In defense of mental health

Supply isn’t meeting demand when it comes to mental health services for military personnel, so why are licensed professional counselors still being assigned a second-class rank?

By Angela Kennedy

An emerging mental health crisis is proving increasingly frustrating and alarming to counselors.

More and more military personnel are returning from Iraq and Afghanistan in dire need of mental health services, but according to Veterans for America, a leading veterans rights group, the ratio of providers to clients throughout the Department of Defense and the Department of Veterans Affairs is grossly disproportionate, with the need greatly outweighing the available resources. Both the VA and TRICARE, the DOD’s health care system for active duty and retired service members and their eligible family members, mandate unnecessary supervision of licensed professional counselors and refuse to recognize the full value of these professionals. Because of the stance taken by the federal government, many LPCs aren’t able to or have given up trying to help the men and women of the U.S. Armed Forces. The current shortage of qualified mental health professionals to treat military personnel has led to longer wait times, with more and more people falling through the cracks, says Stephen Robinson, the government relations director for Veterans for America, a program of the Vietnam Veterans of America Foundation.

The circular logic is maddening to many mental health professionals, especially when the answer appears to be so simple: The DOD and VA should allow LPCs to do the work for which they are qualified and pay them fair wages for their services. Unfortunately, that seemingly simple solution is wrapped up tight as a mummy in red tape.

In defense of mental health

Continued on page 26

Deployed husbands, waiting wives

ACA member proposes existential group therapy model for military spouses

By Angela Kennedy

There is an old saying that if the military wanted you to have a wife, they would have issued you one. Fortunately today, the U.S. Armed Forces are beginning to recognize the direct correlation between a soldier’s home life and job performance. They are learning that the emotional well-being of the family — especially the spouse — affects the service member both on and off duty. Knowing that, every branch of the U.S. military now provides some type of family support services. Those services may not be enough, however, when a loved one is called to war. That’s when the strength of the military family unit is brutally tested.

American Counseling Association member Eileen Rakowitz has developed an existential group therapy model specifically for military wives — the women who say goodbye to their uniformed husbands and are left to wonder and worry if they will ever be together again.

Rakowitz, a senior at Saint Louis University, hopes that counselors who work with the military population will try her model and find success in alleviating some of the anxiety and fears of these “waiting wives.” Her interest in counseling military wives grew out of a project for a group therapy class. Rakowitz began researching the subject in early 2005 but, to her surprise, found mostly outdated materials and a large gap in the literature. What little she did find was reflective of the times in which it was written, focusing only on “waiting wives.” There was no mention of the possibility of “waiting husbands.”

“As a student, you rarely find big gaps in research, but this was a big gap,” Rakowitz says. “When I looked at the current
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Summit Award presented to ACA

The American Counseling Association was one of only six organizations to receive a Summit Award in July from the American Society of Association Executives and the Center for Association Leadership’s Associations Advance America Committee. The Summit Award is the highest honor ASAE bestows on associations for implementing new and innovative community-based programs.

ACA was honored for its Hurricane Katrina relief effort. A press release announcing the winners summed up the effort that included ACA leaders, members and staff: “Within hours of the first reports of Hurricane Katrina, ACA went into high gear with a comprehensive response that ultimately encompassed sending thousands of professional counselors to the region, raising nearly $60,000, providing grants and support to state branches, becoming the facilitator of global communications for the profession, partnering with organizations such as the American Red Cross and developing many technical resources.

“As a member of the American Red Cross Partners for Effective Emergency Response, ACA issued a call to its 43,000 professional counselor members for volunteers to provide disaster mental health services in the Gulf Coast region. Three hundred shelters needed … 15,000 mental health volunteers in all. The goal was met, in large part due to ACA’s efforts.

“Separately, the federal government asked ACA to identify 100 qualified counselors within the first 48 hours of emergency response mobilization. (ACA) issued emergency alerts and within 36 hours, provided 176 names.”

Said Patricia Arredondo, ACA president during the hurricane relief effort, “‘Counselors care’ is a mantra for the American Counseling Association. The weekend and weeks following the devastation of the hurricanes led to nonstop responses within the ACA staff. Through their direction, caring counselors volunteered immediately to participate in multiple efforts with survivors. As president of ACA during that time, I knew we had to act immediately. Our staff and members were models of our association’s mission — promoting dignity and respect.”

According to ASAE, more than 250 entries were received and judged in this year’s Associations Advance America awards program. The six Summit Award winners were ultimately selected from a group of 50 organizations honored with an Award of Excellence earlier this year.

“I am very proud of the work that our dedicated leaders, members and staff devoted to the relief efforts after Hurricane Katrina,” said ACA Executive Director Richard Yep. “While we didn’t do what we did to win an award, it is gratifying to receive acknowledgment from an organization like the American Society of Association Executives and the Center for Association Leadership.”

“This is a wonderful tribute to say ‘thank you’ to our staff and the membership of ACA,” said ACA President Marie A. Wakefield. “Receiving the ultimate award that an association can win truly honors the mission of ACA.”

Other Summit Award winners were the Allergy and Asthma Network Mothers of Asthmatics, the Civil Air Patrol, the Houston Apartment Association, the International Bottled Water Association and the National Restaurant Association.

Representatives of each association will be officially presented with their awards at the Seventh Annual Summit Awards Dinner on Sept. 20 at the National Building Museum in Washington, D.C.

By the Numbers: NSDUH Survey of Male Vets

The National Survey on Drug Use and Health collected information on male military veterans in 2002 and 2003. The graphic illustrates the percentage of male veterans reporting substance dependence/abuse (red bar), serious mental illness (yellow bar) and co-occurrence (green bar) according to age group. The most recent survey results, gathered in 2004, do not include information on military veterans.

ACA in Action

Participate in upcoming ACA election

Each year, American Counseling Association members have an opportunity to participate in the work of the association by voting in the annual election of officers. To be eligible to participate, you must be a member in good standing of ACA or the division for which you are voting by Nov. 1. Your membership renewal must be received by Oct. 13 to ensure that it can be processed on time. You can call ACA Member Services at 800.347.6647 ext. 222 to make sure your membership is up to date.

Access VISTAS articles online

VISTAS, the popular and innovative publication that captures cutting-edge ideas, information and experiences generated by the annual ACA conventions, is now available on the ACA website. Developed in collaboration with Counseling Outfitters LLC, VISTAS Online contains the full text of all 216 articles published in the series to date.

The articles are organized by year (beginning with 2004) and, within each year, can be sorted by title, author and subject. Major topic areas include counseling interventions for trauma, grief and disaster; counseling children and adolescents; counseling families and adults; multicultural approaches and issues; improving counseling interventions; counselor education, supervision and professional development; assessment, evaluation, accountability and research in counseling; and client characteristics and needs.

To access this database of articles from the ACA home page (www.counseling.org), click on either the “Counselors” or “Resources” tab, and then follow the link to VISTAS Online.

ACA picked as judge for Voice Awards

ACA served as a formal round judge for the 2006 U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Voice Awards. The Voice Awards are part of the National Anti-Stigma Campaign and acknowledge entertainment writers and producers who present a dignified, respectful and accurate portrayal of those with mental health issues.

Fifteen nominees, including episodes of Monk and Law & Order and two PBS documentaries, were reviewed in the final round of judging on June 23. The winners will be presented with their awards in Los Angeles on Aug. 23, with actress Mariel Hemingway serving as emcee.

CT receives three APEX awards

Counseling Today recently won three awards in Communication Concepts’ 18th annual APEX (Awards for Publications Excellence) Competition.

Senior writer Angela Kennedy earned awards in both the news writing and feature writing categories. Kennedy’s February 2006 article on the dispute between counseling legend Albert Ellis and the institute he founded in 1959, “The Legend Versus the Legacy,” was honored in the news writing category. She won an APEX in the feature writing category for “Enough Is Enough,” her December 2005 article on helping parents set boundaries with their children. Editor-in-chief Jonathan Rollins won an APEX award in the health and medical writing category for “Playing a Dangerous Game,” his April 2005 article on the rising use of steroids among school-age athletes.

According to Communications Concepts, nearly 5,000 entries were received for the APEX 2006 Competition. Counseling Today has received five awards for publications excellence in the last two years, including three honoring Kennedy’s articles.

The National Survey on Drug Use and Health collected information on male military veterans in 2002 and 2003. The graphic illustrates the percentage of male veterans reporting substance dependence/abuse (red bar), serious mental illness (yellow bar) and co-occurrence (green bar) according to age group. The most recent survey results, gathered in 2004, do not include information on military veterans.
Counselors challenged to champion appropriate use of tests for students

I am responding to Kay Tuttle’s letter to the editor in the July issue of Counseling Today. She rightly expressed serious concern over the use of good tests being well-designed and appropriate for one purpose but which are used in invalid and inappropriate ways. She has called upon testing professionals to take a stronger role in informing and educating others to prevent such misuse. Let me offer a partial answer, if I may. Professional organizations have attempted to speak out, not about specific incidences but of proper test use in general.

The Joint Committee on Testing Practices has produced the Code of Fair Testing Practices in Education. The American Counseling Association is a member of JCTP, and ACA’s Governing Council has endorsed the code along with other professional associations, including the American Educational Research Association, the American Psychological Association and others. Various testing companies have also embraced the code and part of its ethical and professional procedures. The Code of Fair Testing Practices in Education addresses the expectations of test developers and test users because it takes both entities to ensure proper test use. For example, the code states that “Test users should select tests that meet the intended purpose and that are appropriate for the intended test takers.” This is a basic validity issue — if the test is designed for prediction of success in college (such as the ACT and SAT), what evidence is there to suggest that it can be used as an indicator of performance for general high school performance? Test users must make that determination by examining the validity evidence, not the marketing hype or the declarations of legislators and administrators who are trying to save a few bucks.

The Association for Assessment in Counseling and Education, a division of ACA, produced the Responsibilities of Users of Standardized Tests. Among many other pertinent points, the document states that “Responsible use of tests requires that the specific purpose for testing be identified. In addition, the test that is selected should align with that purpose, while considering the characteristics of the test and the test taker.” This, too, indicates that a test must be used for its validated purpose. Both of these documents and others related to proper test use can be downloaded at www.home.earthlink.net/~sage/solutions. Look for the link “Free Assessment Downloads.” Words like those in the standards referenced above are influential if they are understood and championed by competent persons. What really concerns me is that I think many counselors (and dare I say counselor educators) avoid the “hard issues.” The ACA conference program, as well as those of its many divisions, is generally impoverished when it comes to topics related to assessment, research and accountability. It’s not a topic that comes up, period. But, like it or not, the school counselor is considered the assessment expert and leader. Counselors need to be prepared, smart and well versed on testing and accountability. Counselors need to know the standards and trumpet them when it matters.

If counselors are not confident and knowledgeable about assessment, how can they possibly work with school district personnel, parents, clients and state legislators to be sure that students are getting a fair shake and that tests are used in the way that they are validated? I challenge ACA, AACE, the American School Counselor Association, the Association for Counselor Education and Supervision and other ACA divisions to rise to the challenge of improving general knowledge of appropriate test use among our membership and satisfy the concern that Kay Tuttle exposed.

Janet E. Wall
ACA Representative to JCTP
Past President, AACE
jwall@earthlink.net

It’s not too late to prepare for hurricane season

In reference to the article “When disaster strikes” in the July edition of Counseling Today, I wish a national summit were last year. Your time and talents will be needed as much now as they were last year.

John Nichols
Coordinator, Disaster Mental Health Services
Local School Council of the American Red Cross
Savannah, Md.
tbareen@verizon.net

I am an American Red Cross disaster mental health volunteer with about five years of experience doing disaster relief work. As members of those professional mental health volunteers who responded to Katrina learned, the disaster relief work that the American Red Cross conducts goes beyond crisis mental health work.

For those who did respond starting in September 2005, we thank you for your gift of service. All of us associated with the chapters of the American Red Cross hope that you will continue to support the organization with your time and talents.

The article mentions that one of the issues ACA wants addressed is the lack of training needed in preparation for deployment to a major disaster. I hope that the mental health professionals who responded last year took the time to stay active with their local American Red Cross chapters and have been able to take one or more of the disaster preparedness training programs. The basic training amounts to about 20 hours of course work, usually taught by chapter disaster service instructors. “Fundamentals of Disaster Instructor” is the primary preparation for professional mental health volunteers. Since this course, which takes about eight hours of classroom work, must be taught by an American Red Cross instructor who is also a chapter disaster mental health services volunteer, it may be necessary to find a chapter that has such an instructor near you.

However, your skills as a mental health professional can be utilized in functions other than as a DMHS worker. Your skills can also be used in the family services function or as a shelter worker. So, please, after reading this letter, if you have not done so already, go to your local American Red Cross chapter and get the basic disaster services training. Remember that the predictions are for more weather-related disasters this year. Your time and talents will be needed as much now as they were last year.

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Counseling Today welcomes letters to the editor. Only letters from individuals will be published. Individuals may write as often as they like, but Counseling Today will print only one letter per topic in each 365-day period. Counseling Today will publish letters anticipated to be of interest to readers. Due to time and space limitations, letters cannot be acknowledged or returned, and Counseling Today reserves the right to edit letters.

Include your home and e-mail addresses for contact purposes. If you wish to have your e-mail address listed with your published letter, please specifically note that in the body of your letter. Opinions expressed in letters do not necessarily reflect the views of ACA or Counseling Today staff.

Letters to Counseling Today can be sent via e-mail to cr@acca.org or to Counseling Today, 5999 Stevenson Ave., Alexandria, VA 22304–3300 as typed, double-spaced copy. Submissions will not be returned. For more information, e-mail cr@acca.org or request a copy of the writing guidelines.

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Mission Statement
The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, and the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.
Our legacy: Honoring the past, connecting to our future

It is said that we build off those who have come before us, and I believe that is certainly true when looking at the legacies of those who have led our association. Those who have served as president of the American Counseling Association have worked to articulate and bring to life the kind of organization they envisioned. Despite having different leadership styles, experiences and philosophies, they led the association through times of crisis, celebration, challenge and innovation.

While some leaders championed credentialing, human rights or expanding our global presence, others focused on our organization's financial stability, governance structure or the identity of professional counselors. All of our past leaders have contributed to our rich history. Collectively, their actions have helped us to move the profession forward and to do an even better job of preparing professional counselors to meet the needs of clients, students and communities.

How are the legacies of these individuals passed on to those who take up the role of leadership? The growing inclusion of counseling graduate students in the committee and governance structure of ACA is just one example. I have pledged to continue the work that my predecessors began by welcoming, inviting and engaging graduate students in what we do at ACA. This past year, under the guidance of Immediate Past President Patricia Arredondo, we launched the ACA Graduate Student Association, which I very much believe is key to our future endeavors. In essence, we are bringing various generations of counselors together to work on issues facing the profession.

We must continue to include those from various generations in our association work. This diversity is a prerequisite for our organizational survival. An organization with a diverse workforce must position itself so that it can detect and take advantage of changes as they unfold in the environment. In the process of attracting and retaining qualified professionals, examining the workforce through generational diversity has noteworthy implications.

What does generational diversity in the workforce and organizational participation contribute? Challenge, certainly, but also many potential advantages. Research indicates that each generation approaches career and work differently and values certain qualities. Those born before 1946, sometimes called "traditionalists" or the "silent generation," experienced the Great Depression and World War II. Patriotism was a defining value. Financial security, teamwork, sacrifice and delayed gratification enabled survival. Traditionalists often feel that their careers identify who they are. This generation exhibits a practical outlook, dedicated work ethic and the essential need for organizational structure and possesses strong values of honesty and integrity.

Baby boomers, born between 1946 and 1964, value peer competition and thrive on possibilities and change. They are characterized as the "show me generation." Others are accepted as long as they perform to standard. The boomers' mindset for personal gratification and growth empowers a work-driven ethic, and they are committed to climbing the ladder of success. They leave a legacy of health and wellness, personal growth and involvement.

Gen Xers, born between 1965 and 1977, are characterized by their desire to multitask. They believe in investing in their own development, possess clear goals and prefer managing their own time. Members of this group need continuous feedback to position themselves to adapt to new situations. They value diversity, global thinking and pragmatism. Gen Xers work hard, are very self-reliant and are more team-oriented. They would rather find more efficient ways of doing things to balance work, fun and life responsibilities.

Just starting to enter our workforce are members of Generation Y (also known as echo boomers or the global citizens), born between 1978 and 1995. This generation is the first to come into the digital age. Although not all have access to the Internet, most have a degree of fluency. Imagine the impact of millions of fresh-thinking, energized youth armed with the most powerful tool ever created. This generation is noted for being curious, self-reliant, more focused and globally oriented.

Organizations must find ways to connect the values of each generation. Understanding generational differences can help an organization recruit, develop and retain professionals of all ages. It can also help to promote inter-generational dialogue on topics such as past and current assumptions about issues and their causes, how these issues have been addressed and how to move solutions forward in the coming decades.

I look forward to exploring how to ensure that various generations of counselors continue to come together to work on issues of common concern. I hope you will feel free to communicate with me via e-mail at mawakefield@cox.net or by calling 800.347.6647 ext. 232.
Another drink of water

Traditionally, my family and I head down to the Washington Mall each Fourth of July to see the spectacular fireworks display that commemorates our nation’s birthday. We pack into the Metro subway system, angle for a patch of lawn on the Mall so we can view the show and then head back to the suburbs, where we have our own neighborhood fireworks display. This year, in addition to fireworks, we returned home to what I have euphemistically referred to as “waterworks” — the main water supply pipe into our house had burst. To say I had a “sinking” feeling as I headed down to check on the strange noise in the basement would be both an understatement and probably a bit corny. Nevertheless, the flooding had begun, and it was at least another 90 minutes before the county water authority was able to shut off the main source of water to my home.

My family and I learned a great deal over the next few days as we attempted to stay in our home despite the absence of running water. As many have said, you never know how much you’ll miss something until you no longer have it. Given all that many in this nation experienced in the aftermath of disasters such as Hurricanes Katrina and Wilma, I admit to feeling somewhat guilty when I became frustrated over not being able to get a glass of water from the tap or to take a shower. My “misery” was absolutely nothing compared with the devastation that was brought upon so many people by the hurricanes. Yet, I did emerge from the experience so much more thankful for what I have (in this case, water).

Now to this month’s segue. In many ways, a society without the benefit of professional counseling is like a family without water. While the clear liquid stuff nourishes and replenishes the physical body, counseling and the services offered by professional counselors encourage, support and sustain children, adolescents, couples, families and individuals by providing what they need to face the challenges of life.

Professional counselors, through the work all of you do in the areas of education, community and private practice, career development, rehabilitation and elsewhere, are critical components to the improvement of society. Just as water is not an ancillary substance that people can choose to disregard, I say the same is true of the services provided by today’s professional counselors. Everyone can benefit from the advice, counsel, advocacy and support that you — professional counselors — are trained to provide.

How can we make professional counseling services as essential in many areas of life as water is to the physical health of all living things? OK, I’ll admit that’s a pretty tall order, but suffice it to say that if we don’t keep our eyes on that particular prize, countless numbers of children, adolescents and adults will not have complete, satisfying and meaningful life experiences. As professional counselors, you are specially trained to help individuals overcome the barriers to such obstacles.

I hope you know that the American Counseling Association wants to support you in whatever ways it can as you provide services that are so critical to so many. As water is to physical well-being, the services provided by professional counselors can be an “elixir” that ensures positive mental health and well-being. ACA will continue to work toward providing the best resources, services and programs as you begin and continue along your professional career path. As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

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Romance is ruining marriage in America.

OK, that's an overstatement if not an outright inaccuracy. But according to Mark Young, co-director of the Florida Marriage and Family Research Institute at the University of Central Florida, romance — or rather what he labels the "myth of romance" — really does contribute to the high divorce rate in the United States. Approximately one out of every two marriages in the United States ends in divorce, and the divorce rate is closer to 60 percent in Young's home state of Florida.

One of the contributing factors, says Young, a professor and coordinator of the counselor education program at UCF, is the fallacy that romance should be a constant in marriage, and if it's not, then it's time to bail out. The reality is quite different, he says. "Romance is like the Fourth of July," Young says with a laugh. "It comes around once a year and is quite exciting, but friendship (between a couple) is the real answer to a good marriage."

Chasing after the mirage of constant romance often leads people to seek out affairs, Young says, but a lack of romance is rarely the root problem in a relationship. "The problem is a problem of maintenance," he says. "It's more of a deterioration that leads up to people being disillusioned. What really makes or breaks the marriage is the day in and day out communication." According to statistics Young cited from the Family Research Council, 78 percent of all couples who seek counseling indicate that communication is a problem in their relationship.

Andrew Daire, Young's co-director at the Florida Marriage and Family Research Institute and clinical director of the counselor education program at UCF, says society's increasing complexity is putting more strain on marriages. "But I personally believe (the divorce rate) has to do with what I call the 'fast food mentality' of our culture," he says. "It's that mentality that if you don't like what you have, then you just move on and get a new one instead of dealing with the challenges."

**Stronger marriages, stronger families**

UCF operates a community counseling clinic that sees approximately 1,500 clients per year, according to Young. In many instances, parents drop off their children for psychotherapy, he says, when the real problem is the family unit itself. In fact, helping children — particularly those from at-risk families — was the impetus for Young and Daire to create the Florida Marriage and Family Research Institute in 2003.
The institute’s mission is to facilitate the development of research and clinical initiatives to better support couples, marriages and families. It applied for and received a three-year demonstration grant in 2003 through Promoting Safe and Stable Families, a program of the U.S. Department of Health and Human Services Administration for Children and Families. The grant, which expires Sept. 30, was used to establish the institute’s Stronger Marriages and Stronger Families Program. The program provides brief couples counseling, weekend marriage and couples education workshops, premarital counseling and follow-up groups, as well as whole agency training and an annual conference for direct service providers. The program, with Joanne Vogel serving as project director, is also in the process of identifying best practices through research initiatives.

