toronto, adds that work also assists in creating personal identity. When two people meet for the first time, Chen says, they often start the conversation by asking what the other does for a living. What we do in our careers often gives others a sense of who we are as people, he points out.

“Work is essential in our lives, both in terms of the time that it occupies as well as the psychological meaning to us,” says Blustein, a member of the American Counseling Association, a member of the Board of Directors of the National Career Development Association, which is a division of ACA, and an NCDA fellow. “In many ways, people locate significant parts of their identities in their work lives.” Work provides us with a source of intellectual stimulation, he says, as well as an arena for expressing our interests and values in a context in which we can be rewarded and affirmed.

Understanding clients’ complex connections to their work lives is essential for counselors, says Blustein, adding that vocation is not only part of the counseling profession’s foundation but also central to clients’ identities and mental health. “Work is one of the main theaters of life, and it is a place where we manifest both our dreams and disappointments,” he says.

A different kind of calling

Imagine this scenario. An angry caller is on the other end of the phone. He is yelling at you about the mortgage he’s having trouble paying and the government loan modification program he was told he qualifies for. He is audibly angry and likely scared of losing his home, so he curses at you and calls you a few unsavory names. But listening to this caller — and others like him — is your job. You can’t correct him, you can’t ask him to stop cursing and you can’t hang up on him. All you can do is try to help him — in polite a manner as possible.

Sound stressful? It is, says Melissa Sanderlin, an employee assistance provider who works with, among other clients, employees of a mortgage call center in Monroe, La., when they are referred to her practice through their insurance. “[The callers] are irritated, stressed and they take it out on the person answering the call,” Sanderlin says.

Not surprisingly, the day-in, day-out routine of fielding these high-stress phone calls can take a toll on the call center employees. “[The employees are] often dealing with anger issues, depression and anxiety,” says Sanderlin, a member of ACA. “If they were completely healthy, they might not have those issues, but the work environment definitely makes it worse. They might be functioning on a pretty normal level until they go work there.”

The mortgage callers aren’t the only ones who ramp up the anxiety levels of some of Sanderlin’s clients. Managers who aren’t always trained very well in people skills sometimes add fuel to the fire, she says. Some of her clients report that their managers aren’t always professional and appropriate, sometimes even berating call center employees in front of their co-workers. Recently, a client came to Sanderlin and said the criticism she was receiving from her manager at work was having a negative impact on her home life, her relationship with her husband and her interactions with her children. “It stays on her mind constantly,” Sanderlin says. “She thinks about it all the way home, she thinks about it at home and it wakes her up in the middle of the night. These are common complaints” among Sanderlin’s clients from the call center.

Changing managers was not an option for this particular client, so she and Sanderlin worked together on improving her coping skills and finding a way for her to stop taking the interactions personally. Sanderlin takes a similar course with clients who come to her because of the stress they feel interacting with the mortgage callers. She works with these clients on separating their self-worth from what they experience on the job, on developing anger management skills and on establishing or maintaining a healthy lifestyle consisting of exercise,
proper eating habits and adequate sleep. Sanderlin also focuses on relaxation skills with these clients, some of whom have reported experiencing panic attacks when pulling into the parking lot at work.

Creating a boundary between work and home is important as well, Sanderlin says. To avoid bringing the stress of work home with them, she advises her clients to consider options such as playing music, making a phone call to a friend or family member, or even taking a different route home so they have to think about where they’re going instead of constantly replaying in their mind what happened at work. Even visualizing closing the office door or car door and leaving the day behind can help separate work from home, she says.

Blaise Morrison, a vocational rehabilitation counselor and mental health counselor for an agency in Bowling Green, Ohio, says a good first step when engaging on the topic of how work impacts life is to assess the relationship between the client and his or her job. Similar to a relationship between two people, Morrison says the worker and the place of employment both have certain needs, and if those needs aren’t being met, the relationship becomes dysfunctional.

When the job isn’t meeting the client’s needs — be they financial needs or the need to fully utilize his or her skills — the work situation can become stressful, Morrison says. “It decreases self-confidence, decreases their view of their own competency, brings on frustration and distress, and they might bring that home with them,” says Morrison, a member of ACA. “So, the counselor can look at the situation and see if the client’s needs are being met. If they’re not, this will be a barrier in the client’s mental health.”

If clients’ needs are not being met at work, Morrison says counselors can help these clients to better understand their expectations of a job, gain insight into their interests and then evaluate their skills to see if they might be better suited for a different position.

With clients who think they are in a dead-end job or otherwise feel their current work doesn’t meet their needs, Christopher Adams, an assistant professor in the Department of Behavioral Sciences at Fitchburg State University, says he would have a discussion to determine whether they think it is important to explore other options. Among clients who want more out of their careers — whether money, responsibility, prestige or challenge — he would assist them in exploring available options as well as factors that influence their ability to change jobs. In some situations, he says, clients might wish to remain in their current jobs while simultaneously pursuing alternative avenues outside of work for making extra money, being stimulated intellectually or otherwise finding fulfillment.

Many of Sanderlin’s call center clients aren’t planning to make a career out of working there, so she collaborates with them to identify goals and develop a plan for career change. Envisioning a way out often helps these clients to feel less trapped, she says, which can contribute to reducing their stress levels. “Get them to remember what they were passionate about to begin with or to learn a new passion,” Sanderlin says. “Clients will realize they have things that they’re interested in that they could make a career out of. So, when they go back to work [at the call center], they feel like they have an end to work toward.”

Next ACA Webinar

**Neuroscience: The Cutting Edge of Counseling’s Future**

April 11, 2012 • 1:00 p.m. ET, 10:00 a.m. PT

Members: $29.95  Nonmembers: $39.95

1 CE Credit

- What happens to the brain under severe stress?
- Which lobes may disengage?
- What are the neurological/behavioral consequences of such a shut-down?
- What are the physical reactions of a typical stress response?
- What happens to executive functioning when stress hits?

This webinar will answer these questions and will the cover key topics and latest research in the fascinating frontier of brain neuroscience. Learn how counseling professionals and their clients are benefitting from a deeper understanding of the brain.

Visit the ACA On-Demand Archives for more titles!

Register Now at webinar.counseling.org
Work, balance and relationships

Among the most difficult work-related circumstances for clients is when they are unemployed or underemployed, Blustein says, because they are not using the full extent of their skills and abilities at work. “In a nutshell, when people lose work or lose the opportunity to work in a job that is consistent with their talents and training, they are likely to experience a sense of loss of meaning, access to relational resources and access to the means to survive,” he says. “Considerable research has documented the impact of job loss on mental health, and the data underscore these points.”

On the other side of the spectrum, Morrison says when clients are using their skills and competencies in the workplace and their job correlates with their vocational interests, balance is often achieved and there is a positive effect on relationships outside of work. “If a job helps clients to personally grow, helps them to explore themselves more and provides positive challenges, it provides the client with a positive, reaffirming career identity, meaning the client is fully aware of their competencies, skills and vocational interests,” he says. “To have that self-awareness in vocation also allows them to have greater self-awareness in other parts of their life, greater clarity [regarding] what they expect of relationships and healthier boundaries.”

Adams, a member of ACA, says that another positive outcome of clients finding fulfillment in their jobs is that the feeling can spill over into life outside of work. From the other direction, if people are struggling with relationship problems or feelings of loss or loneliness outside of work, Blustein says developing relationships at work and deriving meaning from work can help them to compensate.

But just as they do at home, interpersonal conflicts can crop up at work. However, unlike situations in which clients choose a romantic partner or a friend, it’s rare to get the opportunity to pick one’s co-workers. People with different communication styles, work ethics and personalities get put together, which naturally leads to moments of friction. When tensions flare between co-workers or bosses and subordinates, Sanderlin talks with her clients about empathy and encourages them to consider that perhaps the other person is dealing with problems of his or her own.

Other times, Sanderlin says, clients have come to her because they formerly dated a co-worker and, after the relationship went sour, began having difficulties seeing and interacting with that person at work. In such cases, Sanderlin says, the solution often involves helping clients to process the relationship and its ending so they can grieve the loss and once again be around their former dating partner without negative feelings bubbling up.

Balancing life with work inherently involves sacrifices, Adams says, and getting clients to grasp that concept can play a role in reducing their stress. Adams tries to help his clients be realistic and accept that a fixed amount of time exists in their schedules each week, which naturally means that they can’t do absolutely everything for everyone. “Sometimes people try to fight that, thinking, ‘If I only worked harder, I could squeeze more time into the week.’ It creates stress because they feel they should be able to do more,” he says.

Adams encourages clients to think about their values and what is most important to them. “They might say, ‘I’m going to have to accept the fact that I won’t see my kids do this or that because my career is important,’” he says. “If they make the decision to want to spend more time around family, that might mean they won’t get paid a super high salary or they may be limited in terms of the jobs they can take. I help them understand the reality and then understand that there is a sacrifice involved in any decision. Once they understand and accept that, I’ve found that clients aren’t always happy about it, but there is less stress instead of them feeling like they should be able to do everything.”

“I often try to talk to them about having a fixed amount of physical and mental energy as well as time,” Adams continues. “I also try to explain to them that if they put 100 percent of their energy or time into work, they won’t have any left over for other parts of their lives [such as] family. In my experience, it’s not uncommon for clients to experience a
being overwhelmed, low energy levels, productivity, restlessness and feelings of depression can lead to a host of effects at work. This is not uncommon in the workplace, Adams says. “It’s not uncommon for people to overwork on a hard-driving boss or the daily demands of the job. Some clients resist unplugging from their jobs because they’re ‘workaholics.’” Workaholism can take root for any number of different psychological reasons, Chen says. For example, in some instances, clients are avoiding issues at home, he says. In other cases, clients have perfectionist tendencies and push themselves unnecessarily. Others think that working excessively is the only way they can prove their value to their bosses, Chen says. And still another cause, he says, is when people are externally driven by the rewards they experience from working.

Chen suggests that counselors explore those feelings and motivations with clients. For example, if clients insist that they have to work to a certain level to be a top performer, Chen might analyze the situation with them to see if that perception meets reality. In some cases, it’s possible that they would remain top performers even if they worked a little less.

“It’s not uncommon for people to use work as a way of sublimating other things,” Adams says. “An example might be a person who has an unsatisfying relationship with a partner. He might not want to admit that [because] it might be culturally unacceptable to get a divorce. So he might channel [those feelings] through work. Being a hard worker is more socially acceptable.” These individuals not only spend more time at work to avoid going home, but might also dive into work again upon returning home, which allows them to

A stressed-out workforce

The nature of work means that stress can crop up at any given time, but new research published in the journal *Occupational Medicine* indicates that work-related stress is drastically increased during a recession and that stress leads to an accompanying rise in employee absenteeism. After looking at tens of thousands of civil servants in Northern Ireland, researchers found that as many as 25 percent of workers struggled with stress on the job during an economic downturn.

A recent study from the University of Hawaii also shows that work stress is contagious, suggesting that we soak up the emotions of our co-workers and that stress can make its way around the office like a common cold. Stress can also spread to loved ones at home, Chen says, explaining that when people feel overloaded and stressed at work, they are more likely to bring that stress home with them. For example, he says, when a family member asks how our day was, just the tone in our voice can carry negativity. “So that stress can have a detrimental impact in other aspects of life,” says Chen, a member of ACA and NCDA.

Depression and anxiety are not uncommon in the workplace, Adams notes. In fact, 2010 statistics from the Centers for Disease Control and Prevention put 9 percent of adult Americans in the category of clinically depressed, and the most recent data cited by the National Institute of Mental Health indicate that slightly more than 18 percent of U.S. adults have an anxiety disorder. Anxiety and depression can lead to a host of effects at work, Adams says, including decreased productivity, restlessness and feelings of being overwhelmed, low energy levels, compromised immune systems and detrimental impacts on relationships with co-workers.

Morrison agrees, adding that depression and anxiety can impede concentration, organization and the acceptance of constructive criticism. And, he says, a stressful atmosphere at work only worsens the impact of depression and anxiety.

“I don’t know that I can say that counselors view work as causing depression or anxiety,” Adams says. “These problems seem more complex than stemming from one cause. However, we do know that stress can contribute to depression and anxiety, and some research indicates that work stress may contribute to these. On the other hand, some people truly enjoy their work and find it to serve as an outlet for stress. For example, if things aren’t going well at home, they may be able to focus on their work in order to cope. As such, work may serve to buffer some people from stress.”

What can clients do to manage the stress? “I think they need to consider several things,” Adams says. “First, how much do they enjoy their work and how much stress does it cause? Second, what can they do to manage their work stress — can they delegate responsibilities, take on less work? Last, I always try to get clients to step back and put things in perspective. At the end of the day, work is often a means to an end for many people — it provides a way of supporting oneself and family. Consequently, clients may not need to get so worked up or overstressed by work, particularly if other parts of their lives are more important to them. Of course, they need to balance that with the demands of the job.”

It appears that partners at home also play a role in how we handle work stress. Researchers at Florida State University looked at more than 400 working couples in blue- and white-collar jobs and found that strong partner support led to a variety of positive effects, including a 33 percent greater likelihood of positive relationships with co-workers, a 30 percent lower likelihood of experiencing guilt associated with home or family neglect, a 30 percent lower likelihood of being critical of others at home, a 25 percent higher rate of concentration at work and a 20 percent higher level of job satisfaction.

Among workers struggling with depression, a recent Tufts University study points toward the effectiveness of counseling. The researchers anonymously surveyed 79 Maine state government employees diagnosed with depression. During a two-month period, those workers took part in a program offering telephone sessions with a counselor. Sessions included work coaching, coordination of care with the patients’ doctors and cognitive-behavior therapy strategies. The outcome of the phone counseling program included improved depressive symptoms, increased productivity and fewer missed workdays.

Workaholics and bullies

Not all clients can blame being overworked on a hard-driving boss or the daily demands of the job. Some clients resist unplugging from their jobs because they’re “workaholics.” Workaholism can take root for any number of different psychological reasons, Chen says. For example, in some instances, clients are avoiding issues at home, he says. In other cases, clients have perfectionist tendencies and push themselves unnecessarily. Others think that working excessively is the only way they can prove their value to their bosses, Chen says. And still another cause, he says, is when people are externally driven by the rewards they experience from working.

Chen suggests that counselors explore those feelings and motivations with clients. For example, if clients insist that they have to work to a certain level to be a top performer, Chen might analyze the situation with them to see if that perception meets reality. In some cases, it’s possible that they would remain top performers even if they worked a little less.

“It’s not uncommon for people to use work as a way of sublimating other things,” Adams says. “An example might be a person who has an unsatisfying relationship with a partner. He might not want to admit that [because] it might be culturally unacceptable to get a divorce. So he might channel [those feelings] through work. Being a hard worker is more socially acceptable.” These individuals not only spend more time at work to avoid going home, but might also dive into work again upon returning home, which allows them to
erect a socially acceptable wall between themselves and their partners, Adams observes.

When engaging with workaholic clients, Morrison advises counselors to proceed at the clients’ pace but to assist them in understanding what they’re trying to avoid or make up for by working more. “Help clients gain insight into their own behaviors. Help them understand what they are substituting work for,” he says. “And then the counselor’s role is to help them develop healthier coping mechanisms.” Morrison acknowledges, however, that sometimes workaholic behavior truly represents an effort to make ends meet financially.

