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Underage Drinking

- Underage drinking is responsible for the deaths of approximately 5,000 persons younger than age 21 every year in the United States.

- In 2006, more than half (53.9 percent) of all 12- to 20-year-olds said they had engaged in underage drinking in their lifetime; the numbers ranged from 11 percent of 12-year-olds to 85.5 percent of 20-year-olds.

- Each year, an average of 3.5 million people ages 12 to 20 meet the diagnostic criteria for having an alcohol use disorder (dependence or abuse).

- Approximately one in five people in this age group (7.2 million people) have engaged in binge drinking, consuming five or more drinks on at least one occasion in the past month.

All figures according to a recent nationwide report by the Substance Abuse and Mental Health Services Administration. The survey asked persons ages 12 to 20 about the nature and scope of their drinking behavior as well as the social conditions under which they drank. The full report is available online at oas.samhsa.gov/underage2k8/toc.htm.
The butterfly effect

Edward Lorenz, a former MIT meteorologist, is widely known as the father of “chaos theory.” However, I’m not going to write about that contribution, at least in this column, as tempting as it might seem given that we all experience what feels like chaos from time to time. I want to focus on his lesser-known but critically important finding known as the “butterfly effect.”

In 1964, he eloquently described an experiment illustrating how one butterfly flapping its wings in one part of the world could affect weather patterns in a completely different part of the world. This should provide not only a wonderful illustration, but also powerful motivation for us as counselors. The work that we do—even the smallest of actions taken by just one of us—can set the stage for a greater impact, both individually and globally.

I had the distinct pleasure of attending the International Association for Counselling Conference in Malta at the beginning of July, and while there, I realized that the vibrant and exuberant collaboration of our colleagues from across the globe on that one tiny island would surely create ripples of invigoration and innovation throughout the world. In addition, the theme of the 2009 American Counseling Association Conference & Exposition in Charlotte, N.C., is “One Counselor, One World,” reminding us again that each and every one of us can change the world at any given moment on any given day. I challenge myself and challenge each of you to consider what actions, even though small at times, we can all take on a daily basis to improve the lives of others, both in our own communities and around the world. Let’s commit together to living out the adage “each one, reach one.”

That challenge is full of expectations! Clearly, I have expectations of you, just as you have of me. I promise that I will never hold my expectations for you higher than I do for myself. My primary expectation of you is that you will communicate with me and literally tell me of your expectations for our organization, because unspoken expectations are bound to go unmet. I will, in return, be as transparent and responsive as possible, and honest when I can’t fulfill what you expect.

I do ask that your feedback, when it comes in the form of criticism or expressed expectations that things should be different than they are currently, arrives paired with a suggestion for improving the situation. Feedback accompanied by a suggestion is like the beat of the butterfly’s wings; it has a greater chance of effecting a larger impact.

It is my goal and pledge that I will bring my best self to this honorable position every day (while humbly acknowledging that some days will look better than others!). I hold a strong belief that we can work most things, if not every thing, out through dialogue, consideration of context and small movements toward a larger outcome.

With pride,
Colleen ♦
Developing Clinical Skills in Suicide Assessment, Prevention, and Treatment
Jason M. McGlothlin

McGlothlin explains how to conduct assessment interviews and use suicide assessment tools, identify levels of lethality using his SIMPLE STEPS model, create a comprehensive suicide prevention and treatment plan, and work with family members. Case examples, discussion questions, measurable individual and group activities, and skill-building resources throughout the book link theory to practice in a concrete way. The final chapter presents stories from the field to inspire counselor reflection and growth.

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John J. Murphy

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edited by Lawrence E. Tyson, John R. Culbreth, and Judith A. Harrington

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Jeffrey S. Ashby, Terry Kottman, and Don DeGraaf

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Executive Director’s Message

Asking for a favor

Each month, I share with you some thoughts, update you on what the American Counseling Association is doing and, sometimes, offer some personal reflections. This month, I am asking for a favor.

In some respects, I think ACA is one of the “best kept” secrets from those who could stand to benefit the most. The past 12 months have been critical in laying the groundwork for new endeavors, as well as following through on leadership decisions made in previous years. ACA is clearly “new and improved” — something we must continue if we are to maintain our position as the world’s largest body of organized professional counselors.

Our clout at the legislative and regulatory level, as well as the impact we are making in terms of delivery of services and resources to professional counselors, remains strong. However, we need something else, and that is why I am asking for a favor.

We need to increase our numbers, and not just to raise more revenue. More members will mean even greater clout in the public policy arena. It also means that those who join agree to abide by the [ACA Code of Ethics](http://www.counseling.org), something that points to professionalism and protection of the public. Increasing our membership means reaching a greater audience with the information, services and resources that ACA provides.

As some of you know, we recently launched a series of “members-only” podcasts on the ACA website ([counseling.org](http://counseling.org)). We were also overwhelmed by the response to the call for programs for the ACA Annual Conference & Exposition in Charlotte, N.C. (March 19-23, 2009). Our efforts to realize counselor licensure in all 50 states came closer to reality when a California Senate committee recently allowed us to clear yet another hurdle. Our efforts at the federal level in terms of mental health parity, Licensed Professional Counselor recognition and the largest-ever allocation of funds for the Elementary and Secondary School Counseling Program ($52 million) also demonstrate that we are on the move.

We can do even more, but we need to increase our membership in ACA. That is why I am asking each of you to do me a favor. Find one colleague (not five, not 10, not 100 — although that would be nice) who you think would be a good candidate for ACA membership and ask them to join. This won’t cost you a cent (unless you sponsor them!), and it is a great way to invite them to be a part of the larger professional counseling community. Let your special invitee know how important this decision is, both to the profession and for them as a professional counselor, counselor educator or emerging counselor. In addition, tell them about the opportunities that await them if they choose to join any of the 19 ACA divisions as well.

I know the economy is forcing people to look more carefully at how they spend their money. People want to know there is value in what they are purchasing, so I think we need to give them a guarantee. Let your “one” person know that if they are not satisfied with what they receive from their one-year membership in ACA, then they can contact me personally for a full refund of their dues. If your colleague needs more information about what ACA has to offer, send them to our website at [counseling.org](http://www.counseling.org) to browse.

Last but not least, thanks to all of you for your support of ACA. Our members are our most important asset, and I look forward to our being able to meet your professional needs.

So please help me with this one favor I have requested. I would very much appreciate your efforts in this endeavor so we can make ACA a little less of a well-kept secret!

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](mailto:ryep@counseling.org) or by phone at 800.347.6647 ext. 231.

Thanks and be well.

Executive Director
Richard Yep
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More thoughts on counseling and social justice

Counselors play a very important societal and professional role today. Our attention to and advocacy for individuals and groups experiencing disproportional social support is a laudable career endeavor. Some ways this can be accomplished:

1. Legislative advocacy
   
2. Action-oriented practices promoting client advocacy on a community level

3. Support of political officials that share this goal

4. Support and advocacy for moral values

Many counselors might be overcome with apoplexy as they read the intimidating and often outdated phrase “moral values.” Some counselors have become confused by the integration of their own personal values and the profession’s use of a multicultural approach to counseling. It is our responsibility to support our clients’ individual personalities and characteristics relative to sexual preference, ethnic customs, the pursuit of social fairness and a continuing list of social and personal agendas deemed conducive to effective therapy. It is not our responsibility to support normalization of our clients’ issues throughout society.

Our professional organization should not advocate or contribute to the collapse or confines of the political or justice system, which often displays a hesitancy to assign responsibility and, often enough, an inability to convict the clearly guilty. The counseling profession is not well served by condoning a rise in illegitimate births, abortions, executions, uninhibited sexuality, unrestrained economic gain or the popularization of angry acts by any racial, environmental, feminist, homosexual or animal rights group (the list could be extended almost indefinitely).

One example in today’s headlines happens to be “same-sex marriage.” If you personally believe in this concept and want to advocate for it, by all means do so. However, please don’t drag my profession into the streets with you to demonstrate. If you are personally against same-sex marriage, then please don’t let this interfere with your treatment of individuals who present this as an issue in counseling. Furthermore, gay men and women already have the same rights as heterosexuals. Gay men, for example, have the right to marry any woman on the planet, identical to the rights of heterosexual men. Contrary to the media’s view, same-sex marriage demonstrations advocate for additional rights, not equal rights.

Counselors began demonstrating professional identity confusion as the assault on our sensibilities became so unrelenting that many grew numb and found resignation to be the rational and adaptive response to an environment that is increasingly polluted and apparently beyond our control. In our effort to provide effective counseling, we must exercise caution not to inadvertently lend our support to “normalizing dysfunctional behavior.” This simply means that we must employ common (social) sense. When community behavior worsens, we should not adjust our standards so that socially unacceptable behavior is no longer deemed so. This commonsense concept is strengthened by the understanding that there is a limit to the amount of negative or dysfunctional behavior any community can “afford to recognize.” We must take great care to differentiate between our personal views and our efforts to advocate social justice for our clients.

The good of society cannot be achieved without discipline and reason. In other words, individual client rights should not and cannot be transitioned into societal norms simply because we believe in supporting their healing process as counselors.

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Christian mystics, especially during the Middle Ages, equated compassion and social justice. You can’t have one without the other. Indeed, they come as a set, or they don’t come at all. Meister Eckhart is the most clear in this, but Julian of Norwich, Thomas Aquinas and others infer as much.

The deeper question, in my view, is whether counselors operate from compassion or operate as bureaucrats filling out forms and treatment plans. If the latter, then upsetting the status quo would be counterproductive, as this would threaten funding sources. If the former, then it’s better to be in private practice where one is immune to those financial stresses.

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My concern with the issue of “social justice” is that such notions are inherently subjective. We can all agree that “social wrongs” such as racism exist, but the word “justice” implies remedy, and this is where the slippery slope begins. One way our society has chosen to address the issue of racism, for example, is through affirmative action. Likely many social justice advocates are supportive of this remedy.

There are valid counterarguments to affirmative action, however. Do race-based preferences help us move closer to becoming a color-blind society? Highlighting race to help us move beyond racism seems contradictory. Do affirmative action efforts send the message that minorities cannot compete without governmental intervention? Couldn’t this attitude actually undermine the self-efficacy of minorities? What about the potential adverse impact on majority group members who have never victimized anyone in their lives? Won’t this breed further racial resentments? Whether or not one agrees with these counterarguments, it would be presumptuous to dismiss them.

To me, it gets very complicated very quickly. I was once asked during an interview how I would advocate for social justice at a particular institution. I knew this was code for “Will you support our largely leftist political agenda? You are one of us, aren’t you?” I wish I had possessed the wherewithal to say, “Did someone finally and ultimately figure out what social justice is and fail to send me the memo?”

Isn’t history replete with examples of groups that thought they had it all figured out? That they knew not only what was best for themselves but for everyone else...
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as well? And then they attempted, often tragically, to impose their views on others. But you say we are wiser than many of those people, that this time we are really right. Are you so sure? As Henry David Thoreau once wrote, “But who will save us from the reformers?”

None of this is to say our society doesn’t need change. It always will have room for improvement and, yes, let’s get on with it. Just let’s change the world on our own time and not drag the American Counseling Association into the effort.

Doug Smith
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Counselor becomes convert to horse power

Having just completed EPIC (Equine Partners in Counseling) training with Kay Trotter, I was thrilled at the coincidence of seeing the article “Straight from the horse’s mouth” appear in the June 2008 issue of Counseling Today. I attended the training in Texas after being introduced to horse-human therapeutic work by demonstration a few months earlier. I thought I’d share my intro to this counseling model.

I was in New Jersey when my sister-in-law invited me out to see the work she was doing with equine-assisted growth and learning applications. Susan has been excited about her work for some time and is a dressage rider and trainer and an EAGALA (Equine Assisted Growth and Learning Association) certified professional. She assured me I wouldn’t have to ride a horse (I’m not a rider whatsoever). Susan demonstrated an exercise in groundwork, going out into an arena with a small herd of horses and selecting a horse to halter and lead.

I knew zero about horses. Selecting a horse was a daunting challenge. Should I choose the very handsome and stately guy who seemed sure of himself and totally disinterested in me? He approached me a few times close enough to halter, but a jump barrier was between us, and I didn’t feel it was fair for me to “catch” him that way. After awhile, I noticed another slow-moving draft horse that hung to the outside of the herd, just kind of watching. He’d slowly approach me, then wander off to stand and observe. He wasn’t interacting with the other horses much. He seemed a little more approachable and far less full of himself than the other horses.

As a counselor, I was very much aware of my own personal dynamics and relational style coming into play in this exercise of choosing. Actually, I wound up being chosen by the draft horse instead of choosing what turned out to be the pricey alpha male. It was a little unnerving to watch the relationship dynamics of my work and personal life play out in the arena. The exercise was rich in metaphor. Those intrigued by parallel process and depth psychology will find this work fascinating.

Back home, I discovered that Kay Trotter and Debra Bond offered training with equine-assisted counseling in the Dallas area. I signed up immediately. Six weeks later, I headed out to Flower Mound and EPIC training. The morning session incorporated the basics of equine-assisted counseling, followed by an afternoon focused on working with persons with autism spectrum disorders. Both training modules were very professionally presented and included demonstrations and exercises with the horses — Wally, Boo and George (thanks, guys!). The power of this model of counseling work is not to be underestimated. Throughout the exercises, I thought of other applications — everything from corporate leadership training, team building, examination of personal relationship dynamics, working with couples and families … the possibilities are endless.

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Reader supports giving more attention to spirituality

As a conservative evangelical Christian and professional counselor, I appreciated the article “Counseling conservative Christian clients” by Richard Watts (June 2008). I have felt for some time that our association has needed to address this particular population. I think more conversations regarding spirituality as a whole, not simply Christianity, should be addressed in our profession. I hope to see these issues addressed in future editions of Counseling Today.

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‘Unlicensed’ does not equate to ‘unethical’

I read the June column of Private Practice in Counseling and found myself unpleasantly surprised. I am a cash-only practitioner, master’s degree, albeit currently an intern with the board. It was made clear to us in graduate school that it was perfectly legal to practice unlicensed. I checked, and as I always believed, it is not illegal in Oregon to practice unlicensed. I contacted the columnists, and they stated that it was their “global perspective” and also that it was their “opinion” regarding the unethicality of unlicensed practice.

However, it was not clear to the readers that this was the columnists’ global perspective and personal opinion, as opposed to fact. People such as myself read Counseling Today for useful and accurate information. This was neither. I momentarily questioned my future plan of practicing unlicensed.

I understand how we should strive for the highest standards, but I do not believe it is unethical to be unlicensed. I am practicing now as an intern (hence, unlicensed.) I am 55 years old. I went back to school in 2000 during my divorce years. My options, post-divorce, were few. I moved my kids and myself into what had been our beach house in a coastal town with a small population. I found myself a supervisor and set up a practice in the office above the garage. I applied for every job that came into existence in the two larger towns north and south of me. I did not get hired.

I volunteered for six months at a facility to gain experience and client hours. It was a 45-minute drive each way, and after six months, the bookkeeping department had a concern — I was generating income for the facility, yet I was a volunteer. They needed someone available to be on-call weekends, and I lived too far away to technically be hired on. I pay my supervisor for the twice-monthly visits, despite the fact that I sometimes have only one or two clients. I pay the board yearly for this slow process.

I have two teens and supplemented my income all this time with retail work. Last July, I bought an existing game store in town that is doing quite well. Long story short, it might take me 10 years to rack up the hours I need for licensure, and I’m...
not sure how that licensing will benefit me or the clients I see. I take classes, go to seminars, read everything. I passed the national exam. I am as ethical now as I ever was and as ethical as I will ever be. (Being licensed has no impact on one’s ethical behavior, as we all know.) But practicality tells me that spending lots of money year after year for supervision and board fees is not something I can justify. The reality is that some people are in situations that make licensure, as it is currently set up, merely expensive paperwork.

The reading public of Counseling Today needs clarification that practicing without a license is not illegal in Oregon and some other states. It is only the columnists’ opinion that it is unethical — an opinion that is clearly debatable.

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Editor’s note: For more on this issue, read Private Practice in Counseling on page 24.

Showing respect and dignity should extend to our colleagues

Regarding the article that Michelle Floum wrote detailing her experience in Hawaii at the ACA Conference this year (“Some did not have the Aloha Spirit,” May 2008), I feel that she deserves an apology for her treatment. She came in to bio@nehalemnet.net

Editor’s note: For more on this issue, read Private Practice in Counseling on page 24.

Showing respect and dignity should extend to our colleagues

Regarding the article that Michelle Floum wrote detailing her experience in Hawaii at the ACA Conference this year (“Some did not have the Aloha Spirit,” May 2008), I feel that she deserves an apology for her treatment. She came in good faith, presented to her peers and expected to be treated with respect and dignity. She got neither.

I could not attend the conference, so it was with some anticipation that I scanned the May issue of Counseling Today to read information about what happened at the event. I was saddened to hear of some of the conduct that Michelle experienced. It was indeed a difficult topic to discuss: why someone would not be able to counsel a homosexual client. It was also unprofessional of the people who showed up to disrupt the talk. They displayed childish behavior that was well below the conduct level of professional licensed counselors.

My job as a mental health counselor is not to judge a client’s behavior, culture, ethical stance or sexual orientation. I do not expect clients to try to change my set of values — those are personal — but I do expect that I should not judge them. My job is to listen and help them hear what they are really saying and let them make their own decisions.

We should be as culturally competent and aware as possible. We should be able to suspend judgment from our personal lives when we are at work. We should be able to help those in need no matter who they are or what they believe.

It is a sad reflection on our profession that some of the attendees thought it adult and correct to act like children in kindergarten instead of like professionals. I will disregard the behavior because they probably see what they did as correct according to their belief system. But I still find the behavior offensive, childish and discourteous. I think Michelle showed great restraint in her actions that day, and maybe we can all learn something from that.

We live by a set of ethics, and I copied these from the ACA website:

The primary responsibility of the mental health counselor is to respect the dignity and integrity of the client. Client growth and development are encouraged in ways that foster the client’s interest and promote welfare. They have the right to expect quality service provided by concerned, trained, professional and competent staff.

We should treat each other with the same dignity, consideration and respect at all times. We are all human and all have personal opinions and beliefs, but they need to be suspended when we are working.

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Letters policy

Counseling Today welcomes letters to the editor. Individuals may submit letters as often as they like, but Counseling Today will print only one letter per person per topic in each 365-day period. Letters are subject to editing for both length and clarity.

When submitting a letter to be considered for publication, please provide your name and town. If you wish to have your e-mail address listed with your published letter, please note that in the body of your e-mail.

Opinions expressed in letters do not necessarily reflect the views of ACA or the Counseling Today staff.

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Mental health parity legislation nearing the finish line

At press time, House and Senate negotiators had reportedly reached an agreement on a final version of historic legislation (H.R. 1424, S. 558) to require most private sector health plans to provide parity of insurance coverage for mental and addictive disorder services. The agreement comes after more than a year of at times contentious debate over how far to go in establishing federal protections for accessing behavioral health care, although lawmakers have not yet decided how to pay for the legislation's modest effects on federal revenues. The American Counseling Association and other mental health and addictive disorder advocacy organizations are pushing for enactment of the legislation this year to avoid having the issue become mired in broader discussions about the U.S. health care system.

The agreement reached on the parity legislation adopts a trade-off. The agreement reportedly includes language from the House version that requires health plans to provide out-of-network mental and addictive disorder services on par with coverage for other types of out-of-network care. The agreement adopts the Senate's preference, however, in leaving out the House bill's language explicitly requiring coverage of all diagnoses included in the Diagnostic and Statistical Manual of Mental Disorders.

Medicare physician payment fix still unresolved

As of July 7, Congress and the Bush administration had yet to resolve differences in retooling significant cuts in physician payment rates under Medicare. On June 26, the Senate came up two votes short of the 60 needed to bring up H.R. 6331, legislation to postpone a July 1 Medicare physician pay cut of 10.6 percent, after the House of Representatives passed the legislation by a strong bipartisan vote of 355-59. The lack of votes in the Senate prevented the legislation from moving forward before Congress left town for the July Fourth recess. Senate Republicans have largely sided with President George W. Bush in opposing the legislation because of its reductions in government payments to private managed care companies participating in the Medicare program.

Senate Majority Leader Harry Reid (D-Nev.) stated that he intends to bring up the legislation for a vote again now that Congress has returned. Although H.R. 6331 does not establish Medicare coverage of counselors, it does include a provision to remove the discriminatory 50 percent copayment requirement for outpatient mental health services. Consequently, ACA and the American Mental Health Counselors Association have endorsed the legislation.

ACA and AMHCA will be working diligently throughout the remainder of the year to lay the groundwork for inclusion of counselor coverage language in the Medicare legislation developed by the new Congress and administration next year. Significant grassroots support from counselor activists must be part of this effort. For more information, contact Peter Atlee with ACA at patlee@counseling.org or 800.347.6647 ext. 242.

Appropriations for school counseling program

On June 26, the Senate Appropriations Committee approved a spending bill for the Departments of Labor, Health and Human Services and Education (Labor-HHS-ED) that would boost funding for the Elementary and Secondary School Counseling Program (ESSCP) to $52 million for next year. This is a $3.4 million increase over current fiscal
year funding and marks the highest funding level yet for the program. The House Appropriations Committee’s consideration of its version of the legislation has been delayed due to partisan squabbling, but its subcommittee on labor and education spending has approved funding ESSCP at $48.6 million for Fiscal Year 2009, the same amount as the current year’s allocation.

It is unclear when — if ever — the spending bills will be voted on in their respective chambers. The upcoming elections, competing demands on legislators’ time and President Bush’s threat to veto spending bills that exceed his budget request are increasing the degree of difficulty in passing individual appropriations bills. Congress may postpone most, if not all, FY 2009 spending decisions until next year, when a new president and Congress take office.

In the meantime, ACA is urging Congress to support the Senate-approved funding level of $52 million for ESSCP in the final version of the Labor-HHS-ED spending bill for next year. In July, ACA President Colleen Logan wrote to Senate Appropriations Subcommittee Chair Tom Harkin (D-Iowa) and ranking member Arlen Specter (R-Pa.) thanking them for increasing funding for ESSCP in the Senate spending bill and expressing strong support for the $52 million funding level. For more information on how you can help support ESSCP, contact Chris Campbell at ccampbell@counseling.org or 800.347.6647 ext. 241.