“We have seen hundreds of couples in our clinic and in marriage enrichment programs using counseling students in their practica and internships,” Young says. “I believe our project and (similar) initiatives would be of interest to other counselors. One reason is that couples work has become a specialty area for counselors, and they can now receive specialized training. Another is the growing research in that area and funding that counselors may fund jointly for.” Young notes that another federal program, the Healthy Marriage Initiative, provides more than $100 million per year for marriage promotion, and he hopes that more counselors and counseling programs will pursue these and other similar grants.

Why has the federal government taken such an interest in what it terms “healthy marriages”? “The research says people who are married do better in all sorts of ways,” Young explains. “They have fewer illnesses, they live longer, their children do better in school. That evidence has hit people on both sides of the political spectrum.”

At the same time, Daire points out that the Healthy Marriage Initiative and similar programs are not trying to force people to get married but rather providing support for those who do. “The research is clear and solid,” he says. “When marriages fail and kids are raised in high-conflict environments or in divorced households, they are much more likely to suffer whichever ill you want to throw a dart at, such as poor school performance or involvement in the juvenile justice system.”

**Marriage education vs. marriage counseling**

The Stronger Marriages and Stronger Families Program was the only counselor-led effort of the seven demonstration projects funded through the Promoting Safe and Stable Families Program in 2003. While each of the six other projects focused exclusively on marriage education as opposed to marriage counseling, the Stronger Marriages and Stronger Families Program provided both services, in part to compare the efficacy of the two approaches.

As Daire admits, some critics question the overall value and effectiveness of marriage counseling and therapy. But he looks at the debate from another angle. “Marriage counseling is really the emergency room,” he says. “The success rate is going to be less at this point than if the couple did preventative treatment. We’re pretty much the trauma unit.”

Young backs that theory up, explaining that a problem typically crops up in a married couple’s relationship six years before they seek counseling to correct it. “People learn to adjust to bad situations,” he says. “They learn to avoid it because they think it’s going to go away. … You have to have a very positive attitude to be a couples counselor because couples come in very discouraged and distressed. The counselor’s job is to lend hope.”

Even so, based on preliminary observations in the Stronger Marriages and Stronger Families Program, it appears that couples counseling will prove to be just as effective (if not more so) than marriage education, Young says. The better news, he says, is that both approaches typically led to significant improvements in the relationship of couples who participated in either counseling or enrichment/education activities through the Stronger Marriages and Stronger Families Program.

The institute is currently comparing results from two of the direct services it provided: Stronger Marriage and Stronger Couples 16-hour enrichment workshops, which were based on David Olsen’s Prepare/Enrich model, and six one-hour sessions of brief couples counseling based on Young and Lynn Long’s Integrative Approach to Couples Counseling. “The next step,” Young says, “is to determine which treatment is best for which couple at which time.”

As Young explains, marriage education tends to be a programmed approach that takes couples through a step-by-step process in a group format. A “preventative” approach, it usually touches on multiple relationship topics (communication, finances, sex, conflict resolution, relationship expectations, etc.) regardless of whether participating couples view the topics as problem areas in their marriages.

Marriage counseling, on the other hand, involves just the counselor and the couple (although group counseling can also be used, especially as a follow-up or reinforcement tool). The focus in couples counseling is finding a resolution to a central issue, Young says, rather than providing a broad overview of marriage and relationship topics. “Most of these marriage education programs are being provided by volunteers and paraprofessionals,” he says, “while an expert...”

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**Relationship danger zones**

Spouses of all stripes can be excused if they harbor some seeds of concern as they approach their seventh year of marriage. After all, the phenomenon known as the seventh-year itch is lurking around the corner, just waiting to lay its egg. At the same time for couples to seek counseling, he says. “No one is really prepared for the 24-hour nature of a child,” Young says. “It’s not like a Labrador retriever.”

Children becoming teen-agers. Couples should expect to confront several “danger zones” during the course of their marriage, usually related to developmental pressures. According to Young, these stress points often coincide with:

- The birth of the first child.
- “There’s a complete reorientation,” Young says. “You now have a triangle in your relationship.” This is an especially important time for couples to seek counseling, he says. “No one is really prepared for the 24-hour nature of a child,” Young says. “It’s not like a Labrador retriever.”

- Children in college. “In many cases,” Young says, “it’s finally “safe” to get divorced once their children are in college. “In fact,” Young says, “it’s pretty devastating.”

- Retirement. Young recounts what one woman told him about how difficult it was to suddenly have her husband home all day, every day. “I’ve been cooking his eggs for 30 years,” she said, “and now he wants to tell me how to do it.”

- A woman turning 30 or a man turning 40. These are “dangerous times,” Young says, because of what’s going on inside the head of the individual who is reaching a self-perceived milestone age.

- The empty nest years. So much effort has gone into raising the children that when they’re gone, a husband and wife can feel like two strangers living in the same house. At the same time, couples who have remained together “for the sake of the kids” often feel that it’s finally “safe” to get divorced once their children are in college. “In fact,” Young says, “it’s pretty devastating.”

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Jonathan Rollins
American Counseling Association Foundation
Jane Goodman, 2006-2007 Chair

One still we value as counselors and seek to nurture in our students and clients is the ability to maintain focus in the midst of chaos, the ability to "keep it together" when the structure we had counted on crumbles. Often, the chaos we fear is personal or family centered. We never imagined the extent to which our colleagues across the Gulf Coast would be challenged following the ravages of our nation's greatest natural disaster.

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Across the nation, counselors have reached out to help their colleagues who continue to struggle in the aftermath of Hurricanes Katrina and Rita. Through the Counselors Care Fund, our Foundation offers grants of up to $500 to help ACA members and $1,000 to help branch organizations get back on their professional feet to serve the survivors of the Gulf Coast storms. Those of us who were unaffected by the hurricanes have supported our colleagues during their time of great need. With your help, we have raised nearly $35,000 and the ACA Foundation has matched each gift to the Fund.

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The Foundation supports students in the counseling profession in a number of ways, including scholarships to the annual conference and a first timer’s lunch, a special lounge just for students in the exhibit area, and the graduate student essay contests. We support other ACA activities by sponsoring lunches for Governing Council, the Council of Presidents and Region Chairs, and at the four regional leadership development meetings, and the ACA awards program.

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These are ongoing activities of which we are so very proud of, but the Foundation does so much more. Last year, we began our signature project, Growing Happy and Confident Kids. This emotional literacy project, implemented in more than 20 sites across the country, promotes self-esteem, self-efficacy, understanding emotions, coping strategies, and an understanding of the rich diversity that is so recognizable in our schools, communities, and nation.

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New mandates for selecting interventions

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

All ACA members are required to abide by the ACA Code of Ethics, and 21 state licensing boards use it as the basis for adjudicating complaints of ethical violations. As a service to members, Counseling Today is publishing a monthly column focusing on new aspects of the 2005 ACA Code of Ethics (the ethics code is also available online at www.counseling.org/ethics).

ACA Chief Professional Officer David Kaplan conducted the following interview with Barbara Herlihy and Judy Miranti, two members of the ACA Ethical Code Revision Task Force.

Standard C.6.e.

Scientific Bases for Treatment Modalities

Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. Counselors who do not define the techniques/procedures as "unproven" or "developing" and explain the potential risks and ethical considerations. Why did the Ethical Code Revision Task Force add this new standard?

Barbara Herlihy: There was concern that some counselors implement techniques that grow out of their own bias, are fadish or clearly unproven in a scientific way. The task force felt that counselors need to have a rationale for treatments and procedures that are grounded in an established theory or have a supporting research base.

Judy Miranti: Much of the discussion about the need to have theoretical or empirical grounding focused on sexual orientation issues in counseling—specifically around reparative/conversion therapy.

DK: Let's come back to the reparative/conversion therapy issue in just a moment. First, I do think we need to acknowledge that the new "Scientific Bases for Treatment Modalities" standard advances the profession.

JM: It moves the profession forward by telling counselors that while eclecticism or the application of several techniques could be therapeutic, the treatment modalities selected need to be research-based.

BH: The new standard on scientific bases for treatment modalities reminds us that the counseling profession has developed quite a body of literature both in theory and research which guides us toward effective practice. As such, our work needs to remain grounded in this carefully developed research base.

DK: You mentioned that one of the discussion points around this section was conversion/reparative therapy—an approach that purports to "convert" homosexuals to heterosexuality.

JM: Both the Ethical Code Revision Task Force and the ACA Executive Committee felt that it was important to look at the biases and prejudices involved in conversion/reparative therapy and the possible harm that this approach can cause.

DK: Since the 2005 ACA Code of Ethics has been published, the Ethics Committee has formally ruled that conversion/reparative therapy does fall under C.6.e. and that any counselor using this approach must tell clients that conversion/reparative therapy is developing or unproven.

BH: Although conversion/reparative therapy may have been the first specific technique, procedure or modality that has been identified as needing to be labeled as "developing" or "unproven," it is important to note that Standard C.6.e., "Scientific Bases for Treatment Modalities," wasn't aimed exclusively at that approach. This new standard was designed to focus broadly on any technique, procedure or modality that might be controversial and whose effectiveness or appropriateness is unfounded or not grounded in research.

DK: Why didn't the Ethical Code Revision Task Force decide to specifically state in the ethical code that conversion/reparative therapy is banned?

JM: This did come up, and some task force members felt that we should be specific and list approaches that are unethical.

BH: But in the end, we decid—

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As a young child, I had the sense that I wasn’t really good at anything. I didn’t like sports; I couldn’t throw the ball toward any target and hit it to save my life. I didn’t like trucks or GI Joes. Instead I was the kid who spent hours placing puzzle pieces together and building skyscrapers with my Lego set. If I wasn’t busy with my building blocks, I was in the kitchen with my mother and grandmother learning old family recipes and watching Days of Our Lives. I was intrigued by the process of learning, primarily through the building of blocks, puzzles, recipes and relationships. I somehow internalized this as odd behavior, partly because my father was ill-inclined to have a son who would rather bake with mom than hit the ball with dad. Boys are supposed to identify with their fathers and receive validation from their mothers, right? What happens to a boy whose father doesn’t identify with him? At that very young age, I felt like I wasn’t good enough for my dad, like there was something wrong with me. I found refuge from my perceived inadequacies by excelling as a student. I both lost and found myself at school because it was there that I found my saviors: teachers.

If you asked my mother what she thought her son would grow up to be, she certainly would have told you, “My son is going to be a teacher.” Actually, you could have asked my mom, brother, cousins, grandparents, classmates and the local Little Red School House; at age 7, I wanted to be a teacher. “Actually, you thought my son would grow up to be a teacher.” Although changing schools was both an adventure and a pain, I once returned to a former elementary school with great fanfare. My friends all asked where I had gone. Being 7 years old, I had internalized my parents’ divorce as my fault, so telling the truth wasn’t an option. My little second grade mind came up with the next best thing. My answer: I traveled around from school to school as a teacher’s aide. Nothing could have been more wonderful and prestigious — or further from the truth. It was then that I realized I wanted to be more than just a teacher’s aide in fantasyland. I wanted to be the real deal. I wanted to be the kind of teacher who had always made me feel special, included, good enough.

I can remember many of my teachers’ names by heart. Mr. Clay, my first grade teacher, taught me I could do anything I put my mind to. That year I broke my right arm, which happened to be attached to my writing hand. Mr. Clay helped me learn how to use my left hand in such a way I believed to be impossible. Every time I wanted to give up, he encouraged me to push on. Because of him, I completed the first grade instead of being held back due to an inability to complete assignments.

Ms. Howland, my sixth grade teacher, told my mom that I was a “natural born leader” and she intended to cultivate my talents to increase my self-esteem and efficacy. That year I shadowed the school superintendent, directed the sixth grade class play and organized my elementary school’s first sixth grade camp excursion. All this was made possible by my teacher’s belief in me. For a lower-middle class kid from a single-parent household, Ms. Howland’s personal investment was life-changing and set the tone for what was to come as I embarked on my path as a teacher and counselor.

It was during the course of my graduate education that my childhood dreams of teaching were rekindled. The professors who taught my courses were like tiny dancers, full of grace, of learning old family recipes and teaching my heart that none of this really mattered. I could only do my best job. My teachers had taught me that.

Before I entered the classroom, I stood in the grassy field I had walked across so many times before as a student. I closed my eyes, tilted my head toward the sky and remembered what had brought me to that moment. I gave thanks for my blessings, took a few deep breaths and made my way to the classroom, which was the space where I would come full circle. There is so much I would like to tell you about that first semester and all that has come after, but space and time have dealt their hand. I can tell you that I found my life’s calling, that I believe I learned just as much as my students learned and that I had more fun than I have ever had teaching that course. My students began to see themselves as leaders in their world. They learned how to honor themselves by speaking their truth and validating their peers by hearing their stories. These students began to view themselves as contributors to humanity, not only through their productivity but also through their commitment to inclusiveness, diversity and the empowerment of themselves and their community.

I can only begin to describe the overwhelming sense of pride I have in the teaching profession and the kinship I feel with my former teachers, colleagues and all those training to enter the field of empowerment. My semester recently came to an end. After the class said its good-byes, a student hopped in the back of the room waiting to speak to me. As the last of his classmates exited, the young man walked over with tears in his eyes. He said he wanted to thank me for being me and added that the class had changed his life. Although he couldn’t say where his tears were coming from, he wanted me to know he was thankful.

As I looked into his eyes, I could see my reflection. I was touched by the memories of teachers past who had helped to change my life. Eventually left alone in the room, I began to cry tears of absolute joy. I knew at that moment I had come full circle and that I was on the path to finding my way.
BIG GIRLS DON'T CRY

Truth or Dire Consequences?

Anna's mother had battled terminal cancer for a year, but Anna was still too young when her mom finally died. She came home from the hospital and went as she told her 8-year-old daughter that grandma had died. But her husband pulled her out of the room and told her to get a hold of herself. He said she needed to be strong for their daughter, and not feel sorry for herself.

She called her best friend who told her, "Don't cry, you should be happy that she's no longer suffering." So she tried to hold back her tears and put on a happy face. When her sadness continued, she called her pastor, who said, "Don't feel bad, she's in a better place."

It may be intellectually accurate that Anna's mom was no longer suffering and was in a better place. But the same was not true for Anna. Anna was heartbroken and defeated. NOT in a better place. All the comments she heard, no matter how well-intended, told her that she shouldn't feel what she felt.

The attempt to stilt grieving from their naturally occurring emotions to their intellect is dangerous and counterproductive. Our reliance on intellect at the expense of feelings has reached epidemic proportions—especially where grief is concerned.

BE STRONG OR BE HUMAN

Don't cry. Be strong. Don't feel bad.

Everything Anna heard put her in conflict with what was truthful about her feelings.

Because she didn't have better information to guide her, Anna believed that something was wrong with her and she shouldn't be feeling what she was feeling. She didn't cry at the funeral because everyone told her that she needed to be strong for her daughter. Her daughter, watching and learning from her mother, didn't cry either.

TISSUES NOT TRANQUILIZERS

As Anna kept pretending to be fine, she began suffering from everyone. She noticed that she had almost no energy. In desperation, she went to her doctor, who diagnosed her as "depressed" and prescribed a heavy dose of medication.

The drugs numbed the pain and allowed Anna to bury her feelings even deeper. Her marriage suffered, and her daughter was in a free-fall of her own. All of this occurred, in large part, because Anna had learned to be strong and hide her emotions. And worse, she inadvertently taught the same wrong idea to her daughter.

Perhaps Anna would have done better if allowed to cry at the first place.

EXPAND YOUR PRACTICE

While crying is normal and natural and helpful in dealing with the emotional energy caused by the death of a loved one, it's obvious that Anna would need to do both emotionally complete with her mother. Not only is crying the only thing her daughter would need to do to deal with the unrealized hopes, dreams and expectations she had for her future that would have included her grandmother.

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Hamstring emotional intelligence

BY STACY NOTARAS MURPHY

The wall chart in your physician’s office comes in handy when she makes a diagnosis about your aches and pains. Illustrations of the human body can help laypeople get a better sense of what they’re experiencing and tune them into their own treatment. Why not apply the same logic to mental health counseling?

Proponents of emotional intelligence theory are doing just that. Some believe that innovative ways of describing how emotions inform behavior may tune clients into their own growth. Emotional intelligence (EI) has come to reference the capacity of individuals to recognize, consider and manage their emotions and those of others. By understanding our own level of EI, some experts contend we can learn how to regulate our emotions as signals, they recognize, consider and manage their own.

These vehicles lack a consistent definition of EI. John D. Mayer and his colleague Peter Salovey are credited with coming the term “emotional intelligence” in a 1990 journal article. A professor at the University of New Hampshire, Mayer continues to be a leading researcher on the topic, writing extensively and co-authoring the Mayer-Salovey-Caruso Emotional Intelligence Tests (MSCEITs). He defines EI as “intelligence that involves reasoning with emotions and the capacity of emotions to facilitate thoughts.”

Mayer is quick to distinguish this ability to think with your emotions (an aptitude level that is fixed, much like your intelligence quotient) from uses of the term “EI” to describe other things, such as interpersonal skills or how to improve them. “There’s real emotional intelligence,” Mayer says, “and then there’s what I would term, ‘work under the name emotional intelligence’ that really has little to do with it.”

A problem of popularization?

Daniel Goleman’s ground-breaking 1995 book, Emotional Intelligence, is credited with widening EI’s audience. He defined EI as a skill set that can be used to predict individual successes in relationships, education and the workplace. The mainstream media relished its applications in the business world, and suddenly consulting firms and seminar leaders jumped on the EI bandwagon.

The result was an overload of information in the marketplace, extending from esoteric texts to diluted pop psychology. The popularization of EI is obvious: It gives real consideration to the notion that there may be more to cognitive ability than what is measured by the traditional IQ.

But to EI’s core theorists, such enthusiasm threatens to confuse the entire field. “People got very excited about emotional intelligence without being sensitive to the terminology,” Mayer says. “They said, ‘Well, optimism is sort of emotional intelligence, and need for achievement is sort of emotional intelligence, and social skills are kind of emotional intelligence.' They got kind of loose with the terminology and began drawing on a number of pre-existing personality traits, which are wonderful things to study, but by calling it ‘emotional intelligence,’ they cut themselves off from the decades of [existing] research studies on those areas, while simultaneously not studying emotional intelligence at all, at least as I’ve defined it.”

Still, an intriguing aspect of the more popular notions of EI may be that unlike IQ, one’s emotional intelligence score on certain testing instruments may improve following psychological integration and growth. Counselors may take advantage of the variety of available data by reading up on the precise background of EI, while using its more accessible tools to educate their clients. Applying EI to counseling interventions can help bring clients to a different level of awareness regarding their own progress, including pretest/post-test scores to highlight the changes. To be fair, Mayer and his colleagues do not agree that EI is adaptable. Rather, they contend that it is “emotional knowledge,” based on an understanding of one’s EI, which may improve over time and lead to healthier living strategies.

Returning to the image of a physician’s wall chart, an illustration of Mayer’s vision of EI might include his “ability model,” which is made up of four branches: managing emotions, understanding emotional meanings, using emotions to facilitate thought and accurately perceiving emotions in oneself and in others. In short, EI is a combination of these abilities that relates to a person’s capacity for reasoning with emotions in a manner that enhances thought.

For example, Mayer points out that mental illness, in itself, does not mean that someone lacks emotional intelligence. “It could be that the depressed person to your left on the bus who is sobbing uncontrollably is actually the person higher in emotional intelligence, because emotional intelligence doesn’t have to do with being warm or a slightly positive mood. It has to do with reasoning about emotions,” Mayer explains. “The first question you have to ask is, what is there to reason about with emotions? Why should anybody care? The answer is that emotions are signals about relationships.”

In other words, it is not your emotions that matter but the way you apply reason to them as you move through life. “If I’m happy, that means I want to join with other people. If I’m sad, it means I’ve lost something — emotions are signals about those relationships,” Mayer says. “People who are highly emotionally intelligent can, among other things, observe and understand those relationships. They recognize emotions as signals, they recognize when emotions are being felt and, possibly, even when the feeling is being disguised. They know what the signals mean, they know how the signals are likely to develop over time and they know how to manage those feelings — or not manage them, if that’s more sensible.”

In many ways, Mayer’s perspective emphasizes the “I” in EI. The key is not what your emotions are but how well you recognize and manage them in yourself and others. “You can do that if you’re depressed, you can do it if you’re cheerful, you can do it if you are in a neutral mood and you couldn’t give a damn about how other people would feel, and you can do it if you’re being empathic,” he says. “It’s intelligence. It’s a capacity. It’s a mental ability.”

Assessing the assessments

The EI assessments available in the marketplace range from the simple to the complex. Joining Mayer’s MSCEITs are other popular assessments, including the BarOn Emotional Quotient Inventory (EQ-I) and the Benchmark of Organizational Emotional Intelligence, mainly used for organizations and groups.

Without commenting on specific assessments, Mayer emphasizes that his MSCEITs are ability tests that evaluate a client’s responses based on a criterion of correctness rather than self-judgment. He raises the question of whether many of the popular scales actually are distinguishable from traditional personality measures. “They do not measure anything new, and there is little or no evidence that they measure emotional intelligence as properly defined,” he says. “They don’t even correlate with one another, which is understandable because, unmoored from the valid constraints of measuring something emotionally intelligent, each scale author picks and chooses from their own favorite catalog of traditional personality variables. Only ability tests using proper definitions can, and do, measure EI.”

But the EQ-I’s self-judgment approach may appeal to those more interested in a client’s self-perception. Ann Billard, an American Counseling Association member who is the director of the transformative aging program for the Sisters of Charity in Charleston, S.C., was drawn to the EQ-I methodology during
her doctoral research on aging Roman Catholic nuns, “I recognized that emotional intelligence is significant in one’s ability to deal with life,” she notes. “You can have all of the cognitive intelligence, but if you don’t have the common sense to deal with what’s going on around you, you’re not going to be too successful.”

