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Cover Story

Confronting addiction
By Lynne Shallcross
Counseling experts weigh in on how best to treat clients who are fighting addictions to alcohol, drugs, sex or gambling, including getting down to the root of these problem behaviors.

Features

Spirituality and addictions counseling: A long-standing marriage
By Keith Morgen and Craig Cashwell
Counselors who work with addictions have long recognized the important role that spirituality plays in the recovery process for large numbers of people.

Connecting with clients of faith
By Jonathan Rollins
In the second article of a two-part series, counselors explore ways to increase the comfort level between mental health professionals and religious clients and how to help clients tap into the strengths inherent in their faith traditions.

Five winners selected in hotly contested 2009 ACAF Grad Student Essay Contest
Julie Wells of California State University, Fullerton earns the top prize for her essay on “repackaging” the counseling profession to more adequately meet the needs of our nation’s changing population.

Living an uneasy existence
By Lynne Shallcross
Anxiety disorders are the most common mental illness in the nation and, regardless of the form they take, possess a powerful ability to sidetrack life.

Filling the gap
By Jim Paterson
Time-crunched school counselors can collaborate with community counselors to ensure that students’ mental health needs aren’t falling through the cracks.

Extras

2009-2010 Leadership Directory
A new national study reveals that more than 1 in 5 young adults need treatment for alcohol or illicit drug use, but less than 1 in 10 of those who need help receive it. The study, conducted by the Substance Abuse and Mental Health Services Administration, found that almost 7 million Americans ages 18 to 25 needed treatment in the past year; 93 percent of those young people did not receive help from a specialty treatment facility. Among other findings from the study:

- 96 percent of the young adults who needed but did not receive treatment also did not perceive their need for help.
- Among the 4 percent who recognized their need for help but hadn’t received it, less than one-third made an effort to get treatment.
- 17.2 percent of young adults needed treatment for alcohol disorders, 8.4 percent for illicit drugs and 4.4 for a combination of the two.

The study, “Young Adults’ Need for and Receipt of Alcohol and Illicit Drug Use Treatment: 2007,” is based on 2007 data from the National Survey on Drug Use and Health, which collected responses from 22,187 people ages 18 to 25. The full report is available at oasbeta.samhsa.gov/2k9/157/YoungAdultsDrugTex.cfm.
FROM THE PRESIDENT

Lynn Linde

A challenge to mentor

August — just thinking about it conjures visions of hot and hazy days, crickets and lightening bugs at night, vacations (or at least a break from work), a chance for a breather before the frenzied pace of fall begins. August provides a chance to think, reflect and plan for the future. As I continue my journey as president, August also provides an opportunity for me to reflect upon how I got here.

Many years ago, when I was a middle school counselor, a colleague who was a counselor at a magnet high school came to my school to recruit. While there, she stopped in my office to talk to me about the city chapter of the Maryland branch of our counseling association. She said, “You need to get involved. We want you to run for office.” I thought about it for about 20 seconds and then said, “OK, what do you want me to do?” I have often reflected on how serendipitous a moment that was; would I be where I am now if someone had not approached me and encouraged my involvement? I’ll never know the answer to that question, but it has always influenced my interactions with others.

Many people have encouraged and mentored me over the years in my graduate studies, in my career and in the professional association. These are people who saw something in me that I perhaps did not see in myself, who encouraged the potential they saw and who demonstrated through example the possibilities open to me. Does it matter whether I sought them out, whether they sought me out or whether the “seeking” was mutual? Probably not. What is important is that these mentors helped me achieve in ways I might not have otherwise.

The New Perspectives column about mentoring in the July issue of Counseling Today resonated strongly with me. As I read it, I was reminded of my experiences sitting in my adviser’s office. About halfway through my master’s program, my adviser, Dr. Clemmont Vontress, looked at me and said, “Well, of course you are going on for your doctorate.” This was not a question or even a discussion — just an affirmation of what he saw in me. While I had toyed with the idea of continuing on, having my adviser’s support and encouragement made all the difference for me as I went through the application process, not to mention the program.

How many of you made it through graduate school or your first years as a counselor because someone looked out for you, eased the transition and/or paved the way? How many of you became a counselor because someone saw something in you and expanded your horizons to think about counseling as a profession? We often bemoan the fact that there are not enough counselors and that other mental health professionals outnumber us. We search for quality graduate students and new professionals. In the association and its entities, we spend hours talking about membership and new leadership. But counselors and leaders don’t just happen; we need to “grow” them.

I believe it is my responsibility as a professional to mentor and encourage, and I believe it is your responsibility as well. When we listen to successful people talk about how they became so successful, they inevitably mention someone who nurtured and was there for them. I challenge each of you to find one person during the next year to mentor. The person can be a family member, a student or a colleague. What matters is that you establish an ongoing relationship that helps this person with his or her journey into the profession and/or leadership.

I was talking the other day with a colleague who had just returned from her branch leadership training. She was ecstatic at the number of first-time attendees. I know we will have been successful when we look at rooms full of people we don’t know — not just people we do. So go forth and mentor. ♦
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Members respond to letters critiquing president’s message

I am responding to the July Counseling Today letters from J. Pruett and B. Watts: No counseling or other activity is free from values and politics (in the broad sense of “politics”). In every decision about what we say and how we work, we communicate our belief system. So each of us needs to be clear about what his/her values are, before and during our work with folks.

I regret that these two writers believe that the American Counseling Association should not advocate for “social justice” (Pruett). Surely, Mr. Pruett must try to provide support to those in trouble as he practices counseling. And I hope that Mr. Watts, who doesn’t believe in the “agenda” of ACA or the “politics” of its members, thinks about how his own agenda and politics may affect the counseling he does.

Judith M. Gibson, M.A., CPC, LIMHP
Lincoln, Neb.
judithgibson@inebraska.com

In response to letters from members regarding (ACA Immediate Past President) Colleen Logan’s social advocacy stance for sexual minorities, ACA seems to have a huge elephant in the room in the form of social justice advocates versus social conservatives who may not favor the former.

One of the reasons that I am a social justice advocate for sexual minorities is because of the insidious effects of oppression. Scholarship suggests there are serious deleterious effects on sexual minorities resulting from anti-lesbian/gay/bisexual political campaigns, and these effects can last a decade after the election (Rostosky et al., 2009; Russell, 2007; Russell and Richards, 2003). My fear is that while we are embroiled in this contentious and highly personal debate, we may diminish one of our most important missions — beneficence and empowerment for our clients who are suffering.

Jennifer A. Walker, Ph.D.
Phoenix
jennifer.walker1@att.net

I continue to be disappointed by the members of ACA who apparently choose to ignore the following part of the ACA mission: “and using the profession and practice of counseling to promote respect for human dignity and diversity.” They rail against ACA promoting a “political agenda” without recognizing the political and religious agenda of their own responses.

Bill Watts asks if groups such as Nazis and homophobes are going to be given equal time. This question misses the obvious: Those groups are in direct opposition to the ACA mission, while Ms. Logan’s commentary is in alignment. Somehow, I doubt that these same people complain when ACA advances political agendas that benefit them. After all, part of being a professional organization is to support the membership through lobbying and other actions.

I, for one, stand with Ms. Logan and support ACA and its members’ efforts to champion worthy causes (such as fighting discrimination) for the people we serve.

Rob Reinhardt, LPC, NCC
robreinhardt1pc.com

Continued on page 8
Lack of Medicare coverage harms counselor efforts

I just finished reading my copy of Counseling Today for July and was encouraged by Lynne Shallcross’ article “Living life to the full.” I have a heart for working with older folks but have been discouraged by the comments I have received from physicians and residential staff. Although I worked three years for a senior residential facility, am a speaker for the Alzheimer’s Association and am on the board of a large senior residence, physicians and residential staff still question the value of the counseling-degreed person because we are not Medicare approved. Paying my usual fee is cost-prohibitive for most folks, so I wrote my senator and congressperson to say that, as well as a few other things.

Do you have any idea what the chances are of Medicare coverage of licensed professional counselors passing or when that might happen?

Judy Koehler, M.A., PLPC
The Marriage & Family Institute
JudyKoehlerTherapist.com

Editor’s note: For information on what counselors can do to advocate for Medicare coverage of LPCs, read ACA Call to Action on Page 13.

Article on religion in counseling excludes vital resource

I read with a mixture of pleasure and disappointment Jonathan Rollins’ article titled “Crossing the great divide” (July 2009). I was pleased to see that Counseling Today and the American Counseling Association were honestly and openly addressing issues of religion, faith and spirituality in counseling. I was greatly disappointed, however, that the article did not mention the American Association of Pastoral Counselors (AAPC).

AAPC is the country’s largest group of clergy, lay clergy and other individuals who go through specialized training to incorporate religion, faith and spirituality into the science of psychotherapy. To be a fellow in AAPC, individuals must have a master’s of divinity from an accredited seminary, be ordained in their denomination/religion of choice, have that religion’s endorsement and have at least a master’s-level degree in counseling. The supervision required for this fellowship level far exceeds that for LPC licensure in my state of Missouri.

AAPC pastoral counselors reach across the fields of psychology, licensed clinical social work and licensed professional counseling. AAPC pastoral counselors come from all religious backgrounds and denominations. AAPC pastoral counselors (which should not be confused with Christian counselors or Bible-based counselors) do not espouse any religion or denominational dogma to their clients. The journey involves sitting with, being present to and holding the client in unconditional regard, thus reflecting God’s unconditional love and grace. The counselor serves as the living representative of the Creator (be it Allah, God or Jesus), empowering the client to grow and be transformed into all that he or she can be.

It is important to note that the ancient Hebrew word for salvation does not mean a wonderful life after death or even a relationship with a savior here on Earth that ensures us of “heavenly life” after death. Rather, the word salvation literally means wholeness and health. And after all, isn’t that the goal of all counseling — to give clients the tools and empowerment so that they might have wholeness and health? Additionally, the word resurrection comes from an ancient word meaning new life, new hope. Isn’t that what all of us in counseling want for our clients — a new life, a new hope, a new way of being and relating to their world?

I see the article in Counseling Today as a way to begin opening dialogue between two wonderful groups that both desire the same health, wholeness, newness and transformation for those they serve.

Graduate Counseling Student
University of Missouri, St. Louis

Shining the spotlight on college counseling

I wanted to let Sheri Bauman, editor of the Spotlight on Journals column, know how much I appreciated her engaging summary of the Journal of College Counseling’s recent article by Diana M. Doumas and Lorna L. Andersen. It is a plus to be able to share some of our college counseling themes with a larger counseling audience.

The Counseling Today Spotlight column is excellent, and hopefully it is assisting counseling professionals to increase the attention they focus on best practices and professional research outcomes. Thanks again.

Alan M. “Woody” Schweitzer, Ph.D.
Editor, Journal of College Counseling
American College Counseling Association
ejv@odu.edu

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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.

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House health care reform bill includes Medicare coverage of counselors

The major health care and Medicare reform legislation recently introduced by House leaders includes provisions establishing Medicare coverage of medically necessary mental health services provided by licensed professional counselors. The so-called “Tri-Committee” bill, named for its joint development by the three House committees with jurisdiction over health care issues, was scheduled to be marked up in July, with a goal of gaining passage on the House floor before the beginning of Congress’ August recess. Inclusion of counselor coverage in the legislation marks an important step toward gaining Medicare coverage this year. If the counselor and marriage and family therapist coverage language had not been included, the American Counseling Association and its coalition partners would be faced with the difficult prospect of obtaining and winning an “up or down” vote on whether to include the provision later in the process.

Members of Congress will be working furiously on health care and Medicare reform throughout July. While the Senate Health, Education, Labor and Pensions Committee began marking up its version of health care reform legislation by the beginning of July, the Senate Finance Committee had yet to put forward its own proposal as of press time. Medicare-related issues are the purview of the Finance Committee, and ACA is working to gain adoption of counselor coverage language in the legislation it approves. To stay current on this issue, visit the ACA website at counseling.org/publicpolicy.

Oregon counselors make gains

Oregon counselors took a significant step forward with the recent enactment of legislation to require health insurance reimbursement and protecting the practice of professional counseling and marriage and family therapy from unlicensed individuals. Oregon LPCs and MFTs have been trying to get insurance coverage legislation, also known as a “vendorship bill,” passed for 15 years. This year, House Bill 2506 passed both chambers of the state Legislature by large margins.

The coalition that succeeded in getting the bill passed was made up of hundreds of Oregonians from three professional organizations: the Oregon Counseling Association, the Oregon Mental Health Counselors Association and the Oregon Association for Marriage and Family Therapy, as well as some supportive social workers and psychologists.

Bryan Nilsen, a licensed marriage and family therapist, and Larry Conner, a licensed professional counselor, were co-directors of this coalition. The coalition’s steering committee also included LPCs Jeff Harman, Doug Chapman and Jim Brown; LMFT Marti Olsen Laney; Doug Querin (J.D.); and Jeff Borchers (Ph.D.). This effort was successful because the coalition negotiated language with the Oregon Psychological Association and a group of unlicensed providers of alternative therapies, thus removing potential legislative roadblocks.

ACA congratulates the entire Oregon counseling community on this great achievement!

California licensure bill continues progress

Legislation to establish counselor licensure in California continues to work its way through the state Legislature. On July 7, the Assembly Business and Professions Committee voted unanimously to approve the counselor licensure legislation. The bill would establish licensure of counselors under the title of “licensed professional clinical counselor” or LPCC. The bill next goes to the Assembly Appropriations Committee for consideration, after which it must be approved by the full Assembly before returning to the state Senate for consideration. Prior to the Assembly Business and Professions Committee’s vote, ACA President Lynn Linde wrote to committee Chair Mary Hayashi and the other committee members expressing support of counselor licensure and reminding them that California is the only state yet to adopt a counselor licensure law.

The state Senate has already approved the legislation once in principle. On June 3, the California Senate signed off on an interim version of SB 788 by a strong 36-1 vote. The measure was approved as a procedural step to allow the legislation to continue moving through the Legislature by being considered in the state Assembly. Prior to the vote, Sen. Mark Wyland, the bill’s lead author, made it clear that amendments were being drafted and that senators would be given an opportunity to vote on the legislation again after Assembly consideration.

The state Assembly and Senate votes were made possible by an agreement between the California Coalition for Counselor Licensure (CCCL), the California Psychological Association and the California Chapter of the American Association of Marriage and Family Therapy on key issues pertaining to counselor licensure, including counselors’ scope of practice and grandparenting of currently licensed providers. After several weeks of negotiations, the parties reached an agreement just prior to the June 3 Senate floor vote. CCCL had earlier succeeded in reaching agreement with the 29,000-member strong California Association of Marriage and Family Therapists on a legislative framework for the licensure bill.

Counselors in California are urged to visit the CCCL website at caccl.org to learn of recent developments and to find out how they can help promote the licensure legislation.
Don Osborn answers the “ifs” regarding Indiana Wesleyan University’s new online program.

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Individuals should check with their state certification and licensure requirements.

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See you in Pittsburgh!
Health Care Reform/ Medicare Coverage of Licensed Professional Counselors

In the United States, health care reform is finally happening. By the time you read this, both the House and the Senate are likely to be holding votes (or within hours of voting) on legislation to revamp our nation’s health care system and, simultaneously, make improvements to Medicare and other public health care programs. The American Counseling Association has been working for decades to gain coverage of licensed professional counselors as mental health professionals under Medicare, and rarely have we been closer to achieving this goal.

The proposal working its way through the House of Representatives includes provisions establishing Medicare coverage of counselors! ACA strongly supports the House legislation and its Medicare coverage provision. (As of the first week of July, the Senate Finance Committee had yet to put forward health care reform legislation encompassing Medicare changes.)

While we have powerful supporters in both the House and Senate, we still face an uphill battle. Members of Congress are under intense pressure to minimize the cost of the health care and Medicare legislation. Although establishing counselor coverage under Medicare is very cheap — less than $100 million a year, in the context of annual Medicare spending of more than $50 billion — senators and representatives won’t take on the added cost unless they know that constituents want it included.

Please take a moment to do two things:

1. Visit the ACA public policy webpages at counseling.org/publicpolicy and capwiz.com/counseling to learn the latest information on health care reform, Medicare coverage of counselors and what you can do to help. The “Cap-wiz” site will also help you identify your members of Congress.

2. Contact your representative and senators to ask them to support health care reform legislation, including Medicare coverage of counselors.

Remember, in order to be effective, constituent contacts must be personalized. This means it must be written by you, in your own words, and describe your own thoughts and experiences as a resident of the community (or state) that your legislator represents. If you have been forced to turn away Medicare beneficiaries, write about that. If you had to stop seeing clients after they became enrolled in Medicare, write about that. If you know you want to be able to work with Medicare beneficiaries when you become an LPC, write about that. If you have a friend or family member who is a Medicare beneficiary and needs outpatient mental health care but can’t find a provider, write about that.

Regardless of whether you send an e-mail, write a letter or make a phone call, be sure to include your name and mailing address so that the office can get back to you. Also, keep a copy of your contact so that you can follow up with the office later if necessary. All members of Congress can be reached by phone through the U.S. Capitol Switchboard at 202.224.3121. When the operator answers, ask to be connected to the office of a specific senator or representative (you should only call your senators and representative). Upon being connected to the correct office, ask to speak with the health legislative assistant and give that person your message.

Thank you for your help!

Who to Contact

Your Senators and Representative
Capitol Switchboard 202.224.3121
senate.gov
house.gov
capwiz.com/counseling

Suggested HOUSE Message

“As a constituent, I am calling to ask that the congressman/woman support health care reform legislation, including establishing Medicare coverage of licensed professional counselors. Medicare beneficiaries need better access to outpatient mental health services, and professional counselors meet education and training criteria on par with currently covered providers. The Senate has already passed counselor coverage legislation twice before and should do so again this year. I’d appreciate the senator cosponsoring S. 671, the Seniors Mental Health Access Improvement Act, to show support for this. Thank you for your consideration.”

Suggested HOUSE Message

“As a constituent, I am calling to ask that the congressman/woman support health care reform legislation, including establishing Medicare coverage of licensed professional counselors. Medicare beneficiaries need better access to outpatient mental health services, and professional counselors meet education and training criteria on par with currently covered providers. The House has already passed counselor coverage legislation before and should do so again this year. I’d appreciate the congressman/woman cosponsoring H.R. 1673, the Seniors Mental Health Access Improvement Act, to show support for this. Thank you for your consideration.”

ACA Resource
Peter Atlee
800.347.6647 ext. 242
patlee@counseling.org

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Counseling for personal and interpersonal loss

I want to start off this month by thanking those of you who have read and supported The Top Five column over the past year. Also, I want to give a special thanks to the contributors who have generously given of their time and expertise in sharing with all of us. It has been an incredibly enjoyable process serving as the editor of this column, and I have met a number of wonderful people in our field. I will truly miss being a part of the column, but I need to spend my last year as a graduate student pouring all of my energies into my dissertation!

For the final installment of The Top Five, I wanted to utilize some networking I did at the American Counseling Association Conference & Exposition in Charlotte, N.C., in the spring. I attended many educational sessions, keeping an eye out for potential contributors to the column. One of the sessions was on working with clients who are experiencing loss and grief (certainly something that all counselors do), and Keren Humphrey presented a perspective that seemed both highly accessible and pragmatic. I spoke with her immediately after the session, and she enthusiastically agreed to write an installment for the column. She has been a pleasure to work with, and I am happy to present her article below.

Keren Humphrey

All counselors encounter issues related to loss and grief with most clients and in nearly every counseling setting. While their clients’ concerns sometimes involve death-related circumstances (for example, bereavement), they just as often focus on nondeath-related loss and grief, such as that accompanying estrangement, relocation, incarceration, oppression, disability, job loss, developmental shifts or divorce. Given the frequency with which these concerns arise, it is especially important that counselors draw on contemporary understandings of the nature of personal and interpersonal loss. Much of this current thinking departs from conventional notions about grieving. Here then are five viewpoints for counseling professionals that will enhance their work with client issues of loss and grief.