Blustein echoes that sentiment: “It can also reflect the reality that many people are afraid of losing their jobs and are working harder than ever to become indispensable to their organizations.” For that reason, he says, the optimal solution for each client will be nuanced and unique.

Another workplace issue gaining prominence is bullying. “Workplace bullying is a major crisis, and it’s now getting the attention it deserves in research and counseling practice,” Blustein says. Workplace bullying usually comes in the form of verbal abuse in which a co-worker or superior yells at a colleague or focuses only on that person’s faults. “It’s an adult version of childhood and adolescent bullying,” Blustein says. “I think it’s always existed. We’re just now giving it a name.”

The dynamics involved in workplace bullying can make it even more difficult to resolve than schoolyard bullying, Blustein says. If the bully is your boss, he points out, financial considerations and legitimate concerns about finding another job are likely to restrict the worker’s ability to retreat from the situation. “Unlike other parts of life where we can often walk away from bullies, in the workplace, we are often forced to engage with bullies indefinitely, and often with little recourse,” he says.

Blustein says counselors can assist bullied clients by helping them set boundaries and limits and learn to be assertive with their workplace bullies. Counselors can also help clients by exploring company policies that address workplace bullying and the potential consequences, which might mean contacting human resources, Blustein says. The counselor might also explore alternative job possibilities with clients, he says.

Morrison sees the effects of workplace bullying among many of his clients, who must have a mental health disability to be eligible for his agency’s services. Many times, he says, his clients are taken advantage of professionally by their co-workers or supervisors because these clients have difficulty being assertive or expressing their needs. As a counselor, Morrison sees his role as assisting these clients with communication and assertiveness training, teaching them about healthy boundaries and perhaps engaging with them in role-plays so they can try out their new skills.

**A question of values**

Helping clients reach the proper work–life balance is a difficult challenge but well worth the effort, Blustein says. “Clients can talk with their families about how the work–life balance is working for them,” he says. “They should find ways of setting limits on the ways in which work creeps into their lives. For example, with all of the new technology like smartphones, iPads, etc., it is increasingly hard for people to fully orient themselves to their home lives. At the same time, life issues may creep into our work lives, which will require careful planning and the development of clear boundaries, except of course in emergency situations, when our need to care for our families needs to take precedence.”

Self-care is a key element in making life and work run in sync, counselors say. “Self-care is critical, although it’s often easier said than done,” Adams says. “I try to help clients understand the effects that work and life stress can have on them mentally and physically — [for example], increased health problems and marital stress — and try to encourage them to consider what they want. In some ways, it’s a discussion of their values. Some clients really value their careers and are willing to sacrifice their health and time with family, friends, etc. Others aren’t willing to accept this and understand that they need to set boundaries and take time to care for themselves.”

The more stressed people get at work, the less they tend to take care of...
The International Institute of Soul Drama®
Connie Miller, NCC, LCP, TEP, ACS • 800-821-9919
www.souldrama.com • connie@souldrama.com

Souldrama®, is a therapeutic technique which combines group and individual therapy, psychodrama and transpersonal therapy. The main objective of Souldrama is the psychological and spiritual development of the person. Souldrama can be applied to all aspects of recovery including the 12 steps, relationships, grief, divorce, corporate, career and money issues. Participants will learn action based interventions for individual and group psychotherapy, basic psychodramatic and sociodramatic tools such as doubling and role reversal and how to put spirituality into action. Special attention will be paid to creatively working within a group and discovering the group issue. If you desire training at your facility, we will gladly come to you.

Souldrama® is approved and accredited by the NBCC as a continuing education provider. The ACEP is solely responsible for all aspects of the program. For details, contact the Institute.

ONGOING
Early recovery groups and training for addiction counselors and mental health professionals in group action methods.

Long Beach Island, NJ
May 3, 2012 • The Energy of Money, 8 hrs
June 11-15, 2012 • Souldrama, 30 hrs

Amsterdam
March 29 - April 1, 2012 • Souldrama, 25 hrs

Puglia, Italy
June 30-July 7, 2012
Second Annual International Conference for Souldrama, 50 hrs

The International Institute for Souldrama® is an NBCC approved continuing education provider (5971) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP is solely responsible for all aspects of the program. Hours of certification in psychodrama, group psychotherapy and sociometry as approved by the American Board of Psychological Examiners in Sociometry, Group Psychotherapy and Psychodrama. Souldrama® is an internationally registered trademark US 903

To contact the individuals interviewed in this article, email:
- Christopher Adams at cadams15@fitchburgstate.edu
- David Blustein at david.blustein@bc.edu
- Charles P. Chen at cp.chen@utoronto.ca
- Blaise Morrison at bsmorrison@gmail.com
- Melissa Sanderlin at melissasanderlin@gmail.com.

Lynne Shallcross is a senior writer for Counseling Today. Contact her at lshallcross@counseling.org.

Letters to the editor: ct@counseling.org
Earn 1 CE Credit by reading the selected article in this issue. Read the article identified below and answer 3 of 4 questions correctly to earn 1 CE credit. It’s that simple! By reading Counseling Today every month, you can earn up to 12 CE credits each year. And you’ll be well-informed. Start reading now!

Article: Bringing work home

Learning Objectives: Reading this article will help you:
1) Understand the complex influence of work on our clients’ lives.
2) Assist clients to mitigate work-related stress.

Continuing Education Examination

1) Clients experience numerous symptoms related to work stress. Which of the following was not addressed in the article:
   a) Burnout
   b) Depression and anxiety
   c) A decrease in self-care activities
   d) Increased absenteeism and lowered productivity

2) Strong partner support at home can lead to a variety of positive effects within the workplace, including a greater likelihood of:
   a) Increased compensation
   b) Positive relationships with co-workers
   c) Higher rate of job satisfaction
   d) Increased productivity in answering work emails while not at work
   e) Both B and C

3) Which of the following therapeutic approaches are used by counselors to help clients balance life and work stressors?
   a) Psychodynamic
   b) Family systems
   c) Cognitive and behavioral
   d) Existential
   e) All of the above

4) Research indicates that ____ percent of employees credit their work with being a significant source of stress, while ____ percent admit to missing work due to stress.
   a) 38% and 5%
   b) 90% and 40%
   c) 74% and 20%
   d) 25% and 70%

☐ I certify that I have completed this test without receiving any help. Signature ___________________________ Date __________

Rate the following:

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>No Opinion</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

______ I learned something I can apply in my current work
______ The information was well presented
______ Fulfillment of stated Learning Objectives were met
______ This offering met my expectations

Profession:
______ Alcoholism & Drug Abuse Counselor
______ Counselor
______ Counselor Educator
______ Psychologist
______ Social Worker
______ Student
______ Other

Complete the test online at counseling.org/Resources/OnlineLearning.aspx.
You will be able to pay online and download your CE certificate immediately!

Mail: Complete the test and mail (with payment payable to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Your CE certificate will be emailed, unless noted otherwise, in 2–3 weeks. Questions? 800-347-6647, x306.

Please print clearly
Name: _____________________________________________________
ACA Member Number ________________________________________
Zip: _____________________________________________________
Phone: ___________________________________________________
Email: ___________________________________________________

Total amount enclosed or to be charged ☐ $20.00 member ☐ $30.00 non-member
☐ Check/money order (payable to ACA in U.S. funds)
☐ VISA ☐ MasterCard ☐ American Express ☐ Discover
Card #: ___________________________
CVC Code: __ __ __ Exp. Date: __________________________
(AmEx, 4 digits above card number; VISA, MC, Dis., 3 digits by signature line)
Cardholder’s Name: _______________________________________
Authorized Signature: _____________________________________

April 2012 | Counseling Today | 39
When Hilda Davis Carroll turned 60, she was between counseling positions following a layoff. As she watched the sun rise on the morning of her birthday, she thought to herself, “OK, I’m 60. Where do I go from here, and what am I going to do with the rest of my life?”

The answer for Carroll, a member of the American Counseling Association, was to open a private practice in her hometown of Nashville, Tenn. Not so long ago, that choice would have struck many as surprising because 60 generally signaled the point to start ramping down a career and making preparations to settle into a quiet retired life. But as Carroll reached that milestone age, she found herself happily anticipating at least 20 more years of work. As a member of the baby boomer generation, Carroll isn’t unique in choosing to rev up her career instead of slow down.

Nancy Roth, a counselor at Philadelphia FIGHT (Field Initiating Group for HIV Trials), says baby boomers are thinking differently about aging than previous generations. “Boomers were the generation that said, ‘Don’t trust anyone over 30.’ As they age, they’re now the ones saying 60 is the new 50 and 50 is the new 40. Older generations were OK to say, ‘Now I’m hitting a certain age, and I’m content to retire or ride off into the sunset.’ Boomers are saying, ‘OK, now I’ve hit this great age, and I’m going to reinvent myself.’ They’re seeking more. They’re not just content with what [the norm] was before.” Roth, a member of ACA, is among that contingent, noting that she reinvented herself at age 50 by going back to school to study counseling.

It is important for counselors to take notice of this attitude shift because of the sheer number of potential clients who are baby boomers, Carroll says. She also points out that baby boomers represent the largest population in U.S. history to be reaching retirement age. As boomers age and look to make meaning of their remaining years, Carroll believes counselors can assist in multiple ways. This includes offering...
understanding that boomers might feel a little disoriented or overwhelmed and might even confront some level of grief when thinking about the reality that they have less time ahead of them than behind them to live.

Aside from simply being a very large generation, these counselors say baby boomers possess some general characteristics that set them apart from both previous and ensuing generations. “Baby boomers are accustomed to challenging authority,” Carroll says. “Baby boomers are accustomed to things changing because we make them change. Counselors can utilize that for helping boomers push the limits of what might be expected of retirement. Tap into that strength and resilience that carried them through the tumult of the ’60s, societal changes in the ’70s and the [financial] collapse in the ’80s. Tap into boomers’ history of being able to make change and change themselves.”

Roth agrees. “It’s not surprising that a generation that was challenging all those social norms would also be challenging the received wisdom about what it means to grow older,” she says. “From clinical experience, I would say that boomers tend to be more confident that they can change — that they can change themselves or can change the world — than I see in the generation that came before or the generations that came after.”

On the basis of her observations, Carroll says clients in younger generations can at times be more concerned both with how they’ll be perceived and with social standards. Boomers are less concerned with those things, which can be a strength, she says, because it allows them more room to focus on how they will make a difference, find fulfillment and leave a legacy.

Catherine Roland, professor and director of the doctoral program in counselor education at Montclair State University in New Jersey, says the baby boomer generation is not particularly accustomed to depending on others for help. For that reason, she says, it’s imperative that counselors treat these clients with the utmost respect and ask them how the counselor might assist them rather than telling them what to do. That independence can also make baby boomers reluctant to go to counseling in the first place, but once they take that step, Roland says they tend to be very committed to the process, from keeping their appointments to writing entries in their journals or following through with other treatment exercises.

Although no one particularly likes to think about aging, it’s something everyone goes through, so it is imperative that counselors examine the process so they can better assist clients, says Roland, the Association for Adult Development and Aging’s representative to the ACA Governing Council and a past president of the ACA division. Aging decreases or takes away some abilities and activities, such as the ability to run perhaps, but Roland points out that it also restores or gives us new perspective on other abilities, such as being able to bask in the glory of being a fast walker at an older age.
Squeezed in the middle

Baby boomers are sometimes referred to as the “sandwich generation” because many find themselves caring for their aging parents, while simultaneously still trying to provide support for adult children. Some of whom have returned home to live with them. With clients who are in this situation and feeling overwhelmed, Roland, who also runs a private practice, conducts a family overview and asks if anyone else in the family can assist in any part of the caregiving. Considering the independent streak many baby boomers possess, Roland will often hear these clients exclaim, “My sister doesn’t want to help, so the heck with it. I’ll do it myself.” But there comes a time to ask for help, which is sometimes the advice that Roland offers her clients.

With baby boomers who are experiencing these pressures, Roth often first urges them to take care of themselves, then shifts attention to taking care of parents and children. Carroll also emphasizes a primary focus on self-care and echoes Roland in asking these clients whether another family member can provide some level of assistance. If not, she suggests resources such as AARP and the client’s area Council on Aging as possible starting points for finding professional respite care.

At times, Roland has even suggested that clients consider assisted living for their parents. As heartbreaking as that decision can be to make, she says it is sometimes the one that most benefits everyone involved. If the situation grows too dire otherwise, she says, both the aging parents and their baby boomer children can find themselves vulnerable to accidents, higher health-related costs and stress-related issues. “Having that conversation is one of the most difficult situations to talk about as a counselor,” Roland acknowledges.

Counselors should also prepare themselves to address some amount of anticipatory grief among baby boomer clients, Carroll says. She explains that these clients are likely to experience grief associated with watching their parents age and lose vitality, while also dealing with anxiety related to anticipating that the same scenario will play out for them in the future.

Issues concerning romance may also surface during counseling sessions with baby boomers, Carroll says. Whether these clients are navigating their relationships with longtime partners or seeking new relationships after the death of a spouse or a divorce, questions surrounding how to find a mate or how to stay attractive to a mate are common, she says. Carroll, who writes a blog, says one of her recent posts was titled “KY Jelly and People of a Certain Age.” “We’re grown-ups,” she says. “We can talk about sex.” Baby boomers weren’t accustomed to thinking about sexually transmitted diseases and HIV/AIDS in their younger years, but now it’s imperative that counselors discuss those topics with them, Carroll says.

Roland says it isn’t uncommon to see baby boomers enter counseling after their relationship of 25 or 30 years has ended, often because their partner decided to leave. “It’s a tremendous loss and blow to the ego,” she says. Counselors can offer help to these clients by carefully processing what happened and the history of the relationship, she says. Through the review process, Roland says, clients often see that the breakup wasn’t altogether surprising. Sometimes, in fact, they discover that they were equally unhappy in the relationship and can identify many ways that it might be freeing to move on without the other person.

Of course, aging is not something that people always want to face or embrace, Carroll says. She points to the lucrative markets for plastic surgery and drugs such as Viagra as proof of the pushback against aging. Carroll admits it’s a struggle even in her own life. “One minute I’m glad to be 62,” she says, “and the next minute, I am in jeans and three-inch heels pushing age out of my mind. How do we manage and balance those?”

But Carroll tells her clients that the grief sometimes attached to getting older won’t disappear with a facelift. Even as they prepare for the future, she advises them not to agonize over what might happen and what things will change with age. Her advice to clients: Rein those thoughts in, breathe and stay present in the moment.

Although the economy’s recent struggles have presented challenges for each generation, the timing has been particularly bad for baby boomers. Many were or are approaching the point where they expected to retire, Roth says, but instead they have found that their house is under water or their retirement account isn’t what they expected. “That forces people to make decisions they hadn’t planned on making,” including possibly learning new skills and seeking a new career, Roth says. In other instances, boomers have adult children and aging parents depending on them financially, adding another hurdle to their ability to retire.

In these situations, counselors can evaluate and work on coping skills with clients, Roth says. “How do you manage your feelings? How do you cope in positive ways so that you’re not turning to drugs, alcohol, overeating or some less helpful way of coping? Can we increase your frustration tolerance? Can we help you regulate your mood, even though things aren’t going the way you want them to, so that you can continue to find joy even though your life isn’t the way you had planned? In many ways, that’s a lot of what we do with clients because we just can’t control everything.”