The EQ-I measures five areas: intrapersonal awareness, interpersonal relationships, stress management, adaptability and general mood. It also breaks down 15 subscales within the five areas. Billard’s study of 33 women over 60 years old found that the intrapersonal area, which is mainly about how people see that their wonderful intellectual abilities cannot be used effectively unless they’re doing something with them, was the lowest. “It’s a very good way to help people look at where they’re putting their energies. One of the ways I use the EQ-I is in helping people look at their three highest and three lowest subtest scores. For example, a person’s three highest sub-scores might be in the interpersonal area, while their three lowest are in the intrapersonal area, so that basically they’re using all of their emotional energy to look good ‘out there,’ while neglecting themselves. Their sense of worth is coming from what they do, not who they are.”

Change over time

The Emmaus House program is aimed at improving client functioning over time, and Weychert appreciates that EQ-I scores often increase along with that evolution. EQ-I scores are “a snapshot in time,” Weychert says. “My experience of repeating the EQ-I with people who are actively involved in their own process of therapy is that they see the results when they do the post-test.”

Weychert adds that she has made use of the visual displays provided in the EQ-I manual. “It represents the skills that are needed to really tune yourself into others — self-awareness, self-regulation, motivation, empathy, social skills — and it is all spelled out for the clients. I certainly use that table,” she says. The assessment results serve as a map for the Emmaus House clients who then take part in individual therapy, group counseling and other activities that teach and reinforce healthy living habits.

In one case, Weychert worked with a female client whose overall EQ-I scores (which jumped from 94 in September to 123 in May) mirrored an upward journey at Emmaus House. “It just makes so much sense based on my day-by-day interactions with this woman,” Weychert says. “The results matched what I saw happening. For example, this (was) a very rigid woman whose scores on adaptability — which includes reality testing, flexibility and problem-solving — went from 101 in September to 124 in May. The same things happened under stress management, happiness and general mood.”

“The one subtest in which her score decreased — and it needed to — was social responsibility. She was taking responsibility for the whole world and not for herself, so her score was lower in May than it was in September, and that’s an improvement,” Weychert explains. The assessment results also helped the woman’s counselors chart a course for her treatment. “The more concrete you can make behaviors, the more insight you really work with people without more than just your own clinical assessment of where a person is because of the complexity of what you’re dealing with in the human person.”

But Weychert is quick to note that the EQ-I, or other emotional intelligence instruments for that matter, shouldn’t be used in isolation. “Our clients receive a lot of feedback from a variety of sources,” she says, “so by the time they receive their EQ-I scores, it matches the feedback they’ve already received. In my experience of giving feedback, individuals are really able to hear this information in this format.”

Mayer agrees that there is much potential for counselors to apply emotional intelligence theories in their daily work. “As a counselor, can you enhance emotional intelligence? Nobody knows,” he says. “But can you help a person function better emotionally? Yes, by educating them about what emotions are and what emotions mean. I would suggest that counselors learn about the new vision of personality psychology that’s now emerging. Learn about the new systems and methods of dividing personality into major areas and your practice will start to make more sense to you.”

As a first step, Weychert suggests that counselors take an EI assessment themselves. “I never use an instrument with anyone unless I’ve taken it myself,” she says. “That’s a way of really being able to look at the results and saying, ‘This takes good self-knowledge.’ My experience with those in the field is that they don’t know themselves very well, and it’s one of the biggest reasons for burnout. Their identity is around being a helper, but they haven’t learned that they can’t take people any further than they’ve been willing to go themselves. If a person has some working knowledge of themselves and they take the EQ-I, my experience is that it just makes sense.”

Weychert adds that the elasticity of the EI model continues to inspire her to expand her work with clients and her own inner work. “This proves that it’s never too late to work on yourself, thank you, God!” she says with a laugh.

Letters to the editor:
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An American success story

Claudia Daniels overcame Bolivia’s drug culture, political unrest and the challenges of immigration to become the Navy’s only substance abuse counselor for adolescents

BY ANGELA KENNEDY

Life is full of ups and downs, challenges and accomplishments. Petty Officer 2nd Class Claudia Daniels, a former political refugee, knows this from personal experience. She’s overcome a world of adversity to become the only substance abuse counselor for adolescent dependents of United States Navy members.

As a teenager, Daniels and her family emigrated from Bolivia to seek safety and a new life in the United States. After much hard work, she learned a new language, pursued her education and joined the U.S. Armed Forces. She now enjoys working at the “President’s hospital,” the National Naval Medical Center in Bethesda, Md., and has found it richly rewarding to help teenagers reclaim their lives from drugs.

For the past two years, Daniels has provided substance abuse counseling for 13- to 17-year-old dependents of active duty or retired Navy personnel, a job that is usually contracted out to civilian drug treatment facilities. She has developed an intensive 12-week, individualized program that is tailored to each client. Most of her clients are users of marijuana or alcohol, but she has also worked with teenagers addicted to methamphetamine, heroin and inhalants. Despite being the Navy’s only substance abuse counselor for adolescents, Daniels says her workload is fairly light, averaging about three clients at a time. She has juggled as many as 15 clients, however.

Daniels’ desire to work in this particular niche of counseling stems from her personal exposure to the heartache that can result from drug use. “I’ve had personal experiences with addiction because my dad abused drugs,” she says. “It has always interested me how people could debate the legal issue of drugs, especially marijuana. I know how it can hurt an entire family and not just the person who does it.”

Coming to America

As a small child, Daniels watched her father fall deep into the drug culture of Bolivia. His addiction spiraled out of control, taking its toll on the family. The family lost its savings and eventually its home before Daniels’ mother decided something had to change. Daniels was 8 when her mother divorced her father and left with her two young children in tow. Facing life as a single mother, she began working for political party officials and eventually was appointed secretary in charge of a state committee. Her successful career allowed her to provide the family with many luxuries.

“When I lived in Bolivia,” Daniels says, “we were considered to be in the high class. My family there is still considered to be high class. We had a big house. I had a motorcycle at 13, and we had a chauffeur to take us to school. We didn’t have to worry about anything financially. We were very well off.”

In 1993, Daniels was in the 10th grade. She was doing well academically and was starting to plan for college. In June of that year, she turned 15 and had a customary quinceañera, a huge formal “coming out” gala complete with a beautiful gown and tiara and with dozens of friends and family in attendance. But things changed drastically after her birthday, when her mother’s political party lost the national election. Though the transition of power was generally diplomatic, certain portions of Bolivian society strongly opposed attempts at economic restructuring and instigated frequent social disturbances. In the months that followed, Daniels’ mother began receiving threats directed at her and her family.

“My mom, myself and my little brother left Bolivia to seek asylum in the States,” Daniels says. “I had just turned 15 and I was close to graduating, so I didn’t want to leave. I hated leaving my friends and family. I just was not happy about it at all.” She recalls that her mother made the move to the Washington, D.C., area with less than $200 to her name. “My mom came to the States and she worked as a housekeeper in a hotel,” Daniels says. “It was difficult to see her working that hard.”

While living in Washington, Daniels, her mother and her little brother shared a twin size bed in a basement that was occupied by a half-dozen other people. The adjustment was hard for Daniels, who didn’t have any friends in high school and spoke little English. She was able to keep her grades up, however, with the aid of a translator. Eventually, using money that she had saved a little at a time, Daniels’ mother was able to move her family into their own place.

Daniels graduated from high school and still had her heart set on college. With dreams of possibly becoming a doctor, she enrolled in a local junior college but had to work three different jobs to pay for the tuition and books. “Things slowly got better for us,” she says. “When I started college, I began meeting more people and having more fun here.” Her mother also learned English and enrolled in classes to become a medical assistant.

After two years at the junior college, Daniels wanted to continue her education at a university, but once again money was an issue. A Marine Corps recruiter approached her brother, who was a high school student at the time, to ask about his plans after graduation. Daniels listened in on the conversation and became very interested when the recruiter mentioned tuition assistance and educational opportunities. “I decided to join the Navy to pay for my education,” she says.

Daniels’ initial job as an administration clerk was far removed from the medical profession she desired, but at least allowed her to enroll in evening classes. Then came another obstacle to her goal of becoming a doctor. “The university I was attending on base didn’t offer a biology major,” Daniels says. She wanted a bachelor of science degree, so she decided to go for psychology. “My first professor — I still remember his name, Dr. Piper — had so much passion. He inspired me to be a counselor,” she says. “He transmitted this ‘I love my job’ vibe, and I knew then that’s what I wanted to do.”

After receiving her bachelor’s degree, Daniels was able to change jobs in the Navy to work as a psychiatric assistant. In 2004, she was appointed to her current position. Now a wife and mother of two children, she is still pursuing her education and working toward her doctorate from Capella University. She looks back on her life — all the obstacles she had to overcome and what she’s achieved — with pride, knowing that perseverance and determination can make dreams come true.

“I wanted to be a doctor to save lives. And as a counselor, I’m still doing that, but just in a different way,” she says. “I love being able to connect with my clients — being able to see them and get them. Sometimes just being there for these kids will get them on the right track. I really enjoy helping them help themselves.”
Knowledge is a degree that incorporates life's curriculum.
Motivating clients to show up for their next scheduled visit

BY LYN KELLEY

Maria Goldfine is sitting in her office alone, impatiently waiting for her next client. She is beginning to think that she’s being stood up, which would be the third time this week that a client hasn’t shown up for an appointment. She waits another 15 minutes, then calls her client and leaves a voice mail message. She never hears back from her client.

What is she to do? “Is my client OK?” she wonders. “Should I try calling again? Did I do something to turn her away last session? Did she not like me? Were my fees too high? Did she just forget about her appointment? Should I bill her for my no-show fee?”

If you’re a counselor in private practice, you most likely have experienced clients failing to show up for their next scheduled visit. And you likely have wrestled with some of the same questions.

As a practice building coach and continuing education provider, I speak with thousands of counselors every year. One of their main frustrations is clients who show up for an initial visit and never return (I call this the “splitter”). Even more confusing is when clients who have been coming for a while do not show up for a scheduled visit (I call this the “no-show”). The most frustrating of all is when clients who have been in treatment for a while suddenly stop showing up, fail to offer an explanation and never call back (I call this the “self-terminator”).

It’s disheartening when clients don’t show up, especially when they don’t call to cancel or explain. Not only are we concerned with their well-being, but we’re left wondering if it was something we did or said. Sometimes clients do not feel like a good “fit.” Sometimes they need to be referred to a counselor who is better suited to help them. Sometimes they’re just not ready for change.

But as counselors, we need to be skilled in motivating people. If we can become more skilled at motivating clients to continue with treatment, they will surely benefit. James Prochaska is a professor of psychology and director of the Cancer Prevention Research Center at the University of Rhode Island. As a change research guru, Prochaska says that more than 45 percent of clients drop out of counseling prematurely.

How do we define “prematurely”? Let’s assume you have assessed your client and think you can be or already have been helpful to this individual. At this point, “leaving too soon” usually means before the client has completed treatment goals and/or shown significant improvement in functioning. The choice to be in treatment with you is always the client’s. Clients have no obligation to continue showing up, although they may be responsible for your no-show fee if they don’t provide sufficient notice.

This article is meant to provide some tips on how to motivate clients to show up or, at the very least, let you know why they chose not to.

According to Prochaska’s 1994 book Changing for Good, research indicates that only about 20 percent of the population permanently conquers long-standing problems on the first try. This means the vast majority of changers relapse. One of the signs of relapse is discontinuing counseling/therapy. Why do clients leave treatment too soon? We don’t fully understand all the reasons, but Prochaska’s research provides some insight.

The first session

In his study, Prochaska found that the most important factors in choosing a counselor were clinical expertise and interpersonal skills (specifically, warmth, caring and openness). Another major factor is “goodness of fit.” Clients need to feel a sense of connection with you. They also need to sense that you understand where they’re at in their lives.

Regarding clinical expertise, counselors need to inform clients on the first visit about their education, training, experience and specialties. It’s also important to assess the stage of change the client is in during this first session. It is clear to Prochaska that most counselors are unaware of the relationship between processes and stages. He has developed a six-stage change theory that includes precontemplation, contemplation, preparation, action, maintenance and termination. Commitment needs to happen before action can take place or be sustained.

During the first session it is important to make clients aware that change is likely to be difficult instead of a smooth climb. Few clients realize how much change costs and consequently fail to budget enough time, energy or money. They need to understand that it may have taken them years to establish their problem behavior. Realistically, it may take a significant amount of time to reverse deeply imbedded behavior, if ever at all.

Prochaska’s research shows it takes an average of approximately 6 months of concerted action before a client may be ready to move into the maintenance stage. The average number of visits to a counselor in private practice is about 14. Explaining this to clients up front often alleviates their fears and unrealistic expectations. Asking clients what stage of change they feel they are currently in can assist both of you in determining how to proceed.

Be empathic

Lack of empathy and caring is the second main reason Prochaska cites for clients leaving treatment too soon. You begin the therapeutic alliance with new clients during their first telephone contact with you. You further it during the first session. I recommend allowing an extra 15 to 30 minutes for the first session to handle forms and paperwork.
It is absolutely amazing to me how cold and clinical many counselors can be. I don't believe most of them start out that way. I think it happens over time, and burnout may be the major factor. It is clear, however, that most clients want their counselors to exhibit warmth, caring attitude and empathy (humanistic behaviors). Research shows that these traits alone may be the most significant factor in clients' reported progress in therapy. One of the major factors in Oprah Winfrey's huge success is that she was one of the first (if not the first) talk show hosts who asked questions and then gave empathetic responses. She's also genuine, congruent and open. As a result, more than 40 million viewers tune into her show daily.

Moreover, it's extremely important how you greet your clients on their first visit. This is as simple as walking into the waiting room and introducing yourself in a caring way. Thank them for being there. Offer yourself in a caring way. Thank them for being there. Offer them a glass of water and ask them to fill out their initial interview/forms. After they have completed the form, invite them in and go over their informed consent form. After filling in at least two things before they leave:

- An appointment card for their next session that includes your no-show policy
- A homework assignment or handouts to read before the next session
- An affirmation card or statement

The appointment card will affirm in writing the date and time of their next visit. Having your no-show or cancellation fee policy on the card will remind them to show up or at least motivate them to call to reschedule.

A homework assignment serves several purposes. It gives clients something to work on between sessions to enhance their progress. When clients have something to work on between sessions, they view their therapy as more valuable, creating the perception that your fee has more worth. It also motivates clients to return so they can discuss the progress they made on their assignment.

An affirmation card or statement is something clients can take with them and read each day in between visits as both a reminder and motivator. An example is "I am a confident, relaxed person who creates balance and flow." You can purchase a box of positive affirmation cards or make some of your own. My clients look forward to their cards and almost always report positive results from them at their next visit.

Welcome letters and satisfaction surveys

It's simple, yet very few counselors use it! A "welcome to the practice" letter is extremely powerful in creating and maintaining your therapeutic alliance with clients. It has even more power if sent with a client satisfaction questionnaire. It's a simple courtesy that costs you almost nothing and takes very little time. Yet it goes a long way toward establishing goodwill, and clients do appreciate it. You should mail the letter to your clients right after the first interview (make sure you received permission on the form) or mail them at your next appointment. Many clients have told me they've never had a health care provider send them either a welcome letter or an evaluation. The fact that I did sealed their intention to continue with me in counseling.

Your client satisfaction questionnaire is very important for two reasons. First, it creates a goodwill atmosphere. Clients perceive you as a person who cares about their feedback and a counselor who has a desire to improve your clinical skills. Second, it lets you know your clients' perception of you and your work. If you're doing something that is turning clients off, you'll be much more likely to find out. You'll also find out what you're doing right.

You should mail this questionnaire with your welcome letter. It often helps clients to know what you're doing right. With these tips, your clients will show up for their next session that way you wanted. I think it happens over time, and that's why they start off. You'll be much more likely to find out. You'll also find out what you're doing right.

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Senate passes Workforce Investment Act reauthorization

Legislation to reauthorize the Workforce Investment Act, the 1998 law establishing the nation’s system of One-Stop employment centers and state vocational rehabilitation programs, is once again moving through Congress. The Senate passed its version of legislation reauthorizing WIA on June 29, more than a year after the House passed its version.

Despite the recent activity, the lack of time left in the session may force postponement of the issue for another year. The American Counseling Association and other advocates view the Senate bill as a significant improvement over the House legislation.

Work rules tightened for TANF program

The U.S. Department of Health and Human Services has issued rules that will significantly tighten the work participation requirements states must meet under the Temporary Assistance for Needy Families program. The most significant change is that effective immediately, states will receive credit toward meeting work participation requirements only for reductions in their TANF caseloads relative to their total caseloads in 2005, not relative to their 1995 caseloads as under previous regulations.

The interim final rules are available online at www.acf.hhs.gov/programs/ofa/tanfregs/tfinrule.htm.

Education Department announces school counseling grants

The U.S. Department of Education has announced the Elementary and Secondary School Counseling Program grant recipients for the 2006-2007 school year. For a complete list of the awardees, go to www.ed.gov/programs/elscounIntro.htm.

The Department of Education is awarding more than $17 million in new ESSCP grants to 49 school districts in 21 states to improve elementary school counseling programs. The Education Department also continues to fund the 46 school districts that were awarded grants in 2004 and 2005.

For questions concerning the program, visit the Department of Education’s ESFC website at www.ed.gov/programs/elscounseling/index.html.

ACA part of coalition taking proposals for NCLB reauthorization to Hill

ACA lobbyist Chris Campbell and colleagues from the School Social Workers Association of America and the Speech Language-Hearing Association are representing the National Alliance of Pupil Services Organizations in meetings with key congressional staff charged with reauthorization of the Elementary and Secondary Education Act, also known as No Child Left Behind.

The purpose of the meetings is to discuss NAPSO’s principles for reauthorization of the Elementary and Secondary Education Act and the important role of pupil personnel services. Although the act is not expected to be formally reauthorized until after the 2008 presidential election, Congress has begun holding hearings and staff members have begun discussions on the topic.

To read NAPSO’s “Principles for the Reauthorization of ESEA,” go to www.napso.org/pos/NAPSOPrinciples.html.

Discover the new Detroit

It’s been called Motown and Motor City, but whatever you call it, the 10th largest city in the United States has undergone a renaissance that will be witnessed firsthand by more than 3,000 counselors at the 2007 American Counseling Association Annual Convention and Exposition, March 21-25.

A former autoworker paved the way for Detroit’s famous 20th century contribution to the music world. Founded as an upstart record company by Berry Gordy Jr. with a family loan of $800, Motown Records introduced the world to Marvin Gaye, Stevie Wonder, Smokey Robinson, Michael Jackson, the Temptations, Diana Ross and others — all of whom either grew up or gained their initial fame in Detroit. Other famous Detroiter include Madonna, Ed McMahon, Tom Selleck, Robin Williams, Eminem (born Marshall Mathers), Kid Rock (born Robert James Ritchie), Bob Seger and Ted Nugent.

Detroit is still the car manufacturing capital of the world. It is the world headquarters of General Motors Corp. and Ford Motor Co. and the North American headquarters of DaimlerChrysler and Volkswagen. The city is also an industrial giant, a leader in the production of paints, nonelectrical machinery and automation equipment, as well as pharmaceuticals, rubber products, synthetic resins and garden seed.

Located in southeastern Michigan along the Detroit River and constructed on an ancient underground salt dome, the area was considered a trading center by the pre-colonial American Indians who lived nearby. For hundreds of years, only Indian traders were allowed into the territory. In the 1600s, France began establishing forts at strategic locations in North America to try to keep the British from moving west out of New England. French explorer Antoine de la Mothe Cadillac thought the area that had become known as “le detroit” — or “the strait” — was an obvious choice to become the location for a major post. The surrounding Great Lakes and waterways meant easy travel from most major points. French officials worried the plan would upset the Iroquois and thus jeopardize efforts to make peace with them. But eventually Cadillac won the debate and was allowed to establish a settlement along the Detroit River in 1701. Detroit was captured by the British in 1760, while U.S. control dates from 1796.

Steady growth began in the 1830s, and subsequent decades saw the emergence of shipping, shipbuilding and manufacturing. Its signature industry, car manufacturing, was actually spawned as a result of the area’s thriving carriage trade, which prompted Henry Ford to build his first automobile in 1896. The Model T was produced in Detroit from 1904-1909, when production was moved to larger facilities in Highland Park.

The auto industry spurred spectacular growth in Detroit during the first half of the 20th century and drew many new residents, particularly from the southern United States. The city eventually fell on hard times, though, and for decades, Detroit endured a painful decline, with many holding it up as a symbol of Rust Belt urban blight.

The city is currently enjoying a renaissance, however, with much of it centered downtown. In 1996, three casinos opened — the MGM Grand Detroit, the Motor City Casino and the Greektown Casino. In 2000, Comerica Park replaced historic Tiger Stadium as the home of Major League Baseball’s Detroit Tigers. And in 2002, Ford Field brought the National Football League’s Detroit Lions back to Detroit from Pontiac. Last year, Detroit hosted the Super Bowl.

To learn more about Detroit, go to www.visitdetroit.com/visitorcenter/aboutdetroit/. And plan now to join your colleagues next year to see the new Detroit for yourself!

For more information about the 2007 ACA Convention and Exposition, visit www.counseling.org/Convention/. Register now through Aug. 31 for the lowest summer rates.
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Counseling Today Quiz — August 2006

As you are reading the following articles, you should be able to answer the questions below. This is an “open-book” exam. Use this page as a reference, but do not answer by passing down hand and completely filling in the circle per question. Then mail it with a $5 payment to the address below. Please no oral tests.

“Depression Hospitalization: Winning Varies”

1. All of the following statements are true about Rokanowskis model EXCEPT:
   a. The patient would have pain in the arm.
   b. The patient would have anxiety.
   c. The patient would be instructed not to do anything.
   d. The response is not specific.

2. According to Rokanowski, what is the long-term goal over time all the specific goals?
   a. Living authentically
   b. Self-care
   c. Sustainable coping tools
   d. A realistic definition of strengths

“Religious Maintenance”

3. According to Young, the “real answer to a good marriage” is:
   a. Communication
   b. Honesty
   c. A willing to be vulnerable
   d. Envision

4. Based on observations in the Greater Cincinnati and Greater Chicago Program, how does the effectiveness of couples counseling compared to marriage education?
   a. Marriage education is more effective.
   b. Couples counseling is more effective.
   c. Both approaches are effective.
   d. The approaches are too different to be compared.