1. Recognize that people, their experience of loss and their grief are absolutely unique. We grieve like ourselves, not “just like” others. It is important that counselors discard old and stereotypical ideas about grieving that emphasize sameness, predictability or universality (stage/phase models, thinking that bereavement grief is the same as nondeath-related grief) and focus instead on the distinct contours of each person’s experience of loss and grief. For example, rather than assuming “family grief,” it is more accurate to understand that each family member’s experience of loss and grief differs according to a range of factors. These can include personality traits, relationships with the lost object and other family members, personal and family history, cultural influences, grieving style and the nature of the loss itself (death, disability, divorce and so forth). Grief counseling based on valuing uniqueness places the individual at the center of therapy, recognizes wide variations of experience and normalizes differences. Further, it attends to diverse personal, cultural, familial, social and historical influences.

2. Tailor counseling to the uniqueness of grieving clients. The natural extension of recognizing uniqueness is customizing treatment to the particular needs, strengths and multiple contexts of individual clients. One-size-fits-all treatment approaches for particular groups or certain types of loss ignore the uniqueness of people and their differing experiences and contexts. For example, grief groups are useful for some but inappropriate for others; some individuals are helped by emotional expression, while others are more helped by problem solving. Tailoring treatment means discerning the unique elements of each individual’s experience of loss and grief, using a range of counseling strategies from diverse theoretical approaches and adapting these strategies to fit client needs, styles, contexts and preferences.

3. Recognize that meaning reconstruction is often a central aspect of grieving. The primary source of distress for many grieving persons, especially those we see in therapy, is the disruption of their highly individualized “meaning structures.” Such structures refer to the taken-for-granted assumptions, expectations and beliefs that have heretofore shaped their understanding of themselves and their world. The dissonance most often centers on spiritual and philosophical beliefs, personal identity and ideas about fairness, predictability or control: Why this suffering? What does the future hold? If God is just and good, then why did this happen? If I am not what or who I thought I was, then who am I? If what I believed is not true, then what is true?
On what do I base my life now? How can bad things happen to good people? Who am I without this relationship, this job, this group or this place? Effective grief counseling works concurrently on two aspects of meaning reconstruction: (1) helping people negotiate the emotional fallout from shattered assumptions and beliefs, and (2) helping people rebuild or redefine these disrupted meaning structures to fit a new post-loss reality.

4. Emphasize resilience for grieving clients. Counseling professionals emphasize resilience by helping clients identify strengths, skills, competence and abilities from their past that they may apply to their present situation. In the process, clients may begin to embrace a resilient view of self, seek out people and situations that generate life-affirming experiences, develop useful adaptive strategies (for example, selective avoidance, affective regulation), discover and utilize diverse resources (support groups, online resources, spiritual help and so on) and formulate a philosophical/spiritual outlook that places loss and grief in a long-term perspective.

5. Recognize that grief never ends. There are no timelines beyond which grief magically disappears or that definitively delineate normal from abnormal. Grieving has its own ebb and flow that changes more than it ends as individuals journey between the twin aspects of loss and restoration. Counseling professionals must be careful not to unintentionally mislead clients by using language that implies an end of grief (for example, letting go, forgetting, completion, resolution, recovery or acceptance). Instead, counselors should help clients understand that grieving is a lifelong process of assimilating or integrating loss into the fabric of one’s life.

*Counseling Today* and ACA would like to thank Mark Reiser for his service as editor of The Top Five.

Letters to the editor: ct@counseling.org

Counseling Strategies for Loss and Grief

Keren M. Humphrey

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

—Elizabeth A. Doughty, PhD
Idaho State University

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

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August 2009  |  Counseling Today  |  15
In one of my previous columns, I wrote about a man who loved his job. I then received a letter from another counselor, Donna Kornegay, who said she worked full time at a law school and that she, too, loved her job.

I called Donna up and discovered that she works at one of only five law schools in the United States that provide a full-time counselor for their students (she estimates there are between 170 and 190 law schools in the country overall). Donna is a bright, warm, welcoming individual who gives sage advice. Listen to her story and pick up on some of the gifts she leaves as she walks her career path.

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

Donna Kornegay: I am the director of wellness at North Carolina Central University’s School of Law. I am the primary clinician. I see mostly first-year law students who are feeling all the stresses of that difficult first year.

RDB: OK, so a first-year law student comes in and presents herself to you. What might you see, and how might you proceed?

DK: We start with a full assessment, sometimes a diagnosis, and then a plan for how to get through that first year, or in some cases, the second or third year. In my opinion, there are six dimensions of wellness: physical, mental, emotional, spiritual, intellectual and vocational. I try to address all of them in my work with a client.

RDB: Are family stressors ever a dimension you consider?

DK: Yes, because we are an HBCU (Historically Black Colleges & Universities), we are likely to see a first-generation college student. This student may require more help. They might feel that nobody understands their perspective. We also have a family preparation seminar where we explain to family and significant others how to support their law school student.

RDB: Because of the perfectionism you describe in the law student type, have you seen much self-injury among your clients? And what about eating disorders?

DK: Yes, I definitely see self-injury: cutting, even head-banging, and hair-pulling. They describe some kind of release of pressure with the cutting. I also see eating disorders, mostly binging and purging. I refer them out, as I do not feel I have enough experience with eating disorders.

RDB: Do you have a particular theoretical orientation?

DK: Reality therapy works well with the group I work with now. I am eclectic when the situation dictates.

RDB: Is there any stigma regarding seeing a counselor at your school in general?

DK: There definitely is a mental health stigma. My office is situated so that students can leave from the back without being seen if this is important to them. But I try to work with these students and say, “If you had diabetes, wouldn’t you see a doctor and get some help?” They of course say yes, and I reply, “That is the physical aspect of wellness. This is the emotional aspect. They are equally important.” That does seem to help.

RDB: Now back to you for a moment. What led you down the path toward counseling?

DK: I took a psychology course as a senior in high school and loved it. I had never thought about human behavior in that way. It fascinated me. I entered college and graduated with a degree in psychology. After working 10 years as a social worker, I went back to school to get my master’s degree in counseling. That was one of the most fulfilling experiences I ever had. I was determined to finish even though I was a single mom. I wanted to help people. I wanted to be a part of change.

RDB: Let’s back up for a moment and talk about your 10 years as a social worker. Where did you work?

DK: I worked in Child Protective Services and in a mobile crisis team.

RDB: I have worked in that world, and it is very difficult. Were you ever afraid when you did home visits?
DK: Yes, definitely. My first home visit, I arrived with a policeman. My grandmother had a rifle pointed out of a window. She said, “You are not taking my grandchildren.” I was with an armed policeman, and I was still scared!

RDB: It was sad for me, removing children from their families. How was it for you?

DK: If the children were being abused or neglected, I was happy to be a part of necessary change.

RDB: That is correct. I do remember that feeling, too. Tell me, how was it different, first being a social worker and then a counselor?

DK: I felt that I was identifying problems and crises as a social worker. As a counselor, I have been able to diagnose and treat those problems.

RDB: So you knew you wanted to be a counselor. How did you determine what area of counseling you were passionate about?

DK: I am passionate about being a clinician. I have always known that. Theory and research seemed tedious. I see the value of research and theory, but mostly as a support for my clinical work.

RDB: What mistakes have you made?

DK: Trying to fix it for the client, trying to make it better. That was a mistake.

RDB: What lessons have you learned from your mistakes?

DK: Clients can get there by themselves; I do not need to fix them. Also, it took me a long time to learn to give myself a break. I now try to be my own best friend. If I didn’t do this, I would lose myself. Then I am helpful to no one.

RDB: Was there someone early on in your life who saw something special in you?

DK: My dad. He is such an intelligent man (despite the fact that he didn’t graduate from high school. He was smart with money, paid off his mortgage in half the time he had, saved money and helped me in school. He helped me through his actions, through his deeds, not through his words. My mom was an emotional support. She’d piggyback off what my dad said.

RDB: So you are a mom, and you have a big full-time job. How do you take care of yourself?
Rebecca Daniel-Burke is the director of the ACA Career Center. She was a working counselor for many years and went on to oversee, interview and hire counselors in various settings. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

Letters to the editor: ct@counseling.org

DK: I need “me time” every single day, even if it is only 20 minutes. I sit quietly or read a book or meditate. I need that time. Without it, I am not as strong. We are purposeful, intentional human beings. We have to have quiet time to get in touch with that purpose and that intention.

RDB: Is there anything I have left out that you want our readers to know?

DK: Yes, it is important to be true to yourself. Ask yourself what is the purpose of being in front of that client, that day? Why is that client in your world that day? If there is purpose and intention, then that interaction means something. That makes every session with our clients important, meaningful and powerful.

Amidst the paperwork and deadlines and schedules, don’t lose the meaning, the purpose. That is your gift.

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Obtaining clinical supervision

On the big day that I became a licensed professional counselor, my supervisor informed me that I was no longer silver but gold. For most new counselors, finally earning their professional license is as joyous an occasion as an Olympic athlete going for the gold. Both experiences require hard work, perseverance and years of training. In this edition of New Perspectives, a counseling student and a new professional inquire about the best ways to obtain clinical supervision in preparation for the golden moment. Addressing their concerns are this month’s expert responders:

- J. Fidel Turner Jr. is an LPC in Georgia and Washington, D.C., a national certified counselor, a national certified school counselor, a certified rehabilitation counselor and a nationally certified psychologist. He is manager of the U.S. House of Representatives Employee Development and Career Services and serves as an adjunct professor of counseling at Argosy University-Washington and Bowie State University.

- Deb Hinton is past president of the Licensed Clinical Professional Counselors of Maryland and program director for the Outpatient Mental Health Clinic at St. Luke’s House in Bethesda, Md.

- Pat McGinn, an LCPC and immediate past president of the Illinois Counseling Association, has been in private practice in Chicago for 29 years and helped establish Illinois counselor licensure in 1992.

Dear New Perspectives:

I would like to know the best way to complete remaining hours for licensure, including supervision. I will be getting 1,000 hours during my master’s program. However, I will need another 2,000 hours, including at least 100 supervision hours. I am looking to find jobs that provide supervision. Also, is there an ethical way to trade work hours for supervision? What are reasonable supervision rates?

Student, Maryland

J. Fidel Turner Jr. Clinical supervision involves complete oversight responsibility for a counselor’s cases (the clients’ course of treatment) in an ongoing supervision of professional practice, typically done on a weekly basis until hours required for licensure are completed. This can be done in an agency where the clinical supervisor oversees the employed counselor’s work, or the prelicensed, self-employed counselor can locate and hire a qualified person to supervise his or her casework within a private practice. A written supervision agreement between the supervisor and supervisee should exist, and both parties must have professional liability insurance.

The counselor supervisor maintains records of your supervisory meetings and direct client hours and documents your hours by signing required state forms. The supervisor also reads, discusses and signs off on your client charts and is responsible for supervising the quality of your counseling work. Visit the Maryland Association for Counseling and Development website (mdcounseling.org) for resources and information regarding trained licensed counselors who are available to provide paid supervision in the region.

The process of counselor supervision and reporting of supervision hours is done using specific state forms. Visit the state of Maryland website (dlhmh.state.md.us/bopc) for information regarding professional counseling regulations, supervision guidelines, deadlines and required supervision paperwork/documentation.

Many recent counseling graduates can locate employment opportunities within human services agencies and community mental health programs where clinical supervisors are licensed and capable of providing necessary licensure supervision. It is important that discussions relative to your supervision take place during the job interview. There is typically no expense incurred by the supervisee when supervision is provided under the auspices of part-time or full-time employment. The rates charged and arrangements made by independent clinical supervisors vary widely. Maryland currently allows 50 percent of the “face-to-face” supervision hours to be provided via group supervision; the remaining 50 percent must be provided via individual supervision. The rate(s) charged for supervision may depend upon the type of supervision provided and the number of supervisees.

You are encouraged to network within your state/regional branches and divisions of the American Counseling Association and with your university faculty and fellow students regarding local supervision and employment options. I highly recommend that you also connect with alumni of your counseling program for possible employment and supervision possibilities. Your university’s career services center may be another viable option for employment and clinical supervision announcements and postings. Congratulations on this milestone in your path to becoming a credentialed counseling professional!

Looking for your state’s license information? Just log on to the ACA website at counseling.org, click on “Counselors” and then click on “Licensure & Certification.”
Celebrating mentors

New Perspectives asked students and new professionals nationwide to share details about the outstanding mentors in their lives. This month, a very special individual is being highlighted for the positive impact she has had on a graduate student.

About my mentor: I met Dr. Osbeck in August 2000 during her first course at the University of West Georgia. Initially, I was highly intimidated by her intellect and her educational background (Georgetown University). It did not take long, however, to see her passion for teaching and her sincere commitment to students. When I began my graduate studies in psychology the next year, I asked Dr. Osbeck to become my thesis adviser.

Over the year and a half that I was in the master’s program, we worked diligently to complete a phenomenological research study. I never labored so hard in my life, but I do not regret a single moment that I spent with her. Not only did she teach me research and writing, she taught me, as cliché as this sounds, to believe in myself. She always challenged me to my limits because she knew that I had more potential than I recognized.

Now, with Dr. Osbeck’s unbridled encouragement and guidance, I begin my doctoral studies in counselor education and practice. I can honestly say having her in my life has made my long, and sometimes devastating, journey through graduate school and into a doctoral program more meaningful.

Mentor: Lisa Osbeck

Nominated by: Julia Whisenhunt, doctoral counseling student, Georgia State University

Dear New Perspectives:

I graduated with my master’s in 2006 and accepted a school counselor position. I have my LPC and want to sit for the LCPC exam, but I don’t have enough clinical hours. I have talked with several places, including an agency where I previously worked. They’ve offered hours through an unpaid internship. I am trying to figure out how I can get clinical hours without “working for free.” Because I am working full time and pursuing an Ed.D., which requires an internship, providing free labor isn’t feasible. — New Professional, Illinois

Pat McGinn: Part of the answer to your question is good news. One year of your Ed.D. internship, provided it involves clinical work with an approved supervisor, can be counted toward your supervision hours for the LCPC. If you’re “working full time” as a school counselor, and if at least some of that work is clinical, engage a clinical supervisor for that part of the work so you can count those hours. An approved supervisor is an LCPC, a licensed clinical social worker, a licensed psychologist or a psychiatrist.

If there is no LCPC in your building, you can contact LCPCs through the Illinois Mental Health Counselors Association or the Illinois School Counselor Association. They will provide reasonably priced supervision. You can contact the executive director for these two divisions of the Illinois Counseling Association by calling Dan Stasi at 800.493.4424. He will help you locate a supervisor. He can also help you join the association if you are not a member.

Finally, you might not want to dismiss the offer from your previous agency too quickly. If it will provide the supervision and hours, you are gaining both experience and the supervised hours you need. Best of luck to you!

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 who would like to submit a question or article, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org
The advantages of applying for an EIN, NPI

Q: I am just starting a limited practice. I am taking your advice and looking at developing multiple income streams. I plan on providing individual and marriage counseling as well as providing workshops on positive communication. I am thinking about applying to Blue Cross and Blue Shield to be a provider but don’t want to get too involved with managed care and other insurance. An accountant told me this could be done using my Social Security number. Is that correct?

A: It is our understanding that you can indeed use your Social Security number for your private practice. We just don’t recommend it. The main reason is identity protection. If a client wants to submit your charges for out-of-network insurance benefits or benefits through a health savings account, your Social Security number has to be on the bill. If you provide workshops sponsored by an organization or business and collect more than $600 in a year, you have to give these entities your Social Security number for tax purposes. Moreover, if you bill insurance, your Social Security number has to go in box 25 on the CMS 1500 and will be printed on the explanation of benefits sent to your client.

As you can see, your Social Security number can be all over the world in a very short time. Get an Employer Identification Number (EIN) for free through the Internal Revenue Service. Go to irs.gov and click on “Apply for an Employer Identification Number Online.”

Q: Do I really need to apply for an NPI (National Provider Identifier) number? I don’t plan on billing insurance.

A: We recommend applying for it. You’ll likely have clients who wish to submit your bill to their insurance plan anyway or who have a flexible spending account (health savings) that covers medical expenses from a pretax deposit with their benefits plan. Or the client may want to apply your services as an out-of-network provider. We have developed a “superbill” that makes it easier for a client to do any of the above. A copy of our superbill is available on the American Counseling Association’s website at counseling.org/Counselors/PrivatePracticePointers.aspx.

An explanation and application for the NPI can be found at nppes.cms.hhs.gov/NPPES/Welcome.do.

Our new bulletin, “Electronic Claims Submission” (Bulletin No. 12), is now on ACA’s website at the address listed in the previous item. The bulletin outlines various ways to submit your billing and get paid by insurance and managed care online.

We will be presenting our workshop, “Private Practice: Surviving or Thriving?” in Michigan, Indiana and Ohio in September. Go to counseling-privatepractice.com and click on “Seminars” for dates and cities.

Robert J. Walsh and Norman C. Dasenbrook are coauthors of The Complete Guide to Private Practice for Licensed Mental Health Professionals. ACA members can e-mail their questions to walshgasp@aol.com and access a series of “Private Practice Pointers” on the ACA website at counseling.org.

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A Contemporary Approach to Substance Abuse and Addiction Counseling: A Counselor’s Guide to Application and Understanding

By Ford Brooks and Bill McHenry, 2009, American Counseling Association, 280 pages, $33.95 (ACA member); $46.95 (nonmember), ISBN: 978-1-55620-282-7; ACA Order #72888

This new ACA publication provides both a timely and comprehensive examination of substance abuse and addiction counseling. Regardless of professional setting, counselors will find much of use in this book. Its 14 chapters cover the full range of relevant subjects, from an introduction to the field of drug and alcohol counseling, to the most recent information on types of drugs and their effects, to certification and ethical issues. Special topics include developmental approaches, group work, relapse prevention and spirituality.

I was particularly impressed by the authentic and indisputable respect for and understanding of people who struggle with additions that authors Ford Brooks and Bill McHenry model and maintain throughout this book. Person-centered core values are not merely mentioned; they are demonstrated by means of realistic case studies in chapter after chapter. The clearly conveyed message is that being genuine and congruent and offering unconditional positive regard is powerful. In fact, these authors claim on Page 2 that “relationship can transcend technique.”

The chapter on diversity issues in substance abuse treatment drew my attention. Culture, ethnicity and gender are addressed, of course. Gay, lesbian, bisexual and transgender-related addiction concerns are included, as well as some common issues among older adults, those who are HIV-positive and people with disabilities. It would strengthen the book to provide more depth in this area, as the authors acknowledge. An entire book focused on multicultural issues in addiction counseling might be a good follow-up project for these or other knowledgeable practitioners. That said, this section is a good “springboard” that contains relevant citations for readers who seek additional information, reflective questions and good basic material.

The role of client resistance and ambivalence is well explored. Brooks and McHenry recommend the use of motivational interviewing (MI) techniques. This approach is compatible with person-centered counseling, though more directive. With empathy at its core, MI allows clients to feel listened to and understood. In these authors’ experience, using respectful, collaborative goal setting while supporting client self-efficacy can be a highly useful part of the treatment process.

The intended audience for this volume is broad: graduate students, counselors considering or already working in the substance abuse field and counselors who work in agencies, schools and post-secondary settings. Because of its wide scope, the book will definitely be of use to counselors-in-training or those with a limited knowledge base. The “exploration questions” at the close of each chapter are particularly well suited to those entering the profession.

Brooks and McHenry see themselves as “privileged to hear (the) astonishing stories” of their clients. The esteem they hold for those with whom they work permeates the book’s case studies and illustrations, allowing the reader access to this positive perspective. It is not only persuasive but convincing.


Shaping the Story: A Guide to Facilitating Narrative Career Counseling


Sometimes, it takes time for a good book to arrive, particularly if it comes from far away.

Kobus Maree’s edited effort is one such book. Having authored some 60 books or chapters and 100 articles in the career counseling literature, Maree is a South African scholar whose work in the field is legendary. Maree taps into a “who’s who” of career narrative thought across the globe, including insights from Mark Savickas, Larry Cochran and Norm Amundson, among others. Not since Cochran’s landmark book 10 years ago has there been such a solid effort to advance the narrative approach.