Department of Education announces grant recipients for school counseling program

The U.S. Department of Education has announced ESSCP grant recipients for the 2008-2009 school year. For a complete list of the awardees, go to ed.gov/programs/elseccounseling/fy2008awards.html. The Department of Education made 53 new grant awards to 52 school districts in 27 states to improve elementary and, for the first time, secondary school counseling programs. The department continues to fund the 84 school districts awarded grants in 2006 and 2007.

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Legal Counsel, Kentucky Domestic Violence Association

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Five lessons from Emotionally Focused Couple Therapy

Last month, I asked Samuel Gladding to kick-start this column by giving us some pointers on being more creative as counselors. This month, I sought the expertise of Susan Johnson and asked her to provide some insight into the dynamics of couples and intimate relationships.

Johnson is best known for her pioneering work in Emotionally Focused Couple Therapy. She is currently a professor at the University of Ottawa and director of both the International Centre for Excellence in Emotionally Focused Therapy and the Ottawa Couple and Family Institute. She has authored multiple books, including the recently published *Hold Me Tight — Seven Conversations for a Lifetime of Love*. This book, which deals with attachment and the new science of love, is the first book she has written for the general public. For more information, visit holdmetight.net and eft.ca.

My girlfriend and I are looking into the possibility of taking advantage of couples counseling, so, upon reflection, I wonder if some unconscious part of me was pulled toward Johnson for this particular column. Regardless, she was most willing to share some of the knowledge gained from her wealth of experience.

**Susan Johnson**

Couples counseling is not for the faint of heart. It is difficult to be immersed in a drama in which two partners may compete for your allegiance, become desperately distressed and are ambivalent about the risks necessary to change their relationship. It is easy to be overwhelmed by the emotional chaos of this drama. The media have not been kind to couples therapy either, portraying it as a set of random techniques with minimal benefit. It is true that many methods for helping couples have little evidence of effectiveness. Nevertheless, public demand for couples interventions is growing. In fact, recent surveys tell us that having a loving relationship is the most important life goal for North Americans.

The good news is that, in the last decade, we have developed a science of love and adult bonding. The attachment model of love, formulated by John Bowlby, is changing the couples therapy field. It is an exquisite fit with scientific studies focusing on emotion, positive relationships and relationship distress. For example, both attachment theory and modern studies find that when we have a loved one who is emotionally responsive to us, we are healthier, more resilient to stress and have a better sense of self.

Similarly, we have learned that feeling emotionally cut off from others induces a form of “primal panic” in our brain that often results in either a demanding hostility (to force a response) or a numbing out and withdrawal (to protect oneself).

The attachment model is used in Emotionally Focused Couple Therapy (EFT), a tested and widely used couples intervention, to understand problems and guide intervention. EFT is a synthesis of 1) humanistic experiential approaches that privilege emotion as the music of the dance between partners and 2) systemic approaches that aim to change constricted patterns of interaction. The goal of EFT is to help partners shape new emotional responses that create secure bonding, trust and intimacy. Through EFT, partners can escape from stuck negative spirals and reach out in ways that move their partner to compassion and responsiveness.

Thus far, EFT has been thriving for about 25 years. So what are some of the things we have learned over this time?

1. **The golden rule is “Safety first.”**
   The therapist must create a safe haven in which each partner is heard, validated and understood. A genuine, transparent, egalitarian alliance with both partners, even though they inhabit different worlds,
is the key to exploring and transforming a loving relationship. The therapist doesn’t have to be an all-knowing expert. He or she is a consultant who creates the safety for each person to unpack and reorder their deepest feelings and habitual ways of connecting with their loved one.

Couples tell us again and again that the validation offered to them, especially of their needs for reassurance, comfort and connection, is crucial. Many partners are ashamed of their deepest needs. They call these needs “childish” or “weak” and don’t know how to speak about their fears of abandonment and rejection. The therapist’s empathy and acceptance of their attachment needs open up a new world for them.

2. Do not get stuck in content. The fight is never really about the kids, money or sex. It is how people fight that is key — the way in which this process creates emotional distance and starvation. In the fights that matter, the hidden agenda is always about attachment questions: “Are you there for me?” “Do I matter to you?” “Will you respond when I need you?” So we focus on the process of communication and how it impacts the safety of the partner’s attachment. What does this look like? Well, when a partner who says she wants more attention slams her partner just as he is reaching and offering caring, the EFT therapist does not coach skills or call a time out. The therapist will reflect the process of interaction (“As he ______, you say _______, and he then moves away”) and then move into exploring the attachment emotions and issues that shape this negative response. The therapist might say, “It is so hard for you to see, to trust when he reaches for you, when he offers what you long for. What happens to you when he says ________? When he reaches?”

3. Insight, while nice, is not enough. Insight will not shift ingrained ways of dealing with our deeper emotions, which translate into the signals we send our partner. The old phrase “a corrective emotional experience” is the key to change. Research tells us that to transform a relationship, partners have to first deepen their engagement in their feelings. They must go beyond reactive surface feelings and clarify attachment fears, anguish and loss. Second, they
must send clear signals regarding their attachment needs in powerful enacted conversations where they reach for their partner. Neuroscientists suggest that once a powerful emotional response has been set down in our neural networks, only another powerful emotional response can revise this network.

4. **Carve a path for forgiveness.** A systematic way to create forgiveness for key injuries is crucial in couples therapy. This can only be used when the couple has a basic sense of renewed trust and safety. In our research, we find that the crucial ingredient for injured partners is to be able to look into the apologizing partner’s face and see that, literally, this person feels their pain and cares deeply about wounding them. Any apology that does not have this level of emotional engagement is experienced as dismissive or insincere and often renews the injury.

5. **You must talk about sex.** When sex goes well, it accounts for about 15 to 20 percent of relationship satisfaction. When it goes badly, however, it takes on greater significance. Touch combines arousing erotic cues with the tender contact and soothing of attachment. We find that couples need to talk about the vulnerabilities and longings that come up in the bedroom to feel truly safe and connected with each other. We assume that the best recipe for lasting passion is an alive, secure and loving bond where sex can be a safe adventure.

Finally, the new science of love and the research on EFT tells us that, at last, we can help couples not only to become better friends but also to shape a deep bond that can last a lifetime.

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

Letters to the editor: ct@counseling.org
“Students in the program have learned that rewarding small successes leads to bigger changes in the long run. They learn to look for the positive, which, due to the personal struggles they have faced, is not always the nature of a student with emotional impairments. They understand the importance of taking things one day at a time and accepting small successes – an important (and difficult) skill to learn.”

- Erika L., MSW
A retrospective view on Dignity and Development Through Diversity

By Patricia Arredondo, Judy Daniels and Michael D’Andrea

When we drafted our first Dignity and Development Through Diversity column in August 1994, we had one goal in mind — to institutionalize the counseling profession’s commitment to issues of diversity. Our column was mission-driven, intent on making cultural competency development a mandate for all counselors and a centerpiece of all counselor training and continuing education experiences. It was our hope that the column would illuminate topics often not openly discussed about marginalized populations and issues, ranging from undocumented immigrants to the deaf.

We knew that counselors might be struggling alone and lacking confidence concerning how to proceed with culture-related challenges such as those articulated by clients or students in the classroom. The three of us had experienced these dilemmas ourselves when we introduced topics of white privilege, institutionalized racism and unintentional prejudice in class discussions, staff meetings or organizational development initiatives. The monthly column in Counseling Today was like a mini-lecture or forum, allowing us to address a range of social, cultural and current events, as well as discuss topics that were often viewed as difficult dialogues.

During the nearly 14 years that we served as editors for this column, a number of momentous occurrences influenced our articles. Among these were the presidential elections of 1996 and 2000, the dawn of Y2K, the tragedy of September 11, the establishment of Counselors for Social Justice as a division of the American Counseling Association, the election of the first openly gay ACA president and the establishment of diversity as a criterion for ACA national conference presentations. Throughout this period, we were steadfast in our inclusion of multiple voices on given topics — voices that could inform the readership on multiple issues related to “human dignity and development through diversity.”

The continuation of the column from 1994 to 2008 indicates the need to address new and emerging perspectives for the betterment of humanity in a variety of circumstances in which we all attempt to thrive. For example, counselors found themselves increasingly challenged in their work with individuals who spoke English as a second language, which proved to be a barrier to a counseling relationship. Stuart Chen-Hayes discussed the role of linguicism — or the prejudice about another’s language — as a barrier in counseling in one column.

Other guest contributors such as Cyrus Ellis and Renee Middleton discussed challenges to small communities unfamiliar with the increasing number of international college students in their midst and for cities in the South with growing numbers of Latino families creating their own small businesses. One column discussed the importance of having Jewish persons more included in future multicultural counseling discussions; yet another column provided interventions for counselors working with homeless families.

In short, we were never at a loss for timely issues related to multicultural diversity. Many columns ended with a reference to the multicultural counseling competencies. We did this consistently because the main objective of this column was to describe how counselors in various settings could apply particular competencies.

In 1994, the year of our first column, ACA had not as yet endorsed the multicultural counseling competencies developed by a team of multicultural experts in the Association for Multicultural Counseling and Development. In 2002, endorsement of the competencies by the ACA Governing Council finally became a reality. We like to think that in a small way, we contributed to this outcome.

However, our work is not done. Our
global society continues to grow more complicated, and multicultural issues increase as a result. Among these issues are counseling individuals of multiple heritages; working with couples who have adopted children from China, Romania, Guatemala and other nations; conducting research that engages local communities as collaborators rather than just “research subjects”; teaching students to be advocates and “systems thinkers”; and ensuring that multiculturalism as a “fourth force” is given parity with other major counseling theories.

In this, our last column, we want to extend a word of thanks to all of the persons who have contributed to this effort by submitting articles that addressed various issues of interest to themselves and members of our professional community. We appreciate the time other individuals have taken to submit letters to the editor noting the positive ways in which this column has served their own development or proved useful in the counselor education courses they taught. We also appreciate the time and energy others expended to express disagreement with various columns published on topics related to the emergence of multiculturalism in the counseling profession. After all, one of the guiding principles of the multicultural movement relates to the importance of engaging in difficult discussions about the diverse perspectives each of us brings to the table.

Lastly, we want to extend a special thanks to those readers who not only found these columns interesting, but who used some of the ideas and information to enhance their personal and professional development in ways that positively impact their clients and other persons with whom they interact. It has been an honor to serve as editors of this column over the past 13-plus years. As we complete our tenure in this capacity, know that we served voluntarily with the intent to provide members of our professional community with information related to multicultural counseling that was sometimes provocative and, we hope, always interesting. We hope that we have in some small way fostered an increased understanding of the importance and beauty of working to promote human dignity and development through diversity in the counseling profession. 

ACA would like to thank Patricia Arredondo, Judy Daniels and Michael D’Andrea for their dedicated and passionate efforts to raise awareness of multicultural and social justice issues while serving as editors of this column.

Letters to the editor: ct@counseling.org

The Counselor & the Law: A Guide to Legal and Ethical Practice

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EMDR, passion and Kosovo

The American Counseling Association values the opportunity to honor the career paths of working counselors with the Counselor Career Stories column. In sharing their stories in this space each month, these counselors will discuss the lessons they have learned along the way. The hope is that these lessons will be very helpful to working counselors and students alike as they seek employment. For additional assistance with career and employment issues, visit the ACA Career Center at counseling.org/CareerCenter/. Current online job listings may also be viewed at this site.

Ann Martin looks like a pixie. She has a brilliant smile and loves to hike, swim and garden. It is almost impossible to believe that she is nearing retirement. Martin has had a long and interesting career in the counseling profession. The lessons she has learned may help you on your career path.

Rebecca Daniel-Burke: What has been your favorite counseling job?
Ann Martin: I have been a school counselor for elementary and middle school. I have worked in an alcohol and drug treatment center. I counseled Vietnam vets. For a few years, I had a private practice. But my favorite job was as the director of the counseling center at Azusa Pacific University.

RDB: Did you originally set out to land that job?
AM: I wanted to work in higher education. I was conducting informational interviews with counselors who worked in higher ed. I would ask to meet with them and ask how they got their jobs, what skills they needed and what their advice was for securing a position. This provided the beginnings of my networking system.

RDB: What led you down this career path?
AM: I liked the idea of working in a liberal arts college environment. I had worked with Vietnam vets and other victims of trauma. I wanted to work in a higher ed environment where I would have more freedom to try different counseling modalities.

RDB: What advice or career tools did you find helpful along the way?
AM: Follow your passion and network with everyone. Conduct informational interviews with people who have the jobs you want. Ask them how they got their job. Many of my job offers over my career came through networking. A number of these networking relationships began during my informational interviews.

RDB: How did you determine what area of counseling you are passionate about?
AM: I knew when I first learned about Eye Movement Desensitization and Reprocessing (EMDR) that it ignited some passion in me. I trained with Francine Shapiro, the founder of EMDR. I saw clients moving very quickly out of trauma during their counseling sessions when I used EMDR.

Using this technique also provided me with a high point in my career. I went with a group of five counselors to Albania and Kosovo. We taught counselors about EMDR, and we facilitated a fascinating group for children. We first asked the children to draw a picture of what was on their minds. They drew pictures of bombs going off, of the military hurting their family members, of gravesites. To provide benchmarking, we asked the children to rate their drawings: 5=horrible, 4=anger, 3=sadness, 2=neutral and 1=happiness. Every picture was rated 5= horrible.

Then we used the EMDR technique as we discussed their pictures. Then we asked them to draw another picture of anything that came to mind. They drew hills with a sun or flowers or a bowl of fruit. We asked them to rate these pictures, and each picture was rated either 2=neutral or 1=happiness. The counselors we were teaching were amazed at the effectiveness of this technique in treating trauma.

I am not saying this is the only way to go, but it is one very effective tool to have in your trauma toolbox! My passion, after learning this technique, transformed into a life-changing trip. And I received the greatest gift of all — the knowledge that I passed this work on to others who
live there and work with these beautiful, recovering children.

RDB: What mistakes have you made along your career path?

AM: Early on in my counseling career, I had to learn about boundaries. My clients taught me about boundaries. Actually, a client with borderline personality disorder taught me about boundaries. I learned to be more careful and to keep my distance while remaining warm.

Another mistake was that I stayed so long when I had a difficult boss. We’ve all dealt with a difficult boss along the line. There are lots of jobs for good counselors. I should have left sooner than I did. Being miserable in a position should only be temporary.

RDB: What lessons have you learned?

AM: I learned a lot of lessons from clients. Most of all they taught me how strong the human spirit is. However devastating someone’s story is, the desire for healing is great, and most obstacles can be overcome. Even though pain motivated my clients initially, healing is always available when you find the right resources.

RDB: As a new counselor, did you have a hero?

AM: Yes, Paul Tourner. He was a medical doctor long ago in Switzerland. He was orphaned at the age of 6 and found himself becoming very inner-directed. As a physician, he loved to listen to his patients’ stories. As a result of his interests, he investigated the relationship between medicine, counseling and spiritual values. Although he initially considered giving up medicine for counseling, he finally decided to combine the two, and he transformed his private medical practice into a counseling practice. But it all started with listening — listening to people's stories. That is what this work is all about.

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

Letters to the editor: ct@counseling.org
Struggling with self-care

In his textbook *Learning the Art of Helping*, author Mark E. Young emphasizes that “the effective helper has good self-care skills.” Young supports this point by mentioning that, in a helping profession, one can easily experience burnout and “become emotionally ‘bankrupt.’”

While *New Perspectives* focuses on the needs and concerns of graduate counseling students and new professionals, proper self-care is often an ongoing struggle for even experienced professionals. The concept of self-care can be compared to a healthy diet. We all know it’s highly necessary, but we often end up ignoring it anyway.

Self-care requires an intentional effort to take part in activities that will help you stay healthy — mentally, emotionally and physically. Perhaps self-care is put on the back burner because we feel pressed for time in daily work tasks, are trying to be perfectionists or even fear telling people no. Whatever the reason, without self-care, the end result is that, like the Energizer Bunny, you just keep going and going — until you burn out!

It doesn’t matter whether you are a counselor, psychologist, social worker or graduate student; self-care is a continuing challenge that affects us all, no matter the career field. In this edition of *New Perspectives*, two counselors in training pose questions related to self-care as it applies to their respective lives.

Addressing their concerns with words of wisdom are this month’s professional counselor responders:

- Kerry Sebera, assistant professor in the University of Cincinnati Counseling Department and a licensed school counselor in Ohio
- Edward Neukrug, professor of counselor education at Old Dominion University, who has more than 30 years of experience as a counselor educator and therapist

**Dear New Perspectives:**

How do counselors get their counseling needs met? I’ve done pretty well so far, but to find a good match, I really feel I have to “shop around.” It seems like I could eventually run out of professional contacts in my community who don’t know about my personal issues. — Doctoral Candidate in Counselor Education, Florida

**Edward Neukrug:** Obviously, if you live in a small community, you can run out of professional contacts quickly. But I also would suggest not being too insular. Yes, it is okay to see a licensed clinical social worker or a psychologist (OK, don’t fire me!). Also, how willing are you to travel? I remember finding a really great therapist, and I drove an hour there and back once a week for a year to see him. Looking back on it, it was worth every minute — even at today’s gas prices!

Although I would be the first to say that counseling is the best way to get our counseling needs met, let’s not forget there are other ways to sharpen our skills and to get to know ourselves better. Go to workshops, create an “encounter group” with trusted friends, get supervision, meditate or pray, exercise, get involved in self-reflection activities, read thought-provoking books, go to an “alternative” movie, and on and on. So, if you get really “stuck” and can’t find a good counselor in your area, take up some other self-reflective activity. Or better yet, why not do it all?

**Dear New Perspectives:**

I am not an emotional person, but I am empathic to people. I wanted to

**Upcoming columns**

Typically, a section of *New Perspectives* will be reserved for “My Life, My Story,” a brief profile of graduate counseling students and new professionals who are achieving extraordinary things in the counseling field. But because this column is new to *Counseling Today*, we want to give readers a better sense of what the column is all about and provide a special preview of what’s to come for the remainder of 2008.

Look for these column topics in the months ahead:

- **September:** Setting up a private practice as a new professional and protecting professional identity
- **October:** Special edition of *New Perspectives* featuring a student-written article
- **November:** Breaking into special niche areas of counseling as a new professional
- **December:** Transitioning from student to counselor educator

“My Life, My Story” will return next month. If you would like to nominate a student or new professional to be featured in this section, send the individual’s name and contact information to Donjanea Fletcher at dfletche@westga.edu.
know how professionals leave the issues/problems of their clients at work and avoid bringing those problems home to the point of disrupting their own lives. — Master’s Counseling Student, Mississippi

Kerry Sebera: Inevitably, there will be times when professional counselors bring the issues of their clients home with them to some degree. It is about how you balance and care for yourself so that it doesn’t become disruptive in your personal life.

The first step is being self-aware that you may be too affected by clients. Some counselors are afraid to admit this, as though they’re doing something wrong. When you’re struggling, the key is to seek supervision/consultation. Why is it that this particular client’s issue is getting to you? Are you overidentifying with the client due to your own personal issues, which you may need to address by seeking counseling for yourself? Are you getting burnt out with your workload in general?

How best to approach the problem depends on what may be going on with you. Some techniques I have used were to spend the last few minutes of my workday reflecting and doing some relaxation. I would tell myself, “The work will be here when I come back tomorrow. I need to leave it here.” I had a supervisor who would literally touch the outside of the door to our clinic each day when she left. She said it was her ritual and reminder to “leave everything here” and to go experience her own life.

EN: As your question implies, being a counselor takes a lot of energy, because it means we are committed to others in the helping process. Therefore, we have to constantly take care of ourselves emotionally, physically and spiritually to deflect the burdens of others (see my response to the first question for ways to accomplish this).

A sense of wholeness and self-clarity can go a long way in ensuring that other people’s burdens do not spill into our lives. Consciously placing boundaries between our clients and ourselves is a good thing, just as long as we understand the ramifications of making ourselves somewhat removed from our clients’ lives. In fact, I have on many occasions seen counselors become too skillful at distancing themselves from their clients, too good at objectifying and dehumanizing their clients and making believe they are somehow “different” from them. Like so many people who sanitize war and view poverty and genocide as something “over there,” these “professionals” have become adept at removing themselves from the lives of their “clients” — forgetting they are touching the lives of “Taisha,” “Jessica” and “Jordan.”

Perhaps the key is finding the balance between ensuring our own health, having appropriate boundaries and being there for the people we are helping. ♦

Donjanea L. Fletcher is the column editor for New Perspectives and a student affairs counselor at the University of West Georgia. If you are a student or new counseling professional and would like to submit a question to be addressed in this column, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org
Helping to extend a client’s coverage

Q: It seems most managed care companies limit the number of counseling sessions. What is the best practice if a client needs more counseling than their insurance will cover?

A: We were asked that same question by Lynn K. Jones for her article “When Managed Care Coverage Runs Out — Effective, Ethical Solutions,” which appeared in the January/February 2008 issue of Social Work Today. We recommended the following options.

When, in your clinical judgment, the necessary treatment may require more sessions than the managed care company will reimburse, work with the client to explore options. These include having the client pay out of pocket (full fee or the managed care rate), establishing a payment plan, termination, referring the client to an agency or working with the client pro bono. It is important to discuss these options well before the last reimbursed session occurs. You have to treat the client, not the insurance policy.

The counselor can also advocate on the client’s behalf with the insurance company to extend the client’s coverage. Based on medical necessity, most managed care or insurance companies will consider covering additional sessions. After all, it is more cost effective for these companies to extend coverage than to have the client end up hospitalized or for something tragic to happen. The key is to not get adversarial. A nice, polite, measured approach works best. The client can also file an appeal if the extension is denied.

The client may also have an employee assistance program (EAP) benefit. This could provide the client an additional three to five sessions on top of the insurance coverage at no cost to the client. Even if you are not a provider for the EAP, request a “single case” agreement to access this employee benefit.

For the full Social Work Today article, go to socialworktoday.com/archive/janfeb2008p22.shtml.