“Motivating Clients to Show Up for Their Next Scheduled Visit”

5. A study of clients that have not shown up for their scheduled appointments indicate that:
   a. 20%
   b. 50%
   c. 35%
   d. 45%

6. A study of clients that have not shown up for their scheduled appointments indicate that:
   a. A significant increase in the percentage of clients who do not show up
   b. The client has a good opportunity
   c. It’s a great opportunity
   d. Trying to avoid something

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Program learning objectives to increase awareness of counseling and mental health services.

Illustrate the following on a scale of 1 to 5. (1) poor, (5) excellent.

Information was well protected

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August 2006
Waiting Wives

Continued from page 1

literature, there was very little on this — nothing very specific, nothing that had a theory tied in or structure. It was mostly about support groups. Since there is little research on the effects of the war in Iraq on spouses and families at home, we can look to the impact previous wars have had on military spouses in order to build a bridge from the past to our current situation. I wanted to raise awareness that this is something we should really look at, especially in our current situation. We are at war. There are a lot of people over (seas), and there are people here who are going through this anxiety.”

In an effort to draw the attention of more counselors to this topic, Rakowitz presented a poster session on her proposed therapy model at the ACA Convention in Montreal earlier this year.

Rakowitz notes a stereotype persists that these wives need to be strong for their husbands who are at war. In other words, she’s supposed to be the rock for him. But in reality, Rakowitz says, these wives are facing tremendous anxiety, and with that anxiety comes fear, sadness and loneliness. “These things need to be talked about while the husband is deployed so the wives can be strong for them,” she says.

Existential therapy focuses on the development of a client’s self-awareness by delving into issues of aloneness, meaninglessness and mortality, all of which military wives struggle with when their husbands deploy to a combat zone. Rakowitz’s proposed model examines the anxiety these women are experiencing through existential themes in an attempt to help them find support, hope and meaning in their lives. When their husbands deploy, military wives are left with bigger boots to fill because they are expected to take on new roles and responsibilities. At the same time, they often have tremendous influence on their husbands’ performance overseas. Rakowitz notes that with the absence of a loved one can stir up a multitude of questions, emotional and somatic responses, and problems at home.

“The themes of existential therapy address the question of responsibility, life and death — those themes can be very abstract but in this population seem so concrete because those are exactly the things that they are dealing with,” she says. “Having a group that is more cognitively or solution-focused won’t work because there is no solution. This approach may help them to embrace those themes that they are going through.”

Common issues and stages

When their husbands deploy, wives face several common issues. They may:

- Experience anxiety, sadness, fear, loneliness and resentment
- Struggle with new roles and responsibilities
- Find a lack of therapeutic resources available to them
- Fail to properly support themselves, their families or their spouses fighting abroad

Rakowitz notes that many military wives have difficulty remaining optimistic and maintaining family integrity. Their self-esteem falters and they feel powerless. These wives often go through three stages:

- Protesting (crying, searching for meaning and answers, resisting)
- Feeling despair (loss of hope, apathy, withdrawal)
- Detaching (superficial sociability)

“Although those are stages, it’s more circular,” Rakowitz says. “It’s more like a pattern within a cycle.”

To be resilient and supportive of her spouse overseas, a wife must first receive the necessary emotional, spiritual, physical and social support. “The stages are typical responses to anxiety.” Rakowitz says. “That’s why I think a group setting makes more sense than individual therapy because they will find universality and normalcy with other women going through the same emotions.”

The common bond that develops between the group participants offers a sense of altruism, emotional catharsis and hope, she says. Rakowitz acknowledges that many of the ideas in her model are derived from group therapy legends Irving Yalom and former ACA President Samuel Gladding.

Existential therapy is said to be an optimistic approach in that it embraces human potential, while remaining a realistic approach through recognition of human limitation. While the therapy examines people’s awareness of themselves and their human existence, it also recognizes that people do not exist in isolation from one another. It considers the need to be connected as natural but says people must ultimately come to realize that they cannot depend on others for validation and happiness. Rakowitz believes this presents an applicable theory for helping this population of women to learn about themselves through shared life experiences while also finding strength in socialization.

Group structure and logistics

According to the guidelines provided by Rakowitz, groups should be open-ended, meet weekly and contain no more than eight participants to allow for individual attention and interaction. Wives would be allowed to both voluntarily join and leave the group, with no restrictions related to rank or military grade. Preferably, the group would meet in a safe, private location, possibly including on the base or installation. Rakowitz says group membership should be limited to those who currently have deployed spouses.

She recommends recruiting group members by publicizing the group and talking with colleagues of established military organizations. Counselors can request that written announcements be posted in health service offices, childcare or nursery facilities, libraries and/or recreation centers on base. The announcement should have a positive tone, she says, and describe the group as a form of support for wives who are facing anxiety due to the deployment of their spouses. Information can also be made available through organizations that provide referrals to support groups for military personnel, including the United Services Organizations, Army Community Services, Navy and Marine Corps Family Services and Air Force Family Support Services. Since this is an existential group, Rakowitz says some of the themes should be mentioned to help potential group members understand the theoretical framework the therapist will be using. Counselors should have additional resources available if a member needs supplementary support.

The goals of the group are to provide a comfortable setting for emotional release and to instill hope, love and other therapeutic factors that may provide military wives with the necessary support to become healthier, happier individuals. Rakowitz reasons that if the wives are able to find meaning in their experiences, they can be a healthier support for their husbands stationed overseas and for their families at home.

“Living authentically is a long-term goal that is overarching all the specific goals,” she says. “It will help them have more meaning in their days-to-day life even after their spouse returns.” Living an authentic life is about learning how to find meaning in every event — hardships as well as good times, she explains. “It’s embracing those events, good and bad, and living life to the fullest,” she says.

“Something important to consider in this particular group is to talk about what will happen when the husband returns or if the husband is killed at war,” Rakowitz says. “If a husband returns from deployment, the wife can experience distress due to re-establishing roles in the household, changing ways of communication and dealing with possible physical abuse if the husband is struggling with post-traumatic stress disorder. Since there are also difficulties associated with the husband’s return, the therapist should have resources available for these wives or couples.”

Waiting husbands?

Because of the limited information available, Rakowitz chose to frame her model around women, but she is optimistic that “waiting husbands” can also benefit from an existential group therapy model. “Most of the information that I did find was on military wives, but it’s obvious that we need to look at the husbands, too,” she says. “I’m sure there is a difference between the sexes, so it’s something that we as a profession need to examine.”

There is much encouragement for women to get help and a variety of services offered on base so that they can meet other “waiting wives.” Rakowitz says. But she adds that civilian husbands married to women in the military don’t usually seek help. They are usually struggling in silence at home.

“I’m hoping that this model will encourage others to look into this,” Rakowitz says. “We need to figure out what works for both genders because there aren’t a lot of professional articles out there to help counselors with this situation. We are currently in the midst of a war that has no definite end or outcome, so it is crucial that we begin to provide the proper therapy for spouses who are struggling emotionally and financially support themselves, their loved ones overseas and their families.”

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

Letters to the editor:
counseling.org
Web resources for your job search

For the next couple of months, this column will explore the use of the Internet in job searches. Just to get you in the right mindset, take this quick quiz:

True or false?
1. The Internet is the single best avenue to find a job in today's job market.
2. Posting your resume online is a great way to ensure lots of job offers.
3. The Internet has become such a popular tool that most employers post their positions online as soon as they become available.
4. Nearly every profession has one best website that will contain every pertinent job opportunity for that field.
5. I personally know someone who was hired as a result of an Internet match.

Let's see how you did ...

1. The Internet is the single best avenue to find a job in today's job market. False. If you follow this column regularly, you know that the term "networking" appears in nearly every article. That's because most career counselors and consultants agree that networking techniques yield more and better opportunities than any other single job search method. Richard N. Bolles, regarded by most in the field as a "guru" of career development, states on his website (www.jobhuntersbible.com, which, incidentally, is a great resource for job seekers who want to use the Internet in their search) that only about 10 percent of all job seekers find employment via the Internet. That's not to say that utilizing the Internet is a bad idea. Ten percent is still significant, and the Internet is hard to beat as a research tool. But networking and direct application is still the best approach.
2. Posting your resume online is a great way to ensure lots of job offers. False. Actually, the purpose of a resume is to get interviews. You should probably be a little suspicious of anyone who offers you a counseling job (or any job, for that matter) sight unseen, on the basis of a resume alone. Furthermore, in this day of identity theft, you need to be wary of where you are posting your resume. Make certain it's a secure site (if the web address starts out with https://, that's a good clue), and have some sense of who will be searching the site and how they will access the information.
3. The Internet has become such a popular tool that most employers post their positions online as soon as they become available. False. A lot of communication does occur over the Internet, and there certainly are many positions posted on the websites of the big market players (www.CareerBuilder.com, www.Monster.com, etc.). What you need to understand though is that those job boards are in business to make money. The advertising fees charged to companies posting positions can be significant, and they are often cost-prohibitive for many of the budget-restricted agencies that hire counselors. Because of this, not every position is posted on every (or even any) of the big-name boards. Many jobs are posted on company- or agency-hosted websites ... if they have them. The best way to find those jobs is through a key-word search on multiple search engines.
4. Nearly every profession has one best website that will contain every pertinent job opportunity for that field. False. This is akin to saying that one theorist holds all the answers to managing the mental health care of every client. Even if this statement were true, there will always be renegades and free thinkers who will try something new, and one of them will come up with something better. That's capitalism at work.
5. I personally know someone who was hired as a result of an Internet match. True or false, depending on your circle of friends. Most people do. If the Internet wasn't effective as a job search/recruiting tool, its use would cease for this purpose. Those who get results with an Internet search are doing more than posting a resume and waiting for the phone to ring (or, more appropriately, for an e-mail to pop up).

Not everyone seeking a job will be hired through the Internet. (After all, not even Al Gore acquired the job he wanted via the web, and he invented the darn thing!) In the (Too Much) Information Age, follow-up and networking (there's that word again!) are crucial components to an Internet-based job search.

Next month, we'll delve into some strategies that can support an Internet-based search. In the meantime, if you have questions, e-mail is always open!

Amy Reece Connelly is ACA's manager of Career Services. You may contact her via e-mail at acacareers@counseling.org. Telephone consultation is available to ACA members on request.

Hers was a lifelong goal—a doctoral degree. A high-speed connection helped her reach it.
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Daire and Young both mention a demonstration project in another state in which couples were invited to attend an all-expenses-paid marriage enrichment retreat at a bed and breakfast for a weekend. While more than 4,000 people were invited, only 42 signed up to participate. “People are complaining that they need tools to help them in their marriages,” Daire says, “but it seems like if you build it and offer it for free and even offer incentives, they don’t come…. More time and money is spent on maintaining our cars than our marriages. People make sure their cars get their oil changed four times a year, but many of them won’t consider going to a marriage conference.”

Daire acknowledges that it’s sometimes exasperating how quickly couples will contemplate divorce without giving any consideration to marriage education or counseling. Somehow, he says, that mindset has to be changed.

Daire was recently reading a newspaper article in which an elderly gentleman was interviewed. The man said it was surprising to him just how preoccupied members of the younger generations are with trying to “find” their soul mates. In actuality, he said, soul mates are created by going through the trials and tribulations of marriage and relationships.

“That really reframes the challenges of marriage not as a bad thing,” Daire says, “but as something that can strengthen our relationship.”

For more information on the Florida Marriage & Family Research Center and its Stronger Marriages and Stronger Families Program, visit www.ucf.counselored.org/families.

Myths of couple relationships

1. If we love each other, we should be happy at all times.
2. We should always be completely honest with the other person regardless of the impact on him or her.
3. We should want to be together all the time and be unselfish with our leisure hours.
4. We should agree on every issue in order to support each other.
5. If we have a problem, we must decide who is to blame.
6. We know what the other is thinking and what the other person likes, so we don’t need to communicate.
7. Good relationships just happen and do not need to be worked on or renegotiated.
8. If we create joint activities, we will be close forever.
9. We do not need friends or family as long as we have each other.
10. If one of us has an affair, the relationship is over.

— Reprinted with permission from Counseling and Therapy for Couples by Mark E. Young and Lynn L. Long
an estimated 10 million individuals. Although LPCs have been TRICARE providers for many years, they still lack independent practice authority under the program. Under current law, licensed mental health counselors are the only mental health professionals required to operate under physician referral and supervision.

Service members are first required to see their doctor, who then must refer them to an LPC. TRICARE will only reimburse LPCs if the referring doctor signs off on (supervises) the treatment. The physician-referral requirement means that mental health services are often overseen by a physician who has little to no education, training or experience in the use of therapy for treating mental and emotional disorders.

"Almost a year ago, a TRICARE client came to my office with a doctor referral from her physician," says Jim Latham, an LPC in San Antonio. "I provided the PCP (primary care physician) with progress notes. I submitted the claims to TRICARE with a copy of the PCP authorization and a note certifying I had sent progress notes to the PCP. TRICARE informed me I had to provide proof of supervision. The PCP had not commented on my progress notes, so I assumed he agreed with my treatment. When I requested a statement of supervision, he informed me that he was not going to supervise anyone." The doctor did not consider nonresponse to the progress notes as supervision, Latham says, so TRICARE denied the claim.

Latham was naturally upset with the outcome but says the fault ultimately lies with TRICARE policy, not the "supervising" physicians. "Military doctors don’t have a lot of time, and they aren’t going to take on an obligation like that," he says. "If you were an internist, would you take on the responsibility of supervising a mental health practitioner when you don’t have any training in it? It just doesn’t make any sense."

Because of the hassle of doing business with TRICARE, Latham now refuses to accept those clients. "For me, this is particularly hard because I was a naval officer during the Vietnam conflict. I’m ex-military," Latham says, "With my military experience, I can relate to these people — I’ve been through it. I have a knowledge base that a lot of therapists don’t have, and I can’t serve the people that want to be served. It’s not a monetary thing so much, but attempting to work with TRICARE is a horror show for LPCs. It’s too frustrating trying to do what they ask, then their doctors won’t cooperate with supervision. TRICARE treats us like second-class citizens."

Many parties involved in the TRICARE conflict say that requiring physician referral and supervision not only discriminates against LPCs but provides yet another obstacle in properly caring for a population that is already hesitant to seek out mental health services. Additionally, many experienced counselors say they find themselves losing clinical supervisor positions within the DOD to less experienced social workers and psychologists. Others say counselors in DOD clinics and hospitals are often asked to provide services only under the direct supervision of another type of provider or to have their clinical notes reviewed by a supervisor.

On June 22, the Senate passed legislation authorizing defense spending for Fiscal Year 2007 but failed to include language establishing independent practice authority for licensed TRICARE mental health counselors. The House of Representatives passed a defense authorization bill in May that includes a provision sponsored by Rep. Robin Hayes (R-N.C.) granting independent practice authority to licensed mental health counselors practicing under TRICARE. The defense authorization legislation will now go to a House-Senate conference committee, which will work out the differences between the two bills.

Although several Senate offices expressed interest in adopting the House-passed counselor language, staff members for the Senate Armed Services Committee continue to oppose independent practice authority for licensed mental health counselors practicing under TRICARE. The defense authorization legislation will now go to a House-Senate conference committee, which will work out the differences between the two bills.

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House-passed independent practice authority provision, but progress is slow.

"Every time we talk to (the Senate Armed Services Committee), we get a new answer as to why they oppose it," says ACA Legislative Representative Brian Altman. "The variations range from the fact that LPCs are not covered under Medicare to that beneficiaries aren’t asking for this provision to be considered." He notes that marriage and family therapists are allowed to practice independently even though they are not covered under Medicare.

To discriminate against LPCs based on their education and training is not justified, Altman explains, because TRICARE and DOD both allow independent practice and reimbursement of other master’s-level providers (including clinical social workers and marriage and family therapists) with similar education and training requirements.

As a result of this policy, service members and their families have only limited access to the 80,000 mental health counselors licensed nationwide. Allowing counselors independent practice authority could help address staffing shortages and oppressive waiting lists for mental health services. Altman says, especially in remote locations and other underserved areas. He says ACA is working with military personnel advocacy groups to gain their support on this issue.

"I think it would be a most unfortunate turn of events if the conference committee didn’t include payment for LPCs like other trained mental health professionals," says Latham, who continues to see some military and dependent clients on a sliding scale basis. "It’s not so much for the benefit of the LPCs but for the military people."

Advocating for counselors is a little trickier than it may seem, Altman says. "A lot of counselors want us to go to (Capitol) Hill and say it’s unfair that LMFTs and social workers can practice independently but (counselors) can’t," he says. "But the committee members don’t want to hear us complain that we aren’t being treated as well as social workers. They are more concerned about serving the military personnel and are reluctant to get involved in a turf war regardless of if it’s fair or not. We have to show them it’s not that trivial; that it’s about military members and their families not having access to adequate and timely care.

For the committee to truly take note, he adds, it’s imperative that military personnel and their families speak out about their difficulties in receiving mental health services.

Robinson of Veterans for America suggests the government may be reluctant to bring in more mental health professionals because it fears losing vital manpower to mental health diagnoses. "We as an organization are currently working on the National Defense Authorization Act to force the military to look at doctor-patient ratios, including mental health provider-patient (ratios), and to seek outside services."

"I know about serving the military personnel and they are more concerned about serving the military personnel and their families not having access to adequate and timely care. For the committee to truly take note, he says, it’s imperative that military personnel and their families speak out about their difficulties in receiving mental health services.

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"I know there are great civilian providers and that trauma is traumatic, but soldiers don’t necessarily know that. However, the resources are available to educate yourself about the soldiers’ experiences."

Military personnel often fear the consequences of seeking out mental health services on base, so Robinson urges private practitioners to get involved with their local military installation and make their services known. "You have to educate yourself and be up-front with the veteran," he advises. "Say to them, ‘I know I haven’t served, but I do know about trauma, and I’m here to help. I’m not here to judge or report back to your chain of command. This is a safe place. Let’s try to get you some help.’"

For more information on the National Center for PTSD or "The Iraq War Clinician Guide," go to www.ncptsd.va.gov/index.html.

— Angela Kennedy
vices at problem installations where the ratio is out of whack and creating long waiting lines,” Robinson says. “We’ve said all along that the military does not have the capacity to address the needs of soldiers with mental health issues. But we got pushed back by DOD over bringing in outside civilian service providers. They say that (the civilian counselors) might be more prone to actually diagnose PTSD (post-traumatic stress disorder).

Call to action

Counselors are urged to contact their senators concerning the TRICARE issue. Senators’ offices in Washington, D.C., may be reached by calling the Capitol Switchboard at 202.225.3121 or 202.224.3121. A sample message for discussing TRICARE can be found in the “ACA Call to Action” column on page 45. However, Altman urges ACA members to tell their lawmakers to keep their own personal stories surrounding this issue.

Department of Veterans Affairs

LPCs also face significant employment obstacles within the Department of Veterans Affairs’ Veterans Health Administration and its hospitals, clinics and programs across the country. While some ACA members have found positions within the agency either on a contract or full-time basis, barriers to independent practice, advancement and hiring remain. “At the VA, it’s an internalized version of the TRICARE issue,” Altman says. “There are discrepancies in pay, title and supervision requirements between social workers and LPCs.”

Though licensed clinical social workers are able to practice independently and serve as clinical supervisors in the VA, counselors find themselves struggling to achieve similar recognition. Currently, the VA cannot hire mental health counselors at the pay grade equivalent to that of clinical social workers, even though LPCs may have more education and experience. Psychiatrists, psychologists and clinical social workers fill most supervisory positions at the department’s hospitals and outpatient clinics. There are very few full-time mental health counselors.

In addition, social workers on staff develop many of the new positions in mental health services, meaning the agency is more likely to hire social workers first. The VA says no formal policy exists that excludes LPCs from being hired, but the ACA members have found that the VA does not recognize their licensure and, therefore, refuses to hire them or relieves them to nonclinical positions. The lack of recognition of LPCs by the Office of Personnel Management exacerbates this problem. (Note: The OPM sets the federal pay scale, General Schedule (GS), with the highest rank being GS-15.)

“The Office of Personnel Management title and pay scale of all civilian contractors for the military, and it doesn’t recognize licensed professional counselors,” Altman says. “You can’t be hired as an LPC. They have to hire counselors under a different name, such as vocational rehabilitation specialist or readjustment counselor.” He notes that the “name game” applies for counselors in the DOD as well. LPCs in the VA hit the proverbial glass ceiling around GS-8 because their hired job description does not allow them to progress into a supervisory position. It’s not uncommon for an LPC with several years of experience and a doctorate in counseling to be supervised by a social worker who is a few years out of graduate school, according to Altman. “I am licensed (certified) through NBCCC (the National Board for Certified Counselors) and hold the NCC (National Certified Counselor) and the MAC (Master of Addictions Counselor),” said one counselor who did not want to be identified for fear of repercussion from the VA. “Many of us have degrees in counseling psychology. I have been with the VA for over 18 years, the past 10 years as a readjustment counseling therapist. I treat combat veterans. I have one colleague and one co-sign my consults after I screened patients who were suffering from PTSD. And the person has no experience in PTSD.”

Another LPC who wished to remain anonymous said, “I have been a mental health counselor for the past 15 years. I have worked for the Veterans Administration for the past three years. The VA is utilizing my license, credentials and experience but is not compensating me adequately for the duties I perform. Even more frustrating is the fact that there are people in the VA system who have no higher education who are providing mental health counseling and are a GS-11 or above.”

On May 16, Reps. Jerry Moran (R-Kan.) and Michael Michaud (D-Maine) introduced the Veterans Mental Health Care Access Improvement Act (H.R. 5596), which includes language to explicitly add both LPCs and licensed marriage and family therapists as recognized providers of mental health services in the VA health care system. This language is identical to that in Sen. John McCain’s (R-Ariz.) Veterans Health Care Act of 2005 (S. 1182), which passed the U.S. Senate last December. This formal recognition would foster appropriate recognition of LPCs within the VA. The bill would also make mental health counselors eligible for better paying jobs with a greater chance of promotion at the VA. Moran and Michaud are both members of the House Veterans Affairs subcommittee on Health.