Maree captures all of the contributing authors at their best. Whether it is Cochran and Charles Chen laying out their chapters on general theoretical aspects of narrative career counseling or Mary McMahon’s excellent chapter on identity, Maree and his cadre of writers effectively build from foundations toward innovations. Robert Chope and Andrés J. Consoli’s chapter on the use of narrative within a multicultural career counseling context is clear, concise and thought provoking. Paul Hartung delivers a sharp, smart chapter on Savickas’ career construction theory, distilling Savickas’ original writings on the topic down to its purest form. Yvonne Sliep and Elmarie Kotzé write about how they create a sense of community in South Africa that allows students to support each other as their stories, as well as those of others, are told. Sliep and Kotzé work with what they
call each student’s “tree of life” — the roots, fruits and blossoms composed of histories, achievements and hopes. Maree himself steps up to deliver a compelling chapter on the development of an interest inventory to assist in the narrative process.

One of the most interesting pieces of this most unique collection is gracefully pulled together by Belle Wallace, who presents a chapter composed of personal life stories of eminent individuals engaged in the education and empowerment of young people. The impact of this chapter resides in its examples. Every story clearly illustrates resilience and the ability, as Savickas might say, to “actively master what one has passively suffered.” Also featured among these stories is the powerful role of key figures who lifted spirits, encouraged aspirations and illuminated opportunities. Wallace’s chapter amplifies significant influences on our life stories and how each of us is ultimately capable of authoring something most successful out of our own struggles, failures and preoccupations.

Maree’s book will no doubt help shape our ongoing dialogue on narrative, whether related to our careers or our lives outside of our work life and life’s work. The personal nature of career and its powerful influence on our lives has rarely been articulated in a single book quite so clearly as with this publication. Maree should be applauded both as an author and a most savvy editor. Most definitely he should be thanked for a rather modest effort that may well prove to be monumental.

Reviewed by William C. Briddick, assistant professor, 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

A Contemporary Approach to Substance Abuse and Addiction Counseling: A Counselor’s Guide to Application and Understanding
Ford Brooks and Bill McHenry

“...This is the first addictions counseling text I have found that accurately describes and addresses the real work done by substance abuse counselors. I have searched for such a text for years; I will definitely be adopting it for my addictions counseling course.”
—Charles F. Gressard, PhD
College of William & Mary

Focusing on clinical applications and how-tos, this book provides a basic understanding of the nature of substance abuse and addiction, its progression, and clinical interventions for college/university, school, and community/mental health agency settings. Topics covered include drug classifications; assessment; working with ethnically diverse clients, the GLBT population, and women; the continuum from nonuse to addiction; developmental approaches in treating addiction; relapse prevention; grief and loss in addiction; group counseling; working with families; spirituality; addictions training and ethical issues; understanding and applying the 2009 CACREP Standards for Addiction Counseling; and counselor self-care. 2009 • 280 pgs

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Counselors and social networking

How often have you heard about Facebook, MySpace or LinkedIn? Every day, a new social networking site or Internet website pops up allowing for the free — and very public — exchange of ideas, thoughts and opinions. A question for counselors is how these sites can be used ethically and wisely for personal use, business use and professional association use. Whether you want to be part of the social networking environment yourself or have clients who are active social networkers, you need to know more about this phenomenon.

Social networking, sometimes known as online communities, is a method of connecting people who have common interests, activities or experiences. Social networking sites aid in making connections by having personalized and searchable user pages that allow users to search for former classmates, people from the same geographical region, colleagues in professional associations or individuals with similar interests. The most common interface for social networks are web-based, but they also allow for access via e-mail, instant messaging and specialty software. Users can access these networks via their web browser, instant messaging on their phone or applications available for their smart phone.

Each social network site has its own unique qualities and attracts a core group of clientele. Most networks now allow for posting of personal commentary, responses to other posts, pictures and short video. MySpace, one of the earliest and most prominent social networks, tended to attract younger users, allowing access with parental permission at age 14. MySpace also has been a popular place for musicians to create pages for their bands and to give fans access to samples of their music. Facebook emerged in 2004 as a project from a then-student at Harvard and his roommates to connect university classmates. It expanded beyond Harvard to other university communities and is now the most popular social network worldwide, with more than 200 million registered users. In the month of May alone, Facebook had about 1.75 billion visits. It now allows anyone older than 13 to be a member.

LinkedIn is a social network focused on professional networking and making contacts rather than sharing personal interests and hobbies. LinkedIn allows users to build up a contact network of direct connections and their direct connections’ connections (or second-degree connections). Employers can post jobs, and then LinkedIn can be used to find potential candidates or to help candidates find jobs.

Problems with social networking

As with any new cultural phenomenon, we take a second look after the initial excitement wears off and begin to see some of the problems that emerge. Previous columns have mentioned the addictive qualities of certain new media, and the same is true for social networking. Other concerns that have been raised include school performance issues (distracted by social networking), neurological implications and the risks of misinformation that come with publicly open networking. Facebook recently came under fire from mental health advocacy groups when an application permitted members to give friends a mental illness as a “gift.” In another incident, a pro-anorexia group posted to a social network site in violation of the site’s terms against promoting self-harm. The post had to be removed.

Safety precautions

The media have devoted heavy coverage to how social networks such as MySpace and Facebook have led to problems such as teenage cyberbullying, identity theft and inappropriate public postings by members. The first and primary concern is the cybersafety of members, especially minors who may be making poor choices about “friending” strangers. The cyber-community has responded with some online resources to help you and your clients establish safer social networking practices. These are good considerations for counselors who use social networking sites for personal or professional purposes.

Use in counseling and mental health

Certain websites can help counselors consider the rationale for using a social network site for their practice or organization, as well as some of the strategies that will be most effective.
College counseling
College counseling centers are embracing social networking sites as an asset in their outreach to students. College counseling centers are connecting groups of similar students using the social networking option. Students attending the college can make connections with students who have similar interests. Those considering a college can sign in and get a sense of what college life is like. One-fourth of college admissions offices are using social networking sites to find and find out about prospective students. One in 10 top schools will visit an applicant’s social network profile when considering the student for admission.

Facebook's Latest Role: College Guidance Counselor (Time.com article): tinyurl.com/cuwsv4

National Association for College Admission Counseling Report: tinyurl.com/ku9keb

International College Counselors: tinyurl.com/hbpb4f

10% of Admissions Counselors … : tinyurl.com/3rpzf

The Wired Campus (The Chronicle of Higher Education): tinyurl.com/49r14g

University of North Carolina-Pembroke Counseling and Testing Center: tinyurl.com/m3vok5

National Career Development Association Suggestions for Facebook: tinyurl.com/louyxo

Professional associations
Professional counseling associations and affiliations are finding a presence in social networking sites. The American Counseling Association, the Association for Counselor Education and Supervision and the American School Counselor Association are among the counseling associations that have Facebook pages (searchable once you log in to Facebook).

Mental Health America: tinyurl.com/mald8

Independent School Counselor: tinyurl.com/mjwv4

American School Counselor Association: tinyurl.com/nxwun

Chi Sigma Iota International Chapter Social Network Guidelines: tinyurl.com/mq8jzw

Ethics and social network practice
Research and conceptual publications on the ethical issues surrounding social networking sites are limited, and most are related to school functions. Some schools and/or districts have taken initiatives in teacher contracts to eliminate the usage of MySpace, Facebook and other sites because of ethical concerns. In some cases, teachers have been disciplined or even fired when the content was judged to be inappropriate or unprofessional. In one case, a student teacher who told her students about her MySpace account was dismissed from her teaching assignment when it was discovered that she had made negative comments about a colleague and posted pictures of herself in an intoxicated state. In other cases, instructors have been asked to refrain from creating profiles on these sites.

This raises interesting questions for agency administrators, school counseling centers and private practitioners. Should these sites be banned from employees? Should employees guarantee usage of security settings that protect their identities? These questions should be explored for counselors and supervisors in a variety of therapeutic settings.

Texas Classroom Teachers Association Professional Issues: tinyurl.com/m9w84

Edutopia Poll: tinyurl.com/l2a5v

Social Networking Legal Update: tinyurl.com/c33hx

Online Student-Teacher Friendships: tinyurl.com/m4dbs

Major ethical concerns exist regarding these sites as well, especially in the context of what used to be known as “dual relationships.” In Standard A.5.c. (“Nonprofessional Interactions or Relationships”) of the ACA Code of Ethics, it is noted that “nonprofessional relationships with clients … should be avoided, except when the interaction is potentially beneficial to the client.”

There are no specific guidelines for interactions within the context of the virtual world, especially when it comes to social networking sites. But when Jane Q. Counselor creates her own page, everyone can view it unless the counselor initiates certain restrictions. In this case, having a personal account for keeping in touch with friends at a distance may also open up counselors to public viewing. Clients could look up their counselor and find out personal information, see pictures posted and even attempt to communicate via the site, potentially producing some unintended disclosure that counselors often tend to prohibit.

One way to start preventive measures is by guaranteeing security for one’s profile on these sites. Arranging the security settings in a way that prohibits people from viewing a profile, a profile picture and posted pictures is ideal for any counselor. Taking this approach, a counselor should still be able to contact friends through Facebook, MySpace and other sites without having to worry about unintended disclosure to clients in cyberspace. This initiative becomes a little trickier on Facebook because of how the site manages advertisement tools known as “apps.” Once a user initiates an app, it will allow other users and advertisers to access the user’s profile even if the security settings are set to hide profiles. Counselors must be very careful about what types of applications are used for their profiles.

The social networking phenomenon is a new digital way for people to form connections on personal, professional and organizational levels. Whether or not you engage in digital social networking, you are connected to someone who does.

To access the links in this column, as well as others, see the The Digital Psyway website at DigitalPsyway.net.

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

Pete Finnerty is a doctoral student in the counseling and human development services program at Kent State University.

Letters to the editor: ct@counseling.org
Confronting addiction

By Lynne Shallcross

It's been almost 20 years since EJ Essic met Bobby, but she can picture it like it was yesterday. Both were enrolled in a course on addictions at a technical college in North Carolina. Essic, who retired two years ago from her position as director of alcohol and drug services for the Bristol Bay Area Health Corp. in Alaska, was taking the course for continuing education credit for her counseling career. Bobby, a recovering alcoholic, was taking the class to learn more about the disease that had left an indelible mark on his life.

Bobby had been sober for 20 years by the time Essic met him. But recovery, Essic would learn, hadn't been an easy road for him. In treatment yet again after his 17th relapse, Bobby decided he couldn't face any more failure and ran away. He shared with Essic that his intention had been to kill himself by jumping off a bridge. But before carrying out his plan, he called his wife. There, standing at the pay phone and preparing to say his final goodbye, Bobby told Essic that something clicked — he finally got it. He didn't jump from the bridge. Instead, on his 18th attempt, Bobby finally succeeded in getting and remaining sober.

“I have never forgotten him telling that story,” says Essic, president of the International Association of Addictions and Offender Counselors, a division of the American Counseling Association. “I believe that was the point at which I really got the depth of the craziness of the disease itself.”

Bobby's story taught Essic the lasting power of an addiction — about how many times it can pull a person back in, even after the individual has seemingly beaten the addiction. But it also taught her the power of the human spirit — that it's never the right time to throw in the towel. “What it taught me was to never give up on anybody,” Essic says. “Never give up. You keep going back and plowing the ground. Each time, the person learns something. Nothing goes to waste. No matter how many times they have tried to get sober, until they are dead, there is a chance that we're going to be able to make it.”

That lesson applies to more than just alcoholism, Essic says. “The common ground is the addictive process itself, which is inherently the same whether it is alcoholism, gambling, sex or whatever — the need to numb out, the denial of a problem, loss of control, the increased impairment of thought that helps to maintain the denial, the gradual losses that occur as the addiction becomes more severe and begins to affect and limit healthy physical, emotional, social and spiritual interactions. What do you do to numb the pain? Drink, gamble, whatever. How counseling helps is to be the compassionate voice of reality (and) offer support, encouragement, hope and a plan for change.”

Essic, who has a Ph.D. in counselor education and worked in private practice for almost 15 years, says addiction to alcohol separates people from the rest of their lives, both physically and emotionally. “It shuts you down and numbs you so that it becomes very difficult to have a real relationship because relationships are about intimacy and being able to emotionally feel an experience,” she explains. As people
become less emotionally available, they also cut themselves off physically, missing the kids’ basketball games and plays, for example. “Alcohol becomes the primary relationship. It becomes the intimate partner. Everything else becomes secondary,” she says.

Among the factors most likely to increase an individual’s susceptibility to alcohol addiction is a history of addiction within the family, Essic says. But environmental factors can also have a strong influence. “I believe that trauma and grief are two of the major factors that lead many people into high-risk behaviors,” she says. “I don’t think anybody ever sets out to be an alcoholic. They learn that when they drink, they don’t have those feelings of emptiness and sadness.” But there is a biochemical mechanism that “flips,” Essic says. Part of the alcohol is converted to a substance that remains in the brain, she says, and after a certain point, the person needs the alcohol just to feel OK.

Oftentimes, people drink to numb themselves to their problems, Essic says, so one of the biggest hurdles to an addict’s sobriety is learning to deal with the remaining trauma, grief and pain in a healthy way. “When that pain is felt, a person who is addicted to alcohol has learned to effectively medicate that by drinking,” Essic says. “So they have to find a way to face that psychic pain without relying on the substance. That’s a huge challenge.”

Another challenge, she says, is finding a supportive atmosphere. If the addicted person is part of a family that drinks or doesn’t support the individual’s efforts to get clean, the likelihood of recovery decreases. A support group such as Alcoholics Anonymous is especially helpful in those circumstances, Essic says, because it validates the person’s struggle and need to be sober.

In addition to 12-step programs, Essic believes the keys to effective alcoholism treatment are education, cognitive therapy and grief counseling. Almost 20 years ago, Essic says, many counselors believed clients had to get sober first before delving into deeper topics with them. But that thinking has since changed, she says. “I believe you can’t not address those issues. Successful treatment is a combination of a lot of education about the disease, getting someone hooked up with good, solid, sober support and (helping) the person to acknowledge the grief, loss and trauma history and find ways to deal with it.”

In treating clients, counselors must grasp the true nature of the disease of alcoholism, Essic says. “You have to understand truly about addiction and the addictive process and how it operates on your brain because it’s completely irrational,” she says. “It’s very easy for novice counselors or people who do not understand the addictive process to fall back on either the belief that people should just be able to buck up and do it (kick the addiction), or they believe that it’s some sort of a moral flaw on the part of the person. And that is not true. The biochemical piece of this whole thing means that it’s not a moral thing, it’s not a willpower thing. I think the greatest challenge for people working with addiction is to keep the process of the addiction in mind and remember that this person is struggling.”

Another challenge for counselors is getting enough time with the client to truly help. Once a person has developed middle- to late-stage alcoholism, it can take as long as two years before brain function is back to what is considered normal, Essic says. Considering the session limits often imposed by health care, it can be a tall order to help the addicted client in such a brief period. When time is short, Essic says counselors often focus on educating clients about the disease and finding them a support system they can be part of as they recover.

Essic has treated addicted clients for many years, and she appreciates what they bring to the table. “I love working with alcoholics,” she says. “What I know from my own experience is that underneath all of that dysfunction and incredibly bad behavior are these people who, when they are sober, are really wonderful and are struggling to be alive.” She cautions other counselors to check their judgment of this population at the door. “Alcoholics can sense a judgmental person from 100 yards,” she says, “and if you are looking down on the client, if you think he or she is just a weak, horrible person, then that is going to block that client’s ability to be able to accept help from you.”

No silver bullet

Todd F. Lewis, immediate past president of IAAOC, works part time at the Presbyterian Counseling Center in Greensboro, N.C. The center is certified to administer Suboxone, a medication used to treat opiate addiction. “The research does suggest that medication is OK, but I don’t think it’s a silver bullet,” says Lewis, who counsels clients receiving Suboxone. He maintains that psychotherapy must be part of the treatment.

Cocaine and heroin are responsible for many addictions today, but Lewis adds that methamphetamine has been on the rise for the past few years. “Those are very serious addictions,” says Lewis, an associate professor in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro. “Most of those drugs have a small therapeutic index. The difference between the effective dose and the lethal dose is really small. That can be a concern.”

Marijuana is another problem, Lewis says, especially with younger generations. Compounding the problem is a general feeling in today’s culture that marijuana is no big deal. “Surprisingly, marijuana can be quite dangerous,” he says. Although it doesn’t have the same overdose risk as other drugs, marijuana possesses carcinogens, and when combined with alcohol, the two increase each other’s effects, he explains.

Randy Haveson, executive director of the Higher Education Recovery Option (HERO) House in Kennesaw, Ga., and program director of the Collegiate Treatment Center at the Pat Moore Foundation in Costa Mesa, Calif., concurs. He works with recovering college students and says that parents who smoked marijuana when they were younger and thus think it’s no big deal today are misinformed. “Marijuana is such a different drug now than it was back then,” says Haveson, a member of ACA. Today’s marijuana is stronger, is more addictive and has more side effects, according to Haveson.

At the same time, he says, while an opiate addiction might cause a more severe withdrawal than an addiction to marijuana, opiates are water-soluble and therefore clear the system much faster.
Because alcohol is both socially acceptable and ingrained in our society, Haveson says many students feel as though they can’t have a normal college experience without it.

Haveson was expelled twice from college because of poor grades. The reason he couldn’t get it together academically, he says, was because his addictions to drugs and alcohol were taking precedence. Upon receiving the letter from San Diego State University that he was being expelled for the second time, Haveson says he hit his lowest point. “My bottom was sitting on my bathroom floor with a knife, debating which wrist I was going to slit,” he remembers. Although Haveson wasn’t aware of the counseling resources on campus, he remembered having seen a telephone number on a billboard: 1-800-BE-SOBER. So he picked up the phone and called.

The woman who answered his call was a recovering addict, and Haveson credits her for saving his life. She convinced him that suicide wasn’t the answer and told him about a separate hotline for cocaine addicts, which Haveson also called. He got into a 12-step program and began seeing a counselor. After he got sober, Haveson went to the assistant dean at school and pleaded his case. He told her he was an addict but promised he was recovering and genuinely wanted another chance. “She said, ‘OK, I’ll give you one more chance, but if you blow it this time, we have nothing more to discuss.’” Haveson didn’t blow it, and now he’s fighting to help other college kids get that same second chance.

“One of my frustrations has always been that on college campuses, we’re doing a lot of work on education and prevention but doing very little on treatment and recovery,” says Haveson, who earned a master’s in counseling from National University. “I’ve made it my life mission to make it easier for others to get help and support for their addiction issues and their recovery.”

A new study released by the National Institute on Alcohol Abuse and Alcoholism signals that binge drinking is on the rise among American college students. From 1998 to 2005, drinking-related accidental deaths among 18- to 24-year-olds rose from 1,440 to 1,825, 42 to 45 percent; those who admitted to drinking and driving rose from 26 to 29 percent.

Haveson, whose HERO House is opening a second location in Southern California this year, remembers how hard it was to try to get sober at college, regularly walking by the same bars and seeing friends who would ask him if he was going to one party or another. He wants to make the road to recovery a little less rocky for today’s college students. HERO House is a recovery house designed specifically for these students. Haveson and his team take recovering young people who want to go back to school but need a little extra support. HERO House enrolls them in two- or four-year colleges nearby, and the students stay at the house for one to two semesters on average to get back on their feet.

Most students come to HERO House with low self-esteem. Their addictions have impeded their ability to succeed at college, so they often believe they’re incapable of excelling. Haveson tells the young people that juggling an addiction and schoolwork is like walking around with a 50-pound backpack. “Once you get rid of that backpack, you find out how light you are and how much easier you can get things done,” he says.

The No. 1 addiction Haveson sees with college-age kids is alcohol, although many times, he says, it’s intertwined with other drug addictions. Marijuana ranks as the second most popular, he says, and opiates are also high on the list. Because alcohol is both socially acceptable and ingrained in our society, Haveson says many students feel as though they can’t have a normal college experience without it. But he assures his students that alcohol is just like any other addiction. “It’s just like changing seats on the Titanic,” he says. “Once you’re an addict, it doesn’t matter where you sit. The ship’s still going down.”

The normalization and acceptance of abusive drinking is a risk factor for addictions on campus, Haveson says.
He points to professors going easier on students on Fridays because they know Thursdays are big drinking nights. Haveson has also noticed that addictions among students are starting earlier. “It used to be that people would come to college and develop their addictions there,” he says. But now, more and more kids are entering college with full-blown addictions. “If people come to campus with these problems already ingrained, then they can influence the others on campus,” he warns.