Q: Do you know if there is an HCFA 1500 electronic form (to file insurance for a client) that I can use? I submit relatively few of these per month but hate writing them out by hand. It makes no sense for me to spend money on a program to do it. All I am looking for is something like a “fill-in” .doc or .pdf file that allows me to type
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data into the form. Does the American Counseling Association offer anything like that? Thanks!

A: We use and recommend billing software programs such as EZClaims, SUMTime and Therapist Helper, among others. But you are interested in a .doc or .pdf file, which can be found at medicalformsoftware.com/CSMS-1500.html?gclid=CI PzJChbfQCFQS7gcdTGPgWA.

We have no direct experience with this program, but it does offer a sample form to try, as well as a tutorial. Also, it is less expensive than the billing software programs. Give it a try and let us know if you are satisfied.

Q: In the June 2008 edition of Counseling Today, you indicated that one could not counsel individuals on a cash basis with a master's degree in professional counseling. Needless to say, I was stunned by your response. I live in Virginia, and our licensing board indicates that you must be under supervision once you start working for pay. Additionally, I checked with my former graduate school adviser, and he told me that I could see cash-pay clients as long as I tell them that I’m under supervision for licensure. Based on this information, I have been seeing clients on a cash basis. I have a small office in an established practice, and I am under supervision.

Please let me know if your response was state-specific. If so, I would appreciate a written clarification in the next edition of Private Practice in Counseling.

Q: I’m reading with interest the June issue of Counseling Today, specifically Private Practice in Counseling. Currently, I am a registered intern, and I’m researching Oregon’s board statements. Nothing in ORS 675.715 to 675.835 is intended to limit or prevent the practice of an individual’s profession or to restrict a person from providing counseling services or marriage and family therapy (as long as the) individual does not represent to the public by title that the individual is a Licensed Professional Counselor or Licensed Marriage and Family Therapist.

How does this fit in with the statement in your column that if someone is practicing without a license, they are violating the law?

Q: I believe that your responses in the Private Practice in Counseling column in the June edition of Counseling Today are misleading and need clarification. It is clear from your response to the first question that you personally believe that counselors should be independently licensed before going into private practice (and I have no quarrel with that), but your responses to all of the questions in that column make it sound as if state licensing rules require counselors to be independently licensed to work in private practice. This is simply not true.

In many states (including Ohio), the licensing restriction simply requires that those with a first-tier license work under supervision — in whatever setting, agency or private practice — until the 3,000 (or however many) hours are completed. I am not familiar with the rules in Illinois, but even if Illinois has some prohibition on private practice until independently licensed, your answer, when combined with the other answers in that same column, made it sound as if all states prohibit this situation, when they do not.

A: We will clarify our response. Checking with ACA Director of Ethics and Professional Standards Larry Freeman, we found that the 2008 edition of ACA’s licensing requirements for professional counselors identifies states with “practice” acts (those that define the scope of practice of a licensed counselor) and those with “title” acts (those that regulate the use of the term “counselor”). He advised us that there are 42 states with either practice acts or practice and title acts and seven states with title acts only.

We feel (i.e., it is our opinion) that we, as a profession, should advise practitioners to have the highest training and, therefore, the highest license. We did state in our column that counselors should check with their state counseling organizations or state licensure boards for specific regulations and follow those. From our June 2008 column: “It is up to professional counselors to know the particular state requirements for independent practice and to feel confident that they have the skill set necessary for this most demanding career path.”

Oregon’s and Virginia’s regulations appear to be title laws and not practice laws as many other states have. Our original concern was that we were getting many questions from students with master’s degrees who wanted to start a private practice and use a supervisor’s National Provider Identifier number or have a licensed counselor sign off and then bill insurance. We did not mean to mislead readers, and we thank all of you for having us clarify our response. We certainly appreciate your input.
**Counseling Today Quiz — August 2008**

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 or a photocopy. Mark your answers by pressing down hard and completely filling in one circle per question. Then mail it with a $18 payment to the address below. Please do not send cash.

1. **“Rolling Out the Wiki Welcome Mat”**
   - Anyone can write a manuscript for the Wiki of Counseling site.
     - a. True
     - b. False
   - Spence-Baker is most excited by the Wiki of Counseling’s potential to allow____ to share their knowledge and experience.
     - a. counseling clients
     - b. counseling students
     - c. counseling professionals
     - d. All of the above

2. **“The Calm After the Storm”**
   - Barry and Spahn structured the Cornerstone gatherings by age groups because:
     - a. The kids would come because their friends were there.
     - b. The kids would feel most comfortable sharing with same-age peers.
     - c. They needed a system to limit how many kids were there at one time.
     - d. All of the above
   - For Spahn, the “biggest thing” through-
     - a. witnessing the kids’ resilience.
     - b. getting to know the kids outside the school setting.
     - c. remembering that counseling doesn’t have to take place in an office, school, or center.
     - d. trying to stay present while considering the support the kids will need in the future.

3. **“The Top Five”**
   - In the couples fights that matter, the hidden agenda is always about:
     - a. Personal power
     - b. Trust and safety
     - c. Attachment questions
     - d. None of the above

4. **“New Perspectives”**
   - Neukrug suggests all of the following EXCEPT____ as counseling alternatives.
     - a. creating an “encounter group” with trusted friends
     - b. getting supervision
     - c. reading thought-provoking books
     - d. using other healing modalities like yoga or acupuncture

5. **“CAREP Perspective”**
   - The 2009 Standards reflect changes in the structure of specific program area curricula to sanction all of the following program area titles EXCEPT:
     - a. Clinical Mental Health Counseling
     - b. Student Affairs and College Counseling
     - c. Addiction Counseling
     - d. Gerontological Counseling

6. **“Private Practice in Counseling”**
   - Based on medical necessity, most managed care or insurance companies will consider covering additional sessions.
     - a. True
     - b. False

7. **“Behind the Book”**
   - In her own counseling training and teaching experience, Hensley Choate found insufficient information related to:
     - a. roles that girls and women fill in today’s society.
     - b. sexual assault and intimate partner violence.
     - c. wellness issues
     - d. All of the above

8. **“CACREP Perspective”**
   - To strengthen professional identity, the 2009 Standards delineate that a doctoral degree in counselor education is the required degree for core faculty teaching in CACREP programs.
     - a. True
     - b. False

9. **“Private Practice in Counseling”**
   - Based on medical necessity, most managed care or insurance companies will consider covering additional sessions.
     - a. True
     - b. False

10. **“Private Practice in Counseling”**
    - The 2009 Standards reflect changes in the structure of specific program area curricula to sanction all of the following program area titles EXCEPT:
      - a. Clinical Mental Health Counseling
      - b. Student Affairs and College Counseling
      - c. Addiction Counseling
      - d. Gerontological Counseling

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Freedom From Addiction:
The Chopra Center Method for Overcoming Destructive Habits

With addiction treatment on the rise, David Simon and Deepak Chopra offer a valuable alternative to traditional 12-step programs. Based on the format of the Chopra Center’s method for overcoming destructive habits, the authors’ holistic program centers on a balance of Eastern and Western care. By breaking down the original 12 steps into expanded “Steps to Freedom,” they offer an option to the lifelong label of “addict.” With many recovering people questioning the idea of powerlessness, this format centers on free will without abandoning spirituality.

According to the writers, the goal in Freedom From Addiction is to “demonstrate that your deepest needs for peace, harmony, ecstasy, meaning and love can be fulfilled through inner exploration and expansion of awareness.” Through their program of balancing meditation, detoxification, nutrition, energy awakening and emotional emancipation, the writers teach people to experience their spiritual quest internally without the external need for drugs and alcohol.

Of all the recovery tools listed, meditation is the key focus. “It can ultimately fulfill and replace all other addictions,” Simon and Chopra claim in a bold statement of success. This tool, coupled with their direction to help others, helps fill the spiritual emptiness that leads many people to an addicted life. By replacing a destructive habit with a constructive practice, people grow in awareness and actualization.

Freedom From Addiction includes two informative appendixes. The first summarizes the statistics and effects of various chemicals, including tobacco, alcohol, stimulants, opiates, sedatives, marijuana and hallucinogens. Added is a summary of reasons people use these substances, which center primarily on physical effects. The second appendix offers a brief history of addiction, starting with the ancient Greeks and continuing to include early treatment in America, legal action, the treatment of drug use with other drugs and, finally, 21st-century addiction.

With the realization that addiction takes many forms, Simon and Chopra provide a valuable alternative to traditional treatment. While many programs limit their focus, this format of treating the whole person offers expanded hope.

Reviewed by Kim Walden, a private practice counselor and writer in Portland, Ore.

Freud at 150: 21st-Century Essays on a Man of Genius

Freud published The Interpretation of Dreams at the very opening of the 20th century. From that time forward, his work has deeply changed how we view both ourselves and the societies in which we live. At the same time, Freud’s work has been strongly challenged since it appeared. Many critics have claimed that it represents an intellectual detour and that we have returned (or should return) to a largely pre-Freudian worldview.

Freud at 150 is the product of a symposium hosted by four scholarly organizations (among them the American Psychoanalytic Society and the American Psychological Association Division of Psychoanalysis). The book is the work of 27 scholars and practitioners who argue that, despite the many challenges to Freud’s views, “no alternative has emerged to convincingly challenge the set of understandings that we were given by Freud.” Even though several of the writers hint at the ways in which Freud’s critics have marginalized his work, all affirm the ongoing value and impact of his insights into the human mind.

The essays are relatively brief, ranging in length from three to 13 pages. The first nine essays place Freud (and psychoanalysis) in historical context. The next 28 essays examine his influence on modern thought. Taken individually, they are passing tributes. Taken together, they suggest a great deal about the range of Freud’s thought and will encourage continuing evaluation of his work.

The questions the authors pose are interesting and often compelling. What would our world have been like had Freud not written about our inner worlds and how the unconscious shapes human actions and relationships? What would our lives have been like had Freud not written about the ways in which the elements of our psyches conflict with themselves? Is psychoanalysis, in Edith Kurzweil’s words, “an art, a science, a religion or a fraud?” Can psychoanalysis help us to understand world conflict, especially the Middle East conflict (see William Granatir’s and Joseph Merlino’s essays)? To what extent did the experiences of World War II and the Holocaust underscore the importance of Freud’s contributions? What are the differences and commonalities that characterize psychoanalytic theory and practice? Where would we locate Freud in today’s spectrum of health care practices — as a practitioner of narrative-based rather than a proponent of evidence-based treatment? Above all, to what extent are Freud’s ideas still relevant? Eli Zaretsky’s “Freud in the Twenty-First Century” is the longest summative piece, but Sheila Hafter Gray’s words frame the broadest question: What is Freud’s place in our minds? Is it worth being reminded of what it will take to answer that question.

Reviewed by Larry Rogers, professor of teacher education, South Dakota State University.

Continued on page 30
Recent books by ACA members

Book announcements are listed here for informational purposes only. Inclusion does not necessarily indicate an endorsement by Counseling Today, Resource Reviews or the American Counseling Association. Book descriptions are provided by the authors or their publishing houses.

Sam Feels Better Now: An Interactive Story for Children by Jill Osborne, Loving Healing Press

This book incorporates elements of trauma therapy as well as play and expressive therapies to assist children ages 4 to 10 in working through crisis situations, traumatic events and grief by helping the main character, Sam, learn ways to cope after his own difficult situation. Included is a guide for therapists that discusses the theoretical background and offers suggestions for using this story with children.

Starting and Growing a Business in the New Economy: Leading Career Entrepreneurs Share Stories and Strategies by Sally Gelardin, National Career Development Association

If you are a risk-taker with an independent style, you will benefit by reading the stories and strategies of successful career entrepreneurs. These contributors share from a dual perspective as active counselors who have grown their own successful businesses.

Dimensions of Multicultural Counseling: A Life Story Approach by Sara Schwarzbaum and Anita Thomas, Sage Publications

This core text may be used in upper-level undergraduate or graduate courses in counseling, psychology, social work, marriage and family therapy, and human services. A valuable resource for understanding cultural factors in clinical work, it will enhance the clinical skills of mental health providers who work with diverse client populations.

Just Engaged: Prepare for Your Marriage Before You Say “I Do” by Christine E. Murray, Adams Media

The purpose of Just Engaged is to provide couples who are preparing for marriage with research-based practical guidance, exercises, case studies and discussion questions to help them build realistic, positive expectations for their marriage. With its interactive format, the book also can be used as an adjunct to premarital counseling.


A practical, how-to group counseling book filled with active, creative leadership skills, techniques, exercises and activities. The book is filled with numerous examples of how to begin and end a group, how to deal with difficult members and situations and how to make groups more meaningful.


The special 15th anniversary edition of this book is intended to prepare counselors to pass the National Counselor Examination or Counselor Preparation Comprehensive Examination. The book is a publisher’s best seller.

My Nephew, My Son by Bridget M. Ross, Tate Publishing & Enterprises

This memoir takes the reader on an awe-inspiring journey to encounter the depths of God’s love for a boy struggling with Reactive Attachment Disorder.

The Mom’s Guide to Asperger Syndrome and Related Disorders by Jan Johnston-Tyler, Asperger Autism Publishing Company

Written by a neurodiversity counselor, this book covers everything parents and caretakers need to know when raising a child with Asperger’s syndrome, nonverbal learning disorder or high-functioning autism. Written in a friendly tone, the handbook is stuffed with relevant information, including advocating for your child, working with your school district and what you can do to teach your child vital social and executive functioning skills at home and in the community.

Essential Topics for the Helping Professional by Sheri Bauman, Pearson

This book is designed to provide counseling students and practicing counselors with a concise, comprehensive overview of eight critical topics (sexual abuse, eating disorders, self-mutilation, suicide, substance abuse, sexual minority issues, grief and loss, trauma and violence) they will certainly face as helping professionals. Each chapter includes an actual case study, a definition and description of the problem and sections on prevalence, developmental issues and patterns, assessment strategies, treatment options, counselor issues (with a special note for school counselors), issues of diversity, ethical concerns and additional resources.

Empathy Fatigue: Healing the Mind, Body and Spirit of Professional Counselors by Mark A. Stebnicki, Springer Publishing Company

The author draws on five years of original research to provide a repertory of self-care strategies designed to increase personal resiliency and decrease counselor burnout and fatigue.

Creative Interventions With Traumatized Children edited by Cathy Malchiodi, foreword by Bruce Perry, Guilford Publications

Rich with case material and artwork samples, this volume demonstrates a range of creative approaches for facilitating children’s emotional reparation and recovery from trauma. Contributors include experienced practitioners of play, art, music, movement, drama, bibliotherapy and integrative therapies who describe step-by-step strategies for working with individual children, families and groups.

Counseling Today is pleased to publish announcements of recent books written or edited by ACA members. If you are an ACA member and have had a book published in the last six months, send an e-mail to CT editor-in-chief Jonathan Rollins (jrollins@counseling.org) with the following information: author’s/editor’s name, ACA membership number, title of book, publisher (no self-published titles please) and a one- to two-sentence description of the book’s main focus, purpose or audience.

Each book will be listed only once. However, books listed in this section are still eligible for a full review in Resource Reviews if a copy is provided to column editor Ruth Harper. Due to the volume of books received, a full published review is not guaranteed.
Resource Reviews

Continued from page 28

Strengths-Based School Counseling: Promoting Student Development and Achievement


From the overview in Chapter 1 through the responses to the 12 key questions in Chapter 7, this new book inspires and motivates the reader to implement a solution-focused approach to school counseling. Likely to become a standard requirement for progressive school counseling training programs, the book will be of great interest to current school counselors as well.

As a counselor educator, I find that the definitions of different roles for school counselors at the start of various chapters create an initially positive impression. Reading about the “traditional school counselor’s role” as it relates to academic development, personal development and career development was like reviewing a job description at a school whose administration has not committed to providing school counseling services any differently than has always been done.

John Galassi and Patrick Akos provide a clear framework for implementing a comprehensive school counseling program that aligns and likely enhances the American School Counselor Association National Model. This is achieved by numerous program and intervention suggestions based on outlines of the traditional school counselor’s role, the contemporary school counselor’s role and, finally, the strengths-based school counselor’s role. These alternative scenarios are presented in a readable, well-researched and well-cited manner. The authors also enhance this book through their ability to demonstrate how typical counseling services develop from the role of the strengths-based school counselor.

For those who might not read each chapter word for word, Galassi and Akos offer a number of “Key Points” after the summary of each chapter. Extras such as these key point sections, as well as links to websites and other resources for evidence-based approaches, make this book an extremely valuable resource.

To bring the book to a successful close, the authors dedicate an entire chapter to professional preparation of school counselors. Especially useful are examples of how a CACREP school counseling program might incorporate strengths-based school counseling as an overarching foundation to conceptualize and enhance the functions and services of school counselors. This is exactly the kind of forward thinking that school counselors need to embrace as they work to move the profession into an exciting, positive future.

Reviewed by Jay Trenhaile, associate professor and department head, counseling and human resource development, South Dakota State University.

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

Letters to the editor: ct@counseling.org

Girls’ and Women’s Wellness: Contemporary Counseling Issues and Interventions

Laura Hensley Choate

“This is an exciting resource for addressing girls’ and women’s issues from a strength-based, holistic perspective that highlights resilience and coping. It will help women discover and actualize their inherent potential for positive change.”

—Jane E. Myers, PhD
The University of North Carolina at Greensboro

In this empowering resource, mental health counselors, counselor educators, and school counselors will find an abundance of practical strategies that can be used immediately in their daily practice. Each chapter includes assessment and intervention strategies, client handouts, workshop outlines, self-exploration activities, case studies with discussion questions, and recommended resources. Topics addressed include women’s development and mental health, self-esteem, body image, relational aggression in girls, sexual assault and intimate partner violence, college women’s experiences, life-work balance, spirituality, and the concerns of mid-life and older women. 2008 300 pages.

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Behind the Book - By John Lough

Interviews with the authors of books for counseling professionals

Girls’ and Women’s Wellness: Contemporary Counseling Issues and Interventions by Laura Hensley Choate

Recent major social changes have led to increased opportunities and choices for girls and women. Girls are participating in more sports and in higher numbers than ever before. Educational opportunities have increased to the point that there are now more women than men enrolled in postsecondary institutions, and half of all medical and law school students are now women. Women are employed in record numbers, filling a much wider variety of jobs and at increasingly higher responsibility and pay levels.

This rapid social and economic progress for girls and women has also been accompanied by a variety of complex issues. Women are faced with increasingly difficult challenges as they navigate the complex and multiple roles they must manage in today’s society.

Girls’ and Women’s Wellness is a practical resource, providing counselors with background, insights and strategies to be used in working with female clients. Laura Hensley Choate and her contributing authors cover a variety of contemporary issues, from body image and relational aggression to life-work balance issues.

Choate is an associate professor of counselor education in the Department of Educational Theory, Policy and Practice at Louisiana State University in Baton Rouge whose research has focused on girls’ and women’s wellness. She is also a past editor of the Journal of College Counseling.

Counseling Today: How have increased opportunities for women also brought increased challenges for today’s girls?

Laura Hensley Choate: One confusing aspect for many girls is the clash between traditional and contemporary socialization processes. Many girls are socialized according to traditional values that encourage them to value themselves for their appearance, to fit into a narrow standard of “beauty” and to be overly concerned with pleasing others. Yet, at the same time, they are feeling pressure to excel academically, to participate in multiple extracurricular activities and to achieve equality with boys. The result is girls struggling to meet their needs for achievement while also meeting traditional cultural standards for femininity.

While girls are encouraged to achieve “girl power” and compete at the highest levels, even young girls are almost continually exposed to highly sexualized merchandise (and) media and advertising that encourages them to appear “sexy.” It is clear that today’s girls are facing cultural pressures that are confusing, and potentially damaging, as they head into the already complex years of adolescence.

CT: Are women facing similar issues?

LHC: Yes. Many women find themselves dealing with the traditional pressures and responsibilities of being fully committed mothers and wives, while at the same time facing the challenges of contemporary workplace and educational opportunities that recent social changes have made possible. Today’s women spend much of their time multitasking and feeling more rushed and stressed than women of previous generations ever did.

CT: Are counselors today being adequately trained to handle contemporary issues in counseling girls and women?

LHC: I’ve found that’s not generally the case. In my own training and teaching experience, I’ve found many counselor education programs do not provide current and relevant information related to the roles that girls and women fill in today’s society. Issues that disproportionately affect women, such as sexual assault and intimate partner violence, also tend to be neglected in most counselor education programs. While there are books that focus on the mental health needs of women, I found there was little material that offered counselors and counselors in training real insights into contemporary trends or that focused on wellness issues.

CT: Is this book more theory or practice oriented?

LHC: I and my coauthors wanted to make this a current, accessible resource that practicing counselors can use as a guide in their daily work with girls and women. We made a number of decisions to achieve that goal. For example, we draw on the lived experiences of girls and women in chapter topics that range from childhood issues to older women’s concerns.

We attempt to take a developmental, holistic perspective in the material we present. Our basic assumption is that clients are basically healthy people who are in need of support, empathy and information in order to better navigate their lives. We emphasize client empowerment throughout the book and offer techniques and approaches that focus on a client’s strengths and abilities as a means of developing the resilience necessary to cope with current and future life transitions or obstacles. We’ve also presented the material in a practical, detailed format that makes it easy to use with clients. The chapters contain multiple web resources, examples, client handouts, workshop outlines and strategies for both assessment and interventions.

Girls’ and Women’s Wellness: Contemporary Counseling Issues and Interventions can be ordered directly from the American Counseling Association (Order #72876; cost is $39.95 for ACA members and $55.95 for nonmembers). Order through the ACA online bookstore at counseling.org or by calling the ACA order line at 800.422.2648 ext. 222.

John Lough is a communications consultant for ACA. Contact him at behindthebook@counseling.org.

Letters to the editor: ct@counseling.org
The right tools for the right job” is a quote known by every journeyman, but what about counselors traveling along The Digital Psyway? A good checklist of technology skills for counselors can be found in the 2007 ACES Technical Competencies for Counselor Education. The Association for Counselor Education and Supervision, a division of the American Counseling Association, has a history of establishing counselor technology competencies, with the first set developed in 1997. The 2007 revision is an update that adds context to some of the original standards. It provides counselors who are trying to learn new technologies a developmental learning path for each standard, from basic knowledge to integrated competence. Standards developed for both master’s and doctoral graduates address barriers to inclusivity and counselor program support. The next two columns of The Digital Psyway will introduce readers to the 2007 ACES Technical Competencies and point out some starter sites that can help you handle your technology tools better.