When baby boomers are able to fully retire, they’re often quite surprised to discover that they feel somewhat isolated and that their sense of self-worth was tied to the work that they did, Roth says. Counselors can minimize the difficulty of this transition for clients by discussing with them what they will do with this new free time, how they might choose to continue to use their skills and how they plan to stay connected to the world, she says.

Roland agrees that the time after retirement can be unsettling for some people. “Everyone doesn’t have three children and eight grandchildren who all live close by,” she says. “Many times they regret retiring or feel sad. It’s a tremendous loss of identity. One of the things you need to say [to them] is that it’s not about retirement — it’s the absence of the everyday position. That’s why there’s a loss of identity.”

Roth encourages clients who are struggling with their identity in retirement to look at the good things that have occurred since they retired. She also suggests these clients consider...
volunteering their time and skills or, if finances are still a concern, pursuing a part-time job.

Roland says it’s also important to remind clients that when it comes to aging, there are many positives worth focusing on. For example, she says, there is power in growing older and not caring as much about what people think of you. If you’re retired, there is no boss to report to or tiptoe around. Financially, you’re likely to be better off in retirement or preretirement than you were in your younger years. “Every year that you live, you become wiser for yourself in your life than you were the year before,” Roland says. “You’re just more savvy.”

Effective interventions

Boomers are a great group of clients with which to use strengths-based interventions, Roth says. “They may be at a time in life where they’re feeling uncertain, but they come to the table being able to say they’ve done X, Y and Z in the past,” she says.

Many of the HIV/AIDS clients with whom Roth works at Philadelphia FIGHT are baby boomers who have lived on the streets or in poverty and are not well educated. Still, Roth says, they are a group with enormous capacities and strengths. Their past experiences have taught them significant coping skills, and they’re consistently able to learn more, she says. “Even when we’re working with very challenged individuals, they have enormous strengths that we can build on,” Roth says. “I have found that to be less true of some of the younger people I’ve worked with.”

Roth also finds a psychodynamic approach effective. “It’s helpful for people who are at that middle-age point to be able to look back on their lives and look at patterns that have developed and how those help or hinder them moving forward,” she says. A structural family approach is also helpful for those boomers who find themselves active participants in the sandwich generation, she adds.

Life review is another appropriate intervention for baby boomers, according to Roland, with the concept being to have clients identify the positive things in their past. For example, if a client was an avid runner, Roland might ask her to talk about her experiences as a runner. “It’s important for them to understand the successes they’ve had,” she says. “When something is taken away from us, we tend to forget the good that we’ve done. I want them to remember their great accomplishments.”

With most baby boomers, Roland uses a combination of client-centered and cognitive-behavioral techniques. “They don’t want to sit and nod,” she says. “They want to know, ‘If these are the issues, give me some things I can do.’ Their eyes light up when they get homework. [Counseling] has to be action-oriented, not analysis.”

Spirituality is another factor that can help boomers face the challenges of aging and being part of the sandwich generation, Carroll adds.

To provide better services to baby boomer clients, counselors should take workshops focused on working with older adults, Roland says. “If you were trained awhile back, you might not have had human growth and development classes,” she says. “So go back and take some new classes.” Counselors also might want to consider getting a gerontology certificate from a university or visiting a hospice for older adults, Roland says.

To strengthen their knowledge base further, Carroll recommends that counselors read the AARP The Magazine and listen carefully to the people they know who are boomers to learn about them. In addition, she urges counselors to join AADA and attend its conferences and participate in other workshops focused on the topic of counseling baby boomers.

Because baby boomers have some unique characteristics, these counselors offer a few recommendations for working with this population:

- Don’t stereotype, Carroll says. Do be open to who is in front of you.
- Check your personal temperature concerning how you deal with older adults, Roland says. If you have a problem in your family and you really don’t like being around Aunt Tilly, then don’t work with older adults right now, she says.
- Don’t assume that baby boomers are planning on retiring, moving to a retirement community and disengaging from life in the greater world, Roth says.
- Don’t assume that because a client is of a certain age, he or she does not still desire a romantic relationship, Carroll says.
- Make sure your office is accessible, comfortable and possibly brighter than you would keep it for other clients, Roland says.
- Allow clients to grieve in their own way about their aging process and everything they’re experiencing, Carroll says.
Don’t assume that baby boomers don’t have an additional chapter left to write in their lives or that they can’t take on something new and challenging, Roth says.

Offer concrete support, Carroll says. It’s good to listen, but also provide specific means of help, including resources in the community.

Find out what medications clients are on and help with medication management, Carroll says.

Don’t rush these clients, Roland says. You may be the only person an older client is speaking to that day for any length of time.

Be aware of what you bring to the equation as a counselor, Carroll says. Pushing clients too hard or not pushing them hard enough might be reflective of the counselor’s own feelings rather than what the client needs.

Looking ahead, Carroll predicts that the sensibility around aging will evolve as baby boomers continue to age. “It will be change in a positive way because the boomers are the people who gave us the Internet, civil rights, women’s rights,” Carroll says. “That same energy will be poured into aging.”

To contact the individuals interviewed in this article, email:

- Hilda Davis Carroll at hraviscarroll@aol.com
- Catherine Roland at rolandc@mail.montclair.edu
- Nancy Roth at nlroth77@gmail.com.

Lynne Shallcross is a senior writer for Counseling Today. Contact her at lshallcross@counseling.org.

Letters to the editor:
ct@counseling.org

60th Anniversary 60for60 Member-Get-A-Member
Double Win challenge!
Now through April 30, 2012

For each new “Professional or Regular” member you recruit, you will strengthen the American Counseling Association (ACA) by broadening our membership base, while expanding your own network of colleagues. And of course, WIN BIG!

Participate in our new member recruiters’ program and:
Win one of two Grand Prizes: an iPad or an ACA Lifetime Membership! There will also be a monthly prize awarded of any ACA publication or Webinar of your choice!

Receive accolades and honors in Counseling Today, ACAeNews and on counseling.org
Enjoy recognition and praise at the 2013 ACA Annual Conference & Expo held in Cincinnati.

How does it work?
For each new “Professional” or “Regular” member you recruit, your name will be entered into two drawings to win the monthly prize and the Grand Prize. Yes, that’s two chances to win. The more you recruit, the more times your name is entered in the drawing, bettering your chances to win! Definition of an ACA “Professional” member: 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. Definition of an ACA “Regular” member: Individuals whose interests and activities are consistent with those of the Association, but who are not qualified for Professional membership.

Three ways to recruit!

1. Simply log on to counseling.org/60for60, download the recruiter’s membership application along with member benefits brochure and the recruitment letter, and pass it along to your colleagues—remind them to indicate your “ACA Membership ID” on the “Referrer’s ACA ID#” space of the application to receive credit for your referral;

2. Encourage your colleagues to log on to counseling.org and select the “Join ACA” link for instant signup—remind them to add your “ACA membership ID” on the “Were you referred by a current ACA Member?” section to receive credit for your referral; or

3. Have your colleagues contact the ACA Member Services Department at 800-347-6647 x222 or 703-823-9800 x222 (M–F, 8 am–6 pm, ET). Make sure they state your name and/or “ACA Membership ID” as their referral in order to receive credit.

60for60 Double Win fun ends April 30, 2012, so get started now! If you need assistance with recruiting new “Professional” or “Regular” members, please contact Denise Brown, Director of Member Programs, at 800-347-6647 x303, 703-823-9800 x303 or dbrown@counseling.org.

Remember - the more you recruit, the better your chances to win! Let’s start recruiting today.
Seventeen individuals who have held ACA’s highest office look back on the association’s history and share some of their favorite memories

Compiled by Heather Rudow

From March 30 to April 3, 1952, four independent associations — the National Vocational Guidance Association, the National Association of Guidance and Counselor Trainers, the Student Personnel Association for Teacher Education and the American College Personnel Association — convened at a joint convention in Los Angeles with the goal of providing a larger and stronger professional voice. During that convention, the four organizations joined together to establish the American Personnel and Guidance Association (APGA), which today is known as the American Counseling Association.

With ACA celebrating its 60th year as an organization, Counseling Today asked those individuals who have spent time at its helm, the ACA presidents, to look back on their terms in office. Although each leader’s reflection is unique — recalling empowering speakers, natural disasters and national crises through the years — the overall sentiment is consistent. These reflections reveal a strong pride in promoting diversity, enhancing the counseling profession and creating strong bonds that last well beyond their year serving as ACA president.

**Garry R. Walz (1971-1972)**

What memory stands out most to you from your time as ACA president?

Presiding at the 1971 APGA Senate — note the older name — and national conference in Chicago during a huge blizzard that confined people to the hotel.

What do you view as the most significant thing that happened during your time as president?

Changing the way our governance was managed from a large Senate to the new streamlined, representative body.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

An increased focus on the use of technology for communication and developing group cohesion, leading to the current widespread use of social media such as Facebook and Twitter.

What has ACA meant to you in your personal and professional journey?

ACA has demonstrated in the most vivid terms how trained counselors can make a difference for the better in people’s lives.

**Thelma Daley (1975-1976)**

What memory stands out most to you from your time as ACA president?

The memory that stands out most would revolve around the size of the membership at the time and the excitement of becoming a more diverse organization.

What do you view as the most significant thing that happened during your time as president?

It is a bit difficult to remember the most significant thing that happened during my tenure. However, it was the beginning of a movement toward greater acceptance of a multicultural membership, which was not always easy in our great organization.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

My tenure coincided with the so-called “Me Period,” the increase in malpractice insurance, the opening of military academies to women and the founding of Apple Computer and Microsoft. All of these events have in some way related to aspects of the profession’s growth and even advocacy involvement.

What has ACA meant to you in your personal and professional journey?

ACA has allowed me to grow and to meet some of the top persons in the field. Because of my personal respect for the organization, I have wholeheartedly encouraged students and unattached counselors to become a part of the world’s greatest counseling organization.
It has given me the opportunity to form some lasting friendships with some wonderful people throughout the nation.

Betty Knox (1978-1979)

What memory stands out most to you from your time as ACA president?

In 1977, a major decision was made to relocate the APGA headquarters offices from Washington, D.C., to northern Virginia. To facilitate that process, our legal counsel suggested that an APGA Foundation be created wherein the assets from the sale of 1607-1609 New Hampshire Ave. NW and our building behind those buildings on Corcoran Street could be deposited as designated building funds and thus protected from general fund uses. The APGA Foundation was incorporated, and the sale, rental of temporary headquarters and purchase of property for the construction of our present headquarters building were completed. The late Dr. Charles L. Lewis, APGA executive director during that period of our history, provided significant foresight and leadership to the staff, officers and board. I remember how proud I was to sign those documents for the foundation and the sale of property.

What do you view as the most significant thing that happened during your time as president?

The growth and professionalism experienced by APGA in the 1970s was highly significant, as reflected in the largest division, the American School Counselor Association, and the growth of school counseling in the U.S. and abroad. The counseling profession became a respected and integral part of the educational delivery system from elementary [school] through college. The role descriptions of counselors, the definition of counseling, professional ethics and standards, licensure, national certification for counselors and federal funding for elementary through postsecondary settings were among the major issues addressed by APGA and ASCA. The first national counseling legislation was enacted as a result of our governmental relations and influence.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

Yes, in the 1970s, the desegregation of public schools in the U.S.; the increase in the recognition and provision for clients who have special needs physically, mentally, emotionally and socially; the role of individual counseling, group counseling, religious-based counseling, counseling needs and provision for minority populations; the number of women who held the top positions in APGA/ACA and its divisions; the roles of women in our society; federal funding for school counseling; and more. That was a period of rapid growth and change both in our society and in our profession that...
What has ACA meant to you in your personal and professional journey?

In the 1970s as a young school counselor, I was elected to serve as president of NCSCA, NCPGA, ASCA and then APGA, all of which now have somewhat different names. That decade transformed both my personal and professional lives, which are intertwined. My horizons were greatly broadened to include not only my state and all of the U.S., but also international locations where APGA and ASCA were organized.

Those experiences laid the groundwork for my future professional growth and development in employment, consulting, speaking engagements, volunteer activities and even the political arena. Among the greatest blessings of those experiences are the lifelong connections with whom I became both personal and professional friends. I write this response with the deepest of respect and gratitude for our professional associations. Congratulations to ACA on the 60th anniversary!

David Capuzzi (1986-1987)

What memory stands out most to you from your time as ACA president?

A very dynamic, growing association with almost 50,000 members and a Governing Council composed of 45 members. Agendas for the meetings of the Governing Council were comprised of issues — many controversial and cutting edge — submitted by state branches, divisions and regions. Grassroots participation was at an all-time high.

What do you view as the most significant thing that happened during your time as president?

I was the first president, I think, ever to promote a diversity theme. Over a dozen of our journals did special issues on some aspect of the diversity theme for that year.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

The middle ’80s marked the beginning of the use of the Internet for email within ACA. Interest in the importance of developing a multicultural worldview was beginning. The importance of addressing the needs of the elderly as well as gay, lesbian, bisexual and transgender clients was beginning to be discussed and accepted. New divisions were being proposed for inclusion in ACA. And there was a willingness to collaborate and reach consensus when issues were addressed or needed to be resolved. It was a very positive period in the evolvement of ACA and the counseling profession.

What has ACA meant to you in your personal and professional journey?

On a personal level, involvement in ACA has precipitated lifelong friendships that I value and that might never have occurred without the opportunity to be part of the ACA network. On a professional level, involvement in ACA has kept me more current and better able to serve those I have worked with in my roles as a counselor and counselor educator.

Brooke Collison (1987-1988)

What memory stands out most to you from your time as ACA president?

It’s always great to see how the organization can come together and do good things in spite of the individual and organizational differences which we represent. I’m a firm believer in the deliberative process and, at its best, ACA demonstrates that things can happen.

What do you view as the most significant thing that happened during your time as president?

During the years I held office, it was good to see the organization step out to become more involved with and accepting of individual differences. An example would be the decision to publish and distribute a small but very good pamphlet titled “When a Friend Has AIDS.” This was a time in the organization when some thought we shouldn’t be distributing such a document. It is also the time when AGLBIC (now the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling) took hold and moved in a direction of benefit to us all. They were small steps in one respect, but giant in another — steps I’m proud of.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

The development of standards, ethical guidelines, licensing, availability of liability insurance and other forms of professionalization moved in a direction in the years I held office. They continue to be at the forefront of association activity today. I often think that new counselors who are unaware of the struggles present in creating the things that many take for granted today are missing an important part of their heritage. The effort of the early-day members makes the life of contemporary practitioners much easier.

What has ACA meant to you in your personal and professional journey?

Belonging to ACA has always been a key part of who I see myself as being. It is the place that gave me a knowledge base and a friend base which have both been valuable components. It is good to see that the organization continues to change and grow. I would like to think that I have continued to change and grow with it, even though I am retired and proudly claim “emeritus” as part of my identity.
dedicated, hardworking counseling colleagues from around the country. It was a privilege to work with the staff at headquarters as well. Friendships have led to continuing professional collaboration and personal support.

What memory stands out most to you from your time as ACA president?

The Bilateral Conference in Edinburgh, Scotland, was a memorable event. Counseling professionals from numerous countries came together for professional development and fellowship. Friendships among internationals were formed. Participants commented that the experience had widened their professional as well as their personal vision.

What do you view as the most significant thing that happened during your time as president?