Key to effective treatment for college students is peer support, Haveson says. Traditional treatment centers aren’t heavily populated with other students, so a college student might enter rehab and have a 40-year-old businessman or a housewife as a roommate. “They just can’t relate at that same level,” Haveson says. HERO House, on the other hand, is students-only. “It’s people they can relate to,” he says. “It’s a peer-to-peer recovery model.” Haveson says more colleges and high schools are developing peer-support recovery networks. Rutgers University, for example, has on-campus recovery housing and support groups.

Many on-campus counseling centers are understaffed, Haveson says, and that means counselors who are overworked. That’s especially difficult considering how challenging college-age addicts can be. They might come in presenting with other issues or lie about their drug or alcohol use, Haveson cautions. “It takes so much time and energy to break through that.”

One of the best things counselors can do is educate themselves about substance issues and know when to refer clients if they can’t provide adequate help, Haveson says. “To thine own self be true. Know what your strengths are and work to your strengths.”

The female perspective
Jennifer Pepperell says women are another segment of society who could benefit from a different slant on addiction treatment. Pepperell, an assistant professor in the Minnesota State University, Mankato, Counseling and Student Personnel Department, says the counseling field should look at women more holistically than traditional treatment has done. Women are catching up to men in alcohol use, starting to exceed them in prescription drug use, and adolescent girls are starting to pass boys in cigarette use, according to Pepperell. Process addictions related to food, shopping and self-harming are also more prevalent among women.

Pepperell, who coauthored a book with Cynthia Briggs called Women, Girls and Addiction: Celebrating the Feminine in Counseling Treatment and Recovery, encourages counselors to look at what’s going on in the individual life of each female client, as well as how societal norms and messages have influenced her, to get a full picture of her addiction and its roots.

“Women are less likely to seek treatment,” says Pepperell, a member of ACA. They might fear that their children will be taken away, that they’ll go to jail or that they’ll be separated from friends and family, she says. “When they do seek treatment,” she continues, “a lot of times the treatment doesn’t seem to fit for them.” Although a traditional 12-step program works well for many, she contends it might not be as effective for some women. The first step of a 12-step program is to admit powerlessness over the substance. For women who feel powerless or oppressed, that might not resonate. “How can I admit I’m powerless when I don’t have any power to begin with?” Pepperell says. “Certainly this (model) does work for people, but there’s a large percentage of groups it doesn’t work for, and our treatment system is dominated by one model.”

Motivational interviewing is a good treatment method for addicted women, Pepperell says. It’s a supportive technique that works well with people who are in that early, indecisive stage of determining whether they even have a problem, she says, because it’s very open to taking clients right where they are at the moment. Motivational interviewing avoids confrontation and allows counselors to help clients build their motivation and confidence to change. Harm reduction, as an alternative to abstinence treatment, works well also, Pepperell says, because it puts the responsibility and freedom to make the decision back on the client. Some of the principles behind harm reduction include providing nonjudgmental services, accepting that drug use is part of our world and working to minimize the effects of drug use instead of ignoring or condemning them.

Last, she recommends the use of
feminist theory, where counseling comes from a model that looks at the woman’s perspective. Feminist theory encourages counselors to understand a client’s addiction alongside gender expectations, pressures from others and systemic pressures.

**More than the name implies**

One of Michael Barta’s current clients found her way to his office in a last-ditch attempt to save her marriage. The 30-something woman was caught cheating by her husband after multiple affairs. He gave her an ultimatum: Get help or he would leave. But when the woman began seeing Barta, a certified sex addiction therapist in Boulder, Colo., she still didn’t think she had a problem.

Barta, who holds a Ph.D. in counselor education from the University of Northern Colorado, eventually moved the client past her denial to see what was under the surface — a sex addiction. He helped her learn about the addiction, evaluate her acting-out behaviors, come to grips with her powerlessness over them and look at the consequences they were having on her and her family. Now in a 12-step program, she and Barta are delving into underlying issues, including a history of physical and sexual abuse. “She has really worked from going to treatment for (her husband) and to save the marriage to understanding that she has a problem,” Barta says. “She’s come out on the other side and doing it for herself.”

“Sex addiction has very little to do with sex,” Barta says. “It’s a way to cope, a way to soothe oneself, a way to escape. It’s similar to a substance addiction in that realm.” Unlike a substance addiction, however, where addicts get a high from an external substance (drugs, alcohol), sex addicts are addicted to a chemical produced in their own bodies. This is known as a process addiction. “But being addicted to our own body chemicals parallels other addictions because it’s progressive and we need more of the substance to feel the same,” Barta explains.

Family background and childhood experiences are often at the root of a sex addiction, Barta says. He points to a study done by Patrick Carnes, executive director of the Gentle Path program, which specializes in the treatment of sexual and addictive disorders for the Pine Grove Behavioral Center in Mississippi. Carnes’ study showed that 97 percent of people who have sex addictions report emotional abuse, 81 percent report sexual abuse and 72 percent report physical abuse. Sex and the mood-altering feeling it produces provides an escape.

Sex addiction is also about pseudo-intimacy, Barta says. Addicts are seeking intimacy, but they don’t want anyone to truly know them because they don’t believe anyone could love the “real” them. They use sex to prove they are lovable, Barta says, but without any accompanying intimacy, their needs go unmet and they reinforce their belief that they are unworthy because of their behavior. “It leaves them feeling even emptier than when they started,” he says.

According to Barta, a biological need to reproduce makes it impossible for the sex addict to abstain from sex completely in the same way that another addict might give up drugs or alcohol. “At our core, we’re sexual beings,” he says. “Biologically, that’s who we are. That’s a problem because you have to go from using sex addictively to starting and maintaining a healthy sexual lifestyle.”

In treatment, Barta uses a task-centered approach pioneered by Carnes. Among the 30 tasks are breaking through denial, understanding the addiction and formulating a plan to refrain from the addict’s acting-out behaviors, which might include anything from masturbating to visiting strip clubs to viewing Internet pornography. Barta also recommends his clients take part in a 12-step program to gain support. “When you walk into a meeting and there’s 50 or 60 people going through the same thing you are, you don’t feel so alone and isolated anymore,” he says.

Barta recommends that counselors educate themselves on sex addiction because not every addiction can be treated in the same way. And leave your judgment behind, he adds. “I compare (sex addiction) to alcoholism before AA because people thought it was a moral disease.” Barta disputes those who say that sex addiction is nothing more than an easy or even “cool” excuse for promiscuous behavior. “It is a real, verifiable, empirically researched condition that needs treatment,” he says, “and it takes a lot of courage to come out publicly.”

**One for the money**

Few places provide more enticing opportunities for someone addicted to gambling than Las Vegas. Larry Ashley, director of the Problem Gambling Treatment Program at the University of Nevada, Las Vegas, studies the addiction from ground zero.

Gambling often begins as a hobby, Ashley says, but the anxiety-relieving, excitement-creating escape from reality can alter brain chemistry and morph into an addiction. “Initially, it might be the excitement and feeling that they’re in control or they have the magic touch. It can be that adrenaline rush,” he says. But gambling can have an “amazing hold” on people, notes Ashley, an ACA member who has worked with clients who resorted to using a catheter at a slot machine so they wouldn’t have to leave to use the restroom. “Gambling can be like a drug,” he says, “and you can start on it for the same reasons.”

The root of gambling — money — makes it a particularly challenging addiction to fight, Ashley says. “You don’t have to have heroin or alcohol to survive, but you have to have money. That’s the trigger that sets it apart from the traditional drug and alcohol addictions.” A person needs money to survive, Ashley says, making it that much harder to separate the person from the money and, therefore, the addiction.

Relationships can take an especially big hit when there’s a gambling addiction. The addiction can even destroy marriages and families, says Ashley, giving the example of a child who thinks he is going to college only to find out that dad or mom gambled the savings away.

Much like counselors treating other addictions have found, Ashley says one hurdle to treatment is that society thinks gambling addiction is little more than a moral issue and that addicts should

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“Gambling can be like a drug, and you can start on it for the same reasons,” Ashley says.
be able to “just say no.” But, Ashley says, because a process addiction such as gambling can change brain chemistry, it is similar to a drug.

Counselors treating gambling addicts should brush up on their financial counseling skills, says Ashley, who believes treatment should include credit and financial counseling. Lynne Shallcross is a staff writer for Counseling Today. Contact her at lshallcross@counseling.org.

Letters to the editor: ct@counseling.org

Instead of saying, “Yes, you do have a problem,” Ashley would ask the client to look at how his environment is talking to him. Perhaps the person has had run-ins with the law, doesn’t have any money or lost his job. If the client doesn’t like the consequences, Ashley would then ask him what control he has over changing his actions. Although Ashley supports 12-step programs such as Gamblers Anonymous, he doesn’t require clients to attend in order to receive treatment because he says many clients would simply refuse.

Counselors can best help these clients by giving them hope and showing them that it would be worthwhile to change, Ashley says. But counselors also need to do their own moral inventory, remaining mindful to be objective and not to look down on gambling addicts, he adds. “Don’t get that holier-than-thou attitude,” Ashley says. “These are not contagious decisions.”

Whether the client is a man or a woman, young or old, addicted to heroin or addicted to gambling, Essic says the lesson she learned from Bobby many years ago about never giving up is one from which every counselor can benefit. “It is essential that we understand that about all addictions,” she says. “The ‘how’ is about faith and compassion. Our task as counselors is to hold the client accountable while remaining nonjudgmental. The client is responsible for his or her behaviors, but we have to remember that addictive thinking is impaired thinking, and our job is to help the client see reality and make good decisions. If we believe that a client cannot change, then we are not the counselor to be working with that client.”

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

Letters to the editor: ct@counseling.org

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Spirituality and addictions counseling: A long-standing marriage

By Keith Morgen and Craig Cashwell

With implementation of the 2009 CACREP Standards, counselor preparation programs will be asked to provide increased attention within their curricula to addictions. Although some programs may choose to add an addictions specialty area, the 2009 CACREP Standards also require increased attention to addiction-related issues across the curriculum for all students.

Furthermore, long before the counseling profession began systematically paying increased attention to spiritual and religious issues in counseling, counselors who worked with addictions recognized the important role that spirituality played in the recovery process for many people. Because of this historical and logical “marriage” between addictions counseling and spirituality, the International Association of Addictions and Offender Counselors and the Association for Spiritual, Ethical and Religious Values in Counseling have begun working together on the competent integration of spirituality into addictions counseling.

The following dialogue between Keith Morgen and Craig Cashwell is a discussion on the importance of training professional counselors to work with spiritual and religious issues. The conversation references ASERVIC’s newly revised Competencies for Addressing Spiritual and Religious Issues in Counseling, which are available at aservic.org/competencies.html.

Spirituality training within addictions counseling

Keith Morgen: Many addictions counselors come with a history of being in recovery or having close family/friends who are in recovery. Consequently, this population of counselor trainees and counselors enters the addictions counseling profession with a well-defined conceptualization of spirituality (for example, 12-step programs) via their own experiences. However, this definition is likely limited and, if nothing else, biased by experiences, beliefs, etc.

How do addictions counselor educators engage with this important, meaningful and large population to expand their spirituality education (as defined by the ASERVIC Competencies)? And do you need to engage with these experienced counselors differently than with those who enter the addictions counseling profession with no recovery or addictions history?

Craig Cashwell: I think all counselors (or other models) come to the counseling room with a set of predilections about the religious and spiritual life. The intent of the ASERVIC Competencies is, first and foremost, to promote inclusivity and counselor self-awareness. The first five competencies all address the importance of working from a pluralist perspective.

The counselor trainee or counselor in recovery may with good reason hold the strong conviction that he or she is alive because of the 12-step model of recovery. Yet, in the moment where that trainee or counselor begins to proselytize for the 12-step model, this is simply another form of fundamentalism. The approach is still exclusivist in nature. So, yes, I hope that the competencies raise the awareness of all counselors that there are many wisdom traditions and models of religion and spirituality and that any approach that imposes the counselor’s belief system has the potential of being unethical and harmful to the client.

KM: On the basis of your response, I could conceptualize the ASERVIC Competencies as a mechanism for supervision to combat the potential countertransferreral reactions of a counselor to a specific definition of spirituality within addictions counseling. It seems like we’re talking about training counselors to engage with addictions clients in a phenomenological manner.
Considering the long-standing belief in phenomenological matters within counseling, why does engaging with clients (as per the ASERVIC Competencies) produce such a strong reaction and/or anxiety within many counselors and counselor trainees?

I have seen three tracks of engagement with spirituality throughout my career:

(1) Total belief in a method, model or perspective that worked for the counselor, so it should work for the client.

(2) Trepidation about the topic and, during intake and initial sessions, obtaining nothing more than a census-like summary of religious affiliation and a dichotomous yes/no on whether the client is spiritual.

(3) Comfort with spirituality due to their own experiences and, now as a counselor, comfort with embracing the subject with others.

Within addictions counselor training, how could we use the ASERVIC Competencies to facilitate more trainees to engage with spirituality as per the third track mentioned above, regardless of addiction recovery history?

CC: I think you are just right. Brian Zinnbauer and Kenneth Pargament’s article “Working With the Sacred: Four Approaches to Religious and Spiritual Issues in Counseling” in the Spring 2000 Journal of Counseling & Development described four approaches that might offer some nice insight here. They offer that a counselor might be a rejectionist and operate from the belief that religion is irrational or that the sacred is delusional and be dismissive of or even hostile to the client’s expression of the sacred. I think this is a little different from your second category (trepidation) in that it is an inwardly and outwardly hostile response from the counselor.

The article also discusses an exclusivist approach that is comparable to your first category (total belief) — essentially a belief that there is one path, it is the one the counselor endorses, and if the client wants to be well, s/he should get on this path. This leads, of course, to the imposition of personal beliefs and values and is ethically problematic for professional counselors.

Your third category (comfort) is comparable to the categories of constructivist and pluralist. In essence, the counselor who adopts this approach to the sacred is sufficiently grounded in her or his belief system, yet also recognizes and values diversity to the extent that there is an empathic and compassionate appreciation for diverse belief systems.

Your statement about the “census-like summary” is, I think, right on target. Assessment is critical. I think it is important to understand that one’s spirituality and/or religion is composed of beliefs, practices and experiences. I believe that we, as counselors, have to work with all three of these domains. In particular, the domain of spiritual practice often reflects untapped potential in the therapeutic process.

I think the trepidation among counselors to explore the sacred is, in many cases, a recognition and fear of working at such a deep level. We are no longer talking about “just” beliefs, thoughts and emotions. This is the core of the client. Accordingly, integrating the sacred into the counseling process has powerful potential both to heal and to harm. I believe this is why the ASERVIC Competencies are so very important — to provide counselors with guides to the competent and ethical work with spiritual and religious issues.

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KM: In many ways, tackling issues of spirituality effectively, as an ongoing perspective to understand the client, seems a skill best reserved for counselor trainees once they have the “basics” mastered. In addition, CACREP and state addictions counseling curriculum standards leave little room for advanced course work in spirituality beyond what most students now typically receive in various courses — for example, multicultural or counseling theory courses. Considering the prerequisite comfort and confidence required to address and use spirituality within the counseling dyad, is the type of advanced training in spirituality application (as per the ASERVIC Competencies) best accomplished within internship and post-master’s/post-doctoral licensure accrual hours?

CC: I think so, and even then the extent to which spirituality is a point of academic emphasis often is a function of the orientation of faculty. Accordingly, I think the training is sporadic. There are a number of counseling programs that seem to be offering spirituality courses as electives, and this number seems to be growing, but it remains far from ubiquitous.

Within an infusion model, spirituality logically fits within multicultural and developmental training, as it is an aspect both of one’s culture and developmental process. Training in spirituality also could be infused in career counseling courses related to purpose and meaning in life. There also are a number of ethical issues related to working with religious and spiritual issues that could be infused into ethics training.

KM: So, the message here is that the academic course work, as mentioned earlier, is just the start. Counselor educators and supervisors need to infuse the advanced application skills of spirituality within addictions counselor on-site training. Beyond the faculty, the on-site supervisors need to be on board with this component of training as well. This is a challenge, but a worthy one.

CC: Absolutely. A work in progress.

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spirituality within addictions counselor training and practice. In October, the Journal of Addictions and Offender Counseling will publish a special issue on theory and application issues within spiritually focused addictions counseling. At the 2010 American Counseling Association Conference in Pittsburgh, IAAOC and ASERVIC members will present a 60-minute panel on challenges and strategies for integrating spirituality into addictions counseling training and practice. Finally, ASERVIC welcomes IAAOC members — and all those with an interest in spirituality and addictions work — to prepare submissions for the August 2010 ASERVIC Conference in Myrtle Beach, S.C. (aservic.org/conf.html).

IAAOC and ASERVIC invite all who are interested to contact us, come to the panel or simply stop us in the halls in Pittsburgh to offer any feedback or thoughts on how to continue the dialogue on incorporating spirituality into the training and practice of addictions counseling.◆

Keith Morgen is an assistant professor in the Department of Behavioral and Historical Studies at Centenary College (Hackettstown, N.J.), where he teaches in the graduate counseling programs. He is chair of the IAAOC Committee on Spirituality in Addictions and the guest editor of the upcoming special spirituality issue of the Journal of Addictions and Offender Counseling. Contact him at morgenk@centenarycollege.edu.

Craig Cashwell is a professor in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro. He is a former president of ASERVIC and the current chair of the CACREP Board of Directors. Contact him at cscashwe@uncg.edu.

Letters to the editor:
ct@counseling.org
Connecting with clients of faith

Professionals share advice on incorporating clients’ religious values into the counseling process

By Jonathan Rollins

Editor’s note: This is the second article in a two-part series examining how counselors can work more effectively with clients who hold strong religious beliefs. The first article, which appeared in the July issue, addressed the historical tension between religion and the mental health professions, reasons counselors avoid bringing up issues of faith with clients and the importance of counselors developing religious multicultural competency.

A growing number of studies suggest a positive connection between active religious faith and various measures of psychological well-being, including career satisfaction, the ability to cope, a sense of meaning and purpose in life and overall levels of happiness. “From my biased point of view, I think religious clients have fewer mental health problems,” says Robert Brammer, an American Counseling Association member who considered going into the ministry before becoming a counselor. “There’s this sense of peace for them in giving up control to a higher being. But there’s also more conflict for these clients when things aren’t meshing with their worldview. Reconciling their point of view with their religious belief is sometimes very hard.”

Helping clients who are guided by their faith can be a challenge, Brammer says, especially when the counselor doesn’t espouse the same beliefs. In such cases, the counselor must focus on respecting the client’s beliefs and the client’s ability to choose what is best for them, says Brammer, director of both the mental health and school counseling graduate programs at Central Washington University.

Brammer recalls when he was a private practitioner and was counseling a woman who remained in an abusive relationship because of her religious belief that she was to submit to her husband and that divorce was wrong. “As a counselor, I couldn’t encourage her to be submissive as she believed she was supposed to be,” Brammer says, “but I told her I understood that it would be hard for her to go against her religious beliefs and that she would ultimately have to make a choice. Sometimes, when the religious person’s views are in conflict, they simply have to decide which one to stay with for the moment.”

The woman chose to leave counseling and make the best of her marriage according to her interpretation of the tenets of her faith. However, six months later, Brammer says, she came back. “And this time, she was ready to move on. Perhaps that’s one of the key components to counseling religious clients — give people time to work things out when there are contradictions between their two worldviews.”

Communicating respect and acceptance

Before becoming professor and chair of the Department of Counseling and Educational Development at the University of North Carolina at Greensboro, J. Scott Young had a private practice in Mississippi, where religious views tended to be conservative. “There’s a lot of fear in the counseling profession around that real conservative thinking,” Young says. “But I just look at what this person is saying and ask if it’s working for them. As counselors, we need to be intellectually curious with these clients and open to looking at the strengths their religious beliefs provide. Don’t prejudge their beliefs harshly, and don’t be rigid. If you have a hidden agenda in wanting to change something in somebody, it will never work. It will only sabotage the relationship.”