1. Be able to use productivity software for word documents, webpages and spreadsheets.
   Contemporary counseling practitioners use productivity software to organize and manage specific activities that are repetitive and more easily organized and filed through use of these tools. With these tools in place, efficiencies of time management and easy retrieval of information become realistic goals in busy practice settings.

   Productivity software consists of an array of computer-based tools that counselors can use to enhance and facilitate various aspects of practice management. For example, productivity software such as word processing enables counselors to create documents used for client education and records or to construct spreadsheets used to store, summarize and easily access information about clients.

   - Microsoft Office Help - office.microsoft.com/en-us/help/
   - Apple iWork Help - apple.com/support/iwork/
   - Open Office Help - documentation.openoffice.org (Open Office is a donationware productivity suite)

2. Be able to use tech equipment (audiovisual) for training purposes.
   As we move further into the 21st century, the ability to incorporate user-friendly audiovisual equipment and technology into counselor training activities can expand how and where training is delivered. We’re now able to extend access to many training activities by applying technology in creative ways.

   Because teaching and learning no longer occur exclusively through “traditional” face-to-face interactions in on-campus settings, counselors in training benefit from developing skills in the use of video production equipment, recording technology and various forms of real-time conferencing that span time and distance. For example, both on-campus and off-site counselors in training can participate in 1:1 or group supervision and collaboration activities using videoconferencing or computer technology that allows each participant to see and hear information or presentations.

   - Adobe Connect Pro - tryit.adobe.com/us/connectpro/webconference/
   - Guides and Tutorials - guidesandtutorials.com/lcd-projector.html
   - Skype Videocalls - skype.com/allfeatures/videocall/

3. Be able to use and develop multimedia documents/presentations.
   As a set of tools, multimedia applications can be used for counselor education, client education and professional advocacy. As these tools are updated and made increasingly more user-friendly, counselors are applying these technology-supported tools in ingenious and innovative ways.

   Multimedia software options foster wide-ranging opportunities for counselors to develop professional presentation skills and competencies. Becoming adept at creating PowerPoint presentations, for example, might begin by learning how to use the software to build text slides and then progress to embedding animated graphics and digital video into the slide deck. Other useful presentation tools include CDs or DVDs, which can be created using computer technology within the parameters of ethical and legal guidelines. These storage and presentation tools have wide applicability to teaching, practice and research.

   - Microsoft PowerPoint Tutorial - office.microsoft.com/en-us/powerpoint
   - iWork Keynote Tutorial - apple.com/iwork/keynote
   - Creating DVDs and CDs - pcworld.about.com/news/Sep142004id117720.htm
   - Presentation Helper - presentationhelper.co.uk/

4. Be able to use statistical software to organize and analyze data.
   Whether reflecting on the effectiveness of counseling interventions in a systematic manner or conducting formal research studies, counselors can use computer-supported statistical software packages to make these activities feasible in educational, hospital, clinic or home office settings.

   As a counselor, you’re continually reflecting on your practice and the outcomes of your work in both formal and informal ways. Gaining confidence in the use of tools that facilitate a formal, organized approach to collecting and
analyzing the data generated in practice settings is essential to the contemporary counseling professional. Through use of software packages such as Excel, SPSS, and SAS, you can learn how to easily enter data sets, generate visual displays of the data (charts and tables, for example), analyze the data and then consider what it all means to your practice.

- Baycon Group Excel Tutorial - baycongroup.com/el0.htm
- North Carolina State University SPSS Tutorial - chas.ncsu.edu/training/SPSS/
- UCLA Stat Computing SPSS – ats.ucla.edu/STAT7/spss/
- Trifilettis’ SAS Tutorials - web.fccj.org/~jtrifile/SAS2.html

5. Be able to use computerized and/or Internet-based testing programs.

Computer software for testing, assessment and career decision making has become increasingly familiar to counseling professionals. Internet web-surveyor options are easily designed and accessed. The ease of use and efficiencies in obtaining assessment or testing results can provide real-time benefits to clients as well as counseling professionals.

Assessment is integral to the counseling process. To competently use computer-mediated software for assessment purposes, counselors must first know how and where to find software and then become proficient in the use of selected programs. It’s also essential that you understand ethical considerations when using these tools with diverse populations.

A host of questions have to be answered before introducing computerized or Internet-based testing programs into your practice. For example, what does the research say about a particular assessment software program? Are the reports generated by the software package valid for the populations with which you work? Does the program permit modification of the reports? These and other questions should be explored before using these tools.

- Azy Barak’s References for Online Testing - construct.haifa.ac.il/~azy/reftest.htm
- Timothy Baker’s CounselingSurveys.org - counselingsurveys.org
- National Career Development Association Guidelines for Internet Use in Career Counseling - found at ncsa.org

6. Be able to use e-mail.

E-mail has become an ever-present way to communicate in counselor education, practice and research settings. Using the Internet to efficiently exchange information has become mainstream, yet you need to acquire and keep in mind certain skills associated with using e-mail.

These skills include knowledge of techniques to ensure that communications are secure, privacy safeguards are in place and security procedures are followed at the location where you are using e-mail. For example, HIPPA/FERPA regulations may apply when engaged in transmission of client information attached to e-mail. Counselors should understand the functions of their e-mail programs, including how to block spam, send to multiple recipients or lists and use the CC and BCC fields. They should also ensure that ethical guidelines are followed when using e-mail.

- The Art of Writing Good E-mails - netwritting.co.uk/2007/05/21/the-art-of-writing-good-emails/
- Professional E-mail Guidelines - www1.umn.edu/umcf/researcresource/emailguide.html
- Electronic Protected Health Information - yale.edu/epd/procedures/hipaa/5123/5123PR1.pdf

A complete listing of the 2007 ACES Technical Competencies is available on the ACES website (acesonline.net) in the “Documents” section or directly through the following link: http://files.change mywebsite.com/774116/doc/ACES_Technology_Competencies_2007.pdf

Note: Links in this and previous issues of Counseling Today are available through the companion web blog at digitalpsyway.typepad.com.

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Marty Jencius is the column editor for The Digital Psyway and an associate professor of counseling and human development services at Kent State University. He served on the 2007 ACES Technology Interest Network Standards Committee. Contact him at mjencius@kent.edu.

Letters to the editor: ct@counseling.org
First off, let’s all thank Al Gore — this Internet thing is genius! But in all seriousness, what recent invention has exerted as much influence on the way we live, learn, work and communicate as the World Wide Web and other computer-related technology? More and more counselors have come to accept, even if sometimes begrudgingly, that their profession is not immune to technology’s impact. Instead, they are actively looking for ways that technology can be of “help” to the helping professions. As such, new technologies are influencing how counseling is being accessed, delivered and taught.

Along with the good, there is always some bad, of course, and technology has produced, or at least served as the gateway to, numerous trouble spots, including cyberaffairs, web gambling and pornography addictions, online bullying and stalking, to name a few.

Counseling Today asked American Counseling Association members across professional spectrums to discuss the ways in which technology is affecting their professional lives, whether through use of the latest tech gadgets and educational tools or in changing the face of the client issues they treat.

Computer-mediated counseling

Computer-mediated counseling is any type of counseling that uses a computer for delivery of services, whether via e-mail, chat rooms, online support groups or video conferencing.

“It’s an emerging professional issue, although what I’ve found is that there isn’t a lot research that really examines this area of counseling,” says Kristopher Goodrich, a doctoral candidate in counselor education at Syracuse University who has studied the topic. “But it has some tremendous implications in terms of what we do and how we work with individuals.”

He notes some of the positive and negative aspects of this modality:

**Pros**

- Access to clients in rural areas
- Time flexibility; done at a client’s leisure without having to travel to a counselor’s office
- Proved effective with cognitive behavioral therapy for depression and anxiety according to a study published in 2004 by Kate Cavanagh and David Shapiro in the *Journal of Clinical Psychology*

**Cons**

- Limited research proving its effectiveness with other counseling approaches and issues
- Possibility of counselor bias
- Therapeutic alliance: Can a strong rapport be established with a client online?
- Cost of technology/equipment

Another concern some have raised is that computer-mediated counseling could cause inadvertent violations of licensing laws if the client being treated online resides in a state different from that of the counselor.

Goodrich also notes that not nearly enough research has been done pertaining to multicultural issues with computer-mediated counseling. He has found...
only one related study that examined a non-Caucasian population. The study, which focused on the therapeutic alliance with male Asian American college students, showed that computer-mediated counseling resulted in a positive experience with this population.

Furthermore, Goodrich says, computer-mediated counseling is not suitable for addressing all client issues, but some research has shown it can be effective when treating anxiety disorders and depression and also in the areas of professional coaching and career counseling. “Computer-assisted counseling (using both computer-mediated and face-to-face counseling) has been proved to be more effective than counseling solely through the Internet,” he says. “If we are going to support this area of counseling, then we as educators really need to explore this area more and these issues. More research needs to be done, and we need to look at it from a scientific standpoint.”

Before counselors consider computer-mediated counseling, Goodrich advises that they take precautionary measures, including:

- Encrypting conversations to ensure confidentiality
- Performing risk assessments — know the contact information and locations of clients so these clients can be referred to local resources in cases of suicidal ideation or instances of other severe mental health risks
- Being aware of a client’s access and basic computer knowledge
- Knowing ethical codes for being a distance counselor (for more information, refer to the 2005 ACA Code of Ethics, Standard A.12., “Technology Applications” and the National Board for Certified Counselors webpage at nbcc.org/webethics2)
- Being cognizant of legal issues
- Acquiring proper licensure and credentials for distance counseling (For more information, contact NBCC at 336.547.0607 or nbcc.org. ReadyMinds, readyminds.com, is a provider of Distance Career Counseling along with the Center for Credentialing and Education, an affiliate of NBCC. ReadyMinds offers two opportunities for training and credentials for those wishing to use technology-assisted methodologies.)

Teachers’ aids

Many teachers and students now consider dusty chalkboards and blinding overhead projectors archaic in the classroom. And how many of today’s students even remember the days of microfiche and musty encyclopedias? Current college students no longer scribble away, frantically taking notes. They come to class with laptops and multitask — listening, typing, surfing the web, instant messaging and checking e-mail. Just as younger generations have developed new ways of learning, educators have been prompted to keep up with technology and embrace new ways of teaching.

Chad Royal, a private practitioner and counselor educator at North Carolina Central University, digitally records his class lectures and makes them available to students via podcasts. Podcasts are voice recordings, similar to a radio
program, posted on the Internet for downloading to a personal audio player, such as an iPod. Listening to a podcast does not require an iPod, however. Any free software capable of reading an MP3 file, including such programs as iTunes, Windows Media Player, RealAudio Player and Quicktime, can play a podcast.

Aside from recording class lectures, Royal suggests other ways counselor educators can use podcasts in the classroom (while including a disclaimer that podcasts do not replace class attendance):

- Providing simulated counseling sessions that demonstrate a particular counseling theory
- Providing guest speakers' lectures (which can be recycled and distributed easily)
- Providing lectures for use with distance education courses
- Providing assignment instructions
- Providing advising instructions (instructions educators repeat every semester)

Royal also uses podcasts as a supervision tool. He digitally records students' practicum and internship sessions rather than using standard audio or videocassette recordings. With podcasting, session recordings can be transferred electronically from intern to supervisor. Supervisors can review the sessions either on their portable device or a computer. If the podcast is transferred via course delivery system, such as Blackboard, the transfer is theoretically secured with password protection.

“For me as an instructor and supervisor, the quality of the recording is 10 times better,” he says. “You don’t have to spend hours with a microcassette recorder strapped to your ear trying to hear what’s on it. With the digital recording, it’s not only clearer, but it is also mobile, so I can take them wherever. I can even listen to them on my cell phone. It really has simplified my life.”

Royal openly admits that he has a love affair with his mobile phone, which plays MP3s and has Internet capabilities. “Going to the office, it’s all I need to take with me,” he says. “I can dictate progress notes, I can return calls and check e-mail. It’s less clutter. I’m not lugging around a briefcase anymore.” Royal also teaches online classes in the summer. With his mobile phone, he says, he is able to go on a family vacation and still teach class.

Other counselor educators have also discovered advantages in tapping into technology. “I never thought of myself as a techno-geek, yet my students say I am the most tech-savvy professor they have had — they add ‘especially for my age,’” says J. Barry Mascari, former president of the American Association of State Counseling Boards and a counselor educator at Kean University in Union, N.J.

He says implementing new tech tools has transformed the way he presents information to his students. “Technology certainly has helped classes. I have been developing a CD tool kit for my students in the Professional Orientation class that includes everything from the ACA Code of Ethics to licensure application forms to podcasts of shows that can enhance their learning,” he says. “The slides for each class are there along with journal or other articles for that day. One student said to me, ‘Thank you. This was so nice. No one has ever done anything like this in class for me before.’”

While incorporating technology into his teaching methods required more work on his part, at least initially, Mascari believes the effort was worth it because of the benefit to his students. When they walk into his class at the beginning of each semester, they have all the course materials on their own CD tool kit, which they can then access and review at any time. “The technology is there,” Mascari says, “so why not use it?”

MySpace or yours?

Adria E. Shipp, a doctoral student at the University of North Carolina at Greensboro, is a former teacher and school counselor who has worked at the elementary through high school levels. In spite of some of the negative press surrounding online social network sites such as MySpace and Facebook, she believes counselors can use these services to connect with adolescent clients.

“The goal is to use MySpace as a counseling tool. MySpace doesn’t create problems, it reveals them,” she says. “It’s a really good tool to use to see how and discuss how young people are portraying themselves to the public.”

For instance, she explains, “Social skills can be observed, especially if a student has 975 online friends. You might need to talk about boundaries with that student. With that many friends, they are probably accepting friends that they don’t really know.”

Because they can see what students are saying in blogs and comments, as well as view photos being posted, counselors can present what they found online to students and open a dialogue about some of the questionable material. For school counselors who have set up personal profiles on MySpace or similar sites and been granted “friend” status by students, Shipp recommends occasionally looking at these students’ sites to see if any red flags need to be addressed, such as cyberbullying or alcohol/drug use. For private practitioners who have established profiles, she suggests mentioning the profile to clients and asking if they would like to share or view their profile together with the counselor.

(For another perspective on counselors establishing online profiles, turn to Reader Viewpoint on page 44.)

“It’s a window into a student’s identity,” Shipp says. “What was pretty much invisible to adults can now be seen on (the students’) profiles. We can see how they want to be viewed by their friends, which many times is different than how they want to be viewed by adults.”

Shipp urges counselors to become familiar with social networking sites and to get comfortable talking to students about what they are posting online, because, on occasion, the posts may represent a cry for help. If the posts simply exhibit a lack of good judgment, the counselor can remind the student about the dangers of having inappropriate
personal information accessible on the web. “We need to educate them on safety, not punish them,” she says. “Ask to see their page, but give them some time to clean it up. This forces them to look at their profile from an adult’s perspective.”

Shipp also says it’s important for counselors to help educate parents about MySpace and other online social networking sites. She gives parents the following advice concerning their children’s online profiles:

- Make sure the child’s or teen’s profile and blog are set to “private,” a security setting that only allows “invited” friends to view the profile.
- Make sure the child or teen is only listing his or her home state on the profile rather than a specific location.
- Make sure the child or teen is posting his or her correct age.
- Tell the child or teen to accept only friends on their profile — no strangers.
- Tell the child or teen to keep personal information to a minimum.

Additionally, she says parents should:

- Inform children and teens that not all photos are appropriate for online use.
- Designate an open area in the house for the computer instead of letting kids keep a computer behind closed doors.
- Establish computer curfews, especially if parents go to bed earlier than their kids.
- Be familiar with “text speak” or e-mail/texting shorthand (see “Common ‘text speak’” on page 38).

Additional tips are available on MySpace under “Tips for Parents.” “Parents know their children’s real-life friends,” Shipp says. “They should know their online friends as well. It can be dangerous for children and teenagers. We have to help kids make smart decisions.”

Shipp says a good way for parents to monitor a child’s MySpace account is to ask the child to help them create their own profiles. However, parents must lead by example and refrain from posting adult content if they are in fact linked to their child’s profile.

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Professional profiles

As with parents, Shipp strongly urges counselors who create online profiles to keep them professional. “It can still be fun, but you have to refer back to our Code of Ethics. The same rules apply online and offline,” she says. “The research shows that students really like it if their counselors, teachers and professors have MySpace or Facebook profiles, but they are only receptive to it if the professional is representing themselves the same way online as offline.”

Jane Webber, a counselor educator at Seton Hall University in South Orange, N.J., has her own Facebook profile and makes it available to her students and younger clients. “I work primarily with adolescents and young adults. They live and communicate in e-culture. To earn their respect and confidence, I need to integrate technology into everything to be truly empathic and congruent with the e-world of teens.”

However, Webber adds, mental health professionals should be careful not to come across as “too chummy” or try to be “cool.” And online profiles should not contain any information that wouldn’t be disclosed in a person-to-person session, she emphasizes. “It’s OK for us to be a little informal or geeky, but be aware of that slippery slope into ethical violations,” she says.

What is appropriate for counselors to share on their online profiles? Webber suggests the following:

- Benign photos (nothing suggestive but something more personal than a professional head shot)
- Favorite quotes
- Favorite books or movies
- A description of counseling services provided

If counselors are unsure of whether they should post certain types of content, Webber advises them to think about what their colleagues might say or criticize about their profile. Another good rule, she adds, is not to include personal information, phone numbers, addresses or information about family members or the counselor’s private life.

“You have to ask yourself, would you be embarrassed if your supervisor or grandmother saw your profile? It should be genuine, warm and friendly, but it also should have a feeling of boundaries and professionalism,” she says. “We have to balance accessibility with proper decorum.”

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In their own words

“Being savvy is essential when it comes to technology. We are in the information age, and technology permeates our daily lives as well as those of our clients. The real challenge is in keeping up; one can be savvy one day and an amateur the next.”

— Erin Mason, assistant professor, DePaul University, 13 years in the profession

“If you go on the Internet and shop for counselors now, you will discover a lot of unlicensed people writing clever ads that the public does not see as deceptive. There are various types of predators on the Internet, not all just connected to child exploitation — some relate to counseling services.”

— J. Barry Mascari, assistant professor/chair, Kean University Counselor Education Department and project director, New Jersey Center for the Advancement of School Counseling, 28 years in the profession

“Effective use of technology lets school counselors interact directly with electronic information resources — for example, teacher grade books and students’ academic records — thus eliminating the need for a middle broker, freeing up guidance resources for high-priority tasks.”

— Timothy Baker, school counselor, Levy County, Fla., three years in the profession

“(Technology) keeps me from becoming antiquated, both practically and symbolically. I find that younger clients connect with me better if they’re tech savvy and find that I am too.”

— Max Hines, mental health consultant for nursing homes in Minneapolis-St. Paul area, more than 30 years in the profession

Counseling Today asked several ACA members to share their opinions on how technology has changed the counseling profession. Visit the CT Online section of the ACA website (counseling.org) to access the complete contents of these online-only Q&A sessions.
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Wikipedia has its champions and its critics. But above all, the free online, user-generated “encyclopedia” has users. According to Wikipedia’s online entry about itself, “As of April 2008, Wikipedia attracts 683 million visitors annually reading over 10 million articles in 253 languages.” As of July 9, the English Wikipedia edition boasted more than 2,448,000 articles, many “written collaboratively by volunteers around the world.” Wikipedia, founded in 2001, ranks as one of the top 10 most-visited websites in the world.

“Wikipedia is 1,000 percent more accessible than an actual encyclopedia and about 90 percent as accurate,” says Tim Baker, succinctly explaining both the kudos and the criticism heaped on this Internet phenomenon. A school counselor in Levy County, Fla., and a recent doctoral graduate of counselor education from the University of Florida, Baker has been steadily developing a counseling-centric wiki — aptly named the Wiki of Counseling — since the summer of 2007. He began soliciting select manuscripts in January and hopes to make the site accessible to the public later this year.

“The aim in developing this new counseling-focused technology is to take advantage of the best features a wiki has to offer while working to overcome some of the problems that can come with that format,” he says. “I want to combine the flexibility of the Internet with the credibility of a traditional print source.”

Baker launched his project not because he thought it was fashionable but because he believed a genuine need existed.

“The goal of the Wiki of Counseling is to develop a knowledge base, accessible to the public, of high-quality articles discussing counseling topics,” says Baker, a member of the American Counseling Association, the American School Counselor Association and the Association for Counselor Education and Supervision. “There’s a need for all populations that counselors serve to have credible information about counselors, and we need this information to be easy to understand and readily accessible — kind of a one-stop shop for counseling knowledge.”

Part of the impetus for creating the Wiki of Counseling is to establish a clearer public identity for the profession and to counter misconceptions and “junk science” proliferated elsewhere on the Internet, says Baker, who chaired the 2007-2008 ACA Cybertechnology Committee. “I’m concerned that the counseling profession is credited with both the good and the bad experiences people have with therapy because, from the public point of view, counseling is amorphous,” he says.

Baker points out that many of the opinions tossed around cyberspace — often on blogs or other public forums — lump professions such as psychiatry, psychology and counseling together, and don’t necessarily cast them in a favorable light, particularly when it comes to controversial topics such as psychotropic medications. Likewise, Baker notes that the Internet rarely mentions postmodern counseling paradigms as alternatives to medical intervention.

“I’m not saying that the world will end if we don’t, but whenever we (counselors) fail to tell our story, there’s always a chance that someone else will tell it for us, and I don’t think that’s good,” he says. “If
we don’t communicate our values, who will communicate them for us? The Wiki of Counseling should represent the best that we have to offer.”

Safeguarding credibility

Accessibility, the very thing that makes Wikipedia so appealing, is also at the heart of most of the hand-wringing concerning the online reference site. Anyone with Internet access can contribute a topical entry or review existing entries on Wikipedia. The problem for readers, of course, is judging whether the information being provided is credible. Wikipedia’s open-to-everyone format makes it impossible to ensure that each piece of information is accurate. Visitors to Wikipedia have to take something of a buyer-beware attitude instead of accepting each “fact” found on the site as gospel truth.