It was thrilling to see such a significant number of ACA members descend on Capitol Hill to talk with their state legislators during the Baltimore convention. The Government Relations Committee worked very hard to prepare members for their visit to Capitol Hill. Upon their return to the convention, the most often-repeated comment I heard was their sense of empowerment and their resolve to return to their communities determined to use the legislative process to bring about change.

Also, the association changed its name to the American Counseling Association during the Governing Council meeting in Baltimore.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

The establishment of professional counseling organizations in other countries accelerated. Counseling continued to become more accepted as a profession nationwide due to counselor credentialing.

What has ACA meant to you in your personal and professional journey?

It was very rewarding to meet about crippled the unprepared city, stopping all transportation and stranding members who were in the process of arriving and hotel workers as well. But it did not cripple ACA. Those of us who “got there” carried forth with vigor. Although we did not do our march to the Martin Luther King Center as planned, I took the walk on behalf of the association. Thanks to ACA management, an association car driven by a longtime staff member followed me there and back.

What do you view as the most significant thing that happened during your time as president?

During my time as president, the first year of the last governance restructuring took place. ACA became leaner and more adaptable to the association needs and values at that time. I understand that restructuring is [being discussed] again now, and probably for the same reason.

Another significant happening was fiscal. ACA was having financial [troubles] at the time. They were uncovered by governance and … there

Lee Richmond (1992-1993)
What memory stands out most to you from your time as ACA president?

There are many memories, but I suspect the one that stands out most vividly relates to convention. The convention-planned events, glorious in intent, had to be radically changed because of a freak and very unexpected snowstorm in Atlanta. The storm just

Graduate Certificate in Sports Counseling

100% ONLINE

Are you a practicing counselor, trainer or educator with a strong interest in working with athletes?

The 100% online Graduate Certificate in Sports Counseling is designed for practicing counselors, counselors-in-training (post 48-credits), educators and/or other helping professionals who desire a specialty area of training with youth, adolescent, young adult, or adult athletes across a variety of settings.

The Cal U Sports Counseling certificate program provides counselor training competencies in:
• Foundations of sports counseling
• Contextual dimensions of sports counseling, and
• Knowledge and skills for the practice of sports counseling

Note: The Graduate Certificate in Sports Counseling will not certify you as a professional counselor. However, courses may be utilized for additional credits toward licensure or for continuing education credits (CEU’s).
came to be greater member interest and openness about money matters.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

It was during my presidency that the theme “Development, Diversity and Dignity” was adopted, and the idea stuck with us. I think it was because I asked the region chairs and the division presidents to select the theme for the year. Group thought created a theme that was based on human worth and social justice, and it remained permanent within ACA.

What has ACA meant to you in your personal and professional journey?

Because of my involvement with ACA, I was able to meet some very caring people, some very great counselors across generations. I got to know scholars like Donald Super and Gilbert Wrenn and scholar leaders who are still active and too numerous to name. Finally, I was able to meet young students then who are too numerous to name. Finally, I was able to meet some very caring personal and professional journey?

The financial history of ACA needed openness about money matters. The opportunity to meet and dialogue with counselors on the local, state, regional, national and international levels about the profession of counseling and the work being done by the American Counseling Association to meet the needs of counselors and their clients.

What do you view as the most significant thing that happened during your time as president?

The financial history of ACA needed openness about money matters. The opportunity to meet and dialogue with counselors on the local, state, regional, national and international levels about the profession of counseling and the work being done by the American Counseling Association to meet the needs of counselors and their clients.

What has ACA meant to you in your personal and professional journey?

The opening session for the convention in Denver was “Promoting Human Dignity and Development Through Diversity.” A panel of ACA counselors highlighted progress that ACA had made regarding its support and advocacy of multicultural and diversity counseling and outlined specific strategies ACA could take in the future to address this issue.

The second general session featured Dr. Mel White, the dean of the Cathedral of Hope, which was the largest gay-lesbian congregation in the nation. Dr. White addressed what it was like to be gay in America. He accepted ACA’s invitation because he believed that “counselors are the only thing that stands between gay people and total depression.” He further stated, “I’m looking forward to bringing the plea from the million of my gay brothers and sisters that counselors hold the lifeline — if they don’t get it, nobody will.”

These two topics continue to be areas that need to be addressed by the counseling profession and society as a whole.

What has ACA meant to you in your personal and professional journey?

The opportunity to develop lifelong friendships and to continue to be a spokesperson for the counseling profession.
national movement. In following this path, you also have to recognize the culture and the heritage of the person. This has also come to be a major focus in the healing arena. Credentialing of the profession was a major emphasis for me. Now certification and licensure is just considered a part of the professional journey.

What has ACA meant to you in your personal and professional journey?

It was a home for me when I was a practicing therapist. The journals and newspapers kept me abreast of the counseling world. Personally, it provided me with lifelong friends who were with me in times of great difficulty and continue to be extended family now. I am so blessed to have met them and to have the ACA leadership journey in my life.

Gail Robinson (1996-1997)

What memory stands out most to you from your time as ACA president?

Conducting Governing Council meetings. The agenda went on for pages and the meetings lasted the better part of three days.

What do you view as the most significant thing that happened during your time as president?

When I assumed the presidency, ACA was in a precarious state financially, and several divisions that were philosophically opposed to the mission of ACA were threatening to disaffiliate. My leadership objective was to build consensus around our core values as professional counselors regardless of our various work settings or specialties. Within this context, the ACA Governing Council approved a policy that allowed members a degree of choice regarding their membership in the association and its divisions. Both of these measures helped to stave off division measures to disaffiliate.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

Significant gains were being made in establishing state licensure laws. Counseling was taking on a much more widely recognized professional role.

What has ACA meant to you in your personal and professional journey?

ACA gave me a truly professional identity.


What memory stands out most to you from your time as ACA president?

It is very hard for me to isolate one memory. What stands out most are the collective memories of traveling to every part of the country and meeting and working with the dedicated people who make up the membership of ACA at the state, regional and national levels.

What do you view as the most significant thing that happened during your time as president?

When I assumed the presidency, ACA was in a precarious state financially, and several divisions that were philosophically opposed to the mission of ACA were threatening to disaffiliate. My leadership objective was to build consensus around our core values as professional counselors regardless of our various work settings or specialties. Within this context, the ACA Governing Council approved a policy that allowed members a degree of choice regarding their membership in the association and its divisions. Both of these measures helped to stave off division measures to disaffiliate.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

Significant gains were being made in establishing state licensure laws. Counseling was taking on a much more widely recognized professional role.

What has ACA meant to you in your personal and professional journey?

As I became more involved in leadership positions in ACA over the years, I developed a network of friends and colleagues who have now become an important personal and professional support system. I have accumulated a large repository of memories of good times spent with ACA colleagues as we engaged in counseling/leadership activities in all parts of the world.

Most importantly, however, my service to ACA has given me an opportunity to give back to a profession which has been very good to me. It gives me a great sense of pride and accomplishment when I see that my ACA involvement has benefited my colleagues, students and the profession as a whole.


What memory stands out most to you from your time as ACA president?

The selection of our ACA presidential theme, “Advocacy: A Voice for Our Clients and Communities,” is a memory that stands out. I think the advocacy concept has been an important component of our profession.

What do you view as the most significant thing that happened during your time as president?

The implementation of the concept of advocacy and encouraging counselors to advocate for their clients at various levels was a significant event.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or
the counseling profession evolved?

When I was president of ACA, the bylaws for Counselors for Social Justice were approved. I think the concept of social justice has had a profound impact on society as well as the counseling profession.

What has ACA meant to you in your personal and professional journey?

ACA has been my professional home. I have always had trust in ACA to focus on the welfare of its members. ACA has provided me with both personal and professional networks. Through ACA, I have been able to make many friends, personal and professional. ACA has been a cornerstone for my professional journey, and I thank ACA and its members for their support and encouragement throughout my career.


What memory stands out most to you from your time as ACA president?

It is difficult to choose since there are so many. One of the memories includes several aspects. It was the opportunity to work with a group of people who shared a common interest in "best practices" for online counseling (cybercounseling) and their willingness to contribute and support my goal to introduce ACA members to the topic.

What do you view as the most significant thing that happened during your time as president?

The publication of the first ethical standards for online counseling; the first publication about online counseling, Cybercounseling and Cyberlearning: Strategies and Resources for the Millennium; featured Learning Institutes and workshops about cybercounseling at the annual ACA conference; and the opportunity to provide best practice guidelines related to the use of technology and counseling.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

Yes, my goal for the year was to provide best practice guidelines for members of ACA about the emerging trends in technology and the practice of online counseling. I continue to believe that technology will have a profound influence on the way counselors will deliver services and [believe in] the importance of ongoing leadership in this area. The emergence of social media, apps, Skype, etc., are just a few of the new technologies that provide opportunity and challenge for the counseling profession.

What has ACA meant to you in your personal and professional journey?

My participation in leadership at the state, regional, division and governance [levels] and as ACA president has been an enriching professional experience. The opportunity to serve, meet and work with a diverse group of leaders, emerging leaders, members and ACA staff has been a remarkable journey.


What memory stands out most to you from your time as ACA president?

It is really a mélange of memories of people: people being welcoming when I visited their branch or division; the collaborative work of Governing Council; the caring and warmth of staff, in particular the ongoing help and support from Executive Director Rich Yep; the friendships I made that last to this day — over 10 years later. I remember how closely I worked with Judy Lewis, past president, and David Kaplan, president-elect, and then Mark Pope, president-elect.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

Disaster response began to be seen as more important and more prominent. Other changes were more incremental, as licensure became more widespread and issues of ethics, insurance and so on became more central to counseling as a profession.

What has ACA meant to you in your personal and professional journey?

I joined ACA as a student. My professors expected that of us. At first, it was only a source of journals; later, a source of continuing education and growth as I began to attend conferences. I became involved in leadership at the state level, then at the division level and later with ACA directly through committees, Governing Council and, in time, as president. In all of these connections I felt a sense of belonging to my profession, connection with colleagues from around the country and, to some extent, around the globe, and that I mattered as a professional and as a person. ACA has been there for me in times of personal struggle and transition, and as a place
to celebrate good times in my life also. I can't imagine my life without ACA.

Colleen Logan (2008-2009)

What memory stands out most to you from your time as ACA president?

The absolutely extraordinary experience of introducing and then listening to Judy Shepard poignantly share her story at the ACA Conference in Charlotte, N.C. Her courage, determination and unparalleled commitment to social justice and equality for all, in spite of what happened to her precious son Matthew, has forever changed who I am and what I do. I am so grateful to and for Judy.

What do you view as the most significant thing that happened during your time as president?

The most significant thing that happened during my presidency was a change in ACA's editorial policy for Counseling Today that brought us in line with our sister organizations in terms of what kinds of letters are appropriate for publication, specifically reflecting the reality that the written and spoken word can hurt as well as heal. Our policy now allows for a diversity of opinion, while also requiring a professional level of discourse, reflecting more effectively a diverse and inclusive organization. I am very, very proud of this accomplishment.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

I was keenly aware of both the power and possible pitfalls of technology and social media. I am very pleased to see ACA incorporating technology more fully to communicate with membership, mental health consumers and myriad other constituents. I am also pleased to see that the global, multicultural community of counselors is becoming more connected and, thus, more powerful and influential with regard to healing the world. I also noted time and again ACA's potential to serve on the forefront of social justice, advocacy and equal rights. I hope that our organization can continue its efforts in the pursuit of these critically important human rights for all, even when we don't have perfect consensus. We are all, after all, all human.

What has ACA meant to you in your personal and professional journey?

It was and remains an extraordinary privilege to serve as president of the American Counseling Association Personolly, I was challenged to stretch and grow in terms of how I think about counseling from an international perspective in particular. And professionally, I developed a broader and more complex view of what it means to serve a diverse constituency moving toward common goals, work through disagreement and systemic challenges, improve communication and achieve great things together. It was one of the best experiences of my life. I am humbled by all I learned, and I would never have had the opportunity or made an impact without the work and dedication of those who served before me and the support of my family.

Lynn E. Linde (2009-2010)

What memory stands out most to you from your time as ACA president?

There are two. The first was that in July 2009, we held the first annual leadership institute (the ACA Institute for Leadership Training), which changed the model for leadership training. The branch, region and division leadership attended the three-day event in Alexandria (Va.), during which a wealth of information and opportunities to network were provided. It was a successful activity.

The second memory is from the International Association for Counselling Conference in Romania, which began just prior to the eruption of the volcano in Iceland. Air travel stopped, and we didn't know when we would be able to get home. We returned a week later.

What do you view as the most significant thing that happened during your time as president?

California's licensure bill was signed by their governor, which meant that counselors in all 50 states, the District of Columbia and Puerto Rico were finally eligible to be licensed. Virginia was the first state to achieve licensure in 1976; it took 34 years for everyone to have licensure.

During your time as president, did you take note of any new trends or developments that went on to have a significant impact on the way ACA or the counseling profession evolved?

Probably the most significant development was the beginning of the revisions to the DSM (the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders). We appointed a task force, which worked very hard to gather input from ACA members and provide that information to APA (the American Psychiatric Association, which publishes the DSM). The task force also updated members on the progress of the revisions. The final DSM-5 will significantly impact both the way in which counselors and other mental health professionals practice and the welfare of our clients, so it was important for us to become involved.

What has ACA meant to you in your personal and professional journey?

I love the profession of counseling and ACA, so becoming the president was an incredible honor. I had a wonderful three years representing the association, meeting counselors from across the country and around the world and being able to advocate for the profession. I had opportunities I never would have had otherwise. I will always be grateful for the experiences I had and, I hope, the difference that I was able to make.
What memory stands out most to you from your time as ACA president?

Since I am currently serving, each day provides a new memory. One of the most memorable was standing this year with a large group of graduate students and realizing that they were the profession’s future and realizing the challenge I had to work to ensure that they would have jobs and a strong profession in the future.

What do you view as the most significant thing that has happened during your time as president?

The realization that we as an association must stand together to become stronger. The continued development and progress of the 20/20 initiative (20/20: A Vision for the Future of Counseling), the efforts of the Governing Council to look at a restructuring process that would benefit all of the ACA membership, the development of a graduate student mentoring program and ACA taking a stand on issues such as the DSM-5. No one issue is the most significant. They come together to make ACA stronger.

During your time as president, have you taken note of any new trends or developments that might have a significant impact on the way ACA or the counseling profession will evolve?

Currently, as a profession, we must face technology and the growth of social media and determine how we are going to incorporate it into what we do. We must also understand how fast changes occur and be prepared to make necessary changes quickly.

What has ACA meant to you in your personal and professional journey?

I talked about “payback time” when I started this year. ACA has been a significant part of my personal and professional life for over 40 years. I sincerely hope that I have taken this year and given back in a way that will make the organization and the profession stronger because I came this way at this time.

Heather Rudow is a staff writer for Counseling Today. Contact her at hrudow@counseling.org.