When Lisa Jackson-Cherry, immediate past president of the Association for Spiritual, Ethical and Religious Values in Counseling, was working as director of...
the mobile crisis team for Baltimore Crisis Response, her team encountered a client who stated her belief in and need for a root doctor. As described by Jackson-Cherry, root work is a combination of West African religion, herbal folklore and Christian beliefs (most often Catholic practices). It includes the ancient belief that everything in creation is filled with spiritual significance. Taken aback by the client, team members initially dismissed her beliefs as silly. “But I said, ‘No, let’s just find this person what she thinks she needs. Let’s find her a root doctor,’” Jackson-Cherry says. “If you don’t necessarily believe what your client believes, it’s important to get information about why that belief is important to them. Then, as counselors, we need to figure out why we have a problem acknowledging the benefits to the client.”

Being open to a client’s religious beliefs as a counselor is one thing; making the client aware that the counselor’s office is a welcoming place to discuss matters of faith and religious identity is another task altogether. Most clients aren’t going to assume this on their own, says Jackson-Cherry, who adds that counselors must “give clients permission to share their story” by asking nonthreatening questions about their religious background (or lack thereof) during the intake.

Jill D. Duba concurs and says counselors who fail to ask those questions often end up with an incomplete picture of their clients. “Do you realize the depth, the meaning it holds when this person says that they’re Baptist, for instance? As counselors, we have to sit with that and ask what that means to this person,” says Duba, an associate professor in the Department of Counseling and Student Affairs at Western Kentucky University. “That’s a perfect door, a perfect opportunity, to start a conversation.”

Richard Watts prefers to broach the subject on the intake form because he thinks certain clients are more likely to overstate the importance of religion in their life if the counselor verbalizes the question. “I include a statement asking if their religious and spiritual values are important to them and asking if they would like them included in the counseling process. This tips me off to whether we should explore this topic further and tells the client that their religious values, regardless of what they believe, are welcome here,” says Watts, editor of the ASERVIC journal Counseling and Values and director of the Center for Research and Doctoral Studies in Counselor Education at Sam Houston State University.

In subsequent sessions, suggest Brammer and Jackson-Cherry, counselors can reopen the door to discussions of faith by asking clients whether they attended a religious service that week. Jackson-Cherry says a handful of clients have also asked her if they could open up the counseling session in prayer to help them relax.

Occasionally, counselor self-disclosure may be appropriate for increasing a religious client’s comfort level. “But it should be done judiciously,” Watts advises. “Ask yourself, ‘Am I doing this for the good of the client, or is this about my own stuff?’”

Self-disclosure doesn’t mean counselors need to reveal their every view on religion, says Young, coauthor with Craig Cashwell of Integrating Spirituality and Religion Into Counseling, published by ACA. But when seeing religious clients...
in Mississippi who were often wary of how a counselor might view them, Young says it sometimes helped to reveal that he had grown up in church. “Talk to these clients about their concerns and anxieties and explain that you’re not trying to influence them away from their beliefs,” he says. “Essentially, what they’re trying to figure out is do you understand where I’m coming from? Are you going to judge me? If I talk about God and Scripture, are you open-minded as a counselor? What they really want to know, I think, is are you OK with me? They don’t generally need to pick apart a counselor’s every theological nuance.”

Watts, who has his master’s degree in religious education from Southwestern Baptist Theological Seminary and originally planned to return to church work after earning his doctorate in counseling, is no stranger to counseling clients of other faiths, including pastors and rabbis. An avid reader of theology and world religions, he likes to “take a ‘not knowing’ position with religious clients and let them be the experts about their spiritual beliefs. For instance, I talked recently with a Hindu client and asked, ‘How does that faith guide your life?’ By doing that, I’m not imposing my biases, and it’s very empowering for clients when I invite them to tell me what they believe. When they see that I’m interested in their beliefs, it makes it safe for them. Otherwise, they may fear the counselor is going to think their belief is pathological.”

Watts also challenges counselors to get comfortable using the basic religious language and belief system of the client. In working with a Hindu client, for example, Watts might help the client investigate life choices as filtered through the law of karma, which makes individuals responsible for their own destiny. “I would use a reflective dialogue to explore whether the actions this person is taking are positive or negative,” Watts says. “Or we might talk about the Hindu notion of dharma, which addresses one’s responsibilities in life and how people make meaning of their life.”

Reaching out

Collaborating with religious leaders is another way to make clients of faith more comfortable with counseling, Brammer says. “Collaboration also makes it more holistic for the client,” he says, adding that it’s important for the counselor and the religious leader to clearly define ahead of time the role that each will play.

One of Young’s counseling colleagues who was in private practice in Mississippi took the initiative to visit several churches in the area. “He said, ‘We can be your mental health place when facing something beyond your scope as a minister,’” Young says. “Ministers are almost inevitably looking for good referral sources because a lot of issues they’re confronted with are not in their training.”

Clients who hold strong religious beliefs are much more open to counseling when referred by a pastor or other religious leader, Young says. However, accepting referrals does not mean the counseling should be conformed to be in lockstep with certain religious teachings, he adds. If a situation arose in which a religious leader tried to dictate the direction counseling should take, Young says, “I would say, ‘It sounds like you want me to use your theology with this client, but I’m not a theologian; I’m a licensed professional mental health counselor.’”

Another way counselors can initiate relationships and start building trust with religious groups is to simply be present in a supportive way when these groups host events, says ACA member LaVerne Hanes Stevens, an ordained Protestant minister who is also employed by Chestnut Health Systems, where she trains clinicians to do substance abuse assessments. Her church regularly holds forums on women’s issues. “It’s nice when a local provider comes just to be a participant, to show their personal and professional interest,” she says. “That stands out to us.”

Stevens thinks it’s incumbent on counselors — especially those working in the public sector — to initiate outreach with faith-based organizations in the community. When she was working in the Substance Abuse Services division of the Behavioral Health Authority in Richmond, Va., she and other from that division were involved in regular meetings with inner-city clergy members of all faiths.

“We didn’t want the local clergy to be suspicious of the system. We wanted to build trust,” Stevens says. “We reached out to them and said, ‘Let’s talk about substance abuse and mental health problems in the community, because people in the community often come to their clergy first. Let’s talk about some of the common treatment barriers faced by those we serve. Let’s talk about what we can do on our end and what you can do on your end.’ It really boiled down to ‘Hey, this substance use epidemic is costing all of us something, so let’s work together.’”

“We found those meetings to be very helpful because we were able to explain the referral and intake process to the clergy,” she continues. “It helped them to put a face with the system and to hear that we had some of the same goals, including safety and wholeness for the people in our communities.”

As a result of those meetings, Stevens was enlisted to serve as the consultant to the leaders of a local church’s substance abuse program. The church also invited Stevens to be the keynote speaker at its annual Recovery Month celebration. “It was a truly unique partnership that helped the community see the church and the local provider system working together collaboratively,” she says.

Finding strength in the sacred

Longtime ACA member Kenneth Anich says counselors can work more effectively with religious clients by focusing on a key question. “How can you utilize the client’s religious beliefs — whatever they are — to help them through their depression or other presenting problem? Counselors should use the strengths that are already there,” advises Anich, an associate professor of psychology at Divine Word College and a member of the Society of the Divine Word, an international congregation of Catholic missionary priests.

Many times, this means helping clients to reframe their struggles or their approach to those struggles by reviewing the guidance and examples provided to them in their faith traditions. Watts recalls
working with a devout Catholic client who was worn down by guilt over some of the choices she had made. Employing his “not knowing” perspective and using an “imaginary reflecting team member” technique, Watts helped the woman tease out an alternative perspective from within her faith tradition. “I said, ‘Remind me, was (the Apostle) Peter the first pope of the Catholic Church? What would Peter say about some of the mistakes he made, including denying Jesus Christ three times? You know, Peter made some very big mistakes, but he became the first pope. So what do you think he would say about your mistakes?’ She hadn’t been able to generate any forgiveness for herself from her own perspective, but she could using the perspective of Peter.”

Counselors can often help clients of faith work through problems by reviewing the dissonance between their beliefs and their actions, Duba says. Many of these clients also struggle with what she terms the “should” syndrome: I should stay married even though he’s beating me; I should be more successful because that’s what God wants; I shouldn’t be this upset because I know God thinks …

“But counselors have to be very careful challenging the thinking of these clients,” Duba says, “because you’re not just challenging them. From their viewpoint, you’re challenging the higher power they believe in. Sometimes, you have to be willing to stay stuck in that problem with them for a while. It’s not just helping them through the problem but helping them think about the higher power they believe in. It’s almost a spiritual journey.”

Like Watts, Duba often finds it useful to help clients of faith attain a “higher” perspective on their struggles. “One of the things I’ve tried is asking them to close their eyes and imagine that God is in the room,” she says. “I ask the client, “What would He say to you? What would He be doing?” It’s almost like an empty-chair technique but with God sitting there.”

Sometimes, Young says, clients need to be reminded of the strength available to them in their professed religious beliefs. He recalls working with a Christian client whose battle with depression was distorting his view of life. Based on the client’s stated beliefs, Young encouraged him to tap into the promise of hope, love and meaning so prevalent in his faith tradition. “We explored some of those things, and then I challenged him to interrupt the negative thoughts he was having — basically, cognitive behavioral thinking. He was eventually able to stop and say, ‘Oh, that’s my depression saying that stuff to me.’ He could then filter those negative thoughts back through his religious belief and once again see beauty in the world.”

Balancing principles

Religious belief can be either a facilitator or a detriment to mental health, depending on how clients choose to apply it, Watts says. "Religious faith helps people connect to God, reach out to others and contribute to humankind, which is the focus of most world religions," he says. "That provides a sense of meaning and purpose, and there is a good bit of research showing that people who have meaning and purpose in their lives tend to be more mentally healthy. However, if a person’s beliefs are focused externally — on rules, regulations and judging others — the effect is more likely to be negative. When the focus of the religious belief is on judging rather than loving, it’s not as mentally healthy.”

Watts has found that some people come to counseling because they were raised in a fundamentalist religious background and left it behind when they grew up. “Now, however, as adults, they feel a lack of meaning in their lives and are struggling to rediscover that meaning again,” he says. “Because of their punitive and rigid upbringing, they have this view of God that is twisted, and they have a hard time separating the meaning of spiritual interaction with God from rote, religious rigidity. As a counselor, I may ask them if that is something they would now like to explore, and we’ll talk about the difference between religion and being in relationship with God.”

Other clients may focus their attention on a single aspect of their belief or religious teachings and use it as a prop to maintain their dysfunction, Anich says. Many times, he adds, these clients are misinterpreting that teaching or belief. “If clients are using an aspect of their religion in a dysfunctional, rigid way, it’s often helpful to encourage them to seek the advice of their rabbi, mullah or pastor to get a more informed perspective,” he says.

“I heard someone say that fundamentalism of any type, including liberal fundamentalism, is the major problem in the world,” Young says. “Rigid, intolerant thinking paints people into corners. … Frequently, people will attach to one idea in Scripture, or another sacred text, and ignore others. From a clinical point of view, I will often say (to Christian clients), ‘What about these other ideas found in the Bible about free will, grace, forgiveness? What about the fact that the price has already been paid by Jesus?’”

“I do this in an explorative rather than a confrontational style,” Young adds. “I grew up in that world (of conservative
religious thought), and I can understand where these people are coming from. But I can also challenge them to look at the places where they are getting stuck.”

With Christian clients, Watts likes to use biblical passages. “I can often show them how they have embraced one aspect of their faith while ignoring others and help them look for balancing principles in their lives,” he says. “Plus, the Bible is full of guidance for being in relationship and getting along with others.”

In one instance, Watts was counseling a conservative Christian couple. The husband was using a small portion of Scripture (“Wives, submit to your husbands …”) to keep his wife in line. “The wife wanted him to be the leader of their household,” Watts says, “but without being a doormat herself.

Watts invited the man to look at the next part of the passage addressed to husbands (“Husbands, love your wives, just as Christ also loved the church and gave Himself for her”). They talked about how the passage directed husbands to a deep, sacrificial love. Then Watts asked the husband, “Why are you reading her mail?” — meaning why was he focusing on what the Bible called his wife to do rather than focusing on the Scripture’s explicit instructions for him?

Watts then asked the couple where they thought love was best described in the Bible. They chose 1 Corinthians, Chapter 13, which includes verses such as, “Love is patient, love is kind. It does not envy, it does not boast, it is not proud.”

“I then substituted husband for love in each one of the descriptions throughout the chapter,” Watts says, “and asked the wife how she would feel about respecting her husband if he were genuinely trying to love her like that.”

The husband was visibly upset, and the wife called Watts before the next session to say they wouldn’t be coming back to counseling. But when the husband spoke with his pastor, the pastor agreed with Watts. The couple switched churches, and that pastor told the husband the same thing. After hearing similar messages delivered by other preachers on both television and radio, the couple again enlisted Watts for counseling. “The husband said to me, ‘I finally figured God was trying to say something to me,’” Watts recalls.

Returning to counseling, the husband revealed that based on how he had been raised, the only way he had learned to engage in relationships was with a take-charge personality. But with the guidance pointed out to him from his own faith tradition, he was now more willing to work on his own baggage rather than making his wife the scapegoat for their problems.

**Putting problems into a religious context**

Numerous values and concepts shared by world religions can be woven into the counseling process to help clients of faith, Duba says. Among the most prominent, she says, are hope, forgiveness (which helps clients to move through tough situations) and faith that there is something better (which helps clients to reframe what is happening to them).

“No. 1, to me, is the importance around forgiveness, both of yourself and others,” adds Anich. “At the core of almost every client dysfunction is a failure to forgive, which means that they have to continue carrying around baggage. As a treatment, counselors can help clients work through that process and ritualize forgiveness. I think ritual has a very powerful place in session.”

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### Religious issues and LGBT clients

Few issues tend to spark as much debate in religious circles as matters of sexual identity. Perhaps for that reason, says Michael Kocet, president of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling, many people — including some counselors — assume that the LGBT community as a whole dismisses the need for religion. That assumption is dangerously false, says Kocet, who has chosen “Finding the Spirit Within: Celebrating the Diversity of Spirit in the LGBTQ Community” as the theme of his presidency.

“In my opinion, religion should be a place of affirmation for people to be in touch with their spirituality,” he says. “LGBT individuals often want to stay connected to their religious tradition, but they don’t always feel welcome or safe. They sometimes feel alienated in their place of worship and experience homoprejudice. Sometimes, religious institutions hurt the self-worth of LGBT clients.”

Some LGBT clients feel so ostracized that they leave their religion altogether or search for another religious community that is more accepting and affirming, Kocet says. “Counselors have an ability to help these clients find their own path and can point them to groups where they can integrate their two identities,” he says.

At the same time, Kocet emphasizes, the client must be the one who makes the decision to explore that path of action — not the counselor. “Some clients may be open to exploring other faith traditions than the one in which they were raised,” he says, “but counselors also have to be affirming of client autonomy if they want to stay where they are. If their faith is important to them, it would be unethical for the counselor to coerce the client to choose a different religion.”

ACA member Robert Brammer says LGBT clients sometimes get the sense that counselors view their religious identity as being less important than their sexual identity. “One of the problems I see is that some counselors assume LGBT clients should just abandon their religion. They don’t always understand how fundamental that religious belief is to these clients,” says Brammer, who recently wrote an article exploring ways to help gays and lesbians integrate their spiritual beliefs with their sexual orientation for the *Journal of GLBT Family Studies.* “It’s probably more important as counselors to help them reconcile the dissonance they may be feeling and encourage them to seek religious guidance in addition to psychological help.”

— Jonathan Rollins
Anich cites the story of a therapist who was working with a woman experiencing intense guilt and an inability to forgive herself after having an abortion. The therapist gave the client a baby doll and asked her to care for it. After a period of time, they buried the doll together. “Just going through that ritual was healing for the woman because it symbolized a letting go,” Anich says.

Various faith traditions speak to the need for believers to change their perspective, and sacred texts of many faiths provide examples of individuals whose lives were transformed after their perspectives changed, Watts says. “So I might pull out that concept in a counseling session and talk to a Christian client about the Christian faith’s focus on repentance, which is essentially having a change of mind that leads to a change in behavior. Basically, we’re talking about something similar to cognitive restructuring, but by using this concept, it resonates with their religious perspective.”

Brammer likes to operate from a narrative point of view and has found that bringing metaphors into the session often makes it easier for the counselor and client to reach a shared worldview. He recalls one client who believed her 3-year-old son was demon-possessed because he had attacked his younger sibling. She had gone so far as to have her church perform an exorcism. “Based on her belief, I couldn’t just say to her, ‘This is simply sibling rivalry,’” Brammer says. “We had to find some shared way of viewing the problem. So we would talk about ‘light’ and ‘darkness.’ How do we work through the darkness in her son and get back to the light? How do we cultivate the light in him?”

Stevens believes counselors can best assist religious clients by helping them think through their theology of suffering and struggle. “Do they understand struggle as a growth opportunity or a character flaw? Do they perceive God as One who causes, allows or protects them from suffering? What does the client believe about human nature? Is it good, evil, redeemable? With Christian clients, it can help to remind them that the Bible says there will always be a conflict between one’s old, fallen nature and the new, redeemed nature. However, the Bible also says there is no condemnation to those who are in Christ Jesus. This often helps to normalize their struggle while also giving them permission to move beyond the old, shame-filled, condemning self-talk.”

“Counselors can help clients learn to lean into their pain, reminding them that struggles provide us with opportunities for personal growth, to connect with God and to make contributions to the community,” she continues. “I stress to clients that even the most challenging times can be the soil for good things to come, congruent with their faith.”

To work effectively with religious clients, Stevens advises counselors master some straightforward steps. “Do more inquiring than suggesting with these clients. Know how to guide them to their spiritual support systems. Respect that counseling and faith should be working toward some of the same goals. Finally, let the client’s faith ultimately guide them to wholeness, because wholeness as defined by secular counseling may be too self-serving for some religious clients to embrace.”

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Jonathan Rollins is the editor-in-chief of Counseling Today. Contact him at jrollins@counseling.org.
Five winners selected in hotly contested 2009 ACAF Grad Student Essay Contest

As one of the volunteer readers for the 2009 ACA Foundation Graduate Student Essay Contest commented, “It wasn’t easy to score this year’s essays because there were so many ‘winners’ in the group. But it surely was interesting!”

In fact, several other readers who evaluated essays for the contest noted how close many of the scores were because of the consistently high level of thought and writing exhibited in the nearly 120 essays submitted. Essays came from students at both large and small counseling programs, students who had real-world experience before opting to enroll in graduate programs and others who have been directed toward careers in counseling from an early age.

First-place winner Julie Wells will receive a check for $500 from the ACA Foundation along with a one-year paid membership to ACA. The four runners-up will receive paid one-year ACA memberships. In addition to being published in Counseling Today, winning essays will be posted on the ACA website at counseling.org.

Courtland C. Lee, immediate past chair of the ACA Foundation, noted that three of the five winners are currently student members of ACA. They will have their memberships extended for a year, while the other two winners will become first-time members. “I am encouraged that these winning students — as well as those whose entries scored so well in the judging — have already affiliated with their profession’s national association,” he said. “The future of ACA looks very bright with these committed and thoughtful counselors-to-be.”

A call for entries was announced in March, and graduate students were presented with two topics from which to choose. Nearly half the entrants chose to discuss the counseling profession’s adaptations to this country’s rapidly changing demographics in their essays. The question of whether counselor education programs should encourage students to concentrate in one area or explore a broad range of subjects appealed to the other entrants in a competition that proved to be highly charged and challenging for the volunteer readers.

All readers for this year’s contest were instructed to evaluate each essay on its merits, regardless of which topic was chosen. Winning essays were selected on the basis of their appropriateness to the topic, their originality and the clarity of expressed thought.