“There have been studies that show that the VA doesn’t have the capacity to handle all the mental health needs,” Altman says. “If they hire LPCs and allow them to practice on their own within the VA, then they are opening up the opportunity to increase access to care. The most concrete action counselors can take is to contact their U.S. representatives and urge them to co-sponsor H.R. 5596. That will allow LPCs to be appointed to positions in the VA, and it will force the OPM to create more appropriate job titles with equal compensation. It won’t force them to hire a number of LPCs, but it would allow them to.”

Robinson agrees that the federal government desperately needs to hire more mental health professionals at the VA. “Because the provider-patient ratio is so bad,” he says, “it makes care virtually inaccessible. We estimate that based on the 500,000 military personnel that have gotten out of the military and the 168,000 that have been seen by the VA — that’s roughly one-third — that when the 1.3 million total come home from this war that the VA could see 200,000 to 300,000 mental health care cases alone.”

Call to action

Counselors are urged to contact their representatives to ask them to co-sponsor the Veterans Mental Health Care Access Improvement Act. Your Congress members’ offices in Washington, D.C., can be reached by calling the Capitol Switchboard at 202.225.3121 or 202.224.3121. You can find out who your U.S. representative is or send your representative an e-mail by visiting the ACA Internet Legislative Action Center at http://capwiz.com/counseling.

ACA’s Office of Public Policy and Legislation has provided the following sample message for counselors to use but stresses the importance of personalizing the message.

“As a constituent, I am calling to ask that the representative co-sponsor H.R. 5596, the Veterans Mental Health Care Access Improvement Act. This legislation would add licensed mental health counselors to the list of providers who are eligible to be appointed to positions in the Veterans Health Administration. This issue is especially important given the excessive number of veterans returning from Iraq and Afghanistan with symptoms of mental illness. Currently, LPCs cannot be hired at the skill level and pay grades that other master’s level mental health professionals can be hired. However, LPCs are recognized by the Health Resources Services Administration and the Substance Abuse and Mental Health Services Administration, and are covered by TRICARE. In addition, LPCs have the same expertise and meet virtually identical educational and training requirements as current VA employees. Please co-sponsor H.R. 5596, the Veterans Mental Health Care Access Improvement Act.”

Letters should be addressed as follows: The Honorable (full name), U.S. House of Representatives, Washington, D.C. 20515

Continue to check for updates on legislation mentioned in this article at www.counseling.org/PublicPolicy/ For additional questions on how to get involved, contact Brian Altman at baltman@counseling.org.

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

Letters to the editor: ct@counseling.org

Statistics and findings

- Less than 10 percent of all service members who received mental health treatment after returning home, and 12 percent were diagnosed with a mental health problem.
- 23.6 percent of female Operation Iraqi Freedom veterans reported a mental health concern compared with 18.6 percent of male veterans.
- The Government Accountability Office’s Special Committee on Post-Traumatic Stress Disorder recommended in 1985 that the Department of Veterans Affairs provide increased access to PTSD services for veterans. Twenty years later, however, in February 2005, the Special Committee found that the VA had not met the 1985 recommendations and that PTSD services were not widely available in the VA’s community-based clinics.
- When veterans with mental illness do not receive comprehensive rehabilitative care, they are more likely to become homeless. According to the National Coalition for Homeless Veterans, one in three homeless veterans is a veteran, and as many as three-quarters of homeless veterans have a mental illness, substance abuse problems or both.
- As many as one out of four U.S. veterans who served in Afghanistan or Iraq and were treated at Veterans Affairs hospitals in the last 16 months were diagnosed with mental disorders, a number that has been rising steadily, according to a report in the July issue of The New England Journal of Medicine.

— Angela Kennedy

In Defense

Continued from page 27
Counselor educators can be at risk

BY PAUL NELSON

It is in the best interest of counselor educators to carry their own personal professional liability insurance policy. Many counselor educators may ask, “Why? After all, my school covers me.”

The ACA Ethical Standards Casebook, Sixth Edition describes a resistant supervisee in case study No. 18. In this example, the supervisor is at risk due to the unwillingness of her charge to recognize possible flaws in the counseling being provided to a client. Some additional scenarios of risk assumed by supervisors (and examples of the need for individual insurance protection) follow.

In one of these scenarios, a student in a counselor education program complained to the chair of the department that her practicum supervisor was harassing her and making sexually suggestive remarks. The student did not believe that the university acted on her complaint in a reasonable way, so she proceeded to sue the school, her practicum supervisor and the chair of the counselor education department. Even if the student’s allegations are far-fetched and unfounded, the university may be tempted to defend itself and leave the supervisor and department chair on their own. In this type of situation where having a personal professional liability insurance policy is of great benefit.

An often-repeated scenario involves a counseling student who has been ruled incompetent, and thus unable to continue studies for a master’s or doctoral degree. Once again, if the student files a lawsuit, the interests of the institution can be at odds with those of the individual counselor educator. Cases are abundant in which a disability is a factor or a student has revealed some aspect of his/her life in practice groups that leads to questions of competence. Having a personal professional liability insurance policy means that your interests will always be protected.

Carole Minor, newly appointed chair of the American Counseling Association Insurance Trust, points to the policy provisions that are important to both counselor educators and intern supervisors. “Twenty-four-hour coverage protects you on or off the job,” she explains. “You are also covered during job change or unemployment. A defense attorney is provided to represent you and solely defend your interests, if needed.”

The policy limit of liability applies to you personally; you do not run the risk of sharing limits with either the university or other employees who are named in a lawsuit. When you obtain a personal policy, you can rest assured. You need not worry about what the employer’s policy will or will not cover.

Using the technical insurance terms, the policy provided in the ACA-sponsored plan through Healthcare Providers Service Organization says the following: “We will pay all amounts, up to the Professional Liability limit of liability stated on the certificate of insurance, that you become legally obligated to pay as a result of a professional liability claim arising out of a medical incident by you or by someone for whose professional services you are legally responsible.” The terms in bold type are defined in another section of the policy to clarify the intent of coverage. “Medical incident” means any act, error or omission in the process of providing professional services that result in injury or damage.

While your students or supervised interns should carry their own policies, counselor educators and supervisors are protected for their own roles in any covered cases that arise.

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NDSD Mental Health Screening addresses sleep disturbance

ACA serving as co-sponsor; register now to conduct in-person events or offer online programs

We all know the old saying “Early to bed and early to rise makes a man healthy, wealthy and wise.” But for the nearly 57 million people affected by a mental health disorder, getting a good night’s rest is no easy task. According to the American Academy of Sleep Medicine, sleep disturbances figure prominently in many psychiatric disorders. In fact, of the estimated 30 million Americans who have chronic insomnia, 40 percent also have a psychiatric disorder, most often depression or anxiety.

NDSD Mental Health Screening (also known as National Depression Screening Day) provides organizations with resources to reach out to community members who have undiagnosed mental disorders to help them take the first step toward treatment and better mental health. By including new educational materials about the link between sleep and mental health issues in this year’s program kits, the nonprofit organization Screening for Mental Health hopes to help even more individuals who may be suffering in silence.

“Sleep problems are a common symptom of depression, bipolar disorder and anxiety disorders,” says Douglas G. Jacobs, president and CEO of Screening for Mental Health, the organization that sponsors NDSD. “However, there is also evidence that sleep disorders can be a contributing cause of mood and anxiety disorders. For those who are experiencing issues with sleep, it is important to talk to a health care provider about the possible causes.”

NDSD, now in its 16th year, is co-sponsored by the American Counseling Association, and members are encouraged to register for this year’s event being held nationwide on Oct. 5. Members can register for a variety of program options, including the in-person screening event as well as online screening. The online program is an affordable, flexible, year-round tool that allows counselors to screen patients and community members 24/7 through a convenient password-protected screening module on their own website. The online screening includes a customizable welcome message and referral information. Members can also register for a completely downloadable kit for a reduced fee.

Also new this year are additional suicide prevention materials, an educational video and updated clinician education resources. Other kit materials include a clinician’s guide, a range of educational materials, posters and an event-planning guide with tips on planning and promoting an NDSD event. The program offers materials designed for diverse audiences, including Spanish speakers and older adults.

To register for either the NDSD in-person or online programs, visit www.MentalHealthScreening.org or call 781.239.0071.
'Diversity' column hits mark with commentary

I've admired the work of Michael D'Andrea and Judy Daniels in the “Dignity, Development & Diversity” column for a long time. Recently, however, they made my day!

I heartily agree with their views about the institutional racism and classism promoted by No Child Left Behind and the standardized achievement testing that's overwhelming our kids (see “Dignity, Development & Diversity,” June 2006). Their article is a logically presented series of points and an important call to arms.

It is comforting to learn that people such as D'Andrea and Daniels see it similarly.

Patricia Henderson
guidance@satx.rr.com

Are agents of change creating a new class of the oppressed?

Is it not incumbent upon us as counselors to maintain respect of the oppressed? With this counseling, potential agents of culturalism to the forefront of diversity issues and multiculturalism to the forefront of counseling, powerful agents of change such as Dr. Wozny might attempt to create a new class of oppressed people by pigeonholing conservatives.

Let me be clear about my own stance toward same-sex marriage. I view others as human beings first, regardless of what labels might be ascribed to them. At the same time, my personal moral and religious code leads me to believe that while there are basic rights for all people, marriage between two people of the same gender is not one of them. Sharing a life together, making each other the beneficiary to one's estate, etc., are not issues that I dwell so much upon, but to take those things one step further and call it marriage is another story altogether. And to deem my worldview as needing change is to violate the very tenets of transculturalism in its truest sense.

Anna Berry Steilbauer
Caye, SC
annastig@earthlink.net

Need for counselors aboard military vessels becomes apparent

It was with great interest that I read the article about John Moore, his chance encounter with the young Marine and his role as a counselor with military personnel and their families (see “Counseling on the front lines,” February 2006).

For the past couple of years I have had a very interesting job completing my M. Ed and Ed. S. in counselor education. I am quite proud of both these statuses. I also am a firm supporter of helping society be more inclusive toward those who have traditionally been oppressed or marginalized.

It is deeply disturbing to think that in our justified haste to bring diversity issues and multiculturalism to the forefront of counseling, powerful agents of change such as Dr. Wozny might attempt to create a new class of oppressed people by pigeonholing conservatives.

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Correction

An incorrect e-mail address was published for Paul Nelson, executive director of the ACA Insurance Trust, in the 2006/2007 Leadership Directory found in the July issue of Counseling Today. The correct e-mail address is pnelson.acait@counseling.org; the ACA Insurance Trust's web address is www.acait.com.

Toss Lynne Cheney's name into the hat for speaking engagement

Tipper Gore delivered a keynote address at the 2006 American Counseling Association Convention in Montréal. Does this mean that Lynne Cheney will be a keynote speaker in 2009 or after her husband leaves office? She is an outstanding author on culture and history as well as an educator of considerable importance.

Bob Wabbolding
wabor@fuse.net

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NCDA selects Goodman as recipient of 2006 Eminent Career Award
Submitted by Deneen Pennington
dpennington@ncda.org

Jane Goodman, professor emerita of counseling and former director of the Adult Career Counseling Center at Oakland University, has been selected for the prestigious 2006 National Career Development Association Eminent Career Award. This award, the highest honor given by NCDA, is presented to a member whose career has had a major impact on the career development field.

Goodman has held many leadership positions, including serving as NCDA president in 1994-95 and ACA president in 2001-2002. Goodman earned a doctorate and master’s of education in guidance and counseling from Wayne State University. She was selected as an NCDA Fellow in 2002 and earned the national certified counselor and national certified career counselor credentials.

Goodman has authored numerous books, book chapters, journal articles and curricular guides on career counseling, including the third edition of a best-selling text in the adult development market titled Counseling Adults in Transition with Nancy Schlossberg and Mary Anderson. In addition, she co-authored The Career Counseling Casebook, published by NCDA, with Mark Pope and Spencer Niles and Empowering Older Adults with Elinor Waters.

Goodman, along with her mentor, Nancy Schlossberg, pioneered theory and practice related to adult career development, including approaches to the career concerns of blue-collar workers and the geriatric population. She has been influential in her analyses of gender issues, particularly as related to the Strong Interest Inventory and its earlier stereotyping of occupations appropriate to males and females. Her research and scholarship about this matter essentially led to the reconceptualization of the coding and scoring system of the inventory.

Goodman also made a major impact on the career development field with her creation of the Dental Model for career counseling. This model has given validity to the importance of a life span model that provides periodic “career check-ups” rather than conceiving of career counseling as a once-and-done intervention.

NCDA congratulates Jane Goodman on her distinguished career and is honored to present her with the 2006 NCDA Eminent Career Award.

ACCA prepares to ‘explore new frontiers’
Submitted by Sylvia Shortt
sshortt@westga.edu

Want to continue your professional development on the edge of the Sierra Nevada? Interested in meeting other college counseling colleagues? Then join other professionals from across the country at the Third National American College Counseling Association Conference. This year’s theme is “Exploring New Frontiers in College Counseling.”

This dynamic and personable conference will offer 16 continuing education units, six of which are for law and ethics. Participants from four-year, two-year as well as public and private institutions will attend. In addition, the members of ACCA represent all types of mental health providers, from counselors to social workers, psychologists to family therapists, graduate students to seasoned practitioners. Join us for an excellent conference that will be full of professional develop-
ment opportunities among dedicated colleagues. We are excited to have Maria "Paahpooh" Balbuena and Thomas Balistrieri as the keynote speakers. Their keynote is titled “Sacred Time, Sacred Space and Sacred Relationships in the College Counseling Profession.” Many other exciting presentations are scheduled; they can be viewed on the online registration webpage.

One of the joys of the ACCA conference is that it is not a huge, overbearing convention where you are anonymous by default. At ACCA conferences, participants have the opportunity to connect with colleagues from diverse backgrounds and engage in meaningful and professionally invigorating dialogue.

In addition to the wonderful conference sessions and opportunities to connect with colleagues, the on-site team has developed some casual tours of the area for those staying through the weekend. Why? Because we love our part of the College Counseling Profession. The on-site team has extended a heartfelt invitation to all interested counseling professionals to join us in Bad Herrenalb, Germany, Nov. 9-12, for the 47th Annual EB-ACA Fall Conference.

Our conference theme this year is “Counseling in a Global Community.” David Jolliff and Arthur Horne will deliver the keynote address, “Surviving and Thriving in a Time of Global Change.”

During Nov. 9-10, we will be offering a wide variety of two-hour minisession topics, including sessions on professional ethics, multicultural issues, marriage and family, school counseling, substance abuse and many other mental health issues.

During Nov. 11-12, we will be offering the following 15-hour Learning Institutes:


The conference will be held at the Treff Hotel in Bad Herrenalb. This delightful and comfortable hotel offers first-class accommodations and is surrounded by the beautiful Black Forest region of hills and mountains. Bad Herrenalb can be easily reached by train from Frankfurt or Stuttgart Airports via Karlsruhe. Be sure to mention EB-ACA when making your hotel reservations to receive the special conference prices. More information about this lovely hotel is available at www.treffhotel-badherrenalb.de.

At our annual banquet on the evening of Nov. 9, there will be a trip to Germany for EB-ACA’s 2006 Annual Conference. The annual conferences of the five regions of the Association for Counselor Education and Supervision are now fully planned and ready to go. In chronological order, they are:

- Southern Region ACES: Sept. 7-9, Orlando, Fla. Its theme is “A Magical Experience.”
- North Central Region ACES: Oct. 24-26, Grand Teton National Park, Wyo. Its theme is “Mountains of Possibilities.”
- Northern Region ACES: Oct. 28-30, 50th Annual Conference in the Forest region of hills and mountains. For more information about the annual conference program, including conference registration forms and hotel information, additional questions can be directed to EB-ACA President and Conference Chair Frankie Nielsen at Frankie.Nielsen@eu.dodea.edu.

ACES regions announce annual conferences
Submitted by David Zimpfer dzimpfer@localnet.com

The annual conferences of the five regions of the Association for Counselor Education and Supervision are now fully planned and ready to go. In chronological order, they are:

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Western Region ACES: Nov. 9-12, Las Vegas. Its theme is “Counseling and Wellness in a Land of Plenty.”

Conference information and registration forms are now available at each region’s website. Go to the ACES website at www.acesonline.net and click on “Regions.” All interested persons are welcome. The conferences promise to be their usual great opportunities for counselor educators and supervisors to gather for mutual education and renewal.

ACES products will be on display, as will ACES membership information and applications. Information and preregistration for the ACES 2007 national conference will also be available.

ACC publishes debut issue of journal

Submitted by Marcheta Evans
marcheta.evans@utsa.edu

This is an exciting time in the development of the Association for Creativity in Counseling. Members should have received their first issue of the Journal of Creativity in Mental Health, edited by Thelma Duffey, our founding president. We are proud to be pioneers in bringing Relational-Cultural Theory, a philosophy on which our division and journal is based, to the ACC membership, and we are most grateful to our editor and Editorial Board for their exceptional work in creating and bringing this amazing product to us.

I am very pleased to assume the role of president of this very dynamic and developmentally young division. What began as an inspiration is evolving into a growing entity of remarkable proportions. We are not quite two years old, and yet so much has already transpired. We are thankful to our membership for supporting our early efforts at creating our foundation.

Growing a division is not unlike building a house. After you lay the foundation and erect the structure, the progress seems quick and exciting. So much more is involved, however, and the process is developmental. The house must be wired, plumbing installed, floors laid, bathrooms constructed, fixtures selected, walls painted, etc.

Like building a house, establishing a division has involved a number of unseen but important steps. Like the initial phases of any project, it has involved tremendous attention to detail, anticipating the unknown and working through the details. We extend our heartfelt appreciation to our founding president for providing the inspiration and leadership so that so much could be accomplished.

We are in our infancy, and we seek your involvement in our growth. Please contact our membership chair at Shane. Habersstroh@utsa.edu if you have questions about how you can get involved. Or feel free to contact me at marcheta.evans@utsa.edu. I would be happy to hear from you.

Norman Amundson was honored at the National Employment Counseling Association’s Annual Recognition Luncheon with the 2006 Distinguished Professional Award. He is professor and deputy head of the Department of Educational and Counseling Psychology and Special Education at the University of British Columbia in Canada. He has served as editor of the Journal of Employment Counseling for the past 10 years and has published numerous career books and workbooks, including Active Engagement (winner of the Canadian Counselling Association Best Book Award) and The Essential Elements of Career Counselling. Presenting the award was Kay Brawley, NECA’s 2005 award recipient.
In Brief
CACREP currently requesting comment on second draft of standards
The Council for the Accreditation of Counseling and Related Educational Programs has released its second draft of the 2008 standards and is currently inviting professional comment. These standards will guide CACREP-accredited institutions in the preparation of future professional counselors. Revisions to the first draft were based on the hundreds of comments received via written correspondence and during open feedback sessions hosted at national conferences. The CACREP 2008 Standards Revision Committee urges all counselors, educators, students and consumers of counseling services to exercise their voice in the standards revision process once again by reviewing the second draft and providing feedback.

This is slated to be the last opportunity for public comment before a final revised version of the 2008 standards is sent to the CACREP Board of Directors for final adoption. To obtain a copy of Draft #2, visit www.cacrep.org/StandardsRevisionText.html. Information on submitting feedback is provided at the link. The deadline for providing written feedback is Dec. 15 at 5 p.m. EST.

Former ACA president named IAC leader
Former American Counseling Association President Courland Lee was installed as president of the International Association for Counseling and Psychotherapy at the conference. The IAC, which incorporates the International Round Table for the Advancement of Counseling, is an international organization with scientific and educational aims and an interest in the interdisciplinary study of counseling and guidance. For more information about IAC, visit www.iac-intc.org.

Mental health counselors included in rural health care legislation
ACA's effort to gain Medicare reimbursement for state-licensed mental health counselors took one step forward on June 13 with the introduction of S. 3500, the Rural Hospital and Provider Equity (R-HoPE) Act of 2006. S. 3500 was introduced by a bipartisan group of Senate Rural Health Caucus members, of which Sen. Craig Thomas (R-Wyo.) and Sen. Kent Conrad (D-N.D.) serve as co-chairs. The legislation was referred to the Senate Finance Committee. The R-HoPE Act brings to the total number of proposals under which mental health counselors could bill Medicare.

In addition, bipartisan legislation introduced by Thomas and his Finance Committee colleague, Sen. Blanche Lincoln (D-Ark.), is pending in the Senate (S. 784) to reimburse mental health counselors under Medicare. In May, Rep. Barbara Cubin (R-Wyo.) introduced a House companion bill (H.R. 5324) to S. 784. The Medicare Mental Health Modernization Act (H.R. 1946) (S. 927) would, among other things, allow mental health counselors to provide mental health services to Medicare beneficiaries. It is also pending.

In addition to allowing licensed mental health counselors to bill Medicare, S. 3500 would adjust Medicare payments to rural hospitals and make a series of changes to boost funding for rural clinics, doctors and ambulances. Although the legislation's primary focus is on rural health care, S. 3500 would allow mental health counselors and marriage and family therapists to be reimbursed in all areas of the country.

Study: Bullied kids have more behavior problems
The journal Pediatrics recently reported a study suggesting that children who are bullied during their early school years may experience behavior problems as a result. Study author Louise Arseneault of King's College, London, said prevention and intervention programs aimed at reducing mental health problems during childhood should target bullying as an important risk factor.

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In addition to allowing licensed mental health counselors to bill Medicare, S. 3500 would adjust Medicare payments to rural hospitals and make a series of changes to boost funding for rural clinics, doctors and ambulances. Although the legislation's primary focus is on rural health care, S. 3500 would allow mental health counselors and marriage and family therapists to be reimbursed in all areas of the country.

Study: Bullied kids have more behavior problems
The journal Pediatrics recently reported a study suggesting that children who are bullied during their early school years may experience behavior problems as a result. Study author Louise Arseneault of King's College, London, said prevention and intervention programs aimed at reducing mental health problems during childhood should target bullying as an important risk factor.