Letters to the editor: ct@counseling.org
FY 2012 Election Results

American Counseling Association
President-Elect
Cirecie West-Olatunji

Association for Assessment in Counseling and Education
President-Elect
Casey A. Barrio Minton
Secretary
Carrie Wachter Morris
Member-at-Large: Awards
Amanda C. Healey
Governing Council Representative
Joshua C. Watson

Association for Adult Development and Aging
President-Elect
Suzanne Degges-White
Secretary
Wendy Killam
Member-at-Large: Membership
Patricia Stevens

Association for Child and Adolescent Counseling
President-Elect
Elsa Soto Leggett

Association for Creativity in Counseling
Trustee
Jacqueline Swank

American College Counseling Association
President-Elect
Josh Gunn
Secretary
Joyce R. Thomas
Member-at-Large
Taffey Cunnien

Association for Counselors and Educators in Government
President-Elect
Seth Hayden
Secretary
Marilyn Haight
Board of Directors
Terri Bedford
Ben Noah
Monica Ross Reider

Association for Counselor Education and Supervision
President-Elect
Robin Wilbourn Lee
Secretary
Shannon Ray

Association for Humanistic Counseling
President-Elect
Matthew Lemberger

Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling
President-Elect
Hugh Crethar
Governing Council Representative
Joy Whitman
Board of Trustee I and II
Tonya Hammer

Association for Multicultural Counseling and Development
President-Elect
Michael Brooks
Governing Council Representative
Kimberly Frazier

American Rehabilitation Counseling Association
President-Elect
Paul Toreillo
Governing Council Representative
Caroline K. Wilde
Research and Knowledge Council
Keith B. Wilson

Association for Spiritual, Ethical and Religious Values in Counseling
President-Elect
Carman Gill

Board Member
Chris Hull
Claudia Sadler-Gerhardt
Holly J. Hartwig Moorhead

Governing Council Representative
Lisa Jackson-Cherry

Association for Specialists in Group Work
President-Elect
Alicia M. Homrich
Treasurer
Deborah Rubel

Counselors for Social Justice
President-Elect
Selma Yznaga
Communications Officer
Tonya R. Hammer
Retired Persons Representative
Jane Goodman
Governing Council Representative
Judy Daniels

International Association of Addictions and Offender Counselors
President-Elect
Keith Morgen
Secretary
Laura J. Veach

National Employment Counseling Association
President-Elect
Sharon McCormick
Trustee
Sue E. Pressman

Western Region
Governing Council Representative
Rachel Kristianson

Retired Persons Representative
Jane Goodman
Governing Council Representative
Judy Daniels

International Association of Addictions and Offender Counselors
President-Elect
Keith Morgen
Secretary
Laura J. Veach

American Rehabilitation Counseling Association
President-Elect
Paul Toreillo
Governing Council Representative
Caroline K. Wilde
Research and Knowledge Council
Keith B. Wilson

Association for Spiritual, Ethical and Religious Values in Counseling
President-Elect
Carman Gill

Board Member
Chris Hull
Claudia Sadler-Gerhardt
Holly J. Hartwig Moorhead

Governing Council Representative
Lisa Jackson-Cherry

Association for Specialists in Group Work
President-Elect
Alicia M. Homrich
Treasurer
Deborah Rubel

Counselors for Social Justice
President-Elect
Selma Yznaga
Communications Officer
Tonya R. Hammer
Retired Persons Representative
Jane Goodman
Governing Council Representative
Judy Daniels

International Association of Addictions and Offender Counselors
President-Elect
Keith Morgen
Secretary
Laura J. Veach

National Employment Counseling Association
President-Elect
Sharon McCormick
Trustee
Sue E. Pressman

Western Region
Governing Council Representative
Rachel Kristianson
As practicing counselors, we all have clients who are “easier” than others. The easy clients are motivated toward change, take action on established goals and internalize feedback readily. The other side of that coin is that we also have clients who are more difficult. They are not motivated toward change, do not perceive the need for change and are ambivalent toward counseling. We have all encountered the person who has experienced a heart attack but continues to smoke, or the person who keeps abusing alcohol despite DUIs, failed relationships and repeated hangovers. Why do some people change, while others continue to engage in self-destructive behaviors?

In many settings and with many populations, ambivalence is more the rule than the exception. Clients who are mandated for treatment by an administrator or judge, who are “forced” into counseling by concerned parents or loved ones, or who are simply “going through the motions” may exhibit high levels of ambivalence, and this can be a major impediment to positive change. So how, as counselors, do we best help these clients?

If we look at James Prochaska and Carlo DiClemente’s “stages of change” model, many of these ambivalent clients are in the precontemplation stage. In other words, they are not at the point in the change process in which they are able to make insightful conclusions. They do not see their behaviors as problematic, or if they do, they are most likely blaming an external entity or third party for their problems. When we have clients who are at an early stage of the change process, we want to help them begin to feel or think that they are ready, willing and able to make a positive change. To achieve this, clients must recognize that their current behavior is a concern, think that they will be better off if they change and believe they are able to change.

So, how do we get them from this initial defensive stance to a place in which they are internally goal driven and actively seeking solutions? William Miller and Stephen Rollnick (1991) and Thomas Bied, William Miller and J. Scott Tonigan (1993) established that certain critical conditions must be present for change to occur. These conditions include empathy, feedback regarding personal risk associated with current behaviors, emphasis on personal responsibility for change, clear goal options and the facilitation of client self-efficacy. Following this work, Robert Stephens and Roger Roffman (1996) found that brief treatments can be effective for substance use clients and can establish these critical conditions for change.

Building on these areas of critical research, which have been continued and expanded through the past two decades, this article will briefly discuss how to work effectively with ambivalent clients and provide some useful techniques and strategies for doing so. Because most of us work within the constraints of managed care, organizational constraints or merely the financial realities of the current economy, we will focus on brief treatments that empirical studies have demonstrated to be effective. The framework and interventions we present feature eclectic ideas from a variety of theoretical approaches to counseling, including humanistic, cognitive behavior, solution-focused and motivational interviewing paradigms.

Substance abuse is a serious problem among adolescents, who face significant stressors in competition for academic and job success, a lack of support from overstressed parents and school systems, and the challenges posed by formal operational thinking and rampant social comparison (including cyberbullying). It is widely accepted that both risk taking and resistance are developmentally appropriate parts of individuation. Thus, the approach outlined here can be particularly effective in helping teens and young adults to accomplish positive change.

The initial sessions

The first counseling session is always important. Ideally, it establishes rapport and sets the groundwork for client change. With ambivalent or unmotivated clients, the initial session is even more critical.

The goals of such a session are first to express empathy, then to develop discrepancies between what the clients want and the behaviors they are engaging in and, finally, to support the belief that clients can make positive change. Rapport is critical and hinges on the counselor’s expression of real interest in clients’ views. This means not being dismissive or making assumptions based on one’s own beliefs about what is “best” for clients.

We often tell our graduate students that counseling is not like putting together a barbecue grill — there are no printed instructions or one-size-fits-all approaches. Instead, a counselor has to listen, long enough and hard enough to “get it.” But how can counselors really
know that we get it? When we do, clients’ behaviors and coping strategies will make sense — not in a general way perhaps, but in the context of their specific circumstances. Their behaviors may be kicking them in the backside, but somewhere, a reinforcement contingency is present that is keeping them dependent on this behavior. Oftentimes, clients also have a realistic fear of giving up the only coping strategy they have been able to find.

One important caveat is to avoid increasing the client’s resistance, which will result in the client tuning you out — and very little actual change. Try to steer clear of taking any kind of argumentative stance. This will help you avoid power struggles, including adolescents’ typically knee-jerk response to anything that sounds as if an adult is telling them what to do. Drawing from what humanistic psychology teaches us, the counselor should listen and reflect rather than judging or telling clients what to do. From a motivational perspective, it is important for all clients — but especially for adolescent clients — to make choices for themselves and to experience that choice as being internally motivated.

During the initial session(s), it is expected that adolescents will be ambivalent regarding change. Start from this premise and try not to expect otherwise. After the counselor accepts this and listens closely enough to understand the context of the client’s behavior, the next step is to develop discrepancies. These usually involve a client’s behaviors not matching his or her verbalized goals or affective expression. No matter how ingrained the coping behavior, even the most defended clients are aware on some level that there are costs to the behaviors they have adopted. However, it is just as critical for the counselor to remember that clients likewise perceive benefits to their behavior. If the behavior is continuing, something is reinforcing it, and the perception of the client is that the reinforcements are currently outweighing the costs. As we often emphasize to our graduate students, every behavior has a reason — you just need to keep digging to figure out what that reason is. Beginning counselors commonly fear acknowledging the “positives” that clients associate with their addictive behavior, whether it be substance abuse, an eating disorder or self-harm. But the counselor gains credibility and the client feels as though the counselor “gets it” when both costs and benefits are discussed openly.

Having acknowledged the positives, we then want to examine the negative outcomes and make concrete comparisons between the two. We follow this with a systematic exploration of the feelings associated with these behaviors and outcomes. Change does not happen in an intellectual, rational vacuum. If the emotional costs of change are perceived as too high, clients will remain where they are — this makes perfect sense, because no one wants to incur emotional suffering.

The next step is to move forward to the future, examining how these behaviors affect the client’s long-range goals. The reinforcing impact of many coping behaviors such as substance abuse are limited to short-term pain reduction, and clients avoid awareness of long-term negative impact. It is human nature to prioritize stopping immediate pain over some future deferred benefit. Change will occur only if adolescents perceive a discrepancy between where they are and where they actually want to be, while also having the emotional regulation skills and substitute coping strategies to tolerate some discomfort in getting there. In other words, it makes sense to change only when the client (not the counselor) comes to believe that the good things about the problem behavior are outweighed by its adverse consequences.

A good way to get clients to express their ambivalence, as well as their awareness of some of the potential costs of their behavior, is through reflective listening. For example, a client who talks about feeling less anxious and more sociable when using marijuana but is also motivated to do well in school and concerned about the cognitive impact of use is expressing both positive and negative aspects of using. A typical reflective statement that points out one of these discrepancies would be “So, you are saying that you really enjoy the feeling of getting high, but at the same time you are afraid of losing brain cells.” If a client says, “Maybe I should start cutting down on my marijuana use a little
bit before I lose my job or get suspended from school,” the counselor could follow with “So you see a connection between your drug use and problems you are having at school and work.” In making such a statement, the counselor is acknowledging and reinforcing the client’s insight, which naturally leads into more directive goal setting.

It may sound counterintuitive, but we want clients to become more distressed about their usage. People are motivated to change something when they’re in distress, so clients need to experience that distress. By first understanding and then challenging their defense mechanisms and pointing out the discrepancies, counselors can use this distress as a motivating factor toward change.

The early sessions should also be designed both to increase client motivation to address issues of concern and to empower clients for change by educating them about cognitive behavior approaches and the triggers to their substance abuse. It is important in these initial sessions for clients to start expressing motivational statements. These statements can be in the cognitive, affective or behavioral realms. For example, a client might say, “I guess this is more serious than I thought” (cognitive recognition of the problem) or “I’m really worried about what’s happening to me” (affective expression). Motivational statements also include implied or stated intention to make changes, such as “I’ve got to do something!” or “I know I can do it if I put my mind to it.”

**Later sessions**

After the initial session(s), in which counselors have highlighted some discrepancies and clients have been able to verbalize some motivation statements, there are many techniques you can use to help clients progress toward goal setting and positive change.

Often, young adults who are abusing substances have a limited repertoire of alternative coping skills, so they are understandably reluctant to give up the ones they do have. Skill deficits should be explored and remedied, and new behaviors should be taught and practiced. This can be achieved through role-play, scripting or cognitive restructuring.

A functional analysis can also be very helpful at this point in the process. It will help clients explore and understand that there are antecedents and consequences that influence their usage patterns, and that their responses to these environmental contingencies are entirely understandable. Change the antecedents and consequences, and the behavior changes.

An understanding of the way in which their use is influenced by external factors, in combination with an emphasis on the client’s ability to change these, can be motivating and empowering. This approach also avoids pathologizing clients. Self-efficacy is an important component to later sessions. From this point, you can help clients come up with alternative behaviors and cognitions that will in turn alter their ultimate consequences.

Once clients have gained an understanding of how their behaviors are negatively affecting multiple aspects of their lives and have gained motivation toward change, the next step is goal setting.

**Warning signals and how to navigate around them**

Resistance is common when working with ambivalent clients. It should be expected but not ignored. Resistance might take the form of a client contesting some factual information or something the counselor has said. It might take the form of frequent interruptions to change the subject or be of the “yes, but…” variety. These should serve as red flags for the counselor, indications that you’re pushing too hard or trying to go too fast. Clients didn’t develop this coping strategy overnight, and it’s unrealistic to think they’ll discard it quickly either.

When you sense resistance, drop back and “roll with the resistance.” Repeat clients’ statements in a neutral, nonjudgmental tone, letting them know that you’re hearing them and that you realize what they’re saying is important. Express empathy with their statements, perhaps by reframing them toward the positive. Emphasize what clients are already doing that’s helping them move toward positive change. Shift focus away from obstacles that seem immovable to barriers that these clients have already been able to surpass.

Rather than arguing with clients, it can be helpful to try a paradoxical approach, sidestep the problem instead of challenging it. Exaggerating what clients have said can sometimes help them to see the downsides of their coping strategies more clearly. For example, if a client has said that alcohol makes him or her more sociable, you can take that side by expanding the statement: “You can only talk to people and get to know them if you’re drinking, and it’s really helping you get to know people better and form some close relationships.”

Other motivational interviewing techniques are also useful in minimizing resistance. Asking open-ended questions (“What do you think about your alcohol use?” instead of “Do you know what drinking does to you?”), using reflective listening and validating the client’s worldview are all good approaches to use in helping the counselor to “get it” and helping the client to feel “gotten.”

Clients are more likely to attempt change and to persevere after relapse if the counselor has taken the time to get to know them and shared positive affirmations with them. Engaging in the helping process when dependent on a coping strategy that will be challenged takes a tremendous amount of courage. Reflecting that courage back to the client can be the starting point for real change.

“Knowledge Share” articles are adapted from sessions presented at past ACA Annual Conferences.

Matthew Snyder is an assistant professor and graduate coordinator in the Department of Counselor Education at West Chester University. Contact him at msnyder@wcupa.edu.

Lynn Zubernis is an assistant professor in the Department of Counselor Education at West Chester University.

Letters to the editor: ctt@counseling.org
Patricia Woodward Partin
Former school counselor and counselor educator was much admired throughout North Carolina

Patricia Woodward Partin, a former member of the American Counseling Association and faculty emerita at Gardner-Webb University in North Carolina, died Jan. 12, 2012. She was 73.

Partin was born in 1938 in Albemarle, N.C., where her mother was a teacher for 40 years and her father was a superintendent in the Wilkes County school system. She earned her bachelor’s degree in history and education from Wake Forest University in 1960, her master’s degree in guidance and counseling from the University of North Carolina at Chapel Hill in 1968, and completed her doctorate in counseling psychology at Duke University in 1984.

Her first position was teaching social studies to middle and high school students in Princess Anne County Public Schools in Virginia Beach, Va., from 1960 to 1965. She then became a resident adviser at Duke for two years before serving as a counselor at Carroll Junior High School in Raleigh, N.C., while she was working toward her master’s degree at the University of North Carolina. She held counseling positions at J.W. Ligon Junior High School in Raleigh from 1971 to 1976, at Millbrook High School in Raleigh from 1976 to 1978 and at the Duke University School of Nursing in Durham, N.C., from 1978 to 1980.

From 1980 to 1988, Partin was an assistant professor in counselor education at North Dakota State University in Fargo. In 1988, relishing getting back to the South and some warmer weather, she came to Gardner-Webb University, where she served as the coordinator of the school counseling graduate program until 2003. She continued as professor of psychology and counseling until her retirement in 2006, after which she was named faculty emerita.