Baker realized early in the process how critical it would be to safeguard the credibility of the Wiki of Counseling site, not only so the public could access accurate information, but also to assure professional counselors that it was safe to contribute articles. In recruiting the first entries for the wiki, he learned prospective writers were concerned that their articles would be “vandalized.” Baker responded by developing protections absent from Wikipedia.

“The Wiki of Counseling introduces accountability through an integral mechanism for peer review,” he explains. “This mechanism requires all publications and revisions to be approved for publication by a volunteer editor whose professional identity has been verified. This will help prevent vandalism while maintaining professional standards of quality. It also will help reassure contributors that they will be appropriately recognized, giving authors credit for each manuscript published and acknowledging, in summary form, the service of editors and reviewers. There have definitely been questions because of the newness (of the concept), but because we have very strong validation of editors and accountability built in for what is written, I think the level of credibility will be much better.”

Any registered user of the Wiki of Counseling can write a manuscript for the site. To contribute manuscripts, however, users must provide a valid e-mail address, certify that their primary professional identity involves a counseling field and agree to adhere to the ACA Code of Ethics. When users are ready to submit a manuscript, they send it to a wiki editor of their choosing (Baker thought it was important to make the process transparent to potential contributors). Editors are registered users whose identities and professional credentials have been verified by Baker’s team. The editor then has the choice of publishing the manuscript directly to the wiki, publishing it after making minor changes to grammar and spelling, sending it to a third party for blind review or returning it to the author for more work. Eventually, Baker says, additional features will be implemented that allow ongoing revisions and additions to existing articles.

Initially, articles on the site will be alphabetized by title. But as the volume grows, articles will be organized according to the common core curricular experiences laid out in the Council for Accreditation of Counseling and Related Educational Programs’ 2001 Standards, as follows:

- Professional identity
- Social and cultural diversity
- Human growth and development
- Career development
- Helping relationships
- Group work
- Assessment
- Research and program evaluation

A multipurpose site

Baker hopes the Wiki of Counseling will become a trusted resource for the public to learn more about counseling and the counseling profession. He believes it’s just as likely, however, that the site will become a place for counselors to consolidate academic research, promote theory- and practice-based approaches and share knowledge among themselves.

“The Wiki of Counseling has the potential to be whatever its contributors want it to be. It’s really hard to predict what people will volunteer with their articles,” says Baker, adding that he won’t attempt to influence the wiki’s ultimate direction. “I wouldn’t be disappointed either way, whether it becomes more of a resource for the public or the counseling profession. I expect everything on there will be suitable to be read by the public regardless.”

Ana Spence-Baker, a National Certified Counselor and Tim’s wife, is most excited by the potential the Wiki of Counseling shows for bringing a wellspring of new counseling voices and ideas to the surface. “It is the future of publishing in the counseling field,” she says when asked to describe the technology. “There are people who are not well known in the profession who have plenty of knowledge and skills to share. There are also many counseling students with relevant knowledge and experience worth publishing. The wiki is the opportunity for those who usually would not publish their work to do so. … Many counseling students write very good documents while in school, but they are never submitted for publication because they do not want to go through the hassle of the submission process and they fear that because they are just beginning their training, others may not take them seriously. The wiki will allow counseling students to be participants in this sharing and collaboration, not just audience members.”

“The wiki will give all counseling students an opportunity to earn experience publishing articles and to learn more about the profession through those articles published by their peers and experienced professionals,” she continues. “The wiki will be accessible at no cost to all counseling professionals, allowing them to learn from each other and share their knowledge. Most journals, due to their limited space, would only allow a few articles to be published. However, the wiki will give everybody in the counseling field an opportunity to publish as long as their articles are professional and appropriate for the site.”

Spence-Baker, who has worked as a career counselor and a counselor in the crisis unit of a regional medical center, helped to test the Wiki of Counseling as Tim was developing the technology. Spence-Baker, also one of the site’s editors, will be in charge of verifying the credentials of other editors and ensuring that only those individuals with ties to the counseling field publish in the wiki.
“I share Tim’s interest in using technology in counseling and career development. Although I am not a counselor educator, I look forward to finding new ways that could help prepare counselors to serve clients,” she says. “The wiki will help counseling students to develop professionally in several areas, which will be a benefit not only for the profession, but also to their clients. Also, it will encourage students and professionals to not limit themselves to practicing the profession, but to contribute to the improvement of others in the field.”

Spence-Baker is also hopeful the Wiki of Counseling will help counseling professionals open their arms a little wider to potential uses for technology. “There is the misunderstanding that technology may make the counseling process nonpersonal,” she says. “However, many forget that in today’s world, some clients — mainly young clients — may respond better to treatment and the counseling process if technology is used in some way. Technology is also an important tool in preparing counselors across borders, sharing their knowledge and experience, as well as educating counselors in the areas of multiculturalism and social justice by keeping them in touch with counselors working with a variety of populations, including those from other countries. I believe the wiki could serve as a bridge to keep counselors from across the world in communication with each other. We should not see technology as the enemy but as an ally in serving our clients better.”

“I hope counselors overcome their fear and reservations about technology in the near future,” she says. “I also hope that the wiki makes some small contribution in opening the minds of counselors about the importance of using technology in the profession.”

The Wiki of Counseling is currently in a fully functional beta stage. Baker believes he will be ready to solicit a wider range of contributions from counselors in the near future and estimates that the site may be ready for public use after Thanksgiving. In the meantime, he is inviting the submission of short papers to the Wiki of Counseling. Suggested areas of focus include any topic in the broad categories of either “professional identity of counselors” or “helping relationships.” Submitted papers should explain the topic using language that can be understood by persons with no prior knowledge of counseling. For submission instructions and additional information, potential contributors should contact Tim Baker at tdbaker@ufl.edu.

In allowing a limited number of counselors to test the site thus far and in telling others of its development, Baker has been encouraged by the reaction. “Everybody recognizes that it’s a good thing, that at some level we can benefit from this,” Baker says. “We can’t lose from collaboration. I think the wiki may lead to new ideas in the counseling field, and that can’t be a bad thing.”

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

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Online communities, or profile sites, are Internet sites where members go to keep in touch with friends and/or meet new people. Several sites are available online, many with different target populations (college students, singles, animal lovers and so on). Each site offers different communication tools, such as e-mail, instant messaging, chat rooms, discussion boards or blogs (online public or private diaries). Many sites provide different levels of privacy to protect members from unwanted attention; however, members’ user names and pictures may still be available for public viewing.

Given the popularity of online communities, one can assume that some counseling professionals maintain personal profile sites. If an active counseling professional posts private information to a public domain, it can also be assumed that potential issues related to the integrity of the counselor-client relationship may arise.

Although online communities are a formidable communication tool in terms of maintaining and expanding friendships, they can also potentially blur professional boundaries. To help readers get a better understanding of how online communities might affect the counseling relationship, this article will describe the popular social networking site MySpace and explore the benefits and risks of counselors belonging to online communities.

Navigating MySpace
MySpace is an online community that individuals can join to stay in touch with friends, meet new people and network with other professionals. The site offers blogs, pictures, videos, e-mail and a search engine for finding classmates, friends or new acquaintances. The site has two settings: private and public. The private setting allows a member to keep information hidden (not including the member’s picture, user name, age and state) from all other users except those whom the member has designated “friends.”

Members registered with MySpace can acquire a large quantity of information about other members. Profiles list a member’s age, location, ethnicity, sex, education level, relationship status, sexual orientation, purpose for joining MySpace (dating, friends, networking), pictures and work experience, as well as other information. Members can send an e-mail, instant message or a request to be “friends” to anyone else with a profile on MySpace.
A slippery slope?

The newest generation of counselors tends to be well versed in technology, and its members are much more likely to have a profile on some type of online community. Having a profile on a site such as MySpace could raise potential ethical dilemmas concerning the therapeutic relationship. Clients could search and find the counselor’s profile, try to communicate with the counselor through the site or try to add the counselor as her/his “friend.” This could lead to boundary crossings for counselors, particularly if they believe that it might be harmful not to communicate with a client on the site. Once counselors accept clients as “friends” and allow them access to their profiles, however, counselors’ private information is no longer private from the client. Thus, a counselor would inadvertently self-disclose information to the client. The information left exposed to a client could evolve into an ethical slippery slope.

It seems imperative that counselors broach the subject in counseling if a client finds a counselor profile on MySpace.com or if the counselor finds a client profile. Information found on the profile could include blogs or comments by friends that could potentially affect the counselor-client relationship. Imagine clients viewing counselors’ postings concerning their feelings about counseling others, or clients posting messages about their experiences in counseling. It is possible that unspoken discoveries outside of counseling could lead to a compromised therapeutic relationship.

Another example of a potential problem with counselors having MySpace accounts concerns whether we have a right to interfere with colleagues outside of the normal working relationship. Imagine that a counselor finds a colleague communicating with a client on a profile site. Is the counselor responsible for taking action to limit the communications between a coworker and an agency client, or would the counselor viewing this exchange be making absurd assumptions about an inappropriate relationship between the coworker and client? Again, the existence of online profiles for professional counselors raises ethical questions.

Questions that need answers

As professional counselors, should we wait for a lawsuit to emerge regarding online communities, or should we be proactive and anticipate potential ethical boundary crossings? If ethical guidelines were created regarding the management of online profiles, would the profession be interfering with the right to privacy for counselors outside of the workplace?

Currently, there appears to be limited research exploring the effects of coexisting online profiles on the counselor-client relationship. More research may be required for the counseling profession to better understand the complexities involved in discussing ethical issues related to online communities. The suggestion to conduct research is not intended to either prohibit or promote membership to online communities; rather, it is to examine the potential risks and benefits for professional counselors who may wish to belong to an online community. This seems an important topic to examine, because the rapidly growing use of online communities has the potential to affect private practice counselors, agency counselors, school counselors and counselor educators. Among the questions to examine are:

- What percentage of counselors belong to online communities?
- Have any problems been reported to state counseling boards as the result of clients contacting counselors through these sites?
- How do counselors balance their personal life with their professional life?
- Does membership in an online community jeopardize a counselor’s integrity?
- Is it the right of a professional organization to place limits or boundaries on the personal lives of counselors?

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Iowa school counselors borrow a local business to reunite and provide support for students after a deadly tornado devastates their community

By Angela Kennedy

Just after 5 p.m. on May 25, a tornado with wind speeds reaching up to 205 miles per hour ripped through a rural area in northeastern Iowa. The catastrophic storm leveled the southern half of Parkersburg, a rural town with a population of roughly 2,000, killing six people and injuring dozens more. The milewide, EF5 twister — the strongest category on the Enhanced Fujita Scale used to rate tornadoes — destroyed more than 200 homes, most of the town’s businesses and Parkersburg High School.

As the American Red Cross provided shelter and meals in the Aplington-Parkersburg Elementary and Middle School buildings for those affected by the storm, local school counselors Kathie Barry and Karah Spahn realized they had to find a way to help their students cope with the crisis.

The tornado struck over Memorial Day weekend. Normally, Barry says, the students would have already finished the school year by that time, but they were expected back in class the Tuesday after the holiday weekend because they still needed to make up snow days from the winter. After the tornado, however, school officials canceled the remainder of the school year for all grade levels. Realizing the students wouldn’t have closure because the school year hadn’t ended normally and knowing that many of the students would be concerned about their friends, Barry and Spahn devised a plan to allow the students to reunite in a safe, kid-friendly location. The big question was where. Most of the community’s schools were damaged, destroyed or being used as shelters.

But the owner of a local business, The Cornerstone, a hangout for area “tweens,” offered to let the counselors use his establishment. Although located in Parkersburg, the business sustained little damage from the tornado. “It’s like their version of the soda shop,” Barry says in describing The Cornerstone. “It’s where the kids go on the weekends. There are video games, foosball, a pool table, a pingpong table, TVs and couches. The kids go there to eat and socialize. It was the perfect place.”

Barry posted a request recruiting mental health volunteers on an electronic mailing list for counselors. The idea was to invite the kids to The Cornerstone and have several counselors on hand to monitor them, provide support and encourage interaction and sharing. After electrical power was restored, the two school counselors arranged to use the establishment for two weeks, with each day split into two-hour time slots designated for specific age or grade levels.

“We knew that the younger kids needed to talk it out,” Barry says. “They needed an outlet.” Many of the children were not talking to their parents about what had happened, she explains, because they knew their parents were dealing with their own issues, such as the loss of vehicles and places of employment. “They knew their parents were stressed to the max,” she says. “So we wanted to have a place for kids to come and just be kids and be with their friends.”

Spahn and Barry, both members of the American School Counselor Association, a division of the American Counseling Association, struggled to get the word out to students. Although electricity had been reestablished in Parkersburg, Internet and phone service were still sporadic. So the school counselors resorted to creating bright pink fliers, plastering them to buildings and signposts, and passing them out at the local shelters. “As school counselors, we are so used to working through the school, sending notes and announcements home with the kids,” Barry says. “So that was a real challenge for us. We were really concerned about that first morning. We were thinking, ‘Is anybody going to show up?’”
During the two hours allotted to each age group, the counselors allowed free time for students to visit with their friends but also scheduled age-appropriate group activities to get the children interacting and moving. “We didn’t want it to be like a baby-sitting service,” Spahn says. “We really wanted to help the kids work through this tough time.”

“We structured it by age groups because we knew that was the key to getting the kids there,” Barry explains. “If they knew their friends were going to be there at certain times, then they would come.”

Dividing the day into different age groupings also allowed the counselors to anticipate and prepare for specific developmental issues. The 12-hour days were scheduled as follows:

- 8 to 10 a.m.: Kindergarten and first grades
- 10 a.m. to noon: Second and third grades
- Break for lunch
- 2 to 4 p.m.: Fourth and fifth grades
- 4 to 6 p.m.: Middle school students
- 6 to 8 p.m.: High school students

“The first day was probably our slowest day, but we still had a good number of kids, and each day after it increased as word got out,” Barry says. “On average, most days we saw 70 to 80 kids throughout the day. For that small and rural of an area, we thought that was a pretty good turnout.”

For the first 60 to 90 minutes of each time slot, Barry says, the children were allowed to simply socialize, because many hadn’t seen or spoken to one another since the tornado. Counselors would observe, allowing the students to gravitate to whichever activities they liked most. For the last half-hour or more, the counselors encouraged the kids to participate in a group activity. Although the kids were still laughing and playing, Barry notes, these activities were more like structured lessons, with the counselors proposing questions, facilitating dialogue and helping the children to process what had happened.

The activities also provided the counselors with opportunities to talk with the children indirectly about the trauma related to the natural disaster, stress, priorities, time management and coping skills.

Additional ACA resources
Want more information related to trauma and disaster response counseling? Try the following select ACA resources:

Books and DVDs
All books and DVDs are available for order from ACA by calling 800.347.6647 ext. 222 or visiting the online bookstore at counseling.org.


Fears, Stress and Trauma: Helping Children Cope by Edward H. Robinson, Joseph C. Rotter, Sandra L. Robinson, Mary Ann Fey and Joanne E. Vogel

Disaster Mental Health and Crisis Stabilization for Children (DVD) presented by Jennifer Baggerly

ACA Interest Network
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“We didn’t let them play video games or watch movies because we really wanted them to be interacting with one another and talking,” Barry says. “There were several different areas they could go to: one with board games, or storybooks, a puppet area and a crafting area with paints and crayons.” In addition to the activities already available at The Cornerstone, many of the volunteer counselors brought in their own play therapy materials and aids.

Mental health volunteers would walk around each area, monitoring, assessing and helping the kids with the activities. Six counselors were “on duty” in the mornings, fewer in the afternoons and evenings.

One volunteer brought paper mandalas for the children to color. Mandalas are made up of intricate geometric designs, similar to what one might see in a kaleidoscope. Some research has shown that coloring these designs promotes relaxation and healing.

“That was absolutely amazing to see,” Barry says. “The kids would just sit and work on those and talk the whole time. They really did open up with that activity. It was kind of magical to me because it wasn’t something I would have anticipated working so well.”

Although many students came to the makeshift counseling center at The Cornerstone, most were of elementary and middle school age. The counselors saw few high school students. The town’s high school counselor wasn’t really able to get involved with the project, Barry explains. Because the high school was completely destroyed, the counselor had his hands full trying to recover transcripts and schedules. “He has kids getting ready to go to college, so he needed to focus on reconstructing his office work,” she says. “And the high school kids, from hour one, they were out there cleaning up and digging people out. You know that’s major trauma. You know later on they are going to have all kinds of emotional stuff to deal with by doing that kind of work. But so far, for most of them, that’s how they have been dealing with it, just by helping and working. We know that they...
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In the wake of chaotic situations in past disasters, a law is being proposed in states across the nation to create a rational system for counselors and other professionals to volunteer across state lines in emergencies. “This is a terrific piece of legislation,” says American Counseling Association Chief Professional Officer David Kaplan.

The Uniform Emergency Volunteer Health Practitioners Act grew out of the Hurricanes Katrina and Rita disasters when it became apparent that, among many other system failures, there was no standardized, widely understood way for bringing health professionals in from other states, ensuring they were licensed and putting them to work quickly. During those crises, doctors, nurses, mental health professionals and others were delayed for days in delivering care because of licensure concerns. Some practitioners cared for people they found on the street or helped with basic labor functions, even while thousands of individuals suffered without care.

In light of that, in 2006, the National Conference of Commissioners on Uniform State Laws (NCCUSL), which has representatives from every state and has been drafting model state laws for more than a century, began writing suggested legislation to create parallel systems in each state for such situations. The aim is to provide, in declared emergencies, fast recognition of licensed professionals who are registered through recognized systems; to aid in their deployment; to give the volunteers some liability protection; and to provide them workers’ compensation if they don’t have similar coverage.

Attorney Raymond Pepe, who chaired the NCCUSL drafting committee, explains: “Every state in its emergency management code has the power to waive state laws in the event of disastrous emergencies. And they do it routinely. The problem is they all do it differently, and this ad hoc reliance on emergency powers hasn’t proved particularly effective.”

To aid in the drafting process, NCCUSL brought in more than 20 national organizations as observer-participants, including ACA, the American Medical Association, the American Nurses Association, the National Governors Association and the American Veterinary Medical Association.

The commission finalized the Uniform Emergency Volunteer Health Practitioners Act last fall. Earlier versions had already passed in three states. The legislation has now passed in a total of six states — Colorado, Indiana, Kentucky, Tennessee, New Mexico and Utah — and, as of May, had been introduced in nine other states.

Registration

A key part of the model law for counselors, according to Kaplan, who represented ACA in the NCCUSL process, is its requirement that health professionals who want to participate in disaster response work must register, prior to deployment, with a recognized public or private system. These systems — the American Red Cross being a prime example for counselors — can determine if the person is licensed and in good standing and can communicate that to the host state and possibly to “host entities” (such as hospitals) who will use the volunteers.

Lessons learned lead to model law

Aim is to expedite effective use of counselors and other health volunteers across state lines during emergencies while also providing liability protection

By Kathryn Foxhall
James Hodge, a professor at the Johns Hopkins School of Public Health who helped write the model law, notes the legislation leaves some of the mechanics of communication about registration to the states, which could address it through regulation or other state management systems.

A host entity might have access to a database or it might coordinate through state or local government. But, Hodge says, “The whole intent of the act is that the entity accepting the volunteers can confirm fairly quickly that they are registered volunteers, they are vetted, they are ready to go.”

Adds Kaplan, “That solves a big problem.” In the past, he notes, “We have had professional counselors, out of the goodness of their hearts, who read about a disaster and then just kind of get into their car and go and show up.”

Although hundreds of counselors did great work immediately following the Gulf Coast disasters, he says, others proved to be distractions because the states’ systems could not identify whether they were truly counselors or persons with nefarious intent. In addition, these unannounced volunteers had to be supplied with food and shelter even while many individuals directly impacted by the disaster still lacked the necessities. Some counselors, Kaplan says, did not deal well with circumstances such as not having a private office, being unable to speak to a person in a quiet place for 50 minutes or being asked to drive to Wal-Mart to get water.

Kaplan also believes the requirement for counselors to register through a standard system will increase the likelihood that they will have disaster mental health training. Consequently, they will be better prepared to help persons affected by disasters and enter the experience having more realistic expectations.

The legislation also would require that professionals work through local host entities, which can include organizations such as disaster relief organizations, hospitals or emergency shelters. Those host entities would be required to coordinate with state emergency management agencies to ensure that volunteers are used efficiently.

At the same time, the law states that those host entities are not required to use the volunteers just because they are registered. Indeed, the commission cautions, “The act is not intended to supplant state emergency management laws or to establish new systems for the coordination and delivery of emergency response services.”

**Liability**

In another provision, which some call critical to getting professionals to volunteer, the model law would give disaster response volunteers protection from liability for acts of ordinary negligence if they register and work under the system in the host state. “Now, if you act in a criminal way or in a willful, wanton, sort of grossly negligent way, yeah, you may still be held liable for that,” Hodge carefully notes.

But the commission stresses that a special need for basic liability coverage exists in such situations. The commission states, “During emergencies, practitioners often must provide services without access to the resources customarily available to them. They may also have to practice outside their usual fields of expertise and be unable to take all actions reasonably necessary to treat individual patients.”

Although ACA’s Kaplan says he has not heard of lawsuits targeting counselors for practice in emergency situations, he believes it is a real risk. Counselors need to know, he emphasizes, that “when they volunteer for a disaster, that if something happens — if, God forbid, somebody dies or commits suicide — that the family is not going to turn around and sue them for malpractice.”

The commission recognized early, however, that this provision might be the bill’s most controversial. It notes that some victims advocates believe volunteers will respond to emergencies without additional liability protections. These advocates claim it would be unfair to take away compensation for people harmed by negligence.

NCCUSL says that “after extensive consultation, fact-finding and discussion,” it found little good empirical data about how liability concerns affect volunteerism rates or to what extent practitioners have been subjected to liability claims. Nor is it likely, the commission says, that such information will be generated in any reliable form in the foreseeable future.

But in light of the controversy, the suggested legislation gives states the alternative of providing liability protection only to volunteers who are uncompensated.

**Workers’ compensation**

The suggested legislation would also have the host state provide health care volunteers with workers’ compensation or similar benefits at the level the state provides for its own employees if the professionals do not have such benefits under another system. “This includes medical benefits for physical or mental injury and benefits for loss of earnings,” says the commission.