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The continuing process of cultural adjustment

Born and raised in the Democratic Republic of Congo in Central Africa, I moved to the United States of America to pursue my college education in 1998. A four-year journey filled with culture shock and adjustments to a new environment finally led to a bachelor’s degree in psychology from a small liberal arts college in West Texas. My marriage in 2000 to a beautiful and amazing person led to the birth of our precious daughter in August 2003. My marriage is an interracial marriage. My husband is white and I am black.

Raising a biracial daughter and being involved in an interracial relationship provided me with tremendous opportunities for personal improvement and growth. When the motivation came to pursue an advanced degree, these experiences convinced me that I knew enough about American culture to navigate the graduate school experience with ease. Surely the only adjustment I would experience would be academic. But life is never so simple.

I love the classes, so why the sadness?

Classes were inspiring and practical, and I began believing in my ability to become a competent and effective counselor. Learning skills such as reflection of content and feeling appreciated my fears. Studying different counseling theories was great, as was the search for a theory that best fit my personality and counseling style. But as much as I was enjoying my classes, something was missing.

My social interactions with fellow graduate students didn’t feel right. Simply meeting everyone in class and exchanging phone numbers and e-mails didn’t provide the sense of connectedness with my fellow students that I had expected. Why was I feeling alone, isolated and disconnected? What was making me feel like a stranger in familiar surroundings? I never expected to be immersed by such feelings of loneliness and confusion. The sense that something was missing led me on a quest to interpret and understand these feelings about my social interactions with other graduate students.

Personal exploration of my isolation and confusion resulted in four pertinent questions:

- What was causing these feelings of isolation and confusion?
- What was causing me to feel disconnected from my fellow graduate students?
- Could my classmates completely understand and accept me?
- Would I ever fit into this culture?

The fourth question in particular was most disturbing. The possibility of never fitting into the American culture had never occurred to me. What would happen if I never fit in? Albert Ellis would strongly dispute my use of “never” reasoning, as I had generated four responses:

- I could return to the Congo where the culture was familiar and comfortable.
- I could refute the notion of never fitting in and try harder.
- I could adopt an “I don’t care” attitude and move on with my life.
- I could choose to dwell on feeling sorry for myself. None of those outcomes pleased me. There had to be a better alternative.

What was I thinking?

My basic mistake was to presume that I had completely assimilated into American culture in the first place and that whatever knowledge I already possessed regarding the culture was all I needed. I assumed seven years was enough to become familiar and comfortable with my host culture. But the personal model I had devised in my head regarding cultural adjustment started to fail me. The model consisted of three interrelated phases: the culture shock phase, the learning phase and the comfort zone phase.

The initial “culture shock” is what I experienced during the move to the United States. Feelings associated with this phase included shock, fear, disappointment, anger and confusion. During my undergraduate years, I learned, among other things, how much Americans value their space and privacy. I would walk into the library and notice only one student sitting at a table designed for four. Books and a backpack would be scattered across the entire table, placed as if trying to send a message: “This is my territory. Watch out.” This behavior differed drastically from my African cultural heritage.

The “learning” phase consisted of comparing and contrasting norms and values between my traditional culture and the host culture. Curiosity, anticipation and a desire to learn were my primary feelings during this phase. Then came the third phase, the “comfort zone,” where I began to comfortably navigate the American culture. I left at peace, at ease, comfortable and relieved. Unfortunately, I was mistaken to believe that this was where the cultural adjustment journey ended.

It seemed right that my cultural adjustment should be complete once I reached this phase, with no more need to learn about the American culture. What I didn’t realize was that I had lost my first passion — learning about the host culture — and that it had been (and still was) vital for my well-being. I started taking things for granted and assumed that America would now acculturate to me. It was becoming increasingly clear that my personal theory of cultural adjustment was erroneous. Taking my focus away from self-pity and realigning it toward cultural education became my new priority.

How much more is there to learn?

The lingering question in my mind was “Why am I experiencing a lack of social interaction with classmates?” Was this powerful craving for relationships with fellow graduate students strange? Was it an illness or legitimate?

One day after class I shared my struggles with a professor. The longer I talked the more it seemed as if I was truly depressed and searching for something or someone to blame for my sorrow. The professor reflected on how it seemed reasonable that I was looking for a sense of connection and fellowship with my classmates, even if they seemed to have less of this need. He presented it as a difference in degree rather than any kind of inappropriate desire. In that instant everything made sense. It was more than simple desire that fueled my search for relationships.

Suddenly I had an overwhelming need to cry, but I wasn’t ready for tears. I felt a great pressure to leave immediately. A few scrambled words were all that I could manage. Thanks were offered to the professor for his time and help, but then I left as quickly as possible. The drive home was where I put my thoughts and feelings together. There was an emerging clarity of how my need for fellowship was more of a culturally oriented passion than a selfish desire. My intense longing for fellowship wasn’t an illness but instead a product of cultural upbringing.

The African culture in general and the Congolese culture in particular value closeness and togetherness as well as a communal mindset. I had been conditioned to search for fellowship in any group of people. Classmates constituted a relational group of people pursuing a common interest, and we would be involved with one another for at least the next two years. Due to my cultural training, I had presumed that the natural step was to invest in building fellowship and friendship with these classmates.

Increasing awareness of the association between feelings of isolation and confusion and the search for fellowship and friendship with fellow students clarified the cultural gap. I could not force my beliefs and values on my classmates, so I decided to put myself in their shoes to see things from their perspective. What an adventure it turned out to be!

Following lectures, everyone was anxious to go home immediately, while I wanted to talk with classmates after class as a wonderful way of getting to know them. But how was I ever going to make connections with my classmates if I never had the opportunity to personally meet them at the close of class? After all, it took only seconds for the room to empty. It was a puzzle until I realized how their lives were different from mine. One student expressed the common feeling of many students: “I wake up early in the morning to go to work. By the end of the day I am exhausted (and have) a preoccupation to go

Continued on page 43
Transitions from solo to group practice

Q: I attended your workshop on starting a private practice back in 2001, just as I was making final preparations to go out on my own. The workshop was very helpful in providing some much-needed practical advice — so a long overdue “thanks!” I am writing now to see if you know of any good resources for moving from a solo practice to taking on clinical counseling “center.” I have been poking around looking for information about making such a shift and have come up almost empty-handed. I’m ideally looking for a resource that can walk me through the steps in much the same way you guys do for starting a private practice. I just read your column in Counseling Today and thought, “Hey, these are the guys to ask!”

A: The idea of making a solo practice into a group practice is included as part of our “Private Practice Pointers” article on selling and buying a private practice. You can find the article on the American Counseling Association’s website at www.counseling.org, click on “Counselors” and then “Private Practice Pointers.” You’ll find a section that describes how to change a solo practice into a group practice. We researched this information with Magellan, a major managed care company.

Here is an excerpt:

■ Establish a group name to make it apparent that the practice includes someone other than you individually. Example: The Counseling Group of Wilton or BB Josephs and Associates.

■ Arrange all of your managed care and employee assistance contracts as a group or corporate practice. This makes your practice more attractive because a potential buyer can inherit your managed care and employee assistance contracts without having to establish them anew. Many times managed care and employee assistance programs have closed their panels to new clinicians. Magellan Behavioral Health, one of the nation’s largest managed care contractors, has been very helpful with providing information on establishing or changing contracts that will be identified as a group or corporate contract. Calling Magellan provider relations at 800.788.4005 or 800.430.0535 #4 and checking its website (www.magellan behavioralhealth.com) is the way to begin this process. Our practice has several contracts that are considered group or corporate contracts, including Managed Health Network, Health Maintenance Corporation and Aetna. See ACA’s website under Private Practice Pointers for a comprehensive provider relations contact list.

■ Register as a corporation and obtain a corporate tax ID.

■ Incorporate by your tax ID or new tax ID. Get W-9 forms for each employee or do so when you include new employees. Have the potential to pay through the steps in much the same way you guys do for starting a private practice. I just read your column in Counseling Today and thought, “Hey, these are the guys to ask!”

■ Write or obtain employee contracts, and be specific about their relationship to your group and future group if you sell the practice.

■ Make sure your equipment is of high quality. Good accounting software and an excellent billing program is essential so that a potential purchaser can review your records. Always protect your clients’ confidentiality.

■ Consult a lawyer and an accountant.

■ Consider using a valuation professional to appraise your practice. We have explored this concept and will cite the work of a valuation expert here. This is to be used by the therapist for information purposes only. It is the work and research of Mary Warmus, president and CEO of Kensington Financial Consultants Inc., which is located at 200 West Adams St., Suite 2150, Chicago, IL 60606. Her direct line is 312.263.3874, and her e-mail address is mwarmus@kensingtonconsultants.com.

Q: I’m writing to inform you that I read your article in Counseling Today about CAQH (the Council for Affordable Quality Healthcare), and I’ve now spent three days trying to get someone signed up with them. I have called five different health care providers to try and get a referral in order to get a CAQH number. This has been a most difficult task. If you have any helpful information about getting a CAQH number other than what I have already tried, that would be most appreciated. I also tried to call CAQH and got nowhere.

A: You are not alone. We have had other counselors share similar experiences. As we have written in this column, through CAQH a counselor can submit a credentialing application that is accessible by more than 100 insurance and managed health companies. That’s a great idea, but counselors have had a difficult time getting an “identification number” to make an application to CAQH. On ACA’s behalf, we have researched this problem and believe we have found the answer. We personally talked with Tim Anderson from CAQH about accessing the services. Here is what he advised.

1. A counselor who is already a provider for any of the insurance or managed care companies listed on the CAQH website (CAQH.org) needs to call CAQH and see if he/she already has a provider identification number. If so, CAQH will send that counselor a "welcome packet" with information on how to apply. Based on that advice, my partner Nadia Johnson called CAQH and found out she was already in the "system." CAQH is sending her the welcome packet! Some things do work.

2. If not, the counselor needs to contact any one of the insurance or managed care companies listed on the CAQH website, ask to become a provider and ask for a referral to CAQH. After that insurance or managed care company sends the counselor’s name to CAQH, CAQH will then send the "welcome packet," including the identification number, so the counselor can apply.

We asked an expert on CAQH, NetSource Billing at netsourcebilling.com, which also recommended step No. 2. NetSource Billing advised us to go through Aetna’s Credentialing Customer Service Department at 800.333.1232 and ask to be referred to CAQH to receive an identification number. Aetna has a helpful link on its website (www.aetna.com/provider/credentialing.html) that will facilitate this process. Just fill out the Aetna application request form and you will be added to the CAQH-Aetna Provider Application Roster. You can try this on your own, or you can contact Netsource Billing (866.441.1591), which will process your CAQH application for a fee.

Note: If a counselor is already credentialed with a managed care or insurance company, the company may ask the counselor to wait until his/her recredentialing date to use CAQH.

Robert J. Walsh and Norman C. Dasenbrook are the co-authors of The Complete Guide to Private Practice for Licensed Mental Health Professionals (www.counseling-privatepractice.com). ACA members can e-mail their questions to walshjasp@aol.com and access a series of free bulletins on various private practice topics on the ACA website at www.counseling.org.
Building unity and vision: A relational-cultural approach

The American Counseling Association, initially created in the spirit of unity, has been uniquely challenged to thrive in a culture wrought with oppression. True to its original mission of unification, the ACA Governing Council recently endorsed eight resolutions recognizing the destructive influence that ableism, ageism, classism, heterosexism, racism, religious bigotry, war and violence have on emotional well-being and healthy human development. Collectively, these resolutions, along with others that have been endorsed in the past, demonstrate ACA’s ongoing commitment to eliminating oppressive practices both in counseling and in the larger culture. Such efforts are essential to undo the devastating impact of social exclusion by making visible a diverse range of marginalized relational and developmental patterns. These efforts underscore needs that call for the ongoing refinement of multicultural counseling and social advocacy competencies, which are necessary for counselors to provide responsible and socially just services.

The fourth force in counseling and psychology took root more than 35 years ago and works to name and deconstruct sources of oppression in counseling and the larger culture. Despite the multicultural counseling movement’s many gains, a continuing challenge is to help counselors more clearly define and measure therapeutic outcomes that are consistent with a philosophy of mutuality and egalitarianism. This challenge involves addressing many of the theoretical biases in counseling and psychology that promote the view of autonomy and individualism as being central to peoples’ mental health and psychological maturity. This necessitates addressing the hegemonic structures in the mental health professions that do not account for the role that mutually empathic, growth-fostering relationships play in people’s emotional well-being and psychological development. This necessitates addressing the hegemonic structures in the mental health professions that do not account for the role that mutually empathic, growth-fostering relationships play in people’s emotional well-being and psychological development. This necessitates addressing the hegemonic structures in the mental health professions that do not account for the role that mutually empathic, growth-fostering relationships play in people’s emotional well-being and psychological development. This necessitates addressing the hegemonic structures in the mental health professions that do not account for the role that mutually empathic, growth-fostering relationships play in people’s emotional well-being and psychological development. This necessitates addressing the hegemonic structures in the mental health professions that do not account for the role that mutually empathic, growth-fostering relationships play in people’s emotional well-being and psychological development.

A relational revolution

RCT was conceived after the publication of Jean Baker Miller’s Toward a New Psychology of Women in 1976. The ideas in her book emerged from her clinical practice with women. In this work, she began to note that the centrality of relationships in women’s lives did not fit the traditional models of development she had been taught in medical school models that emphasized individuation, separation and autonomy as markers of emotional maturity and psychological health. Furthermore, Miller realized how other activities essential to the survival of the human species, namely activities that foster the growth and development of others in a relational context, were misunderstood, devalued and pathologized in traditional models of counseling and human development. As a result, individuals yearning to establish and participate in growth-fostering relationships were viewed as imma- ture, defective or overly dependent because they did not follow the sanctioned path of separation and individuation that is indicative of culturally and gendered-biased views of emotional maturity and healthy psychological development.

The emergent core message of Miller’s book asserts that our basic understanding of life — an understanding reflected in traditional paradigms of counseling and development — is severely off-balance. As Miller and other feminist counseling theorists pointed out, our erroneous understanding of “the nature of things” reflected the stereotypical experiences and developmental patterns of privileged white men. As a result, our lack of understanding of women, as well as marginalized men and people of color, led to the misundestanding and devaluation of their life experiences. Miller also acknowledged that traditional models of counseling, psychotherapy and human development not only failed to accurately describe the reality of women’s development but also failed to acknowledge men’s relational yearnings and vulnerabilities, as well as the important “support flow” they received from women and other subordinates that is essential for individual accomplishments.

Miller named sex role socialization, power, dominance, marginalization and subordination as overlooked yet essential guiding principles that greatly impact both our clients’ and our own relational development and mental health. After the publication of this groundbreaking book, Miller invited a group of local psychologists, namely Judith Jordan, Alexandra Kaplan, Irene Stiver and Janet Surrey, to meet on Monday nights at her Boston home and discuss these and related issues. From those meetings emerged a collective effort resulting in:

- A rethinking of how traditional models of human development fail to capture and articulate the relational experiences of women
- The construction of an alternative model of relational development across the life span for all people
- The development of a new approach to therapy based on healing in the context of mutually empathic growth-fostering relationships
- The naming and deconstructing of many obstacles to mutuality in relationships
- This small group of women eventually came to be known as the founding scholars of RCT. They have collectively produced and published a theoretical and empirical body of knowledge at the Stone Center at Wellesley College in Massachusetts, including a collection of books and other works in progress. These works, as well as information about the Jean Baker Miller Training Institutes, are available at www.jbmti.org.

Miller, along with other founding RCT scholars, became part of what is now known as the “relational revolution” in counseling and psychology. Pulitzer Prize-winning journalist Christana Robb documents their work, along with the contributions of Carol Gilligan and Judith Herman Lewis, in a new book titled This Changes Everything: The Relational Revolution in Psychology.

The overarching theme of RCT posits that all people yearn for connection and that emotional well-being and psychological growth occur in and through growth-fostering relationships, not outside of or away from them. As a result, human development involves our becoming more relationally complex and competent rather than separated and individuated over the life span.

Traditional theories, at best, recognize the importance of “affiliation,” “belonging” and “relationship.” Most traditional helping theories, however, ultimately advocate for individual competence, self-development, self-awareness, self-transcendence and intrapyschic change as primary goals/outcomes of the counseling process.

Expanding Rogers’ thinking on empathy

RCT extends Rogersian therapy by providing:

- An expanded description of the one-way empathy he espoused
- An elaboration of relational movement in relationships, which include inevitable periods of connection and disconnection
- A comprehensive description of relational healing that goes beyond self-understanding
- A description of the sociopolitical factors that inhibit many individuals in diverse and marginalized groups from an authentic expression of many of their thoughts and feelings and the naming of their own reality
- A framework for the development of empathic capacities, which grow and expand in our counseling relationships as well as in all of the other relational networks in our lives

RCT articulates a two-way process of healing and growth involving the co-creation of mutual empathy. In mutually empathic relationships, people work to authentically represent themselves. Thus, each person is open, accessible, affected and moved by the experiences of the other. With people truly experiencing mutual empathy in their relationships with others, each person feels that she/he matters and can sense the impact she/he has on other persons.

In counseling, mutual empathy is co-created when clients emotionally sense that their experiences resonate with the therapist. Much of RCT has focused on the impact of mutual empathy and authenticity in counseling and therapy settings, but advocates of this theoretical perspective have also described ways to infuse the healing and growth-producing potential of these constructs into a broader range of relational, organizational and sociopolitical relational contexts.

Mutual empathy, as a two-way process, calls for a heightened degree of openness and responsiveness in the counselor. To facilitate this openness and responsiveness, RCT...
The relational impact of disconnections

Rogers suggested that without relationships, we feel anxious and unable to act in our lives. RCT extends his description of this perspective by noting that in relational disconnections, we often experience the opposite of the five good things. This includes feelings of confusion, a lack of energy or immobility, and a decreased sense of worth, a sense of hopelessness resulting from the belief that you are unable to impact relationships in mutually positive and growth-producing ways, and a desire to turn away from relationships. Individuals most vulnerable to the devastating impact of chronic disconnections include those who experienced various forms of marginalization and social exclusion stemming from ableism, ageism, heterosexism, racism, religious bigotry, sexism and violence. RCT, along with the multicultural-feminist-social justice counseling movement, has noted that these individuals include not only our clients but also members of ACA who have experienced frustration at feeling excluded from many aspects of the association’s organizational culture.

While culturally diverse relational disconnections often create or re-creating opportunities for mutual growth and healing in counseling and organizational settings, they are often the ones in which counselors are least prepared to nurture. As such, counseling relationships and interactions encountered in our organization by some ACA members have the potential to impede emotional well-being and psychological development by recreating sociopolitical sources of disconnection and social exclusion that mirror those in the larger culture. Clients from marginalized backgrounds who discontinue counseling after one session, for example, are exercising strategies of disconnection in response to various forms of unintentional oppression that stem from a lack of multicultural competence by the counselor. New ACA members who fail to renew their membership may be experiencing unique forms of disconnection rooted in a lack of mutual empathy and authentic relational connection in the association. RCT offers a new way of thinking and a new language that can enhance counselors’ multicultural and relational competence as it relates to disconnections that occur in counseling situations and in our professional association. By learning more about RCT, counselors will be better able to understand and name the disconnections and empathic failures that are commonly manifested in counseling and organizational settings. Perhaps more important, this understanding will enable counselors to become better positioned to overcome the adverse impact of empathic failures and relational disconnections by working to re-establish a greater sense of mutual empathy and authenticity in counseling and organizational settings.

From an RCT perspective, ACA’s endorsement of the multicultural counseling and advocacy competencies represents the kind of organizational initiative that can create a greater sense of mutual empathy and social inclusion in the association. RCT advocates, working in partnership with members of Councilors for Social Justice, the Association for Multicultural Counseling and Development and other groups both inside and outside of our organization, are currently...
The American Psychological Association will hold its 114th annual convention at the Ernest N. Morial Convention Center in New Orleans. There will be three levels of programming: divisional programming, cross-divisional sessions developed by groups of divisions, and governance-sponsored and APA plenary sessions. In addition, there will be opportunities for earning continuing education credits, and the APA Exhibit Hall will include a wide range of exhibitors. For complete information or to register, go to www.apa.org/convention06/homepage.html.

The Mississippi Counseling Association will hold a “Nurturing the Nurturer” retreat for teachers, counselors, administrators and pastors who provide for the well-being of children in the six coastal Mississippi counties. This retreat will offer participants the opportunity to learn self-care strategies so they can enhance their ability to provide care for children in schools, churches and community agencies.

The retreat will take place at St. Paul’s United Methodist Church in the downtown and East campuses. For complete information, go to www.mca.web.com/nurture.htm.

COMING EVENTS

ACCA Conference
Oct. 3-6
Reno, Nev.

The third national American College Counseling Association Conference, “Exploring New Frontiers in College Counseling,” will be held at John Ascuaga’s Nugget Casino Resort in Reno. The Nevada College Counseling Association is co-sponsoring the conference. ACCA is approved to provide continuing education for the National Board of Certified Counselors (NBCC Provider #1024) and the American Psychological Association (licensed psychologists). For more information, visit www.collegecounseling.org/conferences.html.

Dance/Movement Seminar
Oct. 19
Long Beach, Calif.

This full-day seminar offers mental health professionals the opportunity to learn how to discover and trust their innate ability to “attend” empathically, respond authentically and translate nonverbal experiences into cognitive insights. Experiential body/mind exercises will be used along with didactic presentation to integrate a more embodied approach into traditional psychotherapy theory and practice. For additional information, visit the American Dance Therapy Association at 410.997.4040 or Susan Kleinman at 954.698.9222 ext 2087 or e-mail skleinm@bellsouth.net.

MCA Annual Conference
Oct. 21-24
Grand Rapids, Mich.

The Michigan Counseling Association Annual Conference, “The Power of Counseling,” will be held at the Amway Plaza Hotel. The conference will include three keynote addresses and more than 80 breakout sessions. For more information, contact Christine Larson at ci@prodigy.net or go to www.michigancounseling.org.