Partin was very active in professional organizations during her career and was known throughout North Carolina and the region for her knowledge and expertise in the area of counseling. Her service in leadership included as president of the North Carolina School Counselor Association, as president of the North Dakota Association for Counseling and Development and as a member of the executive council of the North Carolina Counseling Association on more than one occasion. She was also a member of several executive boards and editorial boards and maintained membership in various other counseling and psychology organizations, including ACA. Partin also made numerous presentations in North Carolina and throughout the nation. She was instrumental in helping the School of Psychology and Counseling at Gardner-Webb get started with and then complete the accreditation process of the Council for Accreditation of Counseling and Related Educational Programs.

Partin received many awards for her service through the years in both North Carolina and North Dakota. Several of these honors, including the 2005 Ella Stephens Barrett Award for leadership in counseling, were presented to her by the North Carolina Counseling Association. In 1988, she received an award for outstanding service to the North Dakota Association for Counseling and Development.

When asked about her favorite part of teaching, Partin replied that she “enjoyed the students, watching them change and grow.” Obviously, students enjoyed her too because even after they graduated, they would continue to come by, call or email, asking for her advice even after they were in full-time positions. As for why she left teaching and became a counselor, she said that she “went into it because students would come to me with problems, and I did not know how to help them.”

Partin loved being part of Gardner-Webb’s Department of Psychology and Counseling, now the School of Psychology and Counseling, and felt she was fortunate to have been a full-time faculty member during a wonderful time of growth and expansion for that particular school, as well as for the university as a whole. She considered Gardner-Webb a second family and continued to have close ties to the university in her retirement. She had time in retirement to keep abreast of the latest developments in the counseling profession and to spend quality time enjoying two of her favorite hobbies: reading and working on her computer.

Much of the information in this article originated from a personal interview Darlene Gravett conducted for the Faculty Emeriti Book published by Gardner-Webb University in 2009 and is used here by permission.
When I was younger, I often wondered how it was possible that elderly people weren’t consumed with fear of the inevitable. But Erik Erikson seemed to have a “good enough” theory to settle my inner turmoil. As an undergraduate back in the early 1970s, I surmised from Erikson’s theory that as we successfully move through each stage of development, our “reward” is our inauguration into the next stage. Each success in turn opens the next opportunity to successfully negotiate life’s challenges and conflicts until we reach the penultimate — an old age of peaceful integrity, not one of despair or fear of death.

Failure to meet challenges at any stage along the way can always be addressed by going back under the safe tutelage of the therapeutic relationship. If necessary, we might even go back to the beginning, to find that “good enough” mother and a sense of trust, autonomy, initiative, identity, intimacy or generativity — whichever it might be. The key, I found, is in our resiliency.

But I wonder, even still, does old age give us the time we need to renegotiate life’s failed challenges? And what about “late old age” (80-something or 90-something)? What are the challenges of a developmental stage that people rarely attained until recent times?

The ‘ninth stage’

The Eriksons made it. Erik was 91 at the time of his death in 1994, and his wife and collaborator, Joan, died in 1997 at the age of 95. What might they have had to say about old age as they were living it?

In a videotaped interview in 1993, while Erik was in a nursing home, Joan Erikson said she felt a responsibility to rethink their eighth and final stage of human development — integrity vs. despair. She thought they owed an apology to people for theorizing that wisdom and integrity were so great.

In retrospect, she found that other people might see wisdom and integrity in an old person, but that’s not what that old person was feeling. “We shouldn’t have made it up,” she admitted. “We hadn’t been there yet. Maybe we should have talked to a lot of old people.”

The Eriksonian “ninth stage” emerged from her reflections. In a second interview in 1995, a year after Erik’s death, Joan conceptualized the newer, final stage of development by way of a metaphor — that of a woven fabric. She called it the Woven Cycle of Life. Erikson saw the warp, the lengthwise threads attached to a loom before weaving, as a person’s “indomitable core.” Throughout life, everything that was in utero is there — all our potential.

The weft, the thread that is woven back and forth to complete the fabric, represents life’s experiences and the challenges and conflicts along the way. When our strength wanes, the fabric’s color becomes grayer, colorless. But our strength keeps coming back, and when it does, our fabric’s colors are bright.

Erikson believed that the strength, the warp, is always there. Nothing is ever completely cut off. “You can always go back,” she said. You can make up for it anywhere along the line. This is the resiliency of human beings.

Providing a little more meat to the metaphor, Erikson theorized that the ninth stage is where we begin to see things from the other point of view. The eight stages of development are always presented in a syntonic-dystonic order (trust vs. mistrust, autonomy vs. doubt and shame, integrity vs. despair and so on). In old age, the order is reversed. The dystonic takes precedence. For example:

Mistrust vs. trust: When you get older, you realize there are certain things you cannot do. You may become mistrustful. But you have to draw on the trust, forgive the weakness (the failing memory, the slowing gait) and trust the rest.

Guilt vs. initiative: You may become insistent about taking on a particular project or challenge. You make people do things your way. You overestimate your physical competence. Your decision turns out to be wrong. The guilt comes not only because you didn’t have the physical capacity but also because you shouldn’t have made the choice in the first place.

Role confusion vs. identity: When you become dependent, when others are taking care of you, you question who and what you are.

Isolation vs. intimacy: In old age, isolation comes first. If you are isolated, you may yearn for intimacy.

Stagnation vs. generativity: How far do you go along with the stereotype of yourself as an old lady or an old man? To what extent will you choose to go on being a productive, contributing human being? To what extent will you withdraw?

In short, all of life’s conflicts and challenges are reexperienced in old age. From Erikson’s point of view, success in the ninth stage of life allows the older person to assert the Self by saying, “Don’t take away from me what I have. Let me choose.” It is all about maintaining our indomitable core.
Is it gerotranscendence?

Joan Erikson remained productive even in the last few years of her life. Among other things, she devoted the last chapter of her 1997 revision of Erik’s book The Life Cycle Completed to the concept of gerotranscendence.

Swedish sociologist Lars Tornstam coined the term gerotranscendence in 1989 in part to revive an interest in the “disengagement theory” of aging. This psychospiritual theoretical concept posits an alteration of consciousness in old age, a redefinition of the Self in relationship to others and a new understanding of fundamental existential questions, including:

- Increased feelings of a cosmic communion with the Spirit of the Universe
- Redefinition of the perception of time, space and object
- Redefinition of the perception of life and death and a decrease in the fear of death
- Decreased interest in superfluous social interaction
- Decreased interest in material things

I’m not sure this is exactly what Joan Erikson was thinking about when she wrote about the ninth stage of human development. It would be nice to believe that, provided we can hold on long enough to our physical and cognitive health, we might have this tidy little process to look forward to. I think life is perhaps a bit too messy. But some may be so blessed to experience good aging and a “good death.”

What good can counseling do?

I love Ann Orbach’s 1996 book Not Too Late: Psychotherapy and Ageing. Orbach is a British psychotherapist, now retired. I relate closely to her account of herself as a 50-something therapist working with aging adults. The difference, of course, is that I am just at the beginning of this career, while she was already a well-seasoned psychoanalyst when she saw her first elderly client.

Each chapter in the book is like a literary adventure, and it offers a challenge to the ageism inherent within Western society and the counseling profession. For example, we laud the “wellness” model of mental health as counselors but tend to return to the medical model and pathology when working with aging adults.

Orbach’s perspective is personal and humane, inspirational and refreshing. She has helped me look at myself as an aging counselor and the aging clients I counsel in a different way.

One of her chapters, titled “Why Aren’t They Screaming?” begins: “For someone who is young and healthy enough to expect long years ahead, it is almost impossible to grasp what it would be like to have to accept a shrinking future in which there will be little further change or achievement or drama.”

As counselors, we want to help each client to live more fully and to pursue the same life-enhancing goals we desire for ourselves. But inevitably, Orbach tells us, the aging adult’s life is diminishing, and the ultimate goal will be that of facing death.

Facing such a reality is not easy, regardless of whether our clients enthusiastically embrace the existential challenge. As counselors, we might be as uncomfortable (or even more uncomfortable) as our clients are with the topic of death and dying. And so we resist, offer moral support and encouragement, and turn a blind eye to pharmacological dependency when challenge and rigor may be what is called for. Orbach is mindful that what we resist looking at in our clients is likely what we resist examining in ourselves.

Most counselors are not trained in long-term psychoanalysis. Brief, solution-focused therapy predominates in the field. Yet, why should the elderly regularly be singled out for short-term therapy? Is it the element of time, the stereotypical belief that perhaps it is simply too late to expect significant change?

Most elderly clients today probably are seen by mental health professionals for depression and anxiety, which is usually diagnosed by a primary health care provider after the older adult has lost a spouse, battled an illness or struggled with physical or cognitive incapacity. The medical model seems the only reasonable model to follow. So, we leave much of the work of counseling the elderly to those in the social work profession who dominate mental health care in the arena of nursing homes, hospitals and hospices.

Yet, if we entertain the notion, as did Joan Erikson, that personality and identity continue to evolve and develop even in the very advanced stages of life, then we owe the elderly much more.

Old age is an important stage of development. The strengths a person has achieved and demonstrated throughout the life cycle will be challenged as that person encounters a decline in physical and mental abilities in old age. But in this stage of life, whether we label it a ninth stage or gerotranscendence or something else, whether our clients look backward or forward, a successful outcome is possible. This outcome is one in which the final years can be lived to the fullest, in harmony with one’s past life and without fear of death, or at least with the acceptance of life’s existential limitations.

In one of her final interviews, Joan Erikson said she was uncertain of how to advise people concerning what to do as they reached old age. If nothing else, she said, the thought that came to her was that they should go on “becoming.”

It was a very existential response for a developmental psychologist. It reminded me of Viktor Frankl’s admonition that there is meaning in life, available to everyone, and that life retains its meaning under any condition and until its final moment. We owe this much to each elderly client who crosses our path. ♦

Judith Gusky is a licensed professional counselor in Pennsylvania who came to counseling as a midlife career changer. Contact her at judithgusky@gmail.com.

Letters to the editor:
ct@counseling.org
The school counselor’s external office

Author’s note: Although this article is written mainly for school counselors, its basic concept and the strategies it contains are easily adaptable to other counseling fields.

When the paperwork begins to mount and the phone calls never seem to stop, school counselors often wonder, “When am I going to get the chance to see the kids? What about all those failing students I need to encourage? What about all those follow-up requests from parents?”

The next thought jumps to that initial dream that all school counselors have: “I love kids. I want to get to know them, and I really want to help them. But all I do is make endless schedule changes, fill out forms, keep logs and file. And when they finally get done, it’s time to begin scheduling for next year.”

As a school counselor, do you wish to:

- Increase your contact with students?
- Increase your faculty contacts?
- Increase your efficiency, while decreasing your workload?
- Increase your knowledge and awareness of students on the basis of their physical appearance?
- Improve the guidance public relations effort in your school?
- Strengthen your students’ realization that you really care about them?
- Deliver more service to your students in a more efficient manner?

If so, try this simple practice. Stand in a central place such as the entrance to school, outside your office or in a main corridor each day for the half-hour before school begins and greet both students and staff.

Initially, it will take both courage and self-discipline to get to your self-appointed post each day. Yes, courage in putting yourself out front to be observed by the whole school community. It will be something new, and there will be those who see you as attention-seeking, self-promoting and possibly even as someone who does not know his or her place in the hierarchy of school beings. The courage part comes when you assume a piece of hallway turf even as staff question why you are there. It takes even more courage to reach out and begin to greet your students and fellow faculty members with a “Good morning.”

Over the years, I have come to value this practice, so I make the time in a very busy day to achieve this goal. After awhile, even those who criticized you will wonder why you are not at your post if you happen to be absent.

The hard part is simply to begin this practice. The rewards will be well worth the initial discomfort. The advantage of this practice is that, eventually, both faculty and students will know you are there to help answer questions, to give advice, to share small talk or just to say hello.

This practice also affords the counselor daily opportunities to assess student affect. This is valuable because the more we familiarize ourselves with our students, the easier it is to pick up on the subtle changes in behavior or appearance that can indicate a student is troubled.

A few examples from my experience will suffice.

- When a normally upbeat youngster suddenly “disappears,” this can be equally significant information. There have been cases in which students were depressed or even suicidal after going through a breakup, and the counselor assessed the situation in the hallway.

- When a student breaks a leg, you have immediate knowledge of the situation and can take action to assist the student, such as finding someone to carry the student’s books or notifying a teacher that it might be better for the student to come to class a little late to avoid overcrowded hallways.

All the visual clues you pick up firsthand can feed back into your interactions with parents and students during the normal course of the day. What’s more, this information is immediate; you won’t have to wait until someone comes to your office to fill you in.

A case in point: One morning a student approached me. I gently gave him a hello tap on the chest. He immediately flinched in pain. I inquired, “Are you all right?” “I’m all right, but I just had my chest pierced for a ring.” I have since given that practice up, but his mother was astounded that I had such private information.

It is amazing how much of your work can be done in the hallway. By nature of our profession, we are constantly requesting students to follow up and fulfill their obligations. In the hallway, we can ask students the status of forms that need to be returned. We can remind them to live up to expectations. We can remind them that assignments are due. We can recognize and praise them for their achievements. We can ask them if they have delivered messages to their parents.

It is difficult to interview all of your students who might be doing poorly after a review of their report cards or progress reports. But standing in the hallway affords casual opportunities to see many of these students and to give them a bit of encouragement or advice. For most students, a friendly hello will suffice. For those who need a reminder (for example, to hand in an assignment, to speak to a teacher, to help another student, to be on time for class), just your presence may trigger a response.

By the way, a friendly hello from you in the morning might serve as a welcome...
postscript to a horrific family experience the night before. Above all, your very presence in the hallway and your effort to greet students with a kind hello is a statement to the students that you care about them. I am sure this message is conveyed in other ways throughout the day, but your presence in the hallway only increases the opportunities to reach more kids.

Regarding the faculty, they are on the run for the most part. Your presence in their path along the way to their classrooms gives them easy access to discuss a student, to request a conference or to fill you in on a particular problem. These exchanges are often made more difficult (and more time consuming) if a formal meeting has to be scheduled. Even substitute teachers appreciate having someone to turn to in trying to negotiate the intricacies of an unfamiliar school. This accessibility has tangential benefits, including helping to establish good rapport with staff. For counselors to function effectively in any school, we need the cooperation and support of our staff to assist our students.

Regarding the school administration, they appreciate the backup in the hallway. I have never been asked to function as a “monitor.” Rather, administrators appreciate the “reach out” efforts of counselors who are not closeted in their cubbyholes, “secreted away” from the main flow of the school. Your presence in the hallway will also reach “across the street” to central administration. The public relations aspect of the school counselor’s external office is obvious.

During the course of the year, many parents will also cross your path: PTA members, parents with staff appointments, new parents visiting the school and so on. On each occasion, your presence serves as a reminder that there are counselors in their child’s school who reach out, increasing the likelihood that the counseling department is spoken of favorably in their private conversations.

In summary, the school counselor’s external office delivers more service to students. It makes the counselor more accessible. It establishes a rapport with staff and conveys a sense of care and concern to students. It establishes an atmosphere of involvement and helps to break down barriers. It also maximizes the use of our time, so much so that I stand at my “post” whenever I can shake free during my busy day. And in addition to all these attributes, it has become for me a great deal of fun.