This is parallel in importance to the liability provisions, Kaplan says. “Disasters are dangerous places, and people hurt themselves.”

The counseling community needs to know that if counselors volunteer and “if they hurt themselves, that their medical treatment is going to be covered,” Kaplan says, “and if they are out of work, that there is going to be some kind of coverage for them getting paid.”

**Outlook**

Despite the input of many constituencies into the proposal and its adoption in six states, not all has gone smoothly with getting the bill adopted across the country. “This bill is not going to be moving as quickly as we had hoped,” says Eric Fish, legislative counsel for the Uniform Law Commission. “There is a lot of education involved.”

For example, the bill has been under consideration this year in Illinois. As Fish explains, “We are working with the Illinois Emergency Management Agency, which has been very receptive to the act. And we have just cleaned up some language in the bill to comport with their practices and procedures.”

For instance, the proposal uses the term “emergency declaration,” and for some of the state’s laws, the term needs to be “emergency proclamation.” Adds Fish, “It’s more of a technical review just
to make sure that we are not creating different phrases” that would not be familiar to people working with the state’s government.

Fish also notes that a number of professional and other groups are working through the Emergency Volunteer Action Network (EVAN) for the legislation’s widespread passage. However, he also acknowledges that trial lawyers groups have organized some opposition. “Again, it comes down to education and working within the state to see what Good Samaritan laws they already have on the books and then also what the preferred political solution would be,” Fish says.

Last year, the American Association for Justice, the association for trial lawyers, wrote to the NCCUSL saying the civil liability protection and other disciplinary sanctions in the proposed law were unnecessary and, in many instances, unconstitutional. It also said the workers’ compensation provisions could be difficult to pass in many states because they might further burden states dealing with disaster costs and make it difficult to project future costs.

The legislation did fail to get through the California Senate last year. Among other factors, the California Emergency Medical Services Authority was concerned about what officials saw as a lack of specificity on host entities and registration systems.

In the meantime, another effort on cross-state licensure of health professionals may eventually have some impact. Last year, the National Governors Association set up a committee called the State Alliance for e-Health. After a year of discussion, the committee is planning to recommend shortly that states set up a licensing coordinating system to allow health professionals to practice across state lines. The primary purpose is to allow electronic consultation, but people on the subcommittee who wrote the recommendation indicated it might also be used for disasters. At this point, however, the suggestions apply only to physicians, nurses and pharmacists.

Further discussion of the Uniform Emergency Volunteer Health Practitioners Act, the reasoning behind it and its progress is available at uevhpa.org and nccusl.org.

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Letters to the editor: ct@counseling.org
By the nature of what they do, Certified Rehabilitation Counselors (CRCs) deal with crises every day, from events, both natural and human-made, that capture the headlines to personal traumas that their clients face. As evidenced by the devastating impact of Hurricane Katrina in 2005 on individuals, families, businesses and organizations, there is little advance warning when disaster strikes. Although future events may not be on the scale of Katrina, people today are being exposed to more natural disasters such as hurricanes, floods and earthquakes, as well as human-caused disasters, such as attacks of violence and terrorism.

For counselors to respond in such crises, preplanning is crucial. This encompasses such considerations as how a rehabilitation counseling practice would continue to operate in the wake of a disaster, alternative means of communication with clients, referral resources in other areas and providing secure, off-site records storage. Preplanning also extends to encouraging clients to prepare their own disaster response plans. Furthermore, as disasters such as Katrina have shown, counselors must assess their physical and emotional support systems to avoid burnout in traumatic situations.

Another component of preplanning is to understand the ethical challenges that often arise during and following a disaster. Ethical practice for CRCs is governed by the 2001 Code of Professional Ethics for Rehabilitation Counselors. A draft revision of the code is currently available for public comment. For more information, visit the Commission on Rehabilitation Counselor Certification (CRCC) website at www.crccertification.com.

The draft revised code puts forth six principles of ethical behavior.

- Autonomy: To respect the rights of the client to be self-governing within his or her social and cultural framework
- Beneficence: To do good to others; to promote the well-being of clients
- Nonmaleficence: To do no harm to others
- Justice: To be fair in the treatment of all clients; to provide appropriate services to all
- Fidelity: To be faithful; to keep promises and honor the trust placed in rehabilitation counselors
- Veracity: To be honest

The draft revised code also addresses disaster preparation and response, stating: “Rehabilitation counselors make reasonable efforts to plan for facilitating continued services for clients in the event that rehabilitation counseling services are interrupted by disaster, such as acts of violence, terrorism or a natural disaster.”

The counselor’s ability to practice in compliance with these principles may be impaired in the wake of a disaster. For example, in the midst of a hurricane evacuation, a counselor may feel it is better...
ors but to CRCs and National Certified 
Counselors who might reside in jurisdictions where there is no licensure requirement. As of May, six states had adopted the act and nine others had introduced the legislation.

Disaster preparedness and disclosure
Counselors should consider making their disaster preparation plans a part of their full disclosure to clients. Written disclosure statements given to clients at the outset of the counseling relationship should already cover such details as the scope of services that will be provided; the limits of confidentiality, including what information might be disclosed to third parties and under what circumstances; and other contingencies, including the possibility that the counselor might be called to testify should the case go to litigation. Adding a disaster preparedness component to disclosure would provide the client with information such as alternative means to contact the counselor, whether and how referrals to other professionals would be provided and safeguards for record-keeping.

Depending on the region of the country in which the rehabilitation counselor practices, disaster preparedness may be tailored to specific risks such as hurricanes, flooding or earthquakes.

The need for preplanning and preparedness was also underscored by last November’s adoption of the Uniform Emergency Volunteer Health Practitioners Act by the National Conference of Commissioners on Uniform State Laws. The act, development of which the American Counseling Association strongly supported and actively participated in, identifies a license as “authorization under the laws of this state to an individual to provide health or veterinary services based upon a national certification issued by a public or private entity.” Consequently, it applies not only to licensed counselors but to CRCs and National Certified Counselors who might reside in jurisdictions where there is no licensure requirement. As of May, six states had adopted the act and nine others had introduced the legislation.

Disaster response and ethical dilemmas
Disaster situations can present obstacles and challenges that confound even the most experienced rehabilitation counselors. The more severe the circumstances, such as a life-threatening event on the scale of Hurricane Katrina, the greater the ethical dilemmas that are likely to arise. This article is not meant to cover every ethical dilemma that counselors may face. Rather, the purpose is to raise awareness and provide a brief overview of how a disaster can impact the ethical principles of rehabilitation counseling. An understanding of the complexity of the issues involved highlights the importance of preplanning and disaster preparedness. Traditional principles of autonomy, beneficence, fidelity, justice, nonmaleficence and veracity might be helpful in conceptualizing ethics within disaster situations.

To support clients to make choices and decisions on their own (autonomy), rehabilitation counselors may encourage individuals to develop an emergency response plan prior to a disaster. This not only helps equip the client with information and capacity, but enables the rehabilitation counselor to pay close attention to the client’s self-efficacy level and recognize and extend the individual’s strengths prior to a disastrous event.

A well-developed disaster preparation plan can also help clients identify supportive resources such as family members and community organizations that can provide postdisaster assistance with decisions such as housing, employment and transportation. Clients may also need to consider disclosing their disability to employers in order to promote safety and necessary accommodation prior to a forced evacuation or a situation in which vital information must be communicated quickly and effectively.

In the wake of a disaster, scarce resources, limited support and referrals, and even the counselor’s own physical, mental and emotional well-being may compromise the counselor’s ability to “do good” (beneficence). While fidelity is demonstrated over time, in a disaster’s aftermath, rehabilitation counselors have to become resourceful to faithfully provide services. Once again, preplanning and assessing risks could help counselors to remain faithful to their clients even in the wake of sudden and unexpected challenges and changes in resources. In anticipation of the need to make referrals to regional or statewide counseling professionals following a disaster, counselors should keep an up-to-date list of referral resources. In times of disaster, counselors can also promote justice by encouraging self-advocacy and advocating for the inclusion of persons with disabilities in the development of community emergency response plans.

In a disaster situation, the counselor may be faced with a fervent desire to do no harm (nonmaleficence) to the client, but also cannot “do for the client,” which would diminish the individual’s autonomy. At the same time, the counselor can-
not passively hope that clients will take actions they normally would be capable of doing. Therefore, the counselor is compelled to locate alternative service providers, which is a critical piece of preplanning.

Disaster news is often traumatic, and those involved in a crisis that affects them, their families, their friends, their homes and their communities may not be able to handle the “whole truth.” Full disclosure during a crisis must be weighed against doing no harm to the client. This can often be considered through disclosure statements or considered on a case-by-case basis through peer and professional consultation.

No easy answers

As even a brief discussion of the ethical issues surrounding disasters makes evident, there are no easy answers. Because of the nature of the events — sudden, unpredictable, traumatic — rehabilitation counselors face rapidly changing circumstances that affect their ability to operate their practices and provide services to clients. Counselors may also face traumatic upset to themselves, their families, their homes and their communities.

Preplanning is one way to address these ethical issues. Even counselors who live far from a hurricane- or earthquake-prone region need to prepare. Natural and human-made disasters can strike at any time, catching people unaware. To competently deliver services, especially in crisis situations, counselors must assess the potential risks and provide for alternatives, from records storage to alternative communication and referral resources.

Rehabilitation counselors can also empower clients by communicating their own preparedness. This can become part of the necessary, full written disclosure done at the outset of the counseling relationship. By communicating their disaster response plans, counselors become role models of preparedness. At all times, rehabilitation counselors have their code of professional ethics to guide their behavior and actions. Although they will face challenges in times of disaster, the key ethical principles remain a guiding force in helping them make the right choices on behalf of their clients and themselves.

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Mary Barros-Bailey is a bilingual rehabilitation counselor, vocational expert and life care planner with Intermountain Vocational Services Inc. in Boise, Idaho. She is also immediate past chair of CRCC and a member of ACA and ARCA.

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Letters to the editor: ct@counseling.org

“To competently deliver services, especially in crisis situations, counselors must assess the potential risks and provide for alternatives, from records storage to alternative communication and referral resources.”
D iagnosing the severity of an adolescent’s social or emotional issues is an arduous task for both parents and counselors. Is that new moodiness and anxiety a sign of something bigger or simply normal teen angst? Is the sleepiness and change in behavior a drug and alcohol issue or just some sort of “phase.”

Parents often come to counselors asking at what point certain issues deserve special attention. In many instances, counselors themselves can find it difficult to work through the complex nature of teens and know what to tell parents about assessing their child.

Often, however, clear signs of more serious problems that need to be addressed with counseling, assessments, medication or therapy are evident. The first steps to discovering these signs begin simply — by observing changes in behavior, gathering data, talking to the young person and then seeking help from the right expert.

Counselors often have a two-pronged role. First, they must inform parents individually, in public forums or through promotional and educational material about ways to determine the severity of the issues their teens are facing. Second, they can encourage parents to seek help from counselors or other mental health professionals. Counselors also need to be aware of the divide between typical adolescent angst and the bigger issues so they can offer the appropriate counseling or refer the parent and child for other services. While professional counselors likely already know much of the information necessary in making those determinations, they may need a refresher to feel entirely comfortable identifying larger issues.

“This is so hard, even for professionals. And it is very difficult for parents,” says Lisa Boesky, author of When to Worry: How to Tell if Your Teen Needs Help and What to Do About It. “It is hard to know when you are facing a teenager being a teenager and when it is something else.”

Boesky, a clinical psychologist and nationally known speaker on this topic, says it’s critical for those who work with adolescents to be alert to potential issues and to provide treatment — and for society to provide the resources to spot such troubles in schools and elsewhere. She adds that good assessments carried out by the right professional are essential.

Paying attention to signs

Wesley Perdue, whose Phoenix-based Evolve Coaching and Counseling frequently works with adolescents, says those involved with young people, including teachers and counselors, must stay alert. “Parents or others should be encouraged to look for things that don’t seem to fit in the context of who this adolescent is,” he says. “Significant and abrupt change in behavior identifies when something is wrong. Even the things that might seem typical when it comes to adolescence may not be typical for a specific youth.” In that case, experts say, the adult involved has to take action by seeking counseling for the teen.

Likewise, counselors who work with teens and families need to watch for signs and listen to the concerns of others to determine if a “real” issue is occurring. Counselors often are the “first responders” and can help the young person, but they also may have to refer parents to get their child a comprehensive mental health evaluation, treatment or assistance in a support group.

What’s up – really?

Determining if a teen is simply acting like a teen or if more serious issues are afoot

By Jim Paterson

**Additional ACA resources**

Want more information related to counseling teenagers and assisting parents of teens? Try the following select ACA resources:

**Books and DVDs**

All books and DVDs are available for order from ACA by calling 800.347.6647 ext. 222 or visiting the online bookstore at counseling.org.

**Solution-Focused Counseling in Schools, Second Edition, by John J. Murphy**

**Active Interventions for Kids and Teens: Adding Adventure and Fun to Counseling**, by Jeffrey S. Ashby, Terry Kottman and Don DeGraaf


**The Challenge of Counseling Teens: Techniques for Engaging and Connecting With Reluctant Youth (DVD) presented by John Sommers-Flanagan with Rita Sommers-Flanagan**

**A Teenage Mind is a Beautiful Mind (DVD) presented by William Glasser**

By Jim Paterson
Among the key signs of more serious issues Rosick says counselors can encourage parents to watch for:

- Lying or stealing
- Evidence of alcohol or drug use
- Increased isolation
- Acting out or withdrawing

If there are concerns, Rosick says, it is a parent’s responsibility to talk to the teen or provide someone with whom they can talk. Counselors can help teens and parents come to understand that getting such help is a sign of strength, not weakness. Counselors in schools or who have private family practices can reinforce this idea in promotional materials, during informational sessions in the community, at schools, in a parent/teacher group meeting or if parents and troubled youth come in for an initial consultation.

Almost all teens will talk about their problems with one adult if they feel safe, respected and valued,” Rosick says. “An involved adult needs to ask and ask again, to figure out what the teen is experiencing that is causing him or her trouble.” While always encouraging parents to fill this role, counselors can also strive to develop relationships that make young people comfortable confiding in and seeking help from them.

Brenda Pierce, a school counselor in Centralia, Wash., recommends that parents keep notes of unusual or worrisome behavior and ask the school staff to document problems. She worries about serious mental illness, such as bipolar disease, which if left undetected can result in a variety of issues, including disruptive behavior, eating disorders, drug or alcohol abuse, self-injury and even suicide.

“It is very difficult to know if some behavior is normal adolescent moodiness, argumentativeness, oppositional testing of limits, experimentation or something more severe,” says Pierce, a member of ACA and the Washington Counseling Association.

Drugs and alcohol abuse

Counselors can advise parents to watch for a number of physical signs that their teens are using drugs or alcohol, says Sasha McLean, a marriage and family therapist and counselor who runs the High Road Adolescent Program for Houston’s Council on Alcohol and Drugs. These physical signs include different sleeping habits, weight loss, less concern for hygiene and speech changes. In addition, behavioral signs to watch for include changes in friends, lack of interest in activities enjoyed previously, secretive behavior, avoiding eye contact and heavy use of eye drops or nasal decongestant. Other tip-offs for parents might include money that comes up missing or teens locking their doors.

When parents recognize these warning signs, McLean says, they need to follow up by communicating with their child and working with counselors to find the right resources for an evaluation of the problem and either group or individual treatment. Too many times, McLean says, parents are tempted to simply ignore or avoid the symptoms.

Mara Zigurs, a school social worker at Bryan Community, an alternative school in Lincoln, Neb., says counselors often recognize school avoidance as a possible sign of a bigger issue, including drug or alcohol problems. “The attendance issues come in waves,” she says. “It is something we need to pay attention to.” Sometimes, she adds, the visible issue is drug or alcohol abuse itself, but those behaviors can likewise be indicators of more serious
problems. Rather than expecting that a resolution of those issues will “cure” the student, Zigurs says, counselors instead often need to look beyond those issues.

Mood issues
Mood issues may be the hardest problems for both parents and counselors to spot because teens are often moody and can appear very sad or distressed about simple things. But Linda Anderson, a counselor in Seattle who specializes in family issues, says parents and others should look for problem behaviors over a period of time. Even professionals who are familiar with the signs of depression may not spot them immediately in a moody teen, she says.

“Seriously depressed children will have difficulty eating and sleeping or they feel tired all the time,” she says. “They may withdraw from friends and activities and express sad or negative thoughts. Parents should pay attention to any changes over a length of time.”

Boesky adds that if those behaviors continue for a period of a few weeks, they are cause for alarm. She also notes that, short of depression, a teen might suffer from dysthyemic disorder, characterized by having a low mood for long periods, typically every day for a year.

Counselors should also advise concerned parents about typical signs of suicidal ideation among teenagers, including talking about death, getting rid of valuable possessions, becoming withdrawn, neglecting hygiene, dropping out of usual routines, talking about ending their life or having a plan to do so.

“Suicidal thoughts are fairly common during adolescence,” Boesky says, “but it is not common for youth to think about it seriously enough to plan how they would take their life or make verbal threats about killing themselves.” She reminds counselors and parents that indirect statements such as “I wish I were dead” or “You’d be better off without me” should be considered worrisome.

Self-injury, Anderson notes, is another concern — and a growing phenomenon. Parents and counselors should talk to teens about any cuts or bruises on their bodies and be mindful of clothes, bandages or tissues that have blood on them.

Attention concerns
Boesky says school counselors and administrators are sometimes reluctant to put forward an attention deficit diagnosis because it has been abused and, debatably, overreported. But experts say problems such as attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD) should still be viewed as serious issues, and parents should be encouraged to consider additional assessment if their child has symptoms.

Russell Barkley, a noted expert on attention deficit disorders and author of several books on the topic, says perhaps 10 percent of children suffer from either ADD or ADHD. Emotional development is often 30 percent slower in these cases, and problems with defiance, sleep and attendance at school often develop. Nearly one half of students with ADHD have been suspended, and one quarter have serious learning disabilities, Barkley reports.

Symptoms of ADHD can include a lack of organization and motivation, Boesky notes, not just an inability to concentrate. Counselors should advise parents about both types of attention disorders and the distinction that ADD does not mean a student is overactive but only has attention issues. Teens with these disorders might misplace important items, not listen well or avoid homework and other tasks involving concentration. They may have great difficulty setting goals, developing a plan, following through or maintaining perception of time, and they are often late.

“Inattentive teens are often seen as ‘the bright kids who just aren’t applying themselves’ when it is a bigger issue than that,” Boesky says.

Worry and anxiety
How much worry or anxiety by a teenager is too much?

“What separates general anxiety disorder (GAD) from the typical fears and doubts of adolescence is how often these youth worry, the number of issues they worry about, how intensely their worry is experienced and how out of proportion it is to the situation,” Boesky says. Adolescents with GAD may seem normal, she says, but “rarely experience pleasure in life because nothing is ever good enough or because they fear that something bad is just around the corner.”

Teens who struggle with GAD will seem nervous most of the time, worry too much about a variety of issues and find it impossible to stop worrying. They may not sleep well, won’t be able to focus and may complain of muscle aches, Boesky says.

Being nervous around others is common among teens, but adults should worry if this nervousness affects the teen’s ability to socialize or succeed in school. Social anxiety disorder is evident if the worry about unfamiliar circumstances or people is persistent and excessive compared with that of their peers.

Even more serious are obsessive thoughts.
and compulsive behaviors that might be tipped off, for example, by hands that have become red or chapped from overwashing, she says. Students struggling with these thoughts or behaviors might be excessively concerned about their health, their food or the cleanliness of objects. They might touch or say things over and over or check on something repeatedly.

Young people who have suffered some trauma may also worry about the event repeating, Boesky says, or other dramatic events taking place. Counselors should make parents aware that such a history can cause compulsive behavior.

Body image and eating disorders

Parents often are aware of the symptoms of body image issues, such as binging and purging, excessive exercise and food avoidance. The issue has been well publicized, and rightly so. About 60 percent of girls report that they are dissatisfied with their body shape, according to the American Academy of Pediatrics, and nearly 70 percent say they want to lose weight. According to the Centers for Disease Control and Prevention, 40 percent of girls have cut food intake to lose weight or avoid weight gain.

But even with all the publicity, parents often are reluctant to address the issue. For that reason, counselors should remain vigilant of these potential problems and offer to provide assistance, including making parents aware of resources in the community that specifically deal with these issues.

Again, says Anderson, parents should be told to look for signs of behavioral shifts, considerable weight loss, an obsession with weight and unrealistic views of the proper weight or size. Youth struggling with body image issues may repeatedly ask others’ opinion about their weight and worry over every mouthful of food. “Most teenage girls want to be thin, but this easily becomes a bigger problem,” Anderson says, adding that parents should worry if a thin teen refuses to put on weight or if the teen is binging and purging.

Kara Bazzi, a counselor in Seattle specializing in eating disorders, says counselors should encourage parents, who are often in the position to recognize most behavioral shifts, to look for increased isolation, increased anxiety, signs of depression or body checking (teens touching their sides or repeatedly looking in the mirror). “Parents should just be watching for new behavior around food — picking at their plates, making a lot of special requests at restaurants or taking more than the normal amount of food from the kitchen,” she says.

An anorexic teen, one who is underweight and striving to be thinner, might miss three menstrual cycles in a row, bruise easily, feel cold, be light-headed or faint, have thinning hair or dry skin and even develop lanugo, a fine, silky hair on their face, Boesky notes.

Counselors should remind parents about signs of binge eating: fluctuations in weight, quick eating, large quantities of food disappearing, a need to eat in private and hiding or hoarding food. Young people who purge food may have a callus on their knuckles from making themselves throw up, broken blood vessels in the eyes, dry skin or loosening of braces from stomach acid weakening the bonding agent. Excessive tooth brushing or gum chewing are other potential signs.

Boesky notes in her book that the formal diagnosis of bulimia involves binging or purging twice a week for several months, but she urges parents and counselors to take action if a young person does this more than a few times. “The longer an eating disorder continues, the greater the possibility of medical problems,” she writes. “A great deal of physical development occurs during adolescence, and a lack of food and nutrients during this critical period can delay the onset of menstruation, inhibit growth and make bones weak and brittle.” She also cautions that organs can be damaged and hormones and electrolytes can get out of whack.