This year’s volunteer readers were Mary Jane Anderson-Wiley, Augusta State University; Sheri Bauman, University of Arizona; Natalya Ann Edwards, University of North Texas (UNT); Dennis Engels, UNT; Delini Fernando, UNT; Samuel T. Gladding, Wake Forest University; Jane Goodman, emeritus, Oakland University; Melanie C. Harper, St. Mary’s University, San Antonio; Nita Jones, Dyersburg, Tenn.; Casey A. Barrio Minton, UNT; Christine Moll, Canisius College; Kirsten W. Murray, Indiana University of Pennsylvania; Jane Myers, University of North Carolina-Greensboro; Torey L. Portrie-Bethke, UNT; Sr. Lois Wedl, College of Saint
First-place winner
Julie J. Wells

A student at California State University, Fullerton, Julie is working toward her master's of science in counseling with a community counseling emphasis. “I would like to combine my counseling education and training with my years of experience in motivational speaking to conduct workshops and seminars for couples and families,” she said. “My desire is to remind husbands and wives of all the reasons they first fell in love with each other, helping to heal and restore marriages. I want to encourage families to believe in the strength of their own inner wisdom and the full potential of loving family relationships.”

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

Repackaging our profession

When Gerber started selling baby food in Africa, they used the same U.S. packaging, with the beautiful Caucasian baby on the label. After dismal sales, they learned that in Africa, food labels routinely had pictures of what is inside, since most people cannot read (Haig, 2003). This is a perfect example of what happens when we do not pay attention to the culture of our end consumer. There is a useful lesson in this story for counselors today. Our profession has changed a great deal since Sue et al (1982) first introduced their position paper on cross-cultural counseling competencies. But to meet the needs of our nation’s changing demographics, we must change our label to depict this new face of counseling.

Recent journal articles, ACA publications and research studies portray counseling professionals who are working hard to understand how racial, ethnic and cultural encounters affect the process and outcome of counseling relationships. Day-Vines et al (2007) introduced a model of “broaching behavior” that provides the gold standard for counselors in this sphere. Outreach and social activism are now being emphasized, and multicultural counseling competencies are required for accreditation of graduate education programs. The mandate for counselors to be open to seeking consultation with traditional healers and religious and spiritual leaders is a massive departure from traditional Western schools of counseling and psychotherapy. Most websites for CACREP-accredited counseling programs profess a strong commitment to minority recruitment, encouraging students who speak the language of their communities. These initiatives have built a strong foundation for the future as the counseling profession continues to cultivate a culturally sensitive understanding of the human experience.

Yet even as we continue this process, minority populations in America are growing exponentially. Passel and Cohn (2008) predict that immigrants arriving after 2005, and their children and grandchildren, will account for 82 percent of the population growth between 2005 and 2050. They forecast that the Latino population, already the nation’s largest minority group, will triple in size while the white population decreases 20 percent due to little immigration and low fertility. Our country is morphing demographically from a dominant culture of white European descent to one of increasing ethnic and cultural diversity. Most likely, minority populations needing our services will be using some form of state or federally supported program. In fact, the Department of Health and Human Services website (2009) reports that the Economic Recovery Plan will create more entry points for these minorities to find subsidized community clinics, utilizing government funds.

We cannot assume, however, that this shifting population will be flocking to our clinics. Many of these minorities have collectivist values, believing in their own ability to solve problems without having to go outside their circle. Fear, distrust or shame may cloud attempts to broach mental health issues with professionals. If they are coming from a place of stereotypical attitudes and prejudices toward mental health practitioners in general and/or the cultural background of the counselor as an individual, we risk poor outcomes from therapy.

Without realizing it, our profession might be making the same mistake as Gerber. They knew they had an excellent product and assumed that if they just put it on African shelves, it would sell. The bottom line is that we’ve got a fresh new product (culturally competent counselors) being introduced to a new audience (immigrants), which calls for an organized marketing strategy.

I suggest we work harder to promote ourselves as a profession, with the overall goal of increasing awareness of and opportunity to use our multicultural counseling competencies. Obviously, this plan should include bringing counselors into minority communities through education, lectures, technology and community service rather than waiting for them to come to us. As a student, I can only imagine how this might look, and call upon experienced professionals to lead the way. An excellent resource to begin with is ACA’s publication Public Awareness and Strategies for Professional Counselors (2006).

We talk a lot about cross-cultural competencies in the counseling profession today, and hopefully it will be a never-ending dialogue. But we
could do more within the field and on a personal level to put this into action. I call upon counselors, students and educators to promote this improved brand of counseling reflective of the cultural competencies we’ve worked so hard to acquire. Let’s make it obvious to the public (and our clientele) that we have repackaged ourselves as a profession which caters to the needs of our nation’s growing minority populations.

**References**


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**Runners-up**

*Note:* All four runners-up chose the following topic: Do you think there is an advantage to counselor education programs having students focus on a particular theoretical framework, or should counselor education promote a more wide-ranging and eclectic approach in training counselors?

**Amy C. Stone**

Amy is working toward a master’s in marriage, family and child counseling at Mennonite Brethren Biblical Seminary in Fresno, Calif. She plans to become licensed in California as a marriage and family therapist and to provide counseling services in California’s Central Valley. Looking ahead, Amy hopes to pursue doctoral studies toward furthering the science and practice of counseling.

**Counseling’s all-stars**

Caring deeply for the welfare of individuals, their families and our communities fuels my desire to become a counselor. Like so many others in helping professions, I want to make a positive difference in the lives of troubled people, helping them discover peaceful and satisfying lives. But I don’t simply cross my fingers and hope for the best. Instead, I actively prepare and pursue excellent training with fine coaches: my professors, mentors and supervisors, and the forerunners that the whole profession looks to for guidance: Freud, Jung and Adler; Frankl, the Perls and Rogers; Bandura, Lazarus, Beck and Ellis. The list is impressive.

But for counselors-in-training, this embarrassment of riches can be overwhelming. Which genius should I ally with? Which theory will bring the most good to the greatest number of people? Is there a distinct benefit in honing counselor education to one standout theory? If so, which one? Who decides?

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**Decathletes**

Psychology is constantly developing. It is both art and science, and each theory brings a unique enrichment to counseling practice. However, not all theories are equally useful in every situation. For instance, a client with a specific phobia may benefit from a brief course of systematic desensitization, while a bipolar client may need a long-term ecosystemic approach. If a counselor’s knowledge is limited to a single theoretical framework, he or she will have a narrow scope of competence. Eclectic counseling programs acknowledge the strengths and limitations of each approach and, in response, encourage a broad range of skills and the exploration of various potential specializations.

**Runners-up**

In 1936, Saul Rosenzweig’s landmark research suggested that any sound theoretical framework would suffice, as long as it is expertly practiced within the context of a beneficial therapeutic relationship. He named his findings the “dodo bird verdict,” recalling a scene from Lewis Carroll’s *Alice in Wonderland* wherein a footrace is run by diverse participants and no clear winner can be determined. The story’s dodo bird, defying the silliness of his name, aptly declares that “Everybody has won and all must have prizes.” If Rosenzweig is correct, maybe any theory will do.

And if all theories are equally useful, a singular approach may be best for counselor education programs. Eclecticism might unnecessarily complicate the learning process, reduce the time spent mastering a single theory under supervision and require a wider variety of expertise among faculty and supervisors. However, oversimplifying Rosenzweig’s verdict could lead to insufficient training and result in a compromised quality of care for clients. I suggest that eclectic counselor education benefits clients by supporting superior training in at least three key areas: scope of competence, cross-cultural communication and interdisciplinary collaboration.

**Hurdlers**

Our shrinking world calls for cross-cultural competence more than ever. Serving culturally diverse populations may seem like an impossible barrier
to effective counseling. First, clients are diverse. One family may respond beautifully to Satir’s systems approach, while another needs behavioral interventions and psychoeducation. Cross-cultural counselors are remarkably flexible; gracefully achieving the impossible. Second, students are diverse. Eclectic education is attractive to a broader range of potential counselors, as it allows each one to identify theories that are most congruent with his or her own psyche and cultural perspective. Clients and the profession both benefit when we courageously leap over cultural obstacles for the sake of healing our world.

**Relay racers**

Whether participating in an interdisciplinary team, consulting with colleagues or making referrals, counselors must possess adequate vocabulary to effectively communicate with a wide variety of professionals. This requires education in psychodynamic, developmental, psychometric, cognitive, and behavioral terminology, regardless of each counselor’s preferred theory. Eclectic training programs encourage this broad base of practical knowledge. Furthermore, competent communication strengthens the credibility of counseling as a key player among mental health professions.

**Rookies**

Eclectic counselor education may be less efficient than a single-theory plan, but when diversity is promoted, high-quality services become accessible to an ever-increasing range of clients. Even so, new counselors should carefully avoid using a patchwork of techniques, risking haphazard treatment. Instead, they should pace themselves, selecting single theories that best suit their strengths. Then, with proper supervision, borrow techniques from others when in the best interest of clients. Only a master counselor can pursue a truly integrated eclectic practice.

**Champions**

The lesson of the dodo bird’s verdict is not that “any theory will do” but that our shared wealth of knowledge is greater than the sum of its parts, and everyone wins when we work together.

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**Charles Dustin Johnson**

Dustin attends Georgia State University in Atlanta and expects to complete his master’s in professional counseling in 2010. He plans to enroll in a counselor education program and then would like to find a teaching job in an environment where he can pursue his interests in mindfulness, group work and theories of psychological change.

Fifty years ago, there existed few career choices available to people entering the mental health field. Most chose one of three headings: the traditional route of psychoanalysis, a more contemporary way of cognitive therapy or the emerging path of behaviorism. They were each unique in many ways but held in common the premise that, with regards to therapy, the human experience could be reduced to a single domain (e.g., the subconscious, observable behavior, cognitions, etc.).

The different schools of thought skirmished over the decades, with victories rarely beyond dispute. Adherents from all sides published paper after paper demonstrating the superiority of their approaches. As the founders of the traditions aged and their followers began moving on, a curious thing happened — ideas began cross-pollinating. New thinkers deconstructed old theories and many began eclectic practices. At the same time, cultural sensitivities were growing, making the one-size-fits-all approach less defensible. Additionally, research emerged indicating that some techniques were more efficacious with certain populations. For example, cognitive therapies work well for depression, behavioral therapy is very effective in overcoming phobias, and the feminist therapies empower previously underserved populations. As a result of these phenomena, the field had become a melting pot or, at the very least, a salad bowl.

Curiously, my own personal theoretical development seemed to follow a similar trajectory. Originally trained as an engineer, I held a strong rational perspective, believing in a single best solution for every problem. Upon beginning my counselor education, I originally favored, not surprisingly, cognitive therapies. Fortunately for me, my program embraced teaching a wide range of techniques. As I gained experience with other approaches, my theoretical palate expanded and evolved. Gestalt first drew my attention, then narrative therapy and family systems. Could DBT be next?

Someone who prefers a less eclectic education might criticize my philosophical serendipity as unfocused or hopelessly vague. A generalist program, they might argue, covers a variety of approaches only superficially. A specialized program, on the other hand, provides sufficient depth of training within a single framework to develop considerable competence. In response, I would have to concede that my program’s coverage of the various theoretical orientations is merely a starting point for attaining competency. However, that starting point is essentially a broad foundation for a much longer journey of learning. This pedestal, sufficiently elevated, provides a vantage point from which to view the professional terrain. Though my budding perspective is still limited, I can begin to make out the assorted paths radiating in various directions. What is clear is that none of the paths exists independently. Instead, they intersect, split and merge, allowing knowledgeable therapists to chart efficient routes of treatment for their clients. Furthermore, no matter which path I choose, the wide-ranging view persists. This enables a topographical knowledge that will be beneficial when I encounter clinical situations that are outside of my specialty area. In such situations, having a broad view enables a temporary rerouting to a more suitable path, which could involve utilizing a borrowed technique, consultation or referral.

What about those students who, from the outset, have a clear interest in a particular orientation? Is it necessary for them to learn all the other theories when their destination is so clearly
known? It is likely the case that many students are sufficiently informed to make that decision at the outset of their formal education. For such students, there are plenty of specialty programs that can cater to their needs. On the other hand, there probably exists a much larger number of students who, like me, have an orientation in mind yet are not sufficiently versed as to the terrain of the profession to make an informed choice. Worse still, they may hold inaccurate ideas about segments of the profession that would never be addressed in a specialist curriculum.

I believe that, for the sake of diversity and creativity, specialized programs are needed. It is crucial, however, that all students be made aware of the limitations of their educational experience. For example, students in specialized programs should be taught about the populations that don’t respond to their type of treatment. Likewise, students in a general program should be taught about the importance of continued education so that competence in a particular area is established. Ultimately, I favor the latter, as it creates the most comprehensive base from which to engage in a well-informed and lifelong pursuit of learning. This opens up the greatest number of possibilities for the therapist and, subsequently, for the client.

Mary Ann Williams

At the University of Florida, Mary Ann is a doctoral student in counselor education with a major in mental health counseling. “I became interested in mental health counseling after my younger daughter was diagnosed with ADD (attention deficit disorder) as a junior in high school,” she said. “Upon graduation in December 2009, I plan to divide my time working as a therapist, adjunct professor and ADD educator.”

Several years ago, I house-sat for a friend in Texas who had just moved into her dream home. She was going out of town for the weekend and asked if I could look after her prized new purchase. I was encouraged to make myself comfortable, use anything I needed and eat whatever I could find in the kitchen. I was thrilled to discover a packed freezer stocked with chicken breasts, brisket, pork chops, ground beef and steaks. The menu possibilities these diverse choices allowed were exciting. I searched the cupboards for seasonings so that I could plan my cooking strategy. Unfortunately, the only spice I could find in the beautiful new cabinets was cilantro. Although cilantro is a perfectly good spice to have on hand, it limits the menu choices. My cooking strategy immediately shifted from “endless possibilities” to “how can I best use the one spice available with the choices in the freezer?” The cilantro was dictating my cooking strategy. It was dictating my menu.

Limiting ourselves to one counseling theory dictates our helping strategy. It dictates our menu of treatment choices. Zeroing in on one counseling theory forces us to “see” only those problems that can be treated according to our chosen theory’s regimen of therapy. However unintentional, however unconscious, a solitary theory can lead us to treat all clients the same, regardless of their family history, their culture, their lifestyle, their race or the issue and severity of their presenting problem.

The most significant advancement in contemporary counseling is the profession’s awareness and acceptance of diversity among individuals. Acknowledging the composite effects of nature, nurture, life experiences, sexual preference, religion and societal and cultural norms requires a change from the limited treatment menus of the past. The person-centered therapist’s expectation of clients’ inherent capacity for development and growth, goal setting and self-examination may prove on target at times, but for clients in crisis, this precept may not suffice. Gestalt’s emphasis on emotional expression may work wonders for clients who enjoy close engagement with the counselor, but for many multicultural clients, the expectation for self-expression and self-disclosure may bring these clients to speedy self-termination. One client may require only a bit of gentle guidance, finding behaviorist techniques too intrusive for their liking, preferring to work through life’s difficulties on their own. Another individual may profit greatly from a litany of directives, contracts and homework assignments.

Our clients mirror life in general; they are complicated and uncertain. When there is only one counseling theory on the bookshelf (one spice in the spice rack), we are forced to look at our clients as if they are one and the same rather than considering their individual differences or the pluralism of their particular situation. We must begin each initial session with a clean slate, sorting through client details while putting aside preconceived notions, past experiences and biases. We have to read our clients’ body language. We must look at their physical appearance. We must listen closely to the information they give us, reading between the lines, searching for indications of what treatment strategy is best for this particular person. Each client has a unique story to tell. How can we treat them with the same theoretical perspective and identical treatment plan?

And what if our first helping attempt is unsuccessful? If we have only one strategy, one perspective, where do we go from there? We are limited by the lone cilantro in the cupboard. If we have alternatives and an open mind, we can take a step back, reassess and help the client, using a new approach. We have a menu of “endless possibilities.”

Humorist and author Dave Barry once wrote, “We journalists make it a point to know very little about an extremely wide variety of topics; this is how we stay objective.” Counselor educators must take a similar stance in order to equip their students with a complete spice rack of strategies. In order to graduate objective, well-informed counselors who can effectively treat a diverse population of clients, counselor educators must teach a great deal about an extremely wide variety of theories, for variety truly is the spice of life.
Deborah May Berghuis

Debbie is a student at Eastern University, St. Davids, Pa. She is majoring in counseling psychology and working toward a master’s degree in clinical/community counseling. “In the short term,” she said, “I see myself continuing to work as an outpatient therapist in community mental health while accruing supervisory hours toward my eventual licensure. Further down my professional path, I dream of pursuing doctoral studies and, possibly, counselor education."

“I don’t know what to do!” “Does anyone have any suggestions?” “I’m just feeling really stuck.” “I can’t figure out where to go next.”

Sitting in group supervision with intern peers, I hear statements like these every week. They reflect a disquieting inner turmoil well known by beginning counselors. The words above are voiced, but unspoken concerns often go deeper: I feel like an imposter. How can I ever help anyone? I don’t have a clue what I’m doing. Maybe I should have chosen a different profession.

While a nagging sense of inadequacy is likely germane to novices in any field, beginning counselors may have heightened sensitivity to crippling anxiety at the thought of starting out. We are, for the most part, sensitive, self-aware, compassionate individuals. We find ourselves sitting in small, enclosed spaces with hurting people who come to us for help. Armed with nothing but ourselves and whatever we have learned in graduate school, we tread lightly into the inner worlds. Suicidality, trauma, chronic mental illness and lifelong addictions await, looming large in our minds as potential disasters. The stakes seem dizzyingly high.

Responsible training programs seek to lower this anxiety, bolstering confidence and effectiveness by providing sufficient training, supervision and support. But what are the earmarks of adequate training? Is it better to master just one theoretical framework? Or, is exposure to everything preferred? Perhaps this is a question of quantity versus quality. Or, maybe it is like comparing a smorgasbord with an exquisitely tasteful, long-in-preparation fine dining experience.

Eclectic-minded thinkers might approach this question with a “toolbox” image, arguing that the more “tools” one has in his “box,” the better chance one has of meeting individual needs of a particular client. If one theoretical orientation isn’t a good fit, the counselor reaches back into his theory bag for a more appropriate technique, much like choosing between a pair of pliers versus a vice-wrench. Proponents of such an orientation might chide the “one theory” folks as carrying a toolbox containing only a hammer. Thus, more is better.

Alternately, those who support mastering one theoretical framework over sampling many might examine this question through a different lens. Looking at the realistic time constraints of a 48- to 60-hour training program, administrators might reason that there is simply not enough time to sufficiently train counselors in more than one theoretical orientation. Citing professionwide ethical standards, they might also argue that trainees would be practicing out of their area of expertise unless they were thoroughly trained and experienced in at least one “home base” modality. Thus, less is more.

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Pitfalls on the “more is better” side include the angst one of my professors had when seeing her very first internship client. Though she possessed a breadth of knowledge gleaned from her eclectic training program, theories swirled while anxiety soared with the realization she had no idea where to begin with the hurting person sitting before her. Weaknesses contained in the “less is more” camp were described to me by a psychiatrist with whom I work. While being thoroughly trained in one theoretical approach, he bemoaned the fact that there were so many others out there of which he wasn’t even aware. Somehow neither the eclectic approach nor the one-theory choice seems satisfying. Both have strengths. Both have drawbacks. So perhaps there is another way …

What if this question was reframed from an either/or debate to a both/and solution? If that were the case, trainees could become well-grounded in one foundational approach, while at the same time gaining exposure-level knowledge of many others. Interns could feel confident sitting with their first clients, knowing both where to begin and how to proceed through treatment. Much like attachment theory has taught us, novices would have a secure “home-base” theoretical orientation from which they could explore widely and to which they could always return.

Fortunately, this is exactly what I have experienced. While all students in our program develop an eclectic, wide-ranging knowledge through survey classes and electives, every student is also thoroughly trained in a cohesive, integrative, core curriculum counseling model that intentionally weaves together strengths of three leading theoretical orientations. While I’ve had my share of novice anxiety, because of the training received that offers practical skills beyond active listening, I’ve felt able to engage clients quickly in the therapeutic relationship. When peers seek advice with clients, I find myself sympathetic to their panic and all the more grateful for this middle way. ♦

Did you Know?

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When pitcher Zack Greinke left the Kansas City Royals during spring training in 2006, it wasn’t because of a sprain, a break or a torn muscle. Something less visible was threatening his promising baseball career: clinical depression and social anxiety disorder.

With the help of counseling, Greinke was able to work through the issues that plagued him and returned to the mound a few months later. Fast-forward three years, and Greinke is now a star pitcher who has appeared on the cover of *Sports Illustrated*.