NBCC Global Mental Health Congress
Oct. 23-24
New Delhi, India

The National Board for Certified Counselors has announced plans for the first Global Mental Health Congress: “Focus on the Never Served.” This invitation-only congress is for professional, academic and government leaders in the counseling and mental health fields. It will feature the introduction of the worldwide Mental Health Facilitator program created by NBCC International in collaboration with the World Health Organization. Benedetto Saraceno, director of WHO’s Department of Mental Health and Substance Abuse, and Harrnett Mayor Fulbright, chair of the Fulbright International Center, will serve as keynote speakers. Inquiries should be directed to nbccinternational@nbcc.org.

PCA Conference
Oct. 27-29
State College, Pa.

The Pennsylvania Counseling Association’s 38th annual conference is organized around the theme “Healing Mind, Body and Spirit.” It will be held at the Penn Stater Conference Center Hotel in State College. For more information, go to www.pacounseling.org.

FYI

Call for applications
A. Scott McGowan, editor of the Journal of Counseling & Development, is seeking applicants for three-year appointments to the JCD Editorial Board. Counselors with editorial experience and a record of scholarship relevant to the domain of JCD are encouraged to apply. Publications in refereed journals are required. Given the broad scope of the journal, applications are being sought from people who represent all the various specialty areas of counseling. The journal is also looking to increase ethnic and racial diversity and to achieve a geographic balance on the board. Although not required in the letter of application, submission of additional information related to more than one specialty area is appreciated. Applicants must be members of the American Counseling Association and must agree to provide high-quality reviews on a timely basis. Applicants interested in reviewing quantitative research manuscripts should identify their areas of expertise in terms of research design and statistics.

Applicants interested in reviewing qualitative research manuscripts should identify their areas of expertise in terms of research design and statistics.

Call for papers, manuscripts

The editors of The Awareness Journal, a publication of the Colorado Counseling Association, invite manuscript submissions related to the current edition of The Awareness Journal. Prospective authors are encouraged to request a copy of the author guidelines from the editors. Manuscripts can be submitted electronically to Ken Noren (ken.noren@unco.edu), co-editor of The Awareness Journal. Appropriately formatted and prepared manuscripts will be submitted to the Managing Editor for blind review.

Multicultural Learning and Teaching is a new multidisciplinary international journal devoted to the education of people from multicultural backgrounds. Emphasis is placed on the interpretation of multicultural literature and recommendations for the practice of multicultural education. Appropriate topics for articles include, but are not limited to, identification, assessment, labeling/categorization, placement and instruction of underachieving, at-risk, urban, rural, linguistically different or exceptional children, youth and adults with diverse multicultural life experiences and backgrounds.

Manuscripts on family or culture-related services, legislation and professional preparation are also of interest. Additional information, including guidelines for authors, is available at www.mtonline.org.

The Association for Gay, Lesbian and Bisexual Issues in Counseling invites submissions to its journal, The Journal of LGBT Issues in Counseling. The journal’s intent is to publish articles relevant to working with sexual minorities that will be of interest to counselors, counselor educators and other counseling-related professionals who work across a variety of fields, including in schools, mental health settings, family agencies and colleges and universities.

The journal welcomes article submissions that reflect issues pertinent to the health of sexual minority individuals and communities. It should be understood that authors bear full responsibility for the accuracy of all references, quotations, tables, figures and the overall content of their articles. For complete guidelines on submitting articles, authors must contact Ned Farley, editor, The Journal of LGBT Issues in Counseling at nfarley@antioch.edu.

The Journal of Addictions and Offender Counseling is currently seeking manuscripts that highlight a wide range of topics related to addictions and offender counseling. Topic areas include traditional substance abuse treatment and recovery, process addictions, spirituality and addiction, best practices in offender counseling, college-aged adolescents and addiction, families and addiction, influence of multiculturalism on addiction and offender counseling, suicide and addictions, and policy development in addiction and offender counseling. Authors are encouraged to contact the editorial assistant (theresa_garcia@bellsouth.net) for current guidelines as well as a copy of the most relevant editorial review form (quantitative, qualitative, innovative approach or position paper) to aid in formatting. Manuscripts and cover letters can be submitted directly to the editor (Bryce. Hagedorn@fiu.edu).

Bulletin Board submission guidelines

Entries for the Bulletin Board must be submitted via e-mail to akennedy@counseling.org with “Bulletin Board” in the subject line. Paragraphs (in complete sentences) should be in a Word document, single-spaced, justified, Times font in black. Please provide a contact person with an e-mail address or number to call for more information. Do not send submissions with tables, tabs, bullet points, logos/letterhead, colors or uncommon fonts. All submissions are subject to editing due to space constraints. The rolling deadline is the 10th of every month by close of business, ET.
ed that this would set a prece-
dent — the ACA Code of Ethics
has never listed specific inter-
ventions or approaches that are
unethical — and that it was not
in the best interest of the coun-
seling profession to start now.

JM: We would not have been
able to be all-inclusive and be
assured that we had listed every
intervention that should be
banned. Therefore, a laundry
list of forbidden interventions
would lead counselors to
assume that any intervention
not on the list was fully ap-
proved by ACA.

DK: And you worry about harmful techniques, pro-
cedures and modalities that
were left off the list or were
developed after the list was
published.

JM: Exactly!

DK: How does a professional
counselor know whether a tech-
nique, procedure or modality
needs to be labeled as unproven
or developing? In other words,
how does a counselor determine
whether Standard C.6.e., “Sci-
entific Bases for Treatment
Modalities,” applies to the inter-
vention or approach they are
using with a client?

BH: When in doubt about the
scientific base of a technique,
procedure or modality, use the
standard “consult, consult, con-
sult.” Call a former professor.
Call an expert. Talk to some
colleagues. But by all means,
consult.

JM: Utilize resources on the
ACA website and other web-
sites. Keep current with the
research by going to workshops
and reading professional books
and journals, and stay in contact
with other practitioners who can
serve as consultants.

DK: This is a good time to
remind readers that ACA’s
manager for Ethics and Profes-
sional Standards, Larry Fre-
eman (800.347.6647 ext. 314 or
lfreeman@counseling.org),
provides free ethics consulta-
tion to ACA members and that
our best-selling book, the
ACA Ethical Standards Casebook
by Barbara Herlihy and Gerald
Corey, was just revised to
include the 2005 ACA ethical
standards. (Note: For more on
the ACA Ethical Standards
Casebook, turn to “Behind the
Book” on page 30.) The case-
book can be ordered at
800.347.6647 ext. 222 or www.
counseling.org/publications.
Free ethics resources are also
available to ACA members at
www.counseling.org/ethics.
So far we have been talking
about Standard C.6.e., “Scient-
ific Bases for Treatment Mo-
dalities,” in terms of the tech-
niques, procedures and modali-
ties that counselors use with
their clients. Does it also apply
when the counselor is asked for
a referral?

BH: If a client requested an
approach that was not grounded
in theory or an empirical/
scientific foundation, it would
be my responsibility to thor-
oughly discuss the unproven or
developing nature of the
approach, the limitations of that
approach and alternative ap-
proaches. If the client proceeded
to choose that intervention after
this thorough discussion, it
would be my responsibility to
facilitate that process and pro-
vide a referral.

DK: The ACA Ethics Com-
mittee has just completed an
extensive paper on the subject
of referrals for conversion/
reparative therapy and other
interventions that do not have
a scientific base that very much
supports your statement. An
abridged version was published
on pages 14-15 of the July 2006
dition of Counseling Today,
and the complete document is
available at www.counseling.
org/ethics.

Switching gears, what do you
think ACA needs to do to assist
professional counselors with the
new standard “Scientific Bases
for Treatment Modalities”?

JM: We should consider
developing a website section for
practitioners fashioned around
this standard that provides infor-
mation on proven treatment
modalities. We also need to help
professional counselors define
the potential risks and ethical
considerations of specific ap-
proaches. Students and coun-
selor educators have access to
the most recent literature,
but practitioners in the field
may not.

DK: Please convey thanks to
the entire Ethical Code Revision
Task Force for yet another new
standard that advances the pro-
fession. Any final thoughts?

BH: Professional counselors
need to understand that Stan-
dard C.6.e. was not meant to be
rigid and imply that only tech-
niques, procedures or modalities
that have been supported by
experimental studies with ran-
dom selection can be utilized. If
that were the case, we would
only use cognitive behavior
therapy because it is the easiest
to study under experimental
(or at least quasi-experimental)
conditions. We have to think
more broadly and inclusively
than that and include qualitative
and other approaches. The point
is that we don’t want counselors
using biased approaches that are
not thought through and have no
evidence of validity.

Next month: A new require-
ment to have a transfer plan

Letters to the editor:
ct@counseling.org

Counseling Today • August 2006
MEMBERSHIP STATISTICS FOR FY 2006 / NUMBER OF ACA MEMBERS IN EACH ENTITY

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Policy 30.1: Published Membership Figures, of the ACA Policies and Procedures directs that a table of specific membership figures for the American Counseling Association’s divisions, organizational affiliates and regions will show only the ACA members in each entity and may not reflect the total membership of a division that does not require membership in ACA. The table shows ACA membership in divisions and regions by month for the previous fiscal year, as well as the mean total, numerical and percent change in total ACA membership for each entity. The chart presents that information for Fiscal Year 2006. The chart does not reflect the information for the American Mental Health Counseling Association or the American School Counselor Association, as they maintain and publish their own membership figures. ACA began the year with 43,461 members and ended the year with 42,902, a decrease of 559 members.
there are many Americans struggling to understand their fellow citizens. What a relief to know I am not alone in this journey.

Learning that cultural adjustment is not a dichotomous process with a beginning and an end has put me more at peace with my continuing quest for understanding and acculturation. It is a lifetime journey filled with learning experiences and opportunities for growth that are not exclusive to immigrants. Both natives and non-natives of America are affected by cultural adjustment when the culture in which they’re living differs from their culture of origin.

This new insight continues to fill my heart with appreciation for the American culture and its people, who embellish every facet of the culture I am so delicately and diligently trying to understand. It is a priceless adventure, and I cherish every moment.

Masika Z. Smith (masika_sm@hotmail.com) is a graduate student at the University of North Texas. Richard Hazler is the column coordinator for Student Focus. Submit columns for consideration to hazler@psu.edu. Letters to the editor: ct@counseling.org
pharmacists have not been involved in subjects with moderate and severe nausea, despite numerous side effects. Therefore, the investigators and the attending physicians were interested in studying the effects of acupuncture on nausea and vomiting in patients with cancer. The patients were randomly assigned to two groups: one group received acupuncture treatment, and the other group received no treatment. The results showed that the acupuncture group experienced a significant reduction in nausea and vomiting compared to the control group. However, there were no significant differences in other outcomes, such as pain and anxiety. The study concluded that acupuncture may be an effective complementary therapy for reducing nausea and vomiting in patients with cancer. 

Pharmacists should be aware of the potential side effects of chemotherapy agents and the importance of monitoring patients for adverse effects. In addition, pharmacists can provide education and support to patients and their families regarding the management of chemotherapy-related side effects.
Medicare Reimbursement of Licensed Professional Counselors

Rep. Barbara Cubin (R-Wyo.) has introduced legislation — H.R. 5324, the Seniors Mental Health Access Improvement Act of 2006 — to establish Medicare coverage of both licensed professional counselors and marriage and family therapists. The American Counseling Association strongly encourages all counselors to contact their representative to ask them to co-sponsor H.R. 5324. In the last three years, the Senate has twice passed legislation establishing Medicare coverage of counselors, and each time a lack of support within the House of Representatives has kept counselor coverage from being enacted.

We need as many representatives as possible to co-sponsor H.R. 5324 to demonstrate to House leaders that establishing Medicare coverage of counselors is a good idea. Ask your representative to contact Rep. Cubin’s office to sign on as a co-sponsor of her important bill.

Department of Defense Recognition of Licensed Professional Counselors

The number of soldiers returning from Iraq with post-traumatic stress disorder and other mental and emotional health problems is staggering. Yet federal law still requires that licensed professional counselors practice under physician referral and supervision in TRICARE, the military health care system, and in DOD facilities. LPCs are the only mental health professionals not allowed to practice independently. Fortunately, a study by the RAND Corporation on the effects of a demonstration project allowing independent practice authority for LPCs found that this resulted in better access to care, no increase in costs and no adverse effect on TRICARE beneficiaries.

The House has passed language, as part of the Fiscal Year 2007 bill authorizing defense spending, to establish independent practice authority for counselors. The Senate, however, did not include this provision in its version of the bill. Congress is aiming to finish consideration of the FY 2007 National Defense Authorization Act as soon as possible, so it is vital that counselors contact their senators to urge adoption of the House-passed provision for independent reimbursement of counselors when senators discuss the issue in conference committee.

Appropriations for the Elementary and Secondary School Counseling Program

A House Appropriations subcommittee has approved a spending bill for the Departments of Labor, Health and Human Services, and Education that would provide only $22 million for the Elementary and Secondary School Counseling Program. This is a $12.7 million cut (more than 36 percent) from the Fiscal Year 2006 allocation of $34.7 million. While we are relieved that the House Appropriations subcommittee chose to reject President George W. Bush’s budget request (as it has done for the last three years) to eliminate all funding for the school counseling program, we are disappointed by the funding number.

While Congress has continued to fund ESSCP despite the president’s lack of interest in years past, the FY 2007 battle to fund the program may be our hardest yet given the unprecedented spending cuts being considered for domestic nondefense programs. Therefore, it is imperative that concerned counselors take action now. Please contact your House and Senate members to urge them to support a funding level of at least $34.7 million for ESSCP in Fiscal Year 2007.
2006/2007 Division/Region Goals

Association for Assessment in Counseling and Education
Valerie Schwiebert, President

It is my distinct honor to serve as president of the Association for Assessment in Counseling and Education this year. We have a very busy agenda for the coming year. During our New Board meeting this year, we developed several initiatives I would like to share with you.

First, we have scheduled our Annual AACE Conference in Greensboro, N.C., with education sessions and a keynote speaker on Oct. 13-14 at the Embassy Suites Airport Hotel. This year we are focusing on providing sessions for individuals interested in a wide range of areas, from test development to test application. This is in keeping with our mission to serve both those individuals interested in the many technical aspects of testing and test development and those more interested in the application of tests (e.g., end-of-grade tests, practical applications of tests).

We are also working on updating and giving our website a new look! This should be available in the next month, so be sure to watch for it. Our newsletter has a new editor, and Joshua Watson will be working hard on our next issue, which will be out before the conference. This year, we are asking for student submissions to the newsletter, and we will be adding more test reviews and other current information.

Finally, we will continue to have our presence at the ACA Annual Convention in Detroit. My focus this year is on continuing the excellent work started by Brian Glaser as we continue to make AACE a person-centered organization through more benefits to members and combined efforts with other divisions. I look forward to working with you. If you would like to contact me with additional thoughts regarding AACE, my e-mail address is vschwieb@wcu.edu.

Association for Adult Development and Aging
Wendy K. Enochs, President

AADA is off to an exciting year with a regional conference in July and others in the planning phase. These conferences offer members and others in the helping professions the opportunity to network and gain knowledge about the life span process for adults. In addition to expanding educational opportunities for members, a mentorship program is being developed. This program will allow counselors in the field to form bonds and have additional sources of support. Mentorship is an essential component for division leadership as well, and this mentorship plan will also address this issue.

Another exciting goal for this year is the anticipated completion of the Life Span Competencies, which a task force has been working on for the last year. This important contribution to the field will assist counselors in working with adults throughout the life span stages with an emphasis on wellness and prevention of major problems.

The focus on wellness is evident in the theme for the year. The theme is “Building Bridges,” and AADA will be seeking to assist counselors by providing them with knowledge and skills to help clients as they navigate through the stages of adult development. In addition, AADA will build bridges of support and form alliances with other divisions, branches and agencies that focus on adult development. The division is seeking partnership arrangements for conferences and conference sponsors and is considering adding advertising to its newsletter as a fundraiser. By building bridges with other divisions and branches, academic as well as outside organizations, AADA will become stronger in its focus and membership.

Membership expansion and meeting membership needs remain high priorities for the leadership of AADA. The AADA Board is excited about the many opportunities in the 2006-2007 year and will continue to work on strategic planning that will guide the division this year and in the future.

Association for Creativity in Counseling
Marcheta Evans, President

Greetings! I am pleased to assume the role of president of the Association for Creativity in Counseling. Participating in this division is an exciting, cutting-edge opportunity, and I am so pleased to be part of this effort. One of our primary goals in forming this association was to create an inclusive forum for counselors and students to explore unique approaches to counseling in the service of diversity and relational development. We are pleased to report that we were successful in reaching our stated goals.

ACC was successful in creating a website that includes a practitioner page, grant and scholarship opportunities for researchers and students, ongoing conference information and a section that highlights the upcoming features in the Journal of Creativity in Mental Health. We will continue to meet that goal and include information on our spring conference, the Dr. Lesley Jones Creativity in Psychotherapy Conference 2007. Please visit our website for more information.

One goal for ACC is to continue organizing our efforts at the state level. We will also continue to provide opportunities for scholarship through our quarterly journal, the Journal of Creativity in Mental Health, to include creative interventions for counselors working with a focus on grief and loss, spirituality, art therapy, addiction, sexual identity, gender, relationships and multiculturalism across the life span. Additionally, a goal of my presidency is to establish competencies and standards of practice for the use of creativity in the service of diversity and relational development.

We extend our many thanks to our founding leadership and membership. I want to personally and professionally thank Thelma Duffey, our founding president, for establishing such a wonderful foundation on which ACC can build and grow.

American College Counseling Association
Paul Fornetti, President

Just as our friends in real estate talk about location, location, location, we in college counseling must talk about advocacy, advocacy, advocacy. ACCA’s overarching goal this year is advocacy — the fuel that powers everything we do. As a member, you are also a partner on the leadership team because, in ACCA, everyone is in the “in crowd”!

Advocacy is doing everything we can to help our students. Are you the most competent, committed and caring professional counselor you can be? If you’re an ACCA member and take advantage of all your member benefits (ACCA conference, Visions newsletter, ACCA-L listserv, online professional development opportunities, etc.) then you most certainly are.

Continue to do all you can for your students.

Advocacy is doing everything we can to support our profession and position on campus. Merely helping your students isn’t enough. You’ve got to make your personal and professional presence felt on campus. Does every department head, every dean, every faculty member know who you are, what you do and how important that work is?

Advocacy is doing everything we can to promote professional counseling in our community, our state and our country. Without your efforts on those bigger playing fields, you may not survive on campus. Get involved at both the local and state level in public policy and legislative efforts. Keep informed about what’s going on at the national level, and make sure you take the time to go and see your representative when they are home from Washington!

Let me hear about your advocacy efforts — small and big. Send me an e-mail about your successes or when your position or program may be in jeopardy. I’m here to help, along with the rest of the ACCA Board. Remember that you are in the “in crowd.” Let’s have an awesome 2006-2007!
2006/2007 Division/Region Goals

Association for Gay, Lesbian and Bisexual Issues in Counseling
Brian J. Dew, President

As I ponder the courageous and pioneering leaders who have served in this position, it is with great awe and humility that I set forth my vision as president of AGLBIC. Much of my focus will be to continue the struggle to see GLBTQI issues represented in our counseling profession. Great strides have been made and, today, there is no doubt that our voice is heard in ACA. However, while whispers of reparative therapy and opposition to queer equality circulate in some professional corners, it reminds me that our work is not complete.

In 2005-2006, AGLBIC had one of its most memorable years. To maintain and build on our existing momentum, I have developed three specific goals. The first is to oversee the successful launching of the division’s print journal. Within the next year, it is my goal that four quarterly editions of the journal will be issued. I will work closely with Ned Farley, editor of the Journal of GLBT Issues in Counseling, and Haworth Press to make this publication available for our members.

Second, I will lead a collaborative effort to increase our division’s membership. In working alongside the AGLBIC Board, I will make sure that any initiative that is approved will have components that feature obtaining new and lapsed division members.

Finally, I want to elevate attention to the impact of addictive behaviors within our community. Whether it is crystal meth, sex or relationship dependency, counselors need to be aware of the prevalence and impact of these behaviors on GLBTQI individuals and their loved ones. I will use speaking and literary opportunities, as well as the 2007 ACA Convention, to raise professional awareness on this often neglected topic.

Association for Multicultural Counseling and Development
Beverly J. O’Bryant, President

AMCD is charged with improving ethnic/racial understanding, designing personal growth activities and educational opportunities for culturally diverse populations, defending human and civil rights, and ensuring that those rights remain a focus for ACA and its divisions. AMCD is a bridge to “mainstream” consciousness regarding cultural and ethnic parity and equity, a gatekeeper of adherence to equitable implementation and practice, and a visionary provider of culturally conscious initiatives and products.

The 2006-2007 focus is communication. We’re moving out to branches, state divisions, universities, school systems and the private sector. We’re moving up to enhance use of technology, video conferencing, virtual incubators and electronic telecasts. We’re moving into the mainstream. And we’re moving with a united message and energetic flow that exudes awareness, knowledge and skills.

Goals:

1. Increase internal communication by reconnecting the national organization with state branches and divisions, enhancing utilization of regional and ethnic vice presidents and AMCD past presidents, chartering new state divisions and enhancing our student mentoring component

2. Initiate and institutionalize a Leadership Development Institute to grow leaders who are culturally conversant, politically astute, publicly conscious and strategically poised to support, sustain and enhance the multicultural agenda within the larger organizational structure

3. Partner with allied organizations such as NIMC and CSJ to ensure the presence of a consistent, conscious and cogent multicultural agenda that reflects social justice within the consciousness of the larger organizational agenda

4. Increase external communication through strategic “omnipresence”: marketing and message articulation; publication of our journals in multiple languages; conferences; the Day of Learning at the ACA Convention; a new and improved website and newsletters; signature products; regional “road show” teams; and completion of the Competency Certification Initiative to promote awareness, knowledge and skills into multiple disciplines from mental health to public health

5. Seek supplemental funding sources

Contact me at Drbev.obryant@msu.edu

American Mental Health Counselors Association
Gail Mears, President

I am excited and honored to begin my term as AMHCA’s president. My goals for the upcoming year include:

1. Advocating for expanded practice rights and movement toward a stronger sense of professional identity. It is essential that we promote professional pride for mental health counselors and public recognition of mental health counseling and the significant clinical skill represented by mental health counselors. We are hampered in these efforts by the lack of a common professional title as well as by state-to-state differences in licensing exams and training standards.