Learning disabilities

Nearly 3 million U.S. schoolchildren, or about 5 percent, are diagnosed with learning disabilities, although many more go undiagnosed, according to the extensive nonprofit website LD Online (ldonline.org), sponsored by a Washington, D.C., public television station in cooperation with the National Joint Committee on Learning Disabilities.

Schools should usually spot learning issues and address them with testing accommodations, Zigurs says, but many affected students slip through the cracks. Instead, it often becomes the parents’ responsibility to notice signs of a learning issue and to ask the school to follow up with appropriate testing.

Boesky says that it is important for parents to identify issues their children may be having and to initiate action themselves instead of relying on school personnel. She advocates that they see the correct professional to meet their child’s needs and to ensure their child is properly assessed.

LD Online lists potential signs of a learning disability that both counselors and parents should be aware of:

**Grades 5 to 8**

- Reverses letter sequences (for example, soiled/solid, left/feel)
- Slow to learn prefixes, suffixes, root words and other spelling strategies
- Avoids reading aloud; trouble with word problems
- Difficulty with handwriting; awkward, fistlike or tight pencil grip; avoids writing assignments
- Slow or poor recall of facts
- Difficulty making friends and trouble understanding body language and facial expressions

**High school students and adults**

- Continues to spell incorrectly; frequently spells the same word differently in a single piece of writing
- Avoids reading and writing tasks
- Trouble summarizing; misreads information; trouble with open-ended questions on tests
- Difficulty adjusting to new settings
- Works slowly; either pays too little attention to details or focuses on them too much
- Poor grasp of abstract concepts; weak memory skills

Jim Paterson is a contributing writer to Counseling Today and a school counselor at Wheaton High School in Maryland. Contact him at mypat@radix.net.

Letters to the editor: ct@counseling.org
The Council for Accreditation of Counseling and Related Educational Programs (CACREP) officially adopted revisions to its accreditation standards on July 19 in Alexandria, Va. The revised standards, known familiarly as the 2009 Standards, will go into effect on July 1, 2009. Programs applying for accreditation prior to this date will continue to be reviewed under the 2001 Standards.

Adoption of the 2009 Standards is the culmination of a multiyear revision process that incorporates significant changes in relation to professional identity issues, core curriculum requirements and student learning outcomes. To assist with the revision process, the CACREP Board charged a six-member committee to conduct a thorough review of the current standards and to seek feedback from all appropriate communities of interest, including counselor educators, higher education administrators, counseling practitioners, counselor credentialing boards, professional counseling associations, consumers of counseling services, counseling students and prospective students. The CACREP Board selected members of the Standards Revision Committee (SRC) from an applicant pool. The SRC included Tom Davis, Jo-Ann Lipford Sanders, Rick Gressard, Mary Alice Bruce, Patrick Akos and Harry Daniels.

A full review of the CACREP accreditation standards occurs on a seven-year cycle. Revisions seek to reflect not only the current training needs of counselors but the anticipated future needs as well. Additionally, the current and future needs of the higher education communities that use the standards for quality assurance reviews are considered. The periodic review of the CACREP standards ensures continued relevancy of the standards in the preparation of today’s and tomorrow’s counseling professionals, while simultaneously providing higher education institutions with a mechanism for demonstrating accountability in the education being provided.

Three questions received focused attention from the CACREP Board, the SRC and the public throughout the 2009 revision process:

1. How can the standards strengthen the professional identity of counselors graduating from CACREP programs?
2. What, if any, revisions should be made to the core curriculum requirements?
3. How should the standards be written to include student learning outcome requirements?

Examples of revisions reflected in the 2009 Standards and addressing each of these questions are provided below.

**Professional identity**

The desire to strengthen the professional identity of both counselor preparation programs and faculty through the 2009 Standards arose from CACREP Board discussions regarding the mixed messages students receive when the majority of faculty teaching in a counseling program hold terminal degrees from other professions and when their degrees or programs use titles other than counseling (for example, psychology). To address this issue, the 2009 Standards delineate that a doctoral degree in counselor education is the required degree for core faculty teaching in CACREP programs.

Recognizing the impact that this requirement will have on many programs, the CACREP Board has included a codicil that the counselor education degree requirement applies only to new faculty who are hired directly out of their doctoral programs and not to individuals with related degrees who have taught full time in counseling programs prior to July 1, 2013. Over time, it is believed that this new requirement will ensure that counselors are training counselors, while still allowing related professionals to participate in counselor preparation and share expertise through noncore faculty (e.g., adjunct, affiliate) positions.

A second way the professional identity issue is addressed in the 2009 Standards is in the restructuring of the entry-level standards into three sections — Section I: The Learning Environment, Section II: Professional Identity and Section III: Clinical Practice. This structure is intended to assist programs in defining where counselors learn, what they learn and how they carry their knowledge into practice. Each of these sections focuses, respectively, on clearly identifying the responsibilities of the program in relation to its resources, its curriculum and its clinical practice expectations.

In particular, Section II: Professional Identity outlines the common core curriculum or requisite knowledge areas needed to become a counselor regardless of desired work setting. This is followed by Section III: Clinical Practice, which outlines the expectations for every student’s supervised practice experiences. A new addition to the 2009 Standards, designed to ensure appropriate counseling supervision during these skill development experiences, is the requirement to develop a supervision contract for each student. This contract defines the roles and responsibilities of the faculty supervisor, the site supervisor and the student during practicum and internship.

**Curricular requirements**

Survey research conducted in the beginning stages of the standards revision process supported the validity of CACREP’s eight common core curricular areas. The eight core areas have served as the cornerstone of CACREP’s curricular requirements since the organization’s founding in 1981. During the 2009
revision process, however, the eight core areas were augmented to include new knowledge requirements in:

- Theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention and treatment
- The effects of crises, disasters and other trauma-causing events on individuals of all ages, including theories and models of crisis intervention and suicide prevention

Inclusion of the addictions-related standards in the core curriculum reflects the understanding that counselors in all program areas — not just those choosing specialized training in this type of work — are involved in prevention and intervention work surrounding addictions and addictive behaviors. Infusion of the crisis preparedness language throughout the standards was supported by a grant from the U.S. Department of Health and Human Services, due in part to the recognition of the important role of “counselors as responders” during national emergencies such as Hurricane Katrina.

The 2009 Standards additionally reflect changes in the structure of specific program area curricula through the merging of the Community Counseling and Mental Health Counseling Standards into a single program area titled Clinical Mental Health Counseling; the merging of the College Counseling and Student Affairs Standards into a single program area titled Student Affairs and College Counseling; and creation of a new program area in Addiction Counseling. The 2009 Standards delete the program area for Gerontological Counseling because few counselor education departments have sought accreditation for this specialization.

**Learning outcomes**

The program area standards (e.g., school counseling; clinical mental health counseling; marriage, couple and family counseling) were modified to be student learning outcomes-based standards. Although the core curriculum standards remain input-based, meaning the emphasis is on the content to be covered, the program area standards emphasize the knowledge and skills that students must demonstrate prior to completion of a program. The evidence that programs produce in relation to the outcome-based standards will be direct evidence of the knowledge, skills and abilities students have gained during their preparation as counselors.

The shift to student learning outcomes-based standards in the program area standards is representative of a larger shift occurring in higher education in relation to transparency and accountability. Across the United States, colleges and universities are being challenged on the local, state and federal levels to produce evidence that their students are developing the knowledge, skills, attitudes and behaviors to ensure success in a variety of disciplines.

The program area standards in the 2009 Standards consist of knowledge standards and skills/practices standards. As part of the accreditation process, programs will demonstrate on an individual student and aggregate level that students are achieving the requisite knowledge and skills specified in the program area standards.

CACREP is excited about the 2009 Standards. The CACREP Board believes that the 2009 Standards will effectively guide the preparation of today’s and tomorrow’s counselors for the professional challenges and opportunities they will encounter. A complete copy of the 2009 Standards can be downloaded at cacrep.org.

Carol L. Bobby (cbobby@cacrep.org) is CACREP’s executive director, and Robert I. Urofsky (rurofsky@cacrep.org) is CACREP’s director of accreditation.

Letters to the editor: ct@counseling.org
ACCA Executive Council developing strategic plan
Submitted by Kevin F. Gaw kevingaw@unr.edu

The American College Counseling Association has been fortunate in having Rick Hanson as its president. He provided steady, solid and principled leadership that has strengthened the association. As I assume the president’s role, Rick will continue to serve as past president. Thank you, Rick, for your excellent service!

This year, the Executive Council will be working on a new strategic plan for the association that will be presented to the membership for consideration. This plan will focus on immediate association concerns as well as where ACCA can go in the future. We will explore the realities of conference planning and the possibilities of hiring a professional to serve in a capacity similar to that of an association manager. We will explore approaches to increasing membership and ways to further enhance the membership experience. Our exploration will also examine collaborative relationships with other professional associations — what makes sense and where ACCA should be putting its energy. We will also be planning for the Fifth National ACCA Conference to be held in St. Louis in October 2010! We also need your help — several great leadership opportunities are specifically designed for ACCA members to assume. Interested? Contact me!

College counseling is about the whole person. College mental health practitioners, whether social workers, medical practitioners, therapists, counselors, clergy, career counselors, psychologists or personal counselors (just to name a few), are all invested in student development and success. With the increase in severity of presenting concerns on college campuses today, we must all work together to provide excellent and comprehensive services for our students. In fact, one critical issue for us (and our administrators) is not to forget the importance of the student development work we do as we prepare for and respond to clinical crises.

As your president, I want to thank you for your confidence in me. We have an exciting year ahead of us, and I look forward to serving and representing you. Never hesitate to contact me or any of the Executive Council members. We are here to serve you and the association!

AMCD, ACES announce conference on culturally competent disaster response
Submitted by Cirecie A. West-Olatunji cwesotatunji@cor.ufl.edu

The Association for Multicultural Counseling and Development and the Association for Counselor Education and Supervision jointly invite you to participate in the Second Annual International Conference on Culturally Competent Disaster Response to be held in Gaborone, Botswana, located in southern Africa, in July 2009. AMCD and ACES visualize a multidisciplinary discussion in which a diversity of viewpoints is investigated.

Proposals from community outreach workers, mental health practitioners, researchers, educators, nongovernmental organizations, health service providers and spiritual/religious leaders are encouraged. Significant inquiry and innovative discourse relative to systemic oppression and social marginalization as they affect the lives of individuals, families and communities are welcome. In addition to participation in the conference, attendees are invited to apply to the clinical outreach program or register for add-on cultural tours in neighboring countries such as South Africa, Mozambique, Malawi and Namibia.

For more information, contact the conference cochairs, Cirecie A. West-Olatunji and Arpana Inman, at AMCD 2009 Multicultural Counseling Conference, Department of Counselor Education, College of Education, University of Florida, 1204 Norman Hall, P.O. Box 117046, Gainesville, FL 32611-7046. E-mail: AMCD2009conference@gmail.com; telephone: 352.392.0731 ext. 235; fax: 352.846.2697.

NECA president works for licensure in California
Submitted by Kay Brawley kbrawley@mindspring.com

Robert Chope, president of the National Employment Counseling Association, found his time in June consumed by active work supporting the California Coalition for Counselor Licensure and its executive director, Dean Porter. California remains the only state in the nation that does not license professional counselors.

Other states have licensed professional counselors for more than 30 years. While there are now more than 100,000 master’s- or doctoral-level Licensed Professional Counselors, California remains bereft of a generic licensing law. The latest bill, SB 1486, had stalled in the Senate Business/Professions Committee for more than a year, but new testimony from Chope and 14 other counseling professionals on June 9 brought a vote on June 16.

Chope said he couldn’t be more proud of Porter and the counseling professionals who testified, as the bill passed the committee 5-4 and was scheduled to go to the Appropriations Committee on July 14. If the bill is approved in that committee, it will be sent to the floor of the Senate and, depending on the outcome, California may finally join the rest of the states with a licensure law.

Work/Life Enrichment training

President Chope has written extensively on the social justice aspects of career and employment counseling and has made that one of his initiatives in the upcoming August 2008 | Counseling Today | 61
year. His social justice theme will be the fabric for building strong relationships among youth and families at the upcoming Prepare/Enrich certification training scheduled for Saturday, Sept. 13, from 10 a.m.-4 p.m. at Retreat Learning Center in North East, Md., located at the top of the Chesapeake Bay.

The curriculum for youth focuses on building relationships and developing related knowledge and skills. The training modules for building strong families are designed for professional counselors working not only with youth but also parents and adults in transition. The training will explore issues related to communications, change and stress, including military deployment and retirement. For training details, see the NECA website at employmentcounseling.com. More details, as well as fees for the training curriculum manual, assessments and certification registry, are available from NECA Professional Development Director Kay Brawley (kbrawley@mindspring.com).

**EB-ACA announces Learning Institutes for 2008 Annual Conference**

*Submitted by Rebecca Brickwedde bb4963@yahoo.com*

The European Branch of the American Counseling Association is pleased to announce that we have chosen four outstanding Learning Institutes for our upcoming 49th Annual EB-ACA Fall Conference in Germany.

The conference will be held Nov. 6-9 at the Ramada Hotel Micador in Wiesbaden-Niedernhausen, located 7.5 miles outside the Wiesbaden city center and easily reachable by train from the Frankfurt Airport. (Wiesbaden-Niedernhausen is just 30 miles from the Frankfurt city center.)

Our conference theme this year is “The Power of Counseling: Care for the Client and the Caregiver.” On Nov. 6-7, we will be offering 42 two-hour mini-sessions on a wide variety of topics of interest to counseling professionals. On Nov. 8-9, we will be offering four 15-hour Learning Institutes.

ACA past presidents Jane E. Myers and Thomas J. Sweeney will be presenting “Wellness and Habit Change: Promoting Positive Change in Self and Others.”

Cynthia Moreno Tuohy, executive director of NAADAC, the Association for Addiction Professionals, will be presenting “Romancing the Brain: Conflict Resolution in Recovery.”

Shadow Work coaches John and Nicola Kurk will be joining us from England to present “Shadow Work: Re-energize Your Life Now.”

Additionally, licensed psychologist and hypnotherapy training/certification program provider Robert M. Bollet will be presenting “Getting Here: How to Enhance the Caregiver’s Life Journey.”

We are very excited about our program and hope you can join us in Germany!

Please visit the EB-ACA website at online-infos.de/eb-aca/main.htm or eb-aca.org for more information and continual updates about the upcoming annual conference program. Direct further questions to 2008 EB-ACA Conference Chair Rick Sidney at richard.sidley@us.army.mil.

**AADA plays host to summer mini-conference**

*Submitted by Carolyn Greer GreerCarolyn@PeoplePC.com*

Looking for a quick getaway in August? The Association for Adult Development and Aging has just the thing. Chicago is beautiful in the summer. Lake Michigan and the Chicago skyline are breathtaking. There are many events and treats to experience. Make it a weekend and top it off with a professional development activity.

AADA will be holding a summer mini-conference titled “Aging Across the Lifespan: New Visions” on Monday, Aug. 4, in Lisle, Ill. The event will take place at National-Louis University’s west suburban campus located at 850 Warrenville Road in Lisle.

A variety of topics will be presented, including concerns for baby boomers, retirement strategies, leisure activities, living arrangements and gender issues.

The cost of the conference is $75 for regular attendees and $45 for students. This includes lunch, morning coffee and a certificate for six continuing education units.

To register for the conference, go to ilcounseling.org or call 877.284.1521. Rooms are available at the Hyatt Hotel, which is conveniently located almost across the street from the campus. For reservations, call 630.852.1234 or 800.233.1234.

**Reminder: Submit news articles by the first of each month for inclusion in the following month’s issue.**

From left, ACA North Atlantic Region Chair-Elect-Elect Pat Giordano, NAR Chair-Elect Bob Schmidt and NAR Chair Terry Mitchell at the Connecticut Counseling Association’s Annual State Conference in May at the Rocky Hill Marriott. As your NAR leaders, we would like to extend an open invitation for all to participate in the NAR Fall Assembly & Leadership Training Sept. 25-27 in Bangor, Maine. We are interested in connecting with you and hearing about what you want and need from NAR. People interested in learning more about NAR and the Fall Assembly should contact Terry Mitchell at terry.mitchell56@hotmail.com.
COMING EVENTS

Nebraska Counseling Association Annual Fall Conference Sept. 17-19 Kearney, Neb.
For complete information, contact Kathy Schinker at kschink@nebraska.com or Kevin Kaminski at kevin.kaminski@inroadsounseling.net or call 402.650.1262.

Biennial Adoption Conference Oct. 24-25 New York
St. John’s University, in collaboration with Montclair State University and Rutgers University, is pleased to announce the Fifth Biennial Adoption Conference, “Identity and the Adopted Teen: Surviving the Crucible of Adolescence.” Adolescence is considered one of the most important stages of development, during which many of the most crucial issues involving identity formation are addressed and realigned. The conference will focus on the exploration of these various challenges to identity formation in adopted adolescents. The universities are announcing a call for papers and presentations. They are also seeking exhibitors and sponsors. For more information, visit adoptioninitiative.org or call 718.990.5460.

10th Annual Energy Psychology Conference Oct. 24-26 Toronto
Practitioners and nonprofessionals alike will gather to bridge the gap between conventional and alternative therapies at this event hosted by Meridian Seminars in association with the Annual Energy Psychology Conference.
Attendees are invited to come away for a weekend of learning and spiritual processes with hundreds of like-minded professionals and seekers at the Novotel Toronto Centre Hotel in downtown Toronto. Organized by well-known Toronto psychotherapist Sharon Cass Toole, this one-of-a-kind event is host to an international gathering of professional and interested laypersons alike. The lineup of star presenters provides an excellent opportunity to meet and learn from the best of the best in the field of comprehensive energy psychology.
An extensive selection of books and CDs related to energy psychology will be available for sale in the conference book-store. For information and to register, visit torontoepc.com.

APHA Annual Meeting and Exposition Oct. 25-29 San Diego
The American Public Health Association’s 2008 Annual Meeting and Exposition invites attendees to learn from the experts in the field, hear about cutting-edge research and exceptional best practices, discover the latest public health products and services, and share public health experience with peers. The world of public health is in continuous motion, and there is no better time to stay abreast of the research and learn about emerging issues.

The APHA Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists and related health specialists. APHA’s meeting program addresses current and emerging health science, policy and practice issues in an effort to prevent disease and promote health. For complete details, go to apha.org/meetings.

Wisconsin Counseling Association Annual Fall Summit Nov. 1 Wisconsin Rapids, Wis.
The theme for this year’s summit will be “Journey Through the Seasons: Counseling Along the Developmental Lifespan.” For questions or further information, please contact Charles Lindsey at 920.424.1475 or lindseyc@uwosh.edu.

13th International Counseling Conference Jan. 4-7, 2009 Penang, Malaysia
The 13th International Counseling Conference, “Counseling in Today’s World: Instilling Hope and Promoting Peace,” will bring together counselors and other mental health professionals from various parts of the world to promote counseling practice and training. Participants will have opportunities to interact with mental health experts from the host country and gain an international perspective of counseling practice and training. Pre- and post-conference tours are available. Universiti Sains Malaysia is cohosting the conference. Information on the history of ICC, a call for papers/program proposals, fees and registration is available at iccpacificrim.com.

FYI
Seeking editorial board members
The Executive Committee of the International Association of Addictions and Offender Counselors, a division of the American Counseling Association, is seeking applications for editor of the Journal of Addiction & Offender Counseling, JAOC is published semiannually and contains scholarly articles that support effective counseling and rehabilitation programs for people with substance abuse problems and other addictions as well as adult and/or juvenile public offenders.
The appointment of editor is for a three-year term beginning July 1, 2009. There is a possibility for the editor to be reappointed for a second three-year term. Applicants must be ACA and IAAOC members.
Selection criteria for the position include the following:
■ Previous experience as an editorial board member and/or as a journal editor
■ A publishing record that includes scholarly publications in refereed journals
■ An understanding of and commitment to the mission of IAAOC
All applications must be received no later than Sept. 1. Late or incomplete applications will not be considered. The Executive Committee will screen all candidates and will make its decision by Nov. 15. Contact IAAOC President Todd Lewis at tflewis@uneq.edu for complete selection and application criteria.

Call for submissions, manuscripts
The Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education is an interdisciplinary journal seeking manuscripts on the use of the language arts in therapeutic, educational and community-building capacities. The journal includes bibliotherapy, healing and writing, journal therapy, narrative therapy and creative expression. The journal welcomes a wide variety of scholarly articles, including theoretical, historical, literary, clini-
cal, practice, education and evaluative studies. All manuscripts will be submitted for blind review to the JPT editorial board. Maximum length of articles is 30 pages (typed, double-spaced, nonsexist language). Style should conform to the Publication Manual of the American Psychological Association (fifth edition). All articles must be original material, not previously published or soon to be published elsewhere.

Manuscripts may be submitted in electronic format (MS Word) as an e-mail attachment to nfmazza@fsu.edu or by standard mail to Nicholas Mazza, Ph.D., Editor, Journal of Poetry Therapy, Florida State University College of Social Work, 2512 University Center-C, 296 Champions Way, Tallahassee, FL 32306-2570.

Adultspan, the journal of the Association for Adult Development and Aging, is soliciting articles for a special edition focused on developmental impact of trauma and crisis on young and midlife adults, to include physical and mental health issues. The editors are interested in research or conceptual pieces related to natural disasters as well as manmade trauma (e.g., service in war zones, terrorism, violent crime).

General articles are appreciated on topics such as career development and adulthood; substance abuse/food addiction in adults; case-based articles on life span issues; teaching gerocounseling on the graduate level; and alternative family issues of gay and lesbian adults of any stage.

All submissions, both general and special issue pieces, should be e-mailed directly to Catherine Roland at rolandc@mail.montclair.edu. Special issue manuscripts will then be sent to Mark Gillen, associate editor, who will act as editor of that edition.

**Submissions sought for the Wiki of Counseling**

The Wiki of Counseling (see “Rolling out the wiki welcome mat” on page 40) is currently welcoming the submission of short papers for potential use on the online site.