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org

Richard O’Connell is a past recipient of the New York State Counselor of the Year Award. This article appears in slightly different form as an addendum to his book The Secrets to Being a Great School Counselor (available at thesecretstobeingagreatschoolcounselor.com). Contact him at docroc16@msn.com.

Letters to the editor: ct@counseling.org
AACE issues call for nominations, announces upcoming conference

Submitted by Tara Hill & Amy McLood
tmhill@odu.edu
almcleod@argozx.edu

The Association for Assessment in Counseling and Education strives to facilitate the professional growth and excellence of graduate students and new professionals in counseling and education.

The AACE Emerging Scholars Program was developed to a) promote future leaders in assessment and research, b) allow scholars to participate in AACE activities, c) present at a national conference and d) gain invaluable mentorship and networking opportunities. Emerging scholars will be featured in NewsNotes and recognized at the AACE business luncheon at the 2012 AACE National Assessment Conference in Orlando, Fla. Two Emerging Scholars will be selected for 2012 and will receive a free AACE Conference registration. Recipients must be AACE members at the time of nomination.

Interested applicants should submit electronically to tmhill@odu.edu no later than April 5 a cover letter verifying active AACE membership, a curriculum vitae, contact information for two professional references and a 500-word essay on how AACE’s mission is congruent with the applicant’s professional goals and how the applicant intends to participate in AACE activities.

The selection committee will notify applicants by April 15. Direct all questions to Tara Hill at tmhill@odu.edu.


ACEG launches Journal of Military and Government Counseling

Submitted by Benjamin Noah
benjamin.noah@capella.edu

The Association for Counselors and Educators in Government is pleased to announce the Journal of Military and Government Counseling as its official publication. This electronic journal will uphold the highest academic and professional standards using a peer-review process. Initially, the journal will be published electronically (PDF format) three times per year. The journal will publish articles on all aspects of practice, theory, research and professionalism related to counseling and education in military and government settings.

The mission of the journal is to promote reflection and to encourage, develop, facilitate and promote professional development for administrators, counselors and educators working with all members of the Armed Services and their families, whether active duty, Guard, Reserve, retired or veteran; civilian employee of the Department of Defense; or employees of other government agencies. The journal aims to highlight engaged scholarship and to conduct and foster professional monographs to enhance individual human development and increase recognition of humanistic values and goals among the members and within the agencies in which they practice. The journal thus attempts to develop and promote the highest standards of free intellectual inquiry among administrators, counselors and educators working in these governmental environments.

The journal is seeking counselors interested in serving on its Editorial Review Board. Period of service will be two years as the journal gears up. The ACEG Board encourages editorial reviewers to also become members of ACEG. ACEG is also seeking submissions to the journal. To receive a copy of the guidelines for authors, contact Ben Noah at benjamin.noah@capella.edu.

ACCA offers new online seminars, announces new officers

Submitted by Brian Van Brunt, MJ Raleigh & Sylvia Shortt
brian.vanbrunt@wku.edu
mraleigh@smcm.edu
accaorg@mindspring.com

The American College Counseling Association Executive Council has invested in several online seminars available for the membership. ACCA members will have to sign into collegecounseling.org and visit collegecounseling.org/category/webinars.

New programs include:

- Student Services Frontline Staff: Training, Service, Compassion, Care & More
- Student Life Case Management: Managing High Time and High Touch Students
- Basic Training for Dealing With a Student in Crisis
- Can’t We All Just Get Along? Avoiding Classroom Conflict
- 10 Compliance Mistakes: Student Mental Health

These online programs are available for constant streaming for ACCA members.

The election results are also in. We are pleased to announce that Joshua Gunn of Kennesaw State University has been elected as ACCA president-elect 2014. Taffey Cunnien of the Savannah College of Art and Design-Atlanta is our new ACCA member-at-large. Joyce Thomas of Ozarks Technical Community College has been elected to the position of secretary, which is a post she held on the board previously.

In other news, make your plans now to come to the sixth annual ACCA
The conference theme will be “College Counseling: A Whole New World.” Our past five conferences have been extremely successful, so we encourage you to join us. This is an event you will not want to miss.

Colleen Logan will be our keynote speaker. Logan is a nationally renowned speaker whose topic is “Stop Bullying in Its Tracks, The Time Is Now.” We also have two preconference workshops. The first is “Acedia: A Fourth-Century Malady Returns” by Tom Balistrieri, and the second is “Orientation to College Counseling,” an all-day certification program designed to provide those interested in college counseling a foundational overview of the key elements related to college counseling.

Stay tuned to our website for more information on the conference, and if you have any questions, please do hesitate to contact Sylvia Shortt at accaorg@mindspring.com. See you at Disney!

**NCDA seeking editor for Career Development Quarterly**

Submitted by Deneen Pennington dpenn@ncda.org

The National Career Development Association calls for applications for the editorship of *The Career Development Quarterly*, with the term starting Jan. 1, 2014, and running through Dec. 31, 2016. The following qualifications are desired in candidates:

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

The incoming editor should be available to receive manuscripts on Jan. 1, 2013. NCDA encourages participation by members of underrepresented groups in the publication process and would particularly welcome such applicants. To apply, candidates should submit a vita, five sample journal articles, two examples of the candidate’s editing skills, three letters of reference, a one- to two-page statement discussing the applicant’s vision for *CDQ* and a letter of support from the candidate’s employer. Deadline for application is May 1, 2012.

Finalists will be interviewed at the NCDA Conference in Atlanta on June 21-23. Send applications to Ron Cathey, editor search committee chair and director of Counseling and Career Services at Louisiana Tech University, P.O. Box 3177, Ruston, LA 71272; phone: 318.257.2488; fax: 318.257.2936; email: rcathey@latech.edu.

**ASERVIC heads to Santa Fe in June**

Submitted by Mark Young myoung@cfllrr.com

Motivational interviewing’s William R. Miller is the keynote speaker for the Association for Spiritual, Ethical and Religious Values in Counseling’s third Conference on Spirituality in Counseling, which will take place June 3-5. Miller will be speaking on spirituality in the treatment of addictions. More than 60 other conference programs will explore the relationship between counseling and spirituality, from mindfulness to prayer.

The conference will be held at the Loretto Inn and Spa in the heart of Santa Fe, N.M. Rated as one of the top spas in the country, the room registration is only $159. Special conference registration rates are still available, and there are reduced fees for students. Those who register at the ACA Conference in San Francisco will also receive a discount. To register, visit aservic.org and select the “Conference” tab.

**NECA offers next round of GCDF course**

Submitted by Kay Brawley kbrawley@mindspring.com

Did you, at the age of 21, expect to be doing what you are doing now? Are you living your childhood dreams? Are you as satisfied now as when you first joined the workforce? These are questions new National Employment Counseling Association Global Career Development Facilitator (GCDF) instructor Martha Collard asks employment and career management professionals to reflect on in the introductory session of NECA’s online, 12-week practitioner course for counseling and career management professionals.

Recent Gallup polls indicate that 72 percent of the U.S. population is either disengaged or actively disengaged — meaning they are physically present, but their minds are elsewhere. And disengaged staff represent $340 billion in lost productivity.

We hear the economy has started to rebound, but clearly there are still a lot of people out of work. Unemployment or underemployment takes a toll on finances and challenges physical and mental health. Whether you work in a Workforce Development Center, a community-based organization, an executive search firm or operate your own private practice, these are all critical reasons for enrolling in the “Working Ahead, Moving Forward” GCDF online course to improve your effectiveness in the employment arena. Helping people find a truly worthwhile employment opportunity is the capstone of counseling and career management.
This online curriculum, created by NECA’s Kay Brawley and Roberta Neault of Life Strategies, gives you 24/7 access to a learning opportunity, leading to certification with the Center for Credentialing and Education (cece-global.org/home). Graduates send a clear message about competence to potential employers and customers.

The lead instructor for the next NECA GCDF course, beginning May 9, is employment counseling expert Michael Lazarchick (mlazarchick.com). Recent graduates of the NECA instructor curriculum will be joining Lazarchick, including NECA President-Elect Sharon McCormick of North Carolina, Trustee Andrea Edelman of Maryland, Board member Nena Davis of Colorado, Diana Abath of Vermont, Linda Jameison of South Carolina and Martha Collard of Hong Kong. All have had significant training online as graduates of the NECA 12-week practitioner course as well.

For registration and more information, visit employmentcounseling.org. Questions? Contact Professional Director Brawley at kbrawley@mindspring.com.

CSJ writes position statement on the proposed DSM-5

Submitted by Michael D’Andrea
michaeldandrea@yahoo.com

The newly proposed revisions in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are causing much controversy in the mental health professions. As a result, numerous professional associations have developed official statements that outline a broad range of problems with the proposed DSM-5. The American Counseling Association has recently circulated a statement about the DSM-5 that includes various concerns about this new diagnostic nosology.

Also, Counselors for Social Justice has endorsed a comprehensive position statement on the DSM-5 that addresses the implications of many of the problems with this new revision of the DSM from a social justice perspective. Julie Ancis, a long-time leader in ACA, served as the chairperson of the committee that was charged with formulating the CSJ position statement on the DSM-5. Other committee members include Michael D’Andrea, Rhonda Bryant, Cheree Hammond, Susan Riser and Shemya Vaughn. The position statement was reviewed by the CSJ Board of Directors and was formally endorsed by the Board in August.

The CSJ position statement details numerous concerns and problems with the proposed DSM-5 that are discussed in five sections. This includes information describing the importance of empirical basis for the proposed changes; social and political implications of the new revision of the DSM; cultural considerations; issues related to the DSM multiaxial diagnosis system; and concerns about secretiveness and nondisclosures.

The complete CSJ position statement on the DSM-5 represents a very comprehensive position statement resulting in 10 pages of information for persons interested in learning about many of the concerns of the newly proposed DSM from a social justice perspective. Interested readers can find this position statement on the CSJ website at counselorsforsocialjustice.com.

Special thanks go to Ancis and the other committee members who developed this position statement. It represents another important contribution by CSJ.

Deadline schedule to submit items to Division News and Bulletin Board

Please be advised of the following deadlines for the Division News and Bulletin Board sections in upcoming issues of Counseling Today. Due to production schedules, the traditional deadlines had to be changed in some cases:

May issue: March 30 at 5 pm ET
June issue: April 26 at 5 pm ET
July issue: June 1 at 5 pm ET
August issue: June 29 at 5 pm ET
September issue: July 27 at 5 pm ET
October issue: Aug. 30 at 5 pm ET
November issue: Sept. 28 at 5 pm ET
December issue: Oct. 26 at 5 pm ET
January 2013 issue: Nov. 30 at 5 pm ET

Deadline schedule to submit items to Division News and Bulletin Board

Please be advised of the following deadlines for the Division News and Bulletin Board sections in upcoming issues of Counseling Today. Due to production schedules, the traditional deadlines had to be changed in some cases:

May issue: March 30 at 5 pm ET
June issue: April 26 at 5 pm ET
July issue: June 1 at 5 pm ET
August issue: June 29 at 5 pm ET
September issue: July 27 at 5 pm ET
October issue: Aug. 30 at 5 pm ET
November issue: Sept. 28 at 5 pm ET
December issue: Oct. 26 at 5 pm ET

Interested readers can find this position statement on the CSJ website at counselorsforsocialjustice.com.

Special thanks go to Ancis and the other committee members who developed this position statement. It represents another important contribution by CSJ.

You Are Invited... 2012 DALLAS HYPNOTHERAPY CONVENTION

Dallas, Texas . April 19-22, 2012

NATIONALLY KNOWN SPEAKERS, INCLUDING:

Early-Bird Discounts make this a low cost way to earn CEU hours
REGISTER FOR ONE DAY, TWO DAYS, THREE DAYS OR ALL FOUR DAYS!
Earn up to 25 NBCCH and State Board Approved CEU Hours

800.390.9536 HypnosisConvention.com
COMING EVENTS

ICBCH Hypnotherapy Convention
April 19-22
Dallas
The International Certification Board of Clinical Hypnotherapy’s Annual Hypnotherapy Convention is open both to members and nonmembers and will focus on practical methods of clinical hypnotherapy. This conference is appropriate for both advanced practitioners and mental health counselors new to clinical hypnotherapy. CEU hours are available. For more information, visit hypnosisconvention.com or call 800.390.9536.

CCA Annual Conference
April 27-28
Danbury, Conn.
The Connecticut Counseling Association’s annual conference will be themed “Counseling Connections 2012: Empowering Families and Communities.” ACA President Don W. Locke will be the opening keynote speaker on April 27. Jo Ann Freiberg, a school climate expert from the Connecticut Department of Education, will speak April 28 on bullying in schools and the workplace. We plan to offer CEUs for counselors and play therapists. The conference usually attracts about 200 attendees. President Locke will join CCA President Karla Troesser in an evening reception that all participants are welcome to attend. For more information, visit ccamain.com or email conference co-chairs Karla Troesser and Gabriel Lomas at ccaconference@hotmail.com.

Annual Problem Gambling Conference
May 9-10
Albany, N.Y.

ASERVIC Conference on Spirituality in Counseling
June 3-4
Santa Fe, N.M.
The Association for Spiritual, Ethical and Religious Values in Counseling will host its third Conference on Spirituality in Counseling at the Inn and Spa at Loretto. The keynote speaker will be William R. Miller, founder of motivational interviewing. For more information, visit aservic.org.

NCDA Global Career Development Conference
June 21-23
Atlanta
The National Career Development Association Global Career Development Conference will be themed “Building on the Dream.” Take advantage of more than 160 presentations, discussions and workshops, and network with more than 1,000 career practitioners and educators. For more information, visit ncda.org.

ASCA Annual Conference
June 23-26
Minneapolis
The American School Counselor Association Annual Conference will be themed “Be Brilliant: Celebrating ASCA’s Diamond Anniversary.” Dan Savage of the It Gets Better project on YouTube, Stacey Bess and Jamie Vollmer will give keynote addresses. For more information, visit schoolcounselor.org.

AADA Summer Conference
July 13
Williamsburg, Va.
The Association for Adult Development and Aging’s 2012 Summer Conference will be themed “Adult Development Matters: Fostering Resilience in Times of Crisis and Transition.” The conference will provide opportunities for networking and professional development for counseling professionals and students with an interest in adult development across the life span. Presentation topics will include spirituality and wellness, women and transition, adult bullying, career transition at midlife, LGBT adults coming out and positive aging strategies. For more information, visit the AADA website at aadaweb.org.

TCA Conference
Nov. 17-20
Nashville, Tenn.
The Tennessee Counseling Association Conference will be held at the Sheraton Nashville Downtown. “Counseling as Music: Facilitating Harmony for Mind, Body and Spirit” will be the conference theme. Anyone interested in presenting at this conference is asked to download the program proposal form at tncounselors.org. The deadline for program submission is July 7. Questions regarding this submission process should be sent to Jeannine Studer at jsunder@utk.edu. Presentations may focus on practice or theory, a single technique, programs, innovative strategies and/or research. The keynote speaker will be author and motivational speaker Dave Weber. Contact Mike Bundy, president-elect and conference chair, at mbundy@cn.edu with any questions.