2. Expanding the impressive gains made at state and national legislation. License in all 50 states, expanded state vendorship laws and recognition as covered mental health providers in federal legislation regulating provider status for Medicare and other federal programs are essential to our profession’s vitality. Without such recognition, our professional access to multiple clinical settings is constrained.

3. Continuing to be active allies to mental health consumers by working to make mental health services accessible, affordable and relevant to the needs of the children, adults and families in this country. This will include expanding our already impressive network of professional partnerships, collaborating with allied mental health professionals and advocating for the availability of prevention and wellness programs as well as treatment programs.

4. Increasing mental health counseling students’ membership and participation in AMHCA. This will require extensive outreach efforts to clinical graduate programs and close collaboration with counselor educators.

5. Maintaining and expanding AMHCA’s ability to promote mental health counseling through strong state chapters connected to, and supported by, AMHCA. This involves effective leadership training, regional collaboration, expanded member benefits and active member participation in AMHCA.

American Rehabilitation Counseling Association
Irmo Marinis, President

As ARCA president this year, there are several ongoing and new endeavors the ARCA Board has taken on behalf of its members. The first ongoing goal is to continue working with our allied associations to have certified rehabilitation counselors included in licensure laws across the country. Carrie Wilde has been our primary representative in working with the Commission on Rehabilitation Counselor Certification, the Rehabilitation Counseling Consortium and the American Association of State Counselor Boards, and we continue to see greater visibility of CRCs included in licensure laws each year. Related to that, ARCA has officially gone on record to support the CORE/CACREP merger, because this effort further strengthens our legislative advocacy in recognizing rehabilitation counselors as professional counselors who specialize in working with persons with disabilities.

A second ongoing goal is to continue developing more ARCA student associations in CORE programs and having student representation on the ARCA Board. Last year, ARCA set aside $3,000 (up to $500 per organization) for student associations to defray some costs in attending the ACA Convention.

Third, in November 2007, ARCA will return to having an annual stand-alone conference for its members. The annual student paper-writing competition typically held at ACA will be moved to this new venue, and we expect an excellent agenda of contemporary rehabilitation counseling presentations.

Fourth, the ARCA website (www.arcaweb.org) will launch its listserver to keep members regularly updated with conference, legislative updates and other news. The ARCA newsletter can also be found on the website for current information, meeting minutes and membership applications.

We have a number of other issues we are addressing, but the final major issue ARCA will tackle this year is its strategic plan. We will look ahead at the counseling profession and determine how best to represent our membership in remaining marketable in this changing economy.

American School Counselor Association
Carolyn Stone, President

The next chapter in school counseling promises to be health care, one of the most productive and exciting in our long and illustrious history. The compass guiding the actions of future school counselors points to work that supports students’ learning with a data-driven school counseling focus. The Transforming School Counseling Initiative of 1997 sparked a lively and sometimes contentious conversation and purposed the school counseling profession and brought us hurtling full speed toward reinventing school counseling to better advantage students. The decade-long discourse has turned into one of the most productive of our history, supporting school counselors to rethink their roles and core beliefs for 21st-century school counseling. The future will see a continuation and growth of state models that provide a solid approach to accountability and that align with the American School Counselor Association’s National Model (2003).

School counselors are embracing the ethical and moral obligation to reduce and eliminate the barriers that stand in the way of every student’s academic, career or personal-social development, and they are...
advancing the moral dimensions of school to include a strong social justice agenda to “close the gap.” School counselors follow the core belief that each and every student is entitled to an equitable and quality educational experience. In the words of Pat Martin, one of the giants in our field, “Students are either advantaged or disadvantaged by what we do.”

Helping school counselors demonstrate the tangible results of how they advantage students through data-driven practice largely defines how I have spent the past decade. My goal is simple: Gather as many examples as possible of the powerful work school counselors are doing to show how they advantage students.

Association for Spiritual, Ethical and Religious Values in Counseling

E.H. Mike Robinson III, President

In the coming year, the ASERVIC leadership hopes to be able to continue the work laid out in the strategic planning process by the ASERVIC Board of Directors in conjunction with the committee chairs and members. ASERVIC will continue to carry out its general mission of integrating spiritual, ethical and religious values into the counseling process through the creation of an environment that empowers and enables the expression, exploration, development and research of evolving spiritual, ethical and religious values as they relate to the person, society and to the profession of counseling and human development.

Specific areas of concentration for 2006-2007 include:

- Develop effective strategies for assisting counselor educators in utilizing the nine spiritual competencies in the educational process of counseling students in a manner that facilitates their acquisition
- Further develop the role of ASERVIC in promoting the understanding of ethical principles in counseling and the research and educational activities associated with the field of counseling
- Facilitate the development of a collaborative relationship between a variety of organizations in the health and education fields that have shared interests in promoting spiritual, ethical and religious values in helping professions
- Set mechanisms in place to more accurately monitor the needs of members and to solicit contributions from new members
- Increase the level of participation of graduate student members in the work and activities of the association
- Encourage promotion of scholarly inquiries into the counseling process as it relates to the mission of the association
- Continue to improve communications at all levels of the association, including among members, state divisions, committees and elected officers, through appropriate use of the web and other electronic media

Association for Specialists in Group Work

Maria T. Riva, President

As president of the Association for Specialists in Group Work, I look forward to this year with considerable enthusiasm. My primary emphasis will be to underscore the importance of the assessment and evaluation process in therapeutic groups. Group work is an essential format for providing counseling services, and it is widely practiced. It also has been found to be very effective for numerous types of problems and across the entire age range.

Although it is clear that group work is extremely beneficial, it is now time to shine a stronger spotlight on how group leaders assess progress, measure goal attainment and determine which specific components or techniques result in the most growth for their group members. With the increasing use of group work in the field of counseling, it is vital for group leaders to be able to determine whether and to what degree their group members are making progress toward their goals. It is also critical that group counselor educators address the assessment and evaluation process in their training of group leaders.

One of my goals will be to highlight what many expert group leaders in ASGW and ACA are doing in the field. There are many formal and informal ways to assess the group-as-a-whole and group member progress, and as a starting point, there is no better way than to encourage those with expertise to share their knowledge, insight and skill. Although I have other goals for the year, underscoring the need for an increased emphasis on the assessment and evaluation process in group work will be an exiting and challenging undertaking!

Counseling Association for Humanistic Education and Development

Linda Lench, President

The Counseling Association for Humanistic Education and Development has a long history of contributions to the field of counseling. The challenge for C-AHEAD over the past several years has been finding a way to revitalize a message so commonly embraced that it may at times seem mundane. After a time of introspection and regrouping, the past year has been a year of stabilization. Our efforts centered on maintaining the quality and processes of the organization while identifying a group of new burgeoning leaders who will help the organization define itself in the future.

If 2005-2006 was a year for fertilizing and repenting, 2006-2007 will be a year for seeing our labors brought to fruition. Look for a special edition of JCHED coming in the spring. Continuing education modules on humanistic counseling, counselor supervision for wellness and other important topics are on the table waiting for publication. Those folks stopping by the C-AHEAD booth in Montreal contributed to a collection of counseling metaphors that will be available in time for Detroit’s conference. The newsletter Infochange is developing a new look and is host to some new features of interest to all counselors. Look for articles that pose some interesting topics for debate as well as articles that will add to the understanding of humanistic counseling.

There seems to be no limit to the creative ideas counselors can generate. Humanistic counselors explore what it means to be fully human, and creativity is a uniquely human trait. We have a well-established foundation, and this is the year for embellishing it. We will continue to tweak our projects, look for new leaders and members to join in the work and look for exciting applications of the tried-but-true principles of humanistic counseling.

Counselors for Social Justice

Edit Torres Rivera, President

Objectives for Counselors for Social Justice:

- Redefining social justice as a measurement construct
- Establishing a task force to develop and implement the role of CSJ in ACA as an action group
- Developing and implementing a recruitment and retention plan to increase membership 30 percent
- Developing and implementing an “out-of-the-box” day of activities for the next ACA Convention in which politicians and community activists are part of the events

International Association of Marriage and Family Counselors

Bret Hendricks, President

I am honored to serve as president of IAMFC during 2006-2008. It is my pleasure to serve the membership and to work with the distinguished IAMFC Board of Directors. There are challenges and victories that face counselors who work with couples and families, and IAMFC stands ready and willing to meet the challenges that are set forth.

IAMFC sets membership services as a high priority. In the coming year, IAMFC plans to expand meaningful membership services through increased communication, provision of information about cutting-edge techniques for couples and families, dissemination of current research in couples and family counseling, and increased diversification of membership. IAMFC will continue to advocate for all families and all
counselors who work with families. Diversity is valued at IAMFC. Diversity of family systems, diversity of counseling styles and theories, and diversity of counseling techniques are all seen as integral goals. Particularly, IAMFC continues to promote outcome research about couples and families. Outcome research conducted by professional counselors is vital for counselors to meet the needs of a changing society.

IAMFC wants to be a professional home for all counselors who work with families, couples and varied systems. In addition to providing information about counseling techniques and approaches, IAMFC wants to provide members with a network for communicating about a variety of issues. IAMFC’s student listserv is very active and continues to be a source of information and mentorship for students in the United States and other countries. Additionally, IAMFC is developing media tools to address wide-ranging topics that will benefit counselors in training, counselors in practice and counselor educators.

In conclusion, I want to express my gratitude over being given the opportunity to serve as IAMFC president. I look forward to beginning new initiatives and continuing the rich heritage the organization has established in past years.

Midwest Region

Suzanne M. Duggan, Chair

The Midwest Region consists of 13 state branches: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, Oklahoma, South Dakota and Wisconsin. As this year’s region chair, I will focus on providing leadership training, professional development, continuing education and support to the leaders and members of these state branches. Toward this end, I will chair the region’s Leadership Development Conference this fall. The conference will be held Oct. 5-7 at the fabulous Amway Grand Plaza Hotel in Grand Rapids, Mich.

One goal of this conference will be to welcome and train members who are possibly interested in state or national leadership opportunities. Other goals of the conference are to:

- Facilitate communication across state lines in order to better understand our unique and shared challenges and to pool our ideas
- Update participants about financial, legal and ethical issues relevant to association leadership
- Provide strategies for understanding member needs and for marketing both our associations and the profession as a whole

If you have never attended a region conference like this, I encourage you to do so. As a relatively small conference, it affords a wonderful opportunity for top-notch training in an intimate setting provided by our national leaders. For the conference registration form and additional information about the region, please visit our website at www.michigancounseling.org/midwest/midwest.htm.

In addition to focusing on the Leadership Development Conference, I will also seek to:

- Facilitate ongoing communication among branch leaders
- Respond to requests for support when branches face challenges (such as threats to their licensure scope of practice)
- Represent the region on a national level by serving on a joint “think tank” task force between ACA and the American Association of State Counseling Boards and on the ACA Council of Presidents and Region Chairs

National Career Development Association

Y. Barry Chung, President

With support from the NCDA membership, Board of Directors, committees and task forces, and NCDA headquarters, I would like to build upon our professional excellence and current projects and initiate new directions of development. My presidential theme for 2006-07 is “Integration and Collaboration Within A Multi-cultural World.” My presidential goals include:

- Creating a new logo for NCDA that provides a more contemporary representation of its mission
- Promoting international collaborations (e.g., training and education, career development facilitator curriculums and training, consultation on credentialing issues, establishment of professional associations for career development)
- Collaborations with other career organizations (e.g., Society for Vocational Psychology, International Association for Educational and Vocational Guidance) on matters such as conferences, symposia and professional guidelines
- Creating NCDA multicultural career competency guidelines
- Promoting the E-learning curriculum of career development facilitators
- Preparing the transition to a new Career Development Quarterly editor who will begin reviewing manuscripts in August 2007
- Promoting the revised NCDA ethical guidelines
- Nominating more NCDA members for American Counseling Association annual awards
- Creating a public policies task force to address public policy issues related to career development
- Hosting a successful 2007 annual conference in Seattle with my presidential theme as the conference theme and with a focus on multicultural career issues and international perspectives

National Employment Counseling Association

Rita Freeborough, President

As the new National Employment Counseling Association president, I am excited about our future. NECA will continue with existing programs such as training, curriculum development, committee participation and educating future career counselors throughout the United States and beyond.

NECA is committed in serving others to help them succeed in the workforce and in life.

North Atlantic Region

John F. Parkman, Chair

My goals for 2006-2007 include but are not limited to the following:

- Study and work toward changes in the governance structure of ACA and its regions and divisions. This includes raising the influence of regions in the internal governance of the organization, combining similar divisions for membership purposes and giving regional leaders a direct impact on goals involving “emerging leaders” in ACA.
- To work with the leadership team at the national level to increase membership value to all our NAR branches, providing more “bang for our members’ bucks.” This would include providing more joint membership options with divisions that have similar goals and clientele; providing greater cooperation, exposure to leadership options and stronger relationships among regions; providing a “valuable product” for members; and continuing efforts to widen ACA’s impact on professional counselors throughout the world.
- Assist in the retrofitting of our diverse and multicultural professional organizations, specifically divisions and regions, into a stronger collaborative unit for “voicing” our common links and concerns to help all professional counselors, no matter their focus, clientele, work environments or primary mission.
- Continue the efforts initiated six to eight years ago to resurrect state branches in the NAR that no longer have viable or active organizations.
- Work toward the delivery of my leadership skills and professional imagination in service as the North Atlantic Region chair. I will always do what is in the very best interest of ACA in general but hope to provide the policy makers and national leaders the perspective of the branches in all efforts to change the structure, governance and member services provided to our NAR constituents.

The NAR members have given me the opportunity to try to carry out these goals over my year as chair, and I am truly humbled and grateful.
Southern Region  
Adriana G. McEachern, Chair

It is a privilege and an honor to serve as ACA Southern Region chair this year. Our region has many excellent leaders, who in keeping with the traditions of the South, radiate (along with the sunshine) lots of Southern hospitality and warmth.

My goals for this year are to continue to uphold the purpose of the organization by:
- Facilitating the activities of the region branches
- Ensuring timely communication is forwarded to branch leaders
- Organizing and providing leadership for the Fall 2006 Conference to be held Oct. 26-28 in Huntsville, Ala.
- Advising and making recommendations to our ACA Governing Council representative, Nita Jones
- Serving as a liaison between the region and ACA
- Supporting current and emerging leaders in all our branches
- Ensuring region meetings run in an orderly fashion
- Ensuring all members have an active voice in the development of region policies and recommendations made to ACA

Western Region  
Bob Butziger, Chair

The Western Region seeks to address the following areas of need and concern:

Networking:
- Western Region will assist branches in strategies for revitalization, recruitment and retention.

Implementation:
- The fall Leadership Development Conference will be hosted by the Colorado Counseling Association. CCA has shown tremendous interest in revitalization, and we seek to meet there to further encourage that development.
- Branches are partnering with other branches in an effort to network and share resources.
- Research into the demographics of the region will be completed by November.
- Student recruitment will be a major goal for 2006. At the fall leadership conference, we will form the region student coalition. We expect that they will be ready by the ACA Convention in Detroit to demonstrate how students help branch development.
- The region will resume a regional newsletter for the first time in 10 years. In this way we hope to increase communication and share information on activities in the region. We also seek to update our website to include minutes, procedure manual, etc.

Diversity:
- Following up on our theme of the past two years, we anticipate sharing considerable information on how our diversity awareness and interventions have increased.

Division and branch interaction:
- For the past two years we have sought to help one another with leadership skills in more effectively working with the divisions within our branches. As such, we are encouraging division attendance at our fall leadership conference. In 2005, NMASERVIC hosted the first ASERVIC Western Region Conference, held in Santa Fe, N.M.

Legislative priorities (branch and national):
- We seek to more effectively network our legislative advocacy efforts throughout the region. A workshop on this strategy will be held at the November Leadership Development Conference.
- Come join us in Denver from Nov. 14-17.
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FLORIDA

ARGOSY UNIVERSITY/TAMPA
Assistant/Associate Professor in Counseling Education

Argosy University/Tampa is pleased to announce a position opening at the Assistant/Associate Professor levels in its Counseling programs. Responsibilities will include: teaching; advising graduate and undergraduate students; supervising students in the Mental Health Counseling, School Counseling, Marriage and Family Therapy and/or Counselor Education programs, as well as developing disciplinary leadership. Qualified candidates should have a strong background in Counselor Education and Supervision with preference given to those applicants that are eligible within the State of Florida for state certification as a school counselor or eligible in the State of Florida for licensure as a mental health counselor. Emphasis will also be placed on candidates with a Doctoral degree from a CACREP accredited program. Salary and rank will depend on the candidate's qualifications and experience. We are committed to racial, cultural, and gender diversity among our faculty and student body. Minority-group candidates are strongly urged to apply. Review of applications will begin immediately and continue until the position is filled.

Interested candidates should submit a letter of interest that addresses how the applicant's strengths and experience match the position qualifications; a vita; and three professional references. Materials should be submitted to: John Woolsey, Director of Human Resources, Argosy University/Tampa, 4401 N. Himes Avenue Suite 150, Tampa, FL 33614 (jwoolsey@edmc.edu). An Equal Opportunity Employer.

GEORGIA

ARGOSY UNIVERSITY/ATLANTA
FULL-TIME FACULTY – Professional Counseling Program at Argosy University/Atlanta. Applications are invited for full-time faculty positions, beginning in the Fall 2006 semester. The Professional Counseling Program offers an MA in Professional Counseling and a Certificate in Marriage and Family Therapy. A doctoral program is also in development for this department. Faculty responsibilities include teaching both evening and weekend graduate courses, student advising, admissions reviews, program administration duties, and participation in departmental committees. Candidates should have earned a doctorate in Counseling, Counselor Education and Supervision, or a related mental health field from a regionally accredited university. LPC licensure and/or NCC certification is preferred, but license-eligible candidates and other licensed mental health professionals whose background demonstrates a strong counselor identity will also be considered. Since our faculty is largely practitioner-based, preference will be given to applicants with relevant work experience in the counseling profession. Teaching experience is required, preferably with non-traditional teaching formats for adult learners. We are particularly interested in candidates with a strong background in teaching research, statistics, and assessment. Argosy University maintains a commitment to diversity and seeks qualified candidates who exhibit cross-cultural competence and who have experience working with diverse student populations. Minority candidates are strongly encouraged to apply. Faculty rank and salary will be commensurate with experience. Review of applications will begin immediately and continue until the position is filled.
**NEW YORK**

**ALFRED UNIVERSITY**

Assistant Professor of Counseling

The Alfred University Counseling Program is seeking a dynamic individual to fill a tenure-track teaching position. We are looking for an experienced school counselor who is committed to preparing the next generation of counselors. The position requires an interest in working closely with graduate students on course material and field experiences. The areas of specialization are open to the following: consultation, personality/social-emotional assessment, statistics and program evaluation. Reporting to the Chair of the Division of School Psychology, the assistant professor of counseling will teach a regular load of nine credits per semester, conduct research, advise students, and provide service to the division and the university. This is an exciting opportunity for someone who is interested in being part of a growing program that is part of a dynamic, forward looking department.

Qualifications: A doctorate in counseling psychology, counseling, or school psychology is required. A reasonable amount of experience as a school counselor, as well as strong interpersonal skills and the desire to work closely with students and faculty is essential for success in this position. The Alfred University Counseling Program is part of a department that provides leadership, vision, planning, coordination, supervision and evaluation of student learning support programs for the college: Counseling Department, Educational Center Services, Academic Advising, Career Services, Job Placement, Retention, and related programs. The Department of Student Services will assist in coordinating the college’s matriculation efforts. The Department of Student Services may also supervise other designated areas and perform other Student Services functions. The department currently has 9 and state funded lines and additional faculty are needed to support a growing diversity in the student body. The department currently has 9 and state funded lines and additional faculty are needed to support a growing diversity in the student body. The Alfred University Counseling Program is part of a department that provides leadership, vision, planning, coordination, supervision and evaluation of student learning support programs for the college: Counseling Department, Educational Center Services, Academic Advising, Career Services, Job Placement, Retention, and related programs. The program provides strong training with graduate students and knowledge required to be effective counselors in school and mental health settings. Individuals interested in applying for this position should send a letter of application with vita, transcripts, and at least three letters of recommendation to: Dr. Jay Cerio, Chair, Division of School Psychology, Alfred University, Saxon Drive, Alfred, NY 14802. Email: fcerio@alfred.edu. Review of applicants will begin on August 15, 2006 and continue until the position is filled. Anticipated start date is January, 2007.

**MARYLAND**

**UNIVERSITY OF MARYLAND COLLEGE PARK**

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**NEVADA**

**TRUCKEE MEADOWS COMMUNITY COLLEGE**

Dean Student Services

Truckee Meadows Community College, located in Reno, Nevada, is accepting applications for a Dean for Student Services. Under the direct supervision of the Vice President of Student Services, the Dean of Student Services provides leadership, vision, planning, coordination, supervision and evaluation of student learning support programs for the college: Counseling Department, Educational Center Services, Academic Advising, Career Services, Job Placement, Retention, and related programs. The Dean of Student Services will assist in coordinating the college’s matriculation efforts. The Dean of Student Services may also supervise other designated areas and perform other Student Services duties as assigned. This is a full-time, non-tenure track, administrative position reporting to the Vice President of Student Services at Truckee Meadows Community College. A detailed position announcement, including the minimum/preferred qualifications, responsibilities, salary/benefits and instructions on how to apply can be found by logging onto http://jobs.tmcc.edu or phone 775-673-8299 for further information. TMCC is an EEO/AA employer.
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