Suggested areas of focus for papers include any topic in the broad categories of either “professional identity of counselors” or “helping relationships.” Submitted papers should explain the topic using language that can be understood by persons with no prior knowledge of counseling. For submission instructions and additional information, contact Tim Baker at tdbaker@ufl.edu.

**Autism research study under way**

The Autism Research Program at the University of North Carolina at Chapel Hill is conducting a three-year study of early brain development. Funded by the National Institutes of Health, Centers for Excellence and Cure Autism Now, there is no cost to parents who wish to enroll, and scheduling will be as accommodating as possible. For specific questions about the study, contact Jaclyn Anthony, social/clinical research assistant for the Neurodevelopmental Disorders Research Center at the University of North Carolina at 919.843.1535.

**Bulletin Board submission guidelines**

Due to Counseling Today’s new magazine format, submissions for the Bulletin Board must be 100 words or less beginning Sept. 1. All entries must be submitted via e-mail to akennedy@counseling.org with “Bulletin Board” in the subject line. Paragraphs should be in an MS Word document, single-spaced, justified and Times font in black. Please provide a contact person with an e-mail address or phone number to call for more information. Submissions are subject to editing. The rolling deadline is the first of every month by close of business for publication in the following month’s issue.

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### ACA 2009 Conference & Expo

**March 19-23, 2009**

**Charlotte, NC**

Register Online: [www.counseling.org/conference](http://www.counseling.org/conference) • By Phone: 800-347-6647, x222 (M-F, 8 AM - 7 PM ET)
Parity of Insurance Coverage for Mental Health and Substance Abuse Treatment

Both the House and Senate have passed versions of legislation (H.R. 1424 and S. 558, respectively) to require health plans to cover mental health and substance abuse treatments on the same terms and conditions as other types of care. Although most states have enacted mental health parity laws, these laws vary from state to state, and their protections don’t apply to self-insured health plans. ACA is joining a wide array of other mental health advocacy organizations in pushing for approval of strong federal parity legislation this year. Both H.R. 1424 and S. 558 would prohibit health plans from using treatment limits or financial requirements for mental health and addictive disorder treatments unless such limits and requirements are used for substantially all other covered services.

Currently, House and Senate members are attempting to negotiate a compromise version of the legislation. Mental health and addictive disorder treatment advocates are hoping that legislation can be enacted this year to avoid having this issue tied up in consideration of other health care issues next year by a new presidential administration and new Congress. Counselors are encouraged to call or write their representative and senators to work to gain enactment of a strong mental health and addictive disorder parity law before the end of the 110th Congress.

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

Suggested Message
“I am calling to ask the (representative/senator) to work to gain enactment of strong mental health and addictive disorder parity legislation this year. Mental and addictive disorders are real—and treatable—and individuals with private health insurance deserve the same protections in this area that members of Congress and other federal employees have.”

ACA Resource
Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org
Internet briefing paper:
www.counseling.org/publicpolicy
Capwiz “Contact Congress!” site:
http://capwiz.com/counseling

Education Bills Would Benefit School Counselors

Last year, members of Congress introduced bills seeking to increase the federal investment in school counseling and related school-based mental health services and supports. Rep. Linda Sanchez (D-Calif.) introduced H.R. 3439, the Put School Counselors Where They’re Needed Act, to create a $12 million demonstration project to fund additional secondary school counselors in troubled Title I schools to help reduce dropout rates. The second, H.R. 3419, the Reducing Barriers to Learning Act of 2007, would establish an Office of Specialized Instructional Support Services in the U.S. Department of Education and provide grants to state educational agencies to reduce barriers to learning. Thank you for your consideration.”

ACA Resource
Chris Campbell
800.347.6647 ext. 241
ccampbell@counseling.org
Internet briefing paper:
www.counseling.org/publicpolicy
Capwiz “Contact Congress!” site:
http://capwiz.com/counseling
Appropriations for the Elementary and Secondary School Counseling Program

The Senate Appropriations Committee approved in June a spending bill for the Departments of Labor, Health and Human Services and Education (Labor-HHS-ED) that would boost funding for the Elementary and Secondary School Counseling Program (ESSCP) to $52 million for Fiscal Year 2009. This is a $3.4 million increase over current year funding and marks the highest funding level yet for the program! The House version of the Labor-HHS-ED bill, approved by the appropriations subcommittee on June 19, would only fund ESSCP at $48.6 million for FY 2009, the same amount as the current year's allocation.

We are very pleased that the House and Senate Appropriations Committees chose to ignore President George W. Bush's request to eliminate all funding for the school counseling program, as proposed in his FY 2009 budget released in February. As the appropriations process moves forward, ACA and our allies will work to urge Congress to support the Senate-approved funding level of $52 million for ESSCP in the final version of the Labor-HHS-ED spending bill for next year.

It is important that counselors take action now: Urge your senators and representatives to support the Senate-approved funding level of $52 million for ESSCP in the final FY 2009 Labor-HHS-ED appropriations bill.

Who to Contact

Your Senators and Representative
Capitol Switchboard
202-224-3121
www.house.gov
www.senate.gov

Suggested Message

“I am contacting you to ask for your support for the Elementary and Secondary School Counseling Program. ESSCP is the only federal program devoted solely to supporting counseling programs in our nation's schools. I'd like the [senator/representative] to support the Senate-approved funding level of $52 million for ESSCP in the FY 2009 Labor, Health and Human Services and Education appropriations bill. Funding ESSCP at $52 million would continue to allow support for counseling services in middle and high schools, where they are desperately needed.”

ACA Resource

Chris Campbell
800.347.6647 ext. 241
campbell@counseling.org

Internet briefing paper:
www.counseling.org/publicpolicy

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

What stops people from changing?

Learn how to put spirituality into action!

This internationally acclaimed process integrates psychology and spirituality

Souldrama® is a seven stage process of transformation and growth that is designed to move clients through their rational, emotional and spiritual intelligences so that they can create new roles in life and remove the blocks that stop them from moving forward in their relationships and careers and access their spiritual intelligence.

Through this group experiential method, the soul is spurred into action bringing forth its spontaneity and creativity. This process moves us from our Rational Intelligence (what I think) to our Emotional Intelligence (what I feel) and Spiritual Intelligence (what I am) so that we can integrate all three intelligences in our lives, live in the present and awaken our higher purpose.

SOULDRAMA® Workshops

For personal growth and/or training

June 30 - July 4
Amsterdam, Holland 35 hrs

August 7 - 9
Mount Dora, Florida 14 hrs

September 26-28
Treasure Island, Florida 15 hrs

October 17 - 19
Pocono Mountains, Pennsylvania 18 hrs

2009

January 2-4, 2009
Treasure Island, Florida hrs 15hrs

March 28 - April 4
Kauai, Hawaii 50 CEU Hrs

May 22-31 2009
Tinos, Greece 50 CEU Hrs

July 20 - 31
Machu Pichu, Peru 50 CEU Hrs

This new action method can be applied to all aspects of recovery including:

- Recovery programs’ 12 steps
- Special problems such as grief, divorce and addictions
- Pastoral counseling

Take home new tools for working with the client using this new model and discover ways in which your own personal spiritual and psychological well being can be enhanced.

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

Connie Miller NCC, LPC, TEP
The International Institute of Soul'drama®
800-821-9919 • www.souldrama.com
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<thead>
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<th>Chairperson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awards</td>
<td>Bernadine L. Craft (<a href="mailto:bcraft@wwcc.wy.edu">bcraft@wwcc.wy.edu</a>)</td>
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<tr>
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<tr>
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| Strategic Planning             | TBD |

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### CHI SIGMA IOTA (CSI)

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|--------------------------------|-------------------|
| Executive Director             | Thomas J. Sweeney  
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|---------------------------------|-----------------|
| Executive Director              | Paul Nelson  
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Your Investment + Our Commitment = YOUR MEMBER BENEFITS AND SERVICES!

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

Maximize your potential — Professional Development

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

Stay Ahead of the Learning Curve — Education

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

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

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

Expand your connections — Networking

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

Wait, there's more — Discounts

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

Reach Out and Recruit a member and qualify to win cash or free gas. For more information and details, log on to counseling.org/ROAR.
Share your Member Benefits with a Future ACA Member!

[1.] Member Referral Name ____________________________________________________________________________
    Full Name_________________________ M.I._______ Last Name _______________________
    (e.g., "Robert" not "Bob")

    Mailing Address ________________________________________________________________________________________________________
    City_____________________________________________________________ State/Province_______ Zip_________________ Country_____________________

    Organization _________________________________________________________________________________________________________________________

    Work Phone ( ) _________________________ Home Phone ( ) _________________________

    E-mail_________________________________________________________ Fax( ) ___________________________________________________________

[2.] Select Your ACA Membership

[ X ] $155 Professional: Individuals who hold a master’s degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation. Proof of academic credentials may be requested.

[ X ] $155 Regular: Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional membership.

[ X ] $89 New Professional: Individuals who have graduated with a masters or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year) __/____ and institution ________________________________.

[ X ] $89 Student: Individuals who are enrolled at least half-time in a college or university program. Please indicate date of graduation (month/year) __/____ and institution ________________________________.

[3.] Make A Voluntary Contribution (Tax Deductible)

Optional, but a great way to get involved!

[ ] ACA Foundation $________
[ ] David K. Brooks Jr. Distinguished Mentor Award $________
[ ] Human Concerns Fund $________
[ ] Legal Defense Fund $________
[ ] Professional Advocacy Fund $________
[ ] Gilbert & Kathleen Wrenn Award $________

[4.] Total of Membership Dues

Want to avoid dues increases, save on postage, and reduce paperwork?
Join now for 2-years at the current rate(s) by simply doubling the current dues.

ACA Membership - 1 year $_____________________

ACA Membership - 2 years $_____________________

Voluntary Contribution(s) $_____________________

(Check fund at left)

TOTAL AMOUNT REMITTED $_____________________

(Add all items above)

[5.] Payment Method

Total amount enclosed or to be charged $_____________________

[ X ] Check or money order, payable to ACA in U.S. funds, enclosed.

[ X ] VISA [ ] MasterCard [ ] American Express [ ] Discover

Credit Card # ___________________________________________________________________________ Exp. Date ______________

CVC Code:  AmEx (4 digits above credit card #) ___ ___ ___ ___ VISA, MC, Discover (last 3 digits next to signature line) ___ ___ ___

Cardholder’s Name (print) ___________________________________________________________________________

Phone ( ) _______________________________________________________________________________________

Authorized Signature _____________________________________________________________________________ Date ____________________________

Valid through 6/30/09

Phone 703-823-9800 x222, 800-347-6647 x222 M–F, 8 a.m. – 7 p.m., ET. Have your credit card ready • Fax 703-461-9260 or 800-473-2329

Web counseling.org • Mail Application and payment to: ACA Member Services, P.O. Box 791006, Baltimore, MD 21279-1006

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### Membership statistics for Fiscal Year 2008

Policy 2015.5, Published Membership Figures, of the American Counseling Association’s Policies and Procedures directs that a table of specific membership figures for ACA’s divisions, organizational affiliates and regions be published yearly and will only show the ACA members in each entity and may not reflect the total membership of a division or organizational affiliate 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 table presents the information for Fiscal Year 2008. The table does not reflect information for the American Mental Health Counselors Association or the American School Counselor Association, as they maintain and publish their own membership figures.

ACA began the year with 40,617 members and ended the year with 40,651, an increase of 34 members. Ten divisions and two regions also showed increases in membership.

| ORG.       | 31-JUL | 31-AUG | 30-SEP | 31-OCT | 30-NOV | 31-DEC | 31-JAN   | 28-FEB | 31-MAR | 30-APR | 31-MAY | 30-JUN | 7/1/07- | 7/1/07- | MEAN | MEAN | MEAN |
|------------|-------|--------|--------|--------|--------|--------|---------|--------|--------|--------|--------|--------| 6/30/08 | 6/30/08 |      |      |      |
| ACA        | 40,617 | 41,020 | 40,868 | 41,160 | 40,884 | 40,622 | 40,651  | 34     | 0.08%  | 40,946 | 329    | 0.81%  |          |          |      |      |      |
| AACE       | 466    | 471    | 467    | 457    | 454    | 452    | 451     | 463    | 473    | 463    | 463    | (3)    | -0.64%  | -      | 5     | -    | 0.38% |
| AADA       | 565    | 560    | 557    | 547    | 548    | 553    | 552     | 559    | 567    | 577    | 579    | 14     | 2.48%   | 560    | -      | 5    | -0.87%|
| ACC        | 962    | 960    | 924    | 918    | 908    | 924    | 923     | 958    | 976    | 992    | 989    | 27     | 2.81%   | 946    | -16   | 16   | -1.63%|
| ACCA       | 1,433  | 1,444  | 1,437  | 1,453  | 1,459  | 1,448  | 1,480   | 1,481  | 1,479  | 1,481  | 1,480  | 47     | 3.28%   | 1,463  | 30    | 2.11%|
| ACEG       | 192    | 196    | 197    | 189    | 188    | 193    | 193     | 193    | 194    | 192    | 195    | 3      | 1.56%   | 193    | 1     | 0.30%|
| ACES       | 2,224  | 2,285  | 2,303  | 2,293  | 2,260  | 2,279  | 2,279   | 2,283  | 2,311  | 2,327  | 2,337  | 113    | 5.08%   | 2,289  | 65    | 2.91%|
| ALGBTIC    | 782    | 787    | 777    | 782    | 772    | 764    | 786     | 804    | 785    | 813    | 818    | 36     | 4.60%   | 791    | 9     | 1.11%|
| AMCD       | 1,195  | 1,192  | 1,165  | 1,165  | 1,172  | 1,167  | 1,174   | 1,185  | 1,193  | 1,182  | 1,196  | 1       | 0.08%   | 1,180  | 15    | 1.25%|
| ARCA       | 693    | 702    | 702    | 711    | 707    | 710    | 702     | 698    | 703    | 695    | 686    | (7)    | -1.01%  | 701    | 8     | 1.13%|
| ASERVIC    | 1,358  | 1,365  | 1,317  | 1,339  | 1,324  | 1,319  | 1,333   | 1,322  | 1,330  | 1,341  | 1,317  | (1)    | -3.02%  | 1,331  | 27    | -1.98%|
| ASGW       | 900    | 920    | 905    | 901    | 901    | 892    | 889     | 886    | 889    | 896    | 897    | 893    | (7)    | -0.78%  | 898    | -2    | -0.20%|
| CAHEAD     | 343    | 340    | 329    | 333    | 337    | 334    | 343     | 348    | 349    | 354    | 354    | 11     | 3.21%   | 341    | -2    | -0.61%|
| CSJ        | 534    | 548    | 539    | 527    | 525    | 515    | 498     | 505    | 510    | 520    | 532    | (2)    | -0.37%  | 524    | -10   | -1.84%|
| IAAOC      | 852    | 853    | 845    | 838    | 835    | 835    | 851     | 859    | 864    | 872    | 871    | 19     | 2.23%   | 851    | -1    | -0.14%|
| IAMFC      | 1,855  | 1,848  | 1,789  | 1,792  | 1,794  | 1,794  | 1,816   | 1,795  | 1,795  | 1,774  | 1,762  | 1,743  | (112)   | -6.04% | 1,796 | -37  |
| NCDA       | 1,455  | 1,474  | 1,460  | 1,447  | 1,452  | 1,434  | 1,449   | 1,441  | 1,433  | 1,435  | 1,389  | 1,389  | (66)   | -4.54% | 1,438  | -17   | -1.16%|
| NECA       | 300    | 317    | 313    | 308    | 307    | 308    | 311     | 301    | 304    | 327    | 326    | 325    | 25     | 8.33%  | 312    | 12    | 4.08%|
| MIDWEST    | 9,894  | 9,961  | 9,905  | 9,988  | 9,935  | 9,817  | 9,887   | 9,784  | 9,707  | 9,676  | 9,636  | 9,691  | (203)   | -2.05% | 9,823 | -71  | -0.71%|
| NO. ATLANTIC| 8,843 | 8,929  | 8,838  | 8,945  | 8,990  | 8,903  | 8,929   | 8,917  | 8,864  | 8,818  | 8,723  | 8,895  | (148)   | -1.67% | 8,866 | 23   | 0.26%|
| SOUTHERN  | 13,854 | 13,969 | 13,983 | 14,073 | 14,130 | 14,004 | 14,108  | 14,112 | 14,082 | 14,064 | 15,814 | 14,064 | 210    | 1.52%  | 14,191 | 337  | 2.43%|
| WESTERN   | 7,571  | 7,656  | 7,833  | 7,660  | 7,714  | 7,651  | 7,775   | 7,758  | 7,787  | 7,776  | 7,702  | 7,649  | 78     | 1.03%  | 7,894  | 123  | 1.63%|
ACA premieres online podcasts
The American Counseling Association has launched a series of podcasts to help members save time and money as they strive to stay well informed about professional issues. These podcasts, prerecorded interviews posted on the ACA website at counseling.org, can be downloaded to a personal computer, iPod or other handheld digital audio player. The series features the following podcasts:

“The Counselor and the Law: A Guide to Legal and Ethical Practice.” Speakers and coauthors Nancy Wheeler (attorney and ACA Insurance Trust’s Risk Management Helpline adviser) and Bert Bertram (licensed counselor in private practice in Florida) address issues such as why their book is especially timely right now, the tension between privacy issues and the safety of others, and what counselors need to know about state counselor licensing boards.

“The Ethics of Confidentiality: Who Needs to Know What?” ACA Director of Ethics Larry Freeman discusses issues of confidentiality as they relate to life-threatening diseases, deceased clients and couples counseling.

“You Malpractice Insurance: What You Need to Know.” Paul Nelson of the ACA Insurance Trust advises members on how much insurance is needed and what counselors should know to protect themselves and their practice.

Questions, feedback and suggestions for future podcast topics should be directed to Rebecca Daniel-Burke of ACA Professional Affairs at RDanielBurke@counseling.org.

ACA National Awards around the corner
The ACA Awards Committee announces the start of the nominations process for the 2009 ACA National Awards, which will be presented at next year’s ACA Annual Conference & Exposition in Charlotte, N.C.

ACA members can nominate one or more fellow ACA members who have made noteworthy contributions to the counseling profession at the local or state levels. ACA divisions, organizational affiliates, branches, chapters, regions or committees may also submit nominations. All nominations must be postmarked by Oct. 31, 2008.

Complete information is available on the ACA website at counseling.org under “Resources,” or you may request a 2009 National Awards Packet by calling ACA Member Services at 800.347.6647 ext. 222. Nominations may also be submitted by mail to ACA 2009 National Awards, c/o Holly Clubb, 5999 Stevenson Avenue, Alexandria, VA 22304-3300.

NAMI: Emergency room delays are nationwide issue
The executive director of the National Alliance on Mental Illness, Michael J. Fitzpatrick, recently released a statement calling for a criminal probe into the death of Esmin Elizabeth Green while she awaited admission to the psychiatric ward at Kings County Hospital in Brooklyn, N.Y. According to a report in The New York Times, Green, an immigrant from Jamaica who struggled with depression, was admitted to the hospital’s psychiatric ward on June 18. Twenty-four hours later, having yet to be seen by hospital staff, she collapsed onto a waiting room floor and died soon after.

Fitzpatrick urged state and federal authorities to examine not only the circumstances of Green’s death, but also systemic issues involving the hospital and potentially other parts of the city’s mental health care system, including staffing levels, training and availability of hospital beds.

Fitzpatrick noted that the Kings County tragedy is not an isolated incident, as other tragedies are waiting to happen in emergency rooms across the United States. In 2008, the American College of Emergency Physicians released a survey indicating that emergency psychiatric care is “extremely limited” and “getting worse.” Additional survey statistics found that:

■ More than 60 percent of psychiatric patients needing admission to a hospital have to stay in the emergency department for more than four hours after a decision to admit them has been made

■ 33 percent wait more than eight hours; 6 percent more than 24 hours

■ 62 percent of emergency department medical directors indicated there were no psychiatric services for patient care while patients were boarded prior to admission or transfer

■ 89 percent transfer psychiatric patients every week to other facilities due to a lack of psychiatric beds at their hospitals

In response to the death of Green, Fitzpatrick has called for a transformation of the mental health care system at all levels.

‘Mental health day’ added to dictionary by lexicographers
The latest edition of the Merriam-Webster Collegiate Dictionary includes nearly 100 new words and expressions, one being “mental health day.” The dictionary defines the term as “a day that an employee takes off from work to relieve stress or renew vitality.”

American Red Cross executing largest disaster response since Hurricane Katrina
The American Red Cross response to massive flooding across the central United States, combined with ongoing relief operations for tornadoes and other disasters since April 1, will cost the organization at least $30 million, according to the latest estimates. American Red Cross officials say the organization is borrowing funds to make up the difference between this cost and donations made to its badly depleted Disaster Relief Fund.

The American Red Cross is actively helping communities that are still dealing with flood waters by offering emergency shelter, food, cleanup supplies and emotional support. The organization has also begun client casework for those residents who have been able to return home, connecting them to services to help them get their homes and communities back in order, while offering cleanup kits, meals, snacks and water to thousands of people.

As July began, dangerous wildfires across Northern California were threatening homes and lives, and the American Red Cross was also sheltering and feeding evacuees and firefighters battling the deadly fires.

Nationwide, the American Red Cross had dealt with 36 major disaster operations between April and the beginning of July. The long spring of dangerous weather, from flooding to tornadoes, left the organization with few financial resources on hand. To support the American Red Cross with current and future disaster response efforts, call 1.800.REDCROSS or visit redcross.org to make a donation.

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Deadlines: Vary per issue. Contact Kathy Maguire at 317.873.1800 or kmaguire@counseling.org for further details.

Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org. Phone: 317.873.1800 Fax: 317.873.1899

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2. Encourage your colleagues to log on to counseling.org and select the “Join ACA” link for instant signup - remind them to write your name in the “Referred by” space to receive credit for your referral; or

3. Have your colleagues contact the ACA Member Services Department at 800-347-6647, x222 or 703-823-9800, x222. Make sure they state your name as their referral in order to receive credit.

Double Win fun ends December 31, 2008, so get started now! If you need assistance with recruiting new “Professional” members, please contact Denise Williams, Director of Member Programs at 800-347-6647, x303, 703-823-9800, x303 or dwilliams@counseling.org.

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