Greinke’s story of recovery from social anxiety disorder is particularly amazing when you consider that each time he reports for work, he’s performing in front of thousands of fans. But he’s far from the only person struggling with anxiety. Anxiety disorders are the most common mental illness in the nation, affecting 40 million adults or 18 percent of the adult population.

Social anxiety disorder is characterized by an intense fear of social or performance situations and the feeling that others are scrutinizing you, often leading people who struggle with the disorder to avoid being with others. When those situations can’t be avoided, these individuals are consumed by how others are viewing them.

“People with social anxiety often have this magical kind of thinking that they know what the other person is thinking about them — and of course, it’s negative,” says Stephnie Thomas, a member of the American Counseling Association who has worked at the Anxiety and Stress Disorders Institute of Maryland in Towson for 12 years. “Most of us have periods of shyness, but (social anxiety goes) beyond shyness.”

Blushing, feeling hot in the face, sweaty palms, a racing heartbeat — all can accompany social anxiety, Thomas says. People who struggle with the disorder are consumed by the feeling of needing to say or do the right exact thing so that people will like them. “Remember those awkward adolescent years where you felt like you had two left feet?” Thomas asks. “Social anxiety disorder is kind of like growing up with two left feet. It’s like they’re forever stuck in that adolescent gawky phase where they just don’t feel like they fit in with the rest of the world.”

Thomas says the disorder has both a genetic and a behavioral component. The family root aspect is so common that Thomas recommends counselors ask the client if there’s a family history of social anxiety. “Sometimes it’s Uncle Charlie who didn’t like going to the family picnics and always kept to himself,” she says.

The treatment Thomas most uses to combat social anxiety is exposure. She encourages her clients to put themselves in social situations and investigate their negative feelings — first acknowledging those feelings and then looking at the reality. In most instances, she says, no one is staring or disapproving.

On a recent Friday night, Thomas took a group of clients struggling with social phobia to a nearby mall. Each person first attached a few pieces of toilet paper to the bottom of his or her shoe, then walked around the mall to see if anyone noticed. Of the six people in the group, only two said someone had spied the toilet paper. “It really helped them see, ‘You know, maybe people aren’t always looking at me,’” Thomas says.

Worry without end

Another anxiety disorder counselors say they commonly see is generalized anxiety disorder, characterized by at least six months of persistent and excessive anxiety and worry. Beverly Snodgrass, who works in private practice in Austin, Texas, says people struggling with generalized anxiety disorder have difficulty controlling their “worry thoughts.” They may feel fidgety and have difficulty sleeping. “It becomes so overwhelming that they’re unable to complete the things they need to complete,” Snodgrass says. And it can become a vicious cycle. “If they’re worried about job
She adds, “they may become so overwhelmed that they can’t do the things they need to prepare for that or have satisfactory performance. Therefore, the problem becomes worse. It becomes a self-fulfilling prophecy.”

Snodgrass says some people have a “biological vulnerability” to anxiety. “They may be more sensitive than other people. They may have inherited a nervous temperament,” she says. Experiencing a painful or traumatic event (even a low-grade trauma) can make anxiety even more likely for the person, says Snodgrass, who adds that anxiety serves as a kind of protective shield against experiencing the trauma again.

One effective treatment for generalized anxiety disorder is cognitive behavioral therapy, Snodgrass says. “What we’re focusing on here is bringing awareness to the thoughts that are contributing to anxiety,” she says. Snodgrass asks her clients to challenge the anxious thoughts and replace them with more realistic thinking, such as, “Yes, this is painful, but I’m going to live through it,” she says.

Another technique Snodgrass uses is mindfulness. “The client is taught how to observe thoughts with a healthy distance — being aware that thoughts are events of the mind and they have a beginning and an end,” she explains. Snodgrass helps her clients notice their physical symptoms, such as a quickly beating heart or shaky hands, and acknowledge that they aren’t in any immediate danger. Mindfulness techniques are more helpful with people whose anxiety levels aren’t extremely high, she concedes. When anxiety reaches a certain level, it’s hard for people to effectively manage their thinking, she adds.

Tina Cannon, a Florida psychotherapist and the founder of onlinecounselingblog.com and thebestcounselingblog.com, finds guided imagery useful for helping clients manage their anxiety. Cannon asks clients not only to picture a place they feel relaxed but also to identify what they hear, smell, taste and feel. “I ask them to practice that one or two times a day,” Cannon says. “Then, when they do feel anxious, because they practice it so much, they’re able to use it during those times.”

In the wake of trauma

Post-traumatic stress disorder (PTSD) is another anxiety disorder that has garnered recent attention, mainly because of its prevalence among soldiers returning from the wars in Iraq and Afghanistan. But wartime experiences aren’t the only trigger for PTSD. Any traumatic event in which a person believes his or her life is in danger, such as a rape or a car accident, can open the door for PTSD. More than 7 million adults in the United States have PTSD, and the disorder is more common among women.

One of Snodgrass’ clients, a 25-year-old woman, struggled with PTSD after experiencing traumatic work situations that forced her to leave her job. The situation was so severe that she subsequently spent time in the hospital. After being released, she relocated to Austin to be near her sister.

When the client began seeing Snodgrass, the trauma of her past job, linked with her hospital stay, was causing the woman to avoid the job market. Searching for jobs and going on interviews made her extremely anxious. Together, Snodgrass and the client first worked on relaxation techniques and steps the woman could perform each day to remind herself of her competency. During the treatment, Snodgrass’ client landed a new job. But her anxiety level still ran high. If she made even one mistake at work, it triggered her past trauma, and she feared landing in the hospital again.

After the initial stage of treatment, Snodgrass used a technique known as eye movement desensitization and reprocessing (EMDR), which counselors are finding helpful in treating PTSD. EMDR requires the client to use focused eye movements while bringing to mind a traumatic episode. The idea behind the treatment is that by switching focus between the memory and eye movement, the client reprocesses the memory. In this case, the client kept her eyes on the movement of Snodgrass’ hand while calling to mind the worst memory of her job loss and hospitalization. After three sessions, Snodgrass says the client’s memories had become less disturbing to her.

“It takes away those intense feelings about whatever that trauma was,” says Cannon, who also uses EMDR in treatment. “They still remember it, but they don’t have that immediate connection of ‘It’s all happening all over again.’ It doesn’t change the way they remember it; it changes how they feel about it. It changes the emotions associated with it.”

Plagued by panic

Panic disorder is another common anxiety disorder that some counselors treat. Panic disorder is sometimes coupled with agoraphobia, which literally means “fear of the marketplace.” When agoraphobia is present, people become afraid of being in a place or a situation in which it would be hard for them to escape or to get help if they had a panic attack. Cannon notes that panic attacks can happen in places as varied as a certain store that gets overcrowded
or while driving in a car on the highway. “Clients usually describe (the panic attack) as an intense fear where they felt like they were going to die or lose control,” she says. “Then they get this urgent desire to flee the situation.”

Medication can often help a person struggling with panic attacks, Cannon says. Regarding therapy, she recommends first helping clients to identify the trigger for the panic attack, such as recalling a traumatic event or phobia. Then the counselor can assist clients in changing the thinking patterns that are keeping them from overcoming their fears and changing their reactions to anxiety-provoking situations. Cannon recommends counselors try desensitization techniques such as EMDR or exposure and response prevention. She adds that deep breathing exercises will aid in relaxation and anxiety management.

Thomas also sees a large number of clients with panic disorder. When she began working at the Anxiety and Stress Disorders Institute of Maryland, she says the institute’s professionals concentrated mainly on cognitive behavioral therapy. Now she uses “third-generation” cognitive behavioral therapy, focusing more on acceptance. Many counselors still teach distraction and relaxation techniques to clients. Although those techniques are good in the short term, Thomas says, they can lose their potency after a time.

Thomas teaches her clients that they can be OK with their feelings of anxiety, which essentially separates the feelings from the perceived danger, she says.

Thomas compares the physiological feelings involved in a panic attack to riding a roller coaster. “Most people get off the roller coaster and say, ‘Oh, cool, that was fun. Let’s do it again,’” Thomas says, but people more prone to anxiety might say, “Oh, I didn’t like that, and I don’t want to do it again.”

“A lot of it is difference in attitude toward the symptoms,” she says.

Last year, Thomas flew with a group of five people on a day trip to the Rock and Roll Hall of Fame and Museum. They flew out of Baltimore in the morning and flew back from Cleveland later that evening. For most people, the trip wouldn’t have been a big deal. But for this group, it was an amazing feat because all, save for Thomas, were afraid of flying.

Thomas specializes in helping clients come face-to-face with the things they fear. During the past few years, she has developed a comprehensive program for clients who are afraid to fly. About two weeks before her group flew to Cleveland, she took them to the airport to talk to a pilot about flight safety. “They usually find it very reassuring,” Thomas says. The point of visiting the airport and then waiting two weeks before flying, she explains, is so clients will learn to cope with the anticipatory feelings.

Whether the situation involves experiencing panic attacks in an elevator, on the highway or on a plane, Thomas says helping clients practice those situations can assist them in overcoming their fear. In recognizing the sensations and feelings that accompany anxiety and panic, clients realize they can be in those situations and emerge unharmed. “They begin to habituate to the sensations and feelings,” Thomas says, adding that clients can then recognize the initial jolt of adrenaline. “This is a very normal reaction, but it doesn’t necessarily mean you’re in danger.”

**Tips from the pros**

These experts agree that no matter what type of anxiety disorder a client seems to be presenting with, a counselor’s No. 1 priority should be ensuring the client has had a full medical checkup. Medical conditions such as thyroid problems can sometimes mask as anxiety, Thomas says.

Expressing faith that the situation can improve is another helpful tactic, Snodgrass says, but be realistic with the client. Reassure clients that while things might not change overnight, they will get better. At the same time, she says, help clients understand that it’s not realistic to expect that all their anxiety will disappear or that they’ll never feel anxious about anything again.

Don’t be afraid of the anxiety, Thomas advises her fellow counselors. “Anxiety is not dangerous, and if you can sit there (with the client) and hold their anxiety and not be afraid, then that gives them courage that they can change.”

Snodgrass recommends counselors help clients see how they might be unintentionally reinforcing their anxiety and then assist them in eliminating those patterns. She offers the example of a person who has great anxiety about grocery shopping. The counselor should arm the client with techniques, such as breathing exercises, to use when he enters the store and begins feeling anxious. Leaving the store will only reinforce the sense of anxiety, she says.

“It further enhances the idea that I can’t handle it — ‘The last time I went to the store, I left.’ It makes them more anxious the next time.”

Counselors must also be careful not to reinforce their clients’ anxiety, says Snodgrass, recalling that she learned that lesson firsthand. One of her clients, a man in his mid-30s, was struggling with anxiety caused by feelings of social isolation and incompetence. Snodgrass allows her clients to set up a “coaching call” when they’re attempting to do something they’ve been working on in treatment. Although that approach is beneficial with many of her clients, it had a negative effect on this particular man. “He was calling me, but it was reinforcing his idea that he couldn’t handle (his anxiety),” Snodgrass says. She adapted the plan so the client would call her after he had utilized the relaxation techniques instead of before, and that change had a positive impact. Reinforcement and anxiety can be “tricky” topics, Snodgrass admits. Happily, she says the client is now reconnecting to his feelings of competency.

Although anxiety at the disorder level is neither healthy nor enjoyable, ACA member Neil Soggie, an assistant professor of psychology at Atlantic Baptist University in Canada, says some anxiety is necessary. He agrees with Snodgrass that total elimination of anxiety is neither realistic nor advisable. Soggie, who wrote the *Professional Handbook for Mood and Anxiety Disorders*, knew someone who struggled with anxiety and took medication to combat it. When on her medication, however, an antisocial tendency came to the fore that had been held in check by her anxiety of getting caught. “So while she felt fine, she left a wake of destruction a mile wide while on her antidepressants,” Soggie says. “This is a reminder that there is a positive role of anxiety and that we all need a little anxiety in our life in order to help it be meaningful and keep us sane and civil.”

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

Letters to the editor: ct@counseling.org
Filling the gap

Why does a gap often exist between counseling in the schools and counseling in the community, and what can be done to close it?

By Jim Paterson

Ask school counselors to describe their day, and the word “busy” will almost assuredly work its way into the conversation. Some of these counselors confess that they often feel too strapped for time to focus on in-depth counseling, group work, classroom lessons or other proactive, preventive activities. Yet many also admit that they don’t adequately put to use a readily available resource that could ease their burden and serve their kids well: community mental health services.

School counselors cite a variety of reasons for this dilemma and a couple of proposed solutions, including moving community resources into the schools or holding resource fairs at which parents, educators and counselors alike can learn more about what services are available in the community and how to utilize them.

“Students today are exposed to so much and struggle with so many issues,” says Kansas City-based psychologist Lynette Sparkman-Barnes, coauthor of a study on how schools and outside mental health professionals can work together that appeared in the Professional School Counseling journal, published by the American School Counselor Association, in 2006. “Whether the community mental health provider is on-site at the school, in consultation with the school, comes to train counselors or provides workshops for students and parents, this type of resource is absolutely needed at all schools.”

Why make the link?

Community mental health services can help overburdened school counselors as well as those whose administrators are skittish about the school’s role in issues where liability may be a concern or prefer that their school counselors focus on concerns such as academics, attendance and behavior.

Community mental health counselors can also assist with specific or severe adolescent problems that school counselors may not be extensively trained to handle and provide more in-depth counseling when a busy school counselor can’t or when a student ends up being hospitalized. School counselors might also find it beneficial to collaborate with community mental health counselors to organize group counseling sessions.

Lori Wike, a counselor at Fred T. Foard High School in Newton, N.C., and president of the North Carolina School Counselor Association, says a case management approach — coordinating the work of the school nurse, social worker, a community mental health professional and a school counselor — works best. Such a structure, with the school counselor taking the lead, provides comprehensive service to students in need, she says.

Wike works closely with Sean Jarman, a counselor with Family Net Counseling Services in nearby Hickory, N.C. Jarman says a team approach changes the focus of the counseling being provided. “Working with professionals in the community is particularly helpful for school counselors because you move from a client-centered approach to a family-centered approach by working with all components and members of the family,” he says. “Both counselors are able to link to other services that would benefit families, such as health care management or financial assistance.”

Sparkman-Barnes’ study put it this way: “If we are to successfully intersect the complicated in-school and out-of-school lives of children, we must focus on the development of the whole child. Doing so will require collaborations that span the boundaries of professions and agencies.”

What gets in the way

“Several factors make this difficult from the start,” Sparkman-Barnes acknowledges. “Sometimes, it is simply hard to determine a process for referring students and deciding which students will
The steps to collaboration

Here is a summary of some steps that can be taken to establish or enhance the connection between school and community-based counseling.

Connect the dots. Gather information about potential services available from other counselors, community leaders and community service providers.

Set it up. Establish a solid program, including location of services; times those services will be provided; a process for promoting the program to staff, administration and students; and a system for identifying and referring students. Work through an areawide school system if possible to avoid duplication of efforts and to gain access to more resources inside and outside of the system.

Consider options. Can the community-based service help with a certain type of student, a specific issue that has cropped up in the school or with organizing different types of therapeutic groups?

Get others on board. Get administrators, staff and parents on board with good information and communications about available services in the school and community. Also take the time to educate the student body about the value of counseling and let them know that the school counselor can help link them to other services.

Trust but verify. Give the community-based counseling service independence, but establish a system for feedback from clients if one does not exist. Regularly scheduled face-to-face meetings are helpful in discussing current clients and making new referrals.

— Jim Paterson

reap the most benefit from the service and who should be prioritized.”
A thorough understanding of available community mental health services is key, along with a written referral process and other structures to ensure that the students most in need are connected to these services. This includes establishing systems for identifying eligible students and tracking behavioral or academic changes in school. Oftentimes, there is no preexisting structure for this type of collaboration between school counselors and community mental health counselors, making the process difficult and participants reluctant to get involved.

As the study by Sparkman-Barnes and her colleagues noted, “It is possible that the continued confusion regarding role definition and clarification affects the school administrator’s understanding of the pivotal role the school counselor must play in such collaborations.” The study goes on to say that despite the key role they play in the referral process and their knowledge of the students, school counselors may be overlooked by administrators as a liaison to community resources.

On the other hand, administrators may not recognize the need for additional services beyond those provided by the school in part because they don’t fully grasp the role of the school counselor. “Principal contribute to the confusion because many still see counselors as mental health folks, so they don’t see a need for community collaboration and block these relationships,” says Marilyn Rengert, who recently retired as the coordinator of the approximately 100 counselors in the Salem/Keizer, Ore., public school system.

“Counselors also don’t collaborate for a variety of other reasons,” she adds. “They may want to do it all themselves or they don’t feel like they have the time to build community relationships.” And in some cases, she notes, community resources may simply be sparse.

Wike says that because of the nature of school counseling, proper communication is particularly important. “Within a school setting, the calendar and schedule can be very limiting. It always seems like some people are at the table but not all at the same time. When all the individuals are working together from a case management stance, then communication becomes even more important. Without it, the process for healing the client is compromised.”

She recommends districtwide partnerships among community organizations. But lacking that, Wike encourages school counselors to take the lead in making that connection.

Jarman says that responsibility for the student’s well-being must also be spelled out. “Counselors are working from different angles and different perspectives in each setting,” he says. “As a result, it is difficult to establish who is really taking primary ownership of the client’s well-being.” He notes that while school counselors tend to concentrate on students’ academics, community counselors “have more freedom for creativity and are focused more on the social/emotional domain.”

Catherine Wilson, a counselor educator and former director of guidance and counseling at high schools in Maryland and Vermont, says that, in worst case scenarios, there is competition over which counselor or what organization “gets credit for the family,” particularly in urban areas. “It was sometimes all about contacts and funding,” she says about the suburban Washington, D.C., district where she worked.

Bureaucracy also hindered efforts to work with professionals in the community. “Red tape and reporting in order to justify your existence is the death of collaboration,” she says. “The time required to set up a relationship wasn’t worth it.”

As head of the counseling department, Wilson was also concerned about potential liability if an outside professional came into the school. “Since the buck stopped with the head of counseling, and I couldn’t supervise what was going on outside our own staff, liability and credentialing were a problem,” she says.

However, in rural Vermont, where Wilson now works, she says school counselors are more familiar with individuals in community agencies, there is more continuity among the personnel filling counseling positions, and these professionals are more likely to know the local families and their children and be aware of their problems.
“Here, collaboration is not a new idea,” Wilson says. “They have been doing it all along. Everyone takes time to get to know one another. They aren’t fighting over turf or worrying that someone is getting more than them. And since there is so little available, there is more need to pool resources.”

Sparkman-Barnes concedes that turf wars can break out when collaborative counseling relationships are pursued. “Issues of who makes what clinical decision, who should be making what educational decision and how these two collide can be quite daunting,” she says. Clearly defining — in writing — the role that the school counselor and the community mental health counselor will play, as well as committing to a generous amount of face-to-face communication, goes a long way toward averting those squabbles, she advises.

Other issues that can trip up collaborative relationships include money (how will the counseling service be paid for if it is not being funded by grants?) and space (where can the counselor from an outside agency meet with students?).

**Working it all out**

“Sometimes even introducing the idea of having a community mental health professional consult or interact with the student is met with a great deal of suspicion and mistrust from the parents or guardians because mental health professionals are often erroneously associated with child protection services, which they fear might take their child away,” Sparkman-Barnes says. Providing more information about the services offered is helpful to parents and school staff.

Part of the solution, experts say, is for school counselors to talk openly about counseling and support services available in the community. This affords community mental health professionals more opportunities to meet teachers (often on the front lines for identifying potential concerns with students), administrators and parents.

“Counselors should also be actively involved in the collaboration, from helping to secure funds to working out the referral process, to meeting and talking regularly with the community provider,” says Sparkman-Barnes.

Wike says counselors with a strong school counseling program and who collect useful data can best make the case for making use of community resources.

Collaborative counseling relationships can transpire in several ways, but Wilson points out one model that actually brings the mental health center into the school. In this example, the center might be open in the evening and provide couples and family counseling, health services, Medicaid service food, shelter, day care and links to other services.

“There is something to be said for this, but many school counselors may see it as a threat to their jobs,” Wilson says. “School counselors fear losing their jobs in favor of someone qualified to accept third-party payment.”