FYI

Call for submissions
The Louisiana Counseling Association invites submissions for the 2012 Louisiana Journal of Counseling, which is published annually. Research and practice-based APA-style submissions related to the field of counseling will be considered for blind peer review. Please submit an electronic copy to Meredith Nelson (mnelson@lsus.edu). Direct questions to either editor Peter Emerson (pemerson@selu.edu) or co-editor Nelson (mnelson@lsus.edu).

Call for reviewers
The Canadian Journal of Counselling and Psychotherapy, the flagship journal of the Canadian Counselling and Psychotherapy Association (formerly the Canadian Counselling Association), is seeking reviewers from the United States. For further information, visit cjc-rec.ucalgary.ca/cjc/index.php/rcclannouncement.

Bulletin Board submission guidelines
Items for the Counseling Today Bulletin Board must be submitted to lshallcross@counseling.org. Please see page 66 for upcoming submission deadlines.
Classified advertising categories include: Calendar; Merchandise & Services; Consultings; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

- Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers preparing for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Employment ads are listed under international or national by state.
- Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers preparing for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details.

Classified and employment ads are not commissionable and are billed at net rate only.

- ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.
- Direct all copy or inquiries to Kathy Maguire via email at kmaguire@counseling.org.
- Phone: 607.662.4451
- Fax: 607.662.4415

Ad copy is subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.

- Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

Counseling Today is in no way an endorsement by ACA of any particular position listed in employment classified ads.

The Student Health and Counseling Center at the University of Alaska Fairbanks seeks to fill a 9-month full-time Associate Director for Counseling position by August 2012. A Doctorate in Clinical or Counseling Psychology with a clinical internship and eligibility for psychologist licensure in Alaska, plus relevant experience, are required. Salary DOE. Relocation expenses may be provided. The Center is a combined primary health care and counseling program. The Counseling Director provides personal counseling for students, administrative and clinical supervision of the counselors on staff, and outreach and consultation for campus faculty and staff when needed. Details and application at www.uakjobs.com/applicants/Central?quickFind=76384.

CRAZYED BY CLIENT BILLING?

DISSESSERATION COMPLETION CONSULTING
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

CONTINUING EDUCATION
CRUISE, RELAX, EARN CEs
You can have a Cruise Vacation and Learn 20 CEs at very reasonable prices. BCT’s Cruising for Credits is a LPC owned company specializing in CEs on cruises. Call Debbie at 877-901-4335 www.LandOrSeaCEUs.com

MERCHANDISE/SERVICES
THE FAMILY & MARRIAGE COUNSELING DIRECTORY

LICENSE EXAM REVIEW
NCE & NCMHCE Exam Prep Review. Multiple choice questions, mnemonics. Exam Tips, online and interactive Check out our FREE SAMPERS! hutcbib@usa.net www.CounselingExam.com

COLLECTIVELY REVISED 2012
The Student Health and Counseling Center at the University of Alaska Fairbanks seeks to fill a 9-month full-time Associate Director for Counseling position by August 2012. A Doctorate in Clinical or Counseling Psychology with a clinical internship and eligibility for psychologist licensure in Alaska, plus relevant experience, are required. Salary DOE. Relocation expenses may be provided. The Center is a combined primary health care and counseling program. The Counseling Director provides personal counseling for students, administrative and clinical supervision of the counselors on staff, and outreach and consultation for campus faculty and staff when needed. Details and application at www.uakjobs.com/applicants/Central?quickFind=76384.

TRAINING
HEAL YOUR LIFE® WORKSHOP LEADER TRAINING
Become a licensed workshop leader in the philosophy of Louise Hay. All manuals and materials provided to lead up to 14 different workshops. Our training is licensed by Hay House, Inc., and approved by Louise Hay. www.healyourlifetraining.com

OFFICE SPACE AVAILABLE
SCOTTSBLUFF, NEBRASKA
Furnished office space available in established mental health practice for Licensed Mental Health Practitioner. Full or part time hours, phone line, billing, and supervision included. Contact: dalmass@yahoo.com or mail resume to PO Box 688 Scottsbluff NE 69363.

EMPLOYMENT
ALASKA
UNIVERSITY OF ALASKA FAIRBANKS
Associate Director for Counseling
The Student Health and Counseling Center at the University of Alaska Fairbanks seeks to fill a 9-month full-time Associate Director for Counseling position by August 2012. A Doctorate in Clinical or Counseling Psychology with a clinical internship and eligibility for psychologist licensure in Alaska, plus relevant experience, are required. Salary DOE. Relocation expenses may be provided. The Center is a combined primary health care and counseling program. The Counseling Director provides personal counseling for students, administrative and clinical supervision of the counselors on staff, and outreach and consultation for campus faculty and staff when needed. Details and application at www.uakjobs.com/applicants/Central?quickFind=76384.
ARGOSY UNIVERSITY, DC
Full-time Assistant/Associate Professor, Counselor Education

Argosy University, DC is seeking exceptional applicants for our counselor education programs. Successful candidates will join a diverse and cohesive faculty of outstanding practitioner-scholars who share a commitment and passion in working with diverse and marginalized populations. Applicants must have a Doctorate in Counselor Education and Supervision, preferably from a CACREP accredited program, be licensed or license eligible as a Licensed Professional Counselor in the Commonwealth of Virginia, Maryland or Washington, DC, demonstrate commitment to the field of counselor education as evidenced by educational background, experience and professional affiliation and have a strong background in research and publication preferably with a quantitative focus, and ability to teach basic quantitative research courses on a doctoral level. We are primarily interested in faculty in two areas: experience with counseling in diverse populations and able to teach doctoral level introduction to writing and research courses as well as research methods and statistics.

Requirements:
- Doctorate in Counselor Education and Supervision, preferably from a CACREP accredited program.
- Licensed or License eligible as a Professional Counselor in the Commonwealth of Virginia, Maryland, or Washington, DC.
- Have strong background in research and publication.
- Ability to teach doctoral level writing and research and quantitative research courses
- Argosy University, Washington D.C.

Campus offers a competitive salary and comprehensive benefits package. To apply, please submit letter of application, Curriculum Vitae, and a list of three references to Lan Nguyen 703-526-5861 and https://edmc.hua.hrsmart.com/ats/js_job_details.php?reqid=11854

FLORIDA

CJA BEHAVIORAL SERVICES
Licensed Mental Health Professionals

CJA Behavioral Services is seeking Licensed Mental Health Professionals, to provide services in a clinical/community environment. We offer a competitive salary, pleasant working environment, and other benefits. Please email your resume cjaoffice@cjacent.com or fax it to 407-483-9551.

ILLINOIS

THE LINCOLN CHRISTIAN UNIVERSITY SEMINARY
Full-time Faculty

The Lincoln Christian University Seminary invites applications for a full-time faculty member in the area of Counseling, effective July 1, 2012. Qualified candidates will have a Doctorate in counseling, psychology, or related field (PhD or equivalent). Preference will be given to candidates who possess a Doctorate in Counseling Education and Supervision from a CACREP accredited doctoral program. Membership in a professional counseling organization (ACA and/or its divisions) and appropriate certification and/or licensure for practice required. Significant experience in both teaching and counseling preferred. Apply at: http://www.lincolnchristian.edu/documents/SP12_SeminaryCounselingPosition.pdf

LOUISIANA

THE UNIVERSITY OF LOUISIANA AT LAFAYETTE
Tenure-track Position

The University of Louisiana at Lafayette is seeking to fill a full-time tenure track position in Counselor Education. Candidates must hold a doctorate in counselor education from a CACREP accredited program. Preferred qualifications include: concentration in School Counseling, eligibility for Licensure as a Professional Counselor, experience in K-12 school settings, evidence of effective teaching, research productivity, and experience with a diverse student body. Responsibilities include teaching in the core and in School Counseling. Please send Letter of Application, Vita and contact information to Latifey Lafleur, P.O. Box 40240, Lafayette, LA 70504.

MARYLAND

SHEPPARD PRATT HEALTH SYSTEM
Group Home Program Manager – NEW PROGRAM!

Sheppard Pratt Health System, ranked among the Top Psychiatric Hospitals by U.S. NEWS & WORLD REPORT, has created a new opportunity for a professional with the right group home experience.

“The Ruxton House” is a brand new, private-pay, short-term residential program

Troy University is currently accepting applications for the following position:

Full-Time Assistant/Associate Full Professor of Counseling & Psychology

Troy, Alabama - The Assistant/Associate/Full Professor position of Counseling & Psychology in the College of Education at Troy University is a tenure-track, twelve-month faculty appointment. Rank is open and will be dependent upon experience and training. This position is in the CACREP accredited Department of Counseling and Psychology located on the Troy, Alabama campus. Responsibilities include teaching school counseling courses, supervising interns and teaching other core counseling courses. Additional duties include development of a research agenda; committee service at all levels; involvement in service to regional schools and the community; and advisement of counseling students and other responsibilities determined by the department, college and university.

Minimum Qualifications: An earned doctorate in Counseling & Psychology from a CACREP accredited institution. Experience as a school counselor and professional identity as a school counselor. Preferred Qualifications: Student Affairs counseling experience.

Please go to www.troyuniversityjobs.com for further details and information on how to apply.

Troy University is an EEO and AA employer.
offering individual and group therapies to individuals suffering from depression, co-occurring disorders, borderline disorders, anxiety and mood disorders, and other conditions.

Supporting this facility alongside the program’s Medical Director, our new Group Home Program Manager establishes the philosophy and goals of the program, and manages its 24-hour operations. You will oversee the patient admission process; orient clients/families into our setting; schedule staff coverage; ensure smooth daily operations and quality services; and oversee the fiscal management of the program and its Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation compliance. Requires a Master’s degree in the behavioral health sciences field, 3 years of relevant group home experience, and professional licensure as LCSW-C, LCPC or psychiatric/nursing professional. Bachelor’s degree and five years of relevant experience may be considered in lieu of the required education/licensure listed above. Must have comprehensive understanding of accreditation requirements, program planning and assessment, clinical program administration and staff scheduling/supervision.

We offer an excellent compensation plan. Please apply online at www.sheppardpratt.org. SPHS is an ethnically and culturally diverse workplace, and smoke-free.

MISSISSIPPI

MISSISSIPPI STATE UNIVERSITY

Staff Counselor Position:

Student Counseling Services at Mississippi State University seeks to fill one Staff Counselor position. The successful candidate should have minimum qualifications of a Masters degree in Counselor Education, Social Work, Counseling, or a related field and must be licensed or license-eligible within 18 months of hiring. See preferred qualifications online. For a complete job description and application information please go to http://www.health.msstate.edu/scs/jobs. All applications must be submitted via the secure MSU Online Employment System at www.jobs.msstate.edu. For further information contact Leigh Jensen, Ph.D., LCSW, Director, MSU Student Counseling Services; ljensen@affairs.msstate.edu. Mississippi State University is an AA/EOE.

Pennsylvania

DIAKON LUTHERAN SOCIAL MINISTRIES

Drug and Alcohol Counselor

Family Life Services Drug & Alcohol program, a program of Diakon Lutheran Social Ministries located in Mechanicsburg, PA, is seeking a regular part time (60 hrs bi-weekly) Drug and Alcohol Counselor. This position is responsible for providing individual outpatient co-occurring treatment for adolescents and adults with Chemical Dependency and Dual Diagnosis issues. Responsibilities include but are not limited to performing bi-psychosocial interviews, evaluations, and individual counseling. Potential areas for growth are working with School-based Program, Buprenorphine Program, and conducting groups. Master’s degree in psychology, social work, or counseling and licensure required, Certification in Addictions Counseling preferred. Position offers a competitive rate, benefits, flexible scheduling, and support staff.

Diakon Lutheran Social Ministries is a leading provider of senior living accommodations, home and community based services and services to children and families in Pennsylvania and Maryland. With many hands and one heart, Diakon staff members each year touch the lives of thousands of children, families, and older adults. Diakon’s mission is to respond to God’s call to serve the neighbor, and Diakon’s staff members are proud to continue a nearly 140-year tradition of hospitality and care for people of all faiths. Diakon Lutheran Social Ministries is committed to a diverse workforce. As a result, qualified applicants are considered without regard to race, color, creed, religion, sex, national origin, sexual orientation, age, marital status, or the presence of a non-job-related medical condition or handicap.

Advertiser Index

ACA Call for Proposals...............28
ACA Member-Get-a-Member ......45
ACA Webinar.........................34
ACA Podcast..........................63
JCD Opt Out..........................6
Working with Kids and Teens ....21

ACA PUBLICATIONS

Counselor & the Law: A Guide to Legal and Ethical Practice .................31
Developing and Managing Your School Guidance & Counseling Program........29
The ACA Encyclopedia of Counseling..................9
Understanding People in Context: The Ecological Perspective in Counseling ..........44

ADVERTISERS

Alexander Street Press..............54
Argosy University......................15
Army Medical Civilian Corps......33
Association for Advanced Training in the Behavioral Sciences..............c4
Association for Spiritual Ethical and Religious Values in Counseling (ASERVIC) .................20
Barry University.......................19
Brehm Preparatory School..........41
California University of Pennsylvania........................49
California Southern University.....43
Chicago School of Professional Psychology, The........................17
Child Therapy Toys....................23
Exam Prep Study Guide by Andrew Helwig, Ph.D............................37
Excelsior College.......................25
Grief Recovery Institute............35
HPSO Insurance..........................c3
Institute for Life Coach Training...59
International Institute of Soul drama38
Peachtree Professional Education...66
Therapysites.com ......................c2
Thriveworks............................47
Walden University....................11
Walsh & Dasebrook Consulting ..57
Alleged unprofessional conduct and inappropriate treatment – lead to a malpractice suit.

The client, a 51-year-old woman uses her email correspondence with the counselor to mount a formidable legal case, suing for $500,000 in damages.

Read the details of this case study and how coverage through HPSO responded to protect our insured counselor at www.hpso.com/ct2

Learn the value of having your own ACA-endorsed plan by visiting www.hpso.com/ct2
SAVE $50 ON ANY CPCC, NCE or NCMHCE WORKSHOP
REG. $199 SALE $149
USE CODE: CTJFM
EXPIRES: 02.29.12

Get an extra advantage in passing the exam by attending an online workshop.

The Online Workshop Series for CPCE, NCE and NCMHCE includes four 2.5-hour sessions. All online workshops are presented via the telephone in conjunction with the internet. Visit our website for further information.

**NCE/CPCE Online Workshop Series**
Mar. 22 & 29, Apr. 5 & 12, 2012

**NCMHCE Online Workshop Series**
Mar. 20 & 27, Apr. 3 & 10, 2012

**FREE Online Strategies Workshops**
This 1-Hour free workshop covers:
- Introduction to the online classroom format
- Review of the licensing examination process
- Test-taking strategies
March 6, 2012 - NCMHCE
March 8, 2012 - NCE/CPCE

“*I took the NCE today and passed!!! It was a great feeling. I followed AATBS directions and will recommend this study package to others I know that are preparing. Thank you for your prompt answers I had throughout this process.*”

Solana Kloby-Varner
Houston, TX

**Association for Advanced Training in the Behavioral Sciences**
800.472.1931 | www.aatbs.com

**EXPERT CONSULTANT**

Janis Frankel, Ph.D.
Also known as “Dr. J,” Dr. Frankel has been preparing candidates for licensing exams for 25 years. After completing her undergraduate degree at the University of California, Berkeley, she earned her Ph.D. in Clinical Psychology. Dr. J has many years of experience as a private practitioner, making her full-time consulting work for AATBS as an Educational Consultant a benefit to participants in our programs.