To increase understanding and promote use of other community resources, Rengert says her school system has developed an “agency fair” at which mental health providers and representatives of protective services, health agencies and support organizations explain their work.

“The counseling staff, social workers, school psychologists and support personnel for the district get to spend a morning meeting agency folks,” she explains. “It is scheduled as the staff meeting in the spring, and staff are always enthusiastic to attend. A side benefit is that agency folks not only meet counselors, but they meet each other, often for the first time, and it builds a great base for future collaboration.”

Jim Paterson is a writer, editor and school counselor living in Olney, Md. Contact him at Jamespaterson7@gmail.com.

Letters to the editor: ct@counseling.org

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"Confronting Addiction"
1. Before finally succeeding in getting and remaining sober:
   o a. with his 18th attempt.
   o b. when he was planning to kill himself.
   o c. both a and b
   o d. None of the above
2. HERO House is all of the following EXCEPT:
   o a. students-only.
   o b. a peer-to-peer recovery model.
   o c. on-campus.
   o d. a live-in house.
3. The intent of the ASERVIC Competencies is, first and foremost, to promote inclusivity and counselor self-awareness.
   o a. True
   o b. False
4. Cashwell thinks the trepidation among counselors to explore the sacred is, in many cases a recognition and fear of:
   o a. offending the client in an intimate area.
   o b. working at such a deep level.
   o c. imposing the counselor's own belief system.
   o d. not having enough training to navigate the subject matter.
5. "Spirituality and Addictions Counseling: A Long-Standing Marriage"
   o a. True
   o b. False
6. Cashwell thinks the trepidation among counselors to explore the sacred is, in many cases a recognition and fear of:
   o a. offending the client in an intimate area.
   o b. working at such a deep level.
   o c. imposing the counselor's own belief system.
   o d. not having enough training to navigate the subject matter.
7. "The Top Five"
   5. When grief disrupts clients' highly individualized "meaning structures," the dissonance most often centers on:
   o a. spiritual and philosophical beliefs.
   o b. personal identity.
   o c. ideas about fairness, predictability or control.
   o d. All of the above
8. "Filling the Gap"
   7. Rengert says her school system has developed an "agency fair" at which all of the following EXCEPT explain their work:
   o a. mental health providers
   o b. representatives of protective services
   o c. representatives of health agencies
   o d. representatives of disability support services
   "Counselor Career Stories"
9. All of the following statements are true about the population Kornegay works with currently EXCEPT:
   o a. She definitely sees self-injury.
   o b. There is a mental health stigma.
   o c. Reality therapy works well.
   o d. Substance abuse is a common issue.
10. "Five Winners Selected in Hotly Contested 2009 ACAF Grad Student Essay Contest"
     a. mental health providers
     b. representatives of protective services
     c. representatives of health agencies
     d. representatives of disability support services
     e. Spirituality and Addictions Counseling
     f. Counselor Career Stories
     g. The Top Five
     h. Filling the Gap

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laughlady55@aol.com

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erobinson@mail.ucf.edu

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CSJ Representative
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jculbret@uncc.edu

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Loretta.Bradley@ttu.edu

NCDA Representative
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sgn3@psu.edu

NECA Representative
Kay T. Brawley
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Kelly.Duncan@usd.edu

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<td><a href="mailto:mfs2f@virginia.edu">mfs2f@virginia.edu</a></td>
</tr>
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<td>Shane Haberstroh</td>
<td><a href="mailto:shane.haberstroh@utsa.edu">shane.haberstroh@utsa.edu</a></td>
</tr>
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<td>Greta Ann Davis</td>
<td><a href="mailto:davis_greta@yahoo.com">davis_greta@yahoo.com</a></td>
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<td>Daya Singh Sandhu</td>
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</tr>
<tr>
<td>American Mental Health Counselors Association (AMHCA)</td>
<td>Linda Barclay</td>
<td><a href="mailto:lbarclay@walsh.edu">lbarclay@walsh.edu</a></td>
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<tr>
<td>American Rehabilitation Counseling Association (ARCA)</td>
<td>Carolyn W. Rollins</td>
<td><a href="mailto:Carolyn.rollins@asurams.edu">Carolyn.rollins@asurams.edu</a></td>
</tr>
<tr>
<td>American School Counselor Association (ASCA)</td>
<td>Pat Nailor (starts 10/1/09)</td>
<td><a href="mailto:pnailor@verizon.net">pnailor@verizon.net</a></td>
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<td>Ellyn Joan Essic</td>
<td><a href="mailto:ej.essic@gmail.com">ej.essic@gmail.com</a></td>
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<td>Mary Ballard</td>
<td><a href="mailto:Mary.Ballard@selu.edu">Mary.Ballard@selu.edu</a></td>
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<td>American Rehabilitation Counseling Association (ARCA)</td>
<td>Carolyn W. Rollins</td>
<td><a href="mailto:Carolyn.rollins@asurams.edu">Carolyn.rollins@asurams.edu</a></td>
</tr>
<tr>
<td>National Career Development Association (NCDA)</td>
<td>Pat Schwallie-Giddis</td>
<td><a href="mailto:drpat@gwu.edu">drpat@gwu.edu</a></td>
</tr>
<tr>
<td>National Employment Counseling Association (NECA)</td>
<td>Sue E. Pressman</td>
<td><a href="mailto:sepresseman@aol.com">sepresseman@aol.com</a></td>
</tr>
<tr>
<td>National Employment Counseling Association (NECA)</td>
<td>John Hakemian</td>
<td><a href="mailto:sailorjohn@mindspring.com">sailorjohn@mindspring.com</a></td>
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Counseling Today

Gender-Responsive + Trauma-Informed Services For Women
September 22 - September 24, 2009
Continuing Education & Conference Center
1890 Buford Avenue
St. Paul, MN 55108
Two day registration fee $129; third day free
21 CEUs available
Register at www.riverridgetreatmentcenter.com
Or Call: (952) 894-7722

Covington Curriculum Conference

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Executive Director
Thomas J. Sweeney
tjsweeney@csi-net.org

ACA FOUNDATION (ACAF)
Chairperson
Howard Smith
howardbsmith@cox.net

Secretary-Treasurer
Richard Yep
ryep@counseling.org

ACA INSURANCE TRUST
Chairperson
David Capuzzi
capuzzida@pdx.edu

Executive Director
Paul Nelson
Pnelson.acait@counseling.org

Chairperson
Craig S. Cashwell
cacrep@cacrep.org

Executive Director
Carol Bobby
ebobby@cacrep.org

NATIONAL BOARD FOR CERTIFIED COUNSELORS (NBCC)
Executive Director
Thomas Clawson
nbcc@nbcc.org

CHI SIGMA IOTA (CSI)
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COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS (CACREP)
We believe strongly that Counseling is one profession and are disheartened at the frequency with which public statements to the contrary are made. Although diversity of thought and dialogue are positive, divisive public statements are detrimental to the Counseling Profession. Of course, Professional Counselors work in a variety of settings and their practice of counseling is influenced heavily by these settings. This is true for many professions, such as law, medicine and engineering. Just because the practice of counseling may occur in different settings or with different populations, however, does not mean that each setting or client group defines a separate profession.

We would like to offer four areas where Professional Counselors can strengthen the identity of the Counseling Profession. We offer these examples as conversation-starters and will gladly participate in the ongoing dialogue in any way that we are able.

**Strengthening identity through unity**

The 20/20: A Vision for the Future of Counseling initiative, cosponsored by the American Association of State Counseling Boards and the American Counseling Association, has been working to promote the Counseling Profession. This work group initially was composed of 30 delegates from a broad array of professional organizations within the Counseling Profession. This is to say that 20/20 was not intended to be inclusive of all professionals who engage in the mental health delivery system, but rather intended to bring together representatives from organizations within the Counseling Profession. In their initial work, the 20/20 delegates developed the following seven guiding principles.

I. Sharing a common professional identity is critical for counselors.

II. Presenting ourselves as a unified profession has multiple benefits.

III. Working together to improve the public perception of counseling and to advocate for professional issues will strengthen the profession.

IV. Creating a portability system for licensure will benefit counselors and strengthen the counseling profession.

V. Expanding and promoting our research base is essential to the efficacy of professional counselors and to the public perception of the profession.

VI. Focusing on students and prospective students is necessary to ensure the ongoing health of the counseling profession.

VII. Promoting client welfare and advocating for the populations we serve is a primary focus of the counseling profession.

With intent, these principles were broadly developed to serve as guiding principles for the subsequent work of the 20/20 delegates.

Though it is wonderful that 29 of the 30 participating organizations signed on in agreement with these principles, it is disconcerting that the American School Counselor Association, a large and vital division of ACA, chose not to sign on. The explanation provided in multiple forums by ASCA was the need to wait until the 20/20 delegates developed a definition of Professional Counseling for dissemination to the public. ASCA indicated that it would be unwise for them to sign a document asking Counselors to share a common identity and present themselves in a unified manner until a single definition of the Counseling Profession was developed.

Our respective organizations have gone to some length to work with ASCA leadership toward a public statement that School Counselors are Professional Counselors who work in the schools. We agree that the practice of school counseling is impacted by the setting, and we agree that School Counselors emphasize the educational needs of students and utilize educative interventions in service of preventative goals. We disagree, however, with any statement that distinguishes...
School Counselors as Educators with specialized training in school counseling.

Are School Counselors a part of the Counseling Profession? We believe wholeheartedly that the answer is yes, and we believe that the majority of ASCA members — certainly those to whom we have spoken personally — would sign off on the above seven principles. We call for the elected leadership of ASCA to revisit this issue with their entire membership and make decisions that are in accord with the highest good of the Counseling Profession and reflective of the ideology of their membership. We believe this is vital to the unification of the Counseling Profession.

Strengthening identity through legislation

State licensure laws are quite varied in their regulations, particularly in relation to educational requirements. Because of this, it is quite easy in some states for a professional from another profession (Social Work, Psychology, Marriage and Family Therapy) to become a Licensed Professional Counselor. Can it be any wonder that there is confusion about the identity of Professional Counselors when people can be licensed with such inconsistency in their training or even in the discipline of their terminal degree? While acknowledging the political and historical limitations often at play in the licensure process, we encourage state licensure boards to consider ways to rewrite regulations to strengthen the professional identity of Licensed Counseling Professionals.

Strengthening identity through clear communication

Professional organizations and institutions must represent clearly who they are (and who they are not) to constituents. For example, despite efforts from CACREP to educate constituents, there remain counselor education programs that represent themselves as “CACREP-equivalent” programs. This is a meaningless term that has the potential to confuse students and potential students. We advocate for discontinuation of the term CACREP-equivalent. CACREP is the accrediting body of the Counseling Profession, and counselor preparation programs either are accredited or are not.

Strengthening identity through clear identification of members

In some instances, it may be in the best interest of Professional Counseling organizations to allow (even encourage) membership among persons who are aligned with another mental health profession. We support such practices. At the same time, we believe that it is the professional responsibility of organizations to create membership categories that clearly indicate members who are from allied professions. Such a practice acknowledges that professionals within other professions may engage in the similar tasks promoted by the organization, yet also clearly communicates to the public at-large the professional identity of the member and whether he or she is a Professional Counselor.

This is not about semantics or exclusivity. It is about clear communication. For example, we have seen many cases over the years in which individuals used their membership in ACA and divisions to indicate their professional identity. Memberships in professional organizations, however, are much less an indicator of professional identity than such benchmarks as terminal degree, type of credentials held and areas of professional service and leadership. For example, if a person holds a terminal degree in Psychology, is a Licensed Psychologist and attends national, regional and state Psychology conferences, he or she clearly is a member of the noble profession of Psychology. Should he or she be able to identify as a Counselor or Counselor Educator, however, simply because of membership in ACA and/or its divisions? We think not and encourage professional organizations to consider membership categories that address this issue. Such actions will more clearly communicate to our constituents who we are as Professional Counselors.

In conclusion, we believe the time is now to strengthen the Counseling Profession to continue the forward progress toward full parity with other mental health professions. This can only happen with a unified effort to put forward one voice as Professional Counselors. We are a profession that champions diversity of thought and practice, which is a hallmark of our Counseling Profession. We owe it to our chosen profession and to consumers, however, to be clearer about who we are. The time is now. Please do your part. Unity is a clear message!

Craig S. Cashwell is the current chair of CACREP. David Kleist is the immediate past president of ACES, and Tom Scofield is the current president of ACES.

Letters to the editor: ct@counseling.org

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ASGW offers variety of resources for counselors
Submitted by Don Ward
dward@pittstate.edu

The Association for Specialists in Group Work has produced a number of resources that may be useful to counselors. The Journal for Specialists in Group Work, free to ASGW members in both hard copy and electronic format, includes valuable articles on the latest practices, theory and research related to group work. Members can access the journal online using the “Members-Only” link on the ASGW website at asgw.org. Also available to members on the site are past issues of the journal from 1981 to the present. This invaluable tool for researchers, scholars and practitioners is also available to nonmembers electronically for a fee at tandf.co.uk/journals/titles/01933922.asp.

ASGW also has created several other products designed specifically for group leaders. Our newest products include:

- School Counselors Share Their Favorite Group Activities: A Guide to Choosing, Planning, Conducting and Processing
- Leading Groups for Adolescents (on DVD)
- Celebrating Cultural Diversity: A Group for Fifth-Graders (on DVD)
- Group Work Experts Share Their Favorite Multicultural Activities: A Guide to Diversity-Competent Choosing, Planning, Conducting and Processing

These products are available for purchase though the ACA bookstore at counseling.org.

For those who wish to immerse themselves in an intensive interactive learning experience about group work, ASGW hosts a national conference every other year. The next conference will be in New Orleans Feb. 18-21, 2010. Visit asgw.org for details as they become available, and please plan to join us for a wonderful and collegial group work learning and networking experience.

ACC issues call for committee members and papers
Submitted by Heather Trepal
Heather.Trepal@utsa.edu

The Association for Creativity in Counseling has many exciting things happening within its division and is looking for interested members to serve on the following committees for the 2009-2010 year. Available committees include:

- American Counseling Association Conference Committee
- ACC Conference Committee
- Graduate Student Committee
- Membership Committee
- Newsletter Committee
- Research Committee
- Strategic Planning Committee
- Website Committee

Please contact Heather Trepal at heather.trepal@utsa.edu if you are interested in serving.

In addition, the Journal of Creativity in Mental Health, the official journal of ACC, is currently accepting manuscripts for review. Published by the Taylor & Francis Group, the ACC journal is particularly interested in promoting an understanding of creative interventions in the service of forming and sustaining growth-fostering relationships. The journal also seeks submissions that describe energy psychologies and other complementary and alternative therapies.

For more information, review the ACC website at aca-acc.org or contact Thelma Duffey or Cathy Somody at jenm02@gmail.com.

EB-ACA Learning Institute covers preventing a relapse
Submitted by Christopher Kuhn
chris.kuhn1@us.army.mil

Nestled snuggly in the woods of the Neckar-Odenwald Nature Park is the Natur Kultur Hotel Stumpf in Neunkirchen, Germany, which played host to the European Branch of ACA Learning Institute “An Integrated Approach to Relapse Prevention for People With Substance-Related Problems.” The institute was presented by David P. DeFrancesco from the Miramar Brig in California. The presentation emphasized motivational interviewing and working with relapse at the onset of treatment rather than waiting until later in therapy to introduce the idea of relapse prevention.

DeFrancesco utilizes the client as the best historian for establishing relapse thinking and behavior. He examines the client’s Seemingly Unimportant Decisions (S.U.D.) that would lead to a high-risk event causing a loss of control and, hence, the first drink. The relapse prevention model breaks into a series of matrixes and acronyms that demonstrate to clients an awareness of their decision-making process that could sabotage their abstinence. The matrix continues on from high-risk situations through the Abstinence Violation Effect (A.V.E.), examining the success or failure of the coping mechanisms. The model stresses feedback from other clients as well as the clinical staff and uses challenge exercises to test the client’s abstinence plan.

The weekend represented a new twist on the age-old problem of prevention and emphasized a proactive, motivational approach that was client-centered and client-driven. This was a fresh approach with statistics and outcome studies that indicated the success of the treatment matrix and program.
The 50th Annual EB-ACA Fall Conference will be held in Weiskirchen, Germany, Nov. 5-8. Visit the EB-ACA website at online-infos.de/eb-aca/main.htm or eb-aca.org for hotel information, registration forms and updates on the conference program. For further information, contact Susan Stammerjohan at sassysusanna61@yahoo.com.

Head to Miami with NECA
Submitted by Kay Brawley
kbrawley@mindspring.com

Take advantage of the National Employment Counseling Association LifeWork Institute, to be held Nov. 19 in Miami, where Devan Coughlin, student representative to the NECA Board of Trustees, will present an in-depth skill-building session. Coughlin originally presented “Organizing Occupational Information Through the Use of Customized Occupational Schemas” at the National Career Development Association Conference in St. Louis. Accessible occupational information is crucial to the job search process, whether helping workforce professionals to identify indispensable skills, retirees to pursue their passions or students to transition into the workplace.

At the institute, held in partnership with the Florida Counseling Association, Coughlin will address points to consider in helping clients search for occupational information, including the best ways to provide timely information to specific populations. Participants will explore ways to classify occupational information, learn how to use a standard classification relevant to clients’ search methods and understand the utility and value of occupational information in career and life planning. Coughlin’s model includes identification of learning styles and information-seeking behavior of various populations related to selecting and organizing information.

Coughlin began her career in career service sales at CareerBuilder.com in Chicago, where she learned about the ebb and flow of labor market demands. Currently, she works as a career adviser in the Florida State University Career Center, co-instructing an undergraduate career planning class while studying for her master’s in the counseling and human systems program at the university. Combining her previous corporate world experience with her counseling education work, Coughlin’s workshops are particularly valuable to workforce professionals and career counselors at all levels.

For more information about the NECA LifeWork Institute, contact Kay Brawley at kbrawley@mindspring.com. ♦

Attention ACA divisions, regions and branches:
Submit your brief news articles to jrollins@counseling.org by the first of each month for inclusion in the following month’s issue of Counseling Today.
COMING EVENTS

AADA Conference
Aug. 7
Rochester, N.Y.

The Association for Adult Development and Aging Conference will focus on “Changing Our Perspective on Aging.” The keynote speaker will be E. Christine Moll. Presentations will include spirituality in adulthood, prescription drug addiction, chronic health conditions across the life span, reaching older parents and grandparents of K-12 students and living with terminal illness. To register, visit aadaweb.org.

Rocky Mountain Eating Disorders Conference
Aug. 14-15
Denver, Colo.

Hosted by Denver’s Eating Recovery Center, the first-ever Rocky Mountain Eating Disorders Conference features a lineup of nationally recognized eating disorder treatment experts and a series of presentations addressing the complexities of eating disorders and restoring healthy lives. To register for the event, which will be held at Exempla St. Joseph Hospital, visit eatingrecoverycenter.com/leating-disorder-summit.php or call 877.218.1344.

AACE National Assessment and Research Annual Conference
Sept. 11-12
Norfolk, Va.

The Association for Assessment in Counseling and Education brings together professionals who have a special interest in diagnosis, test use, evaluation and outcome research. Our mission is to promote understanding of counseling outcome research, diagnosis and the professional use of counseling, psychological tests and educational assessment tools. Keynote speaker Ted Remley will discuss issues related to the ethical considerations regarding admissions testing. For more information, go to theaaceonline.com.

Eating Disorders Seminar
Oct. 8
Portland, Ore.

“Accessing the Language of the Body in Treatment” is a full-day seminar aimed at providing training for counselors who treat eating disorders. Participants will learn how to “attend” empathically and translate nonverbal experiences into cognitive insights. Experiential body/mind exercises will be used along with didactic presentation to integrate a more embodied approach into counseling practice.

For more information, contact the American Dance Therapy Association at 410.997.4040 or e-mail gloria@adta.org.

ACES National Conference
Oct. 14-18
San Diego

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

EB-ACA Fall Conference
Nov. 5-8
Weiskirchen, Germany

The European Branch of the American Counseling Association will host its 50th annual fall conference, themed “The Golden Age of Counseling,” at the Flair Hotel Parkhotel in Weiskirchen. Visit the EB-ACA website at online-infos.de/eb-aca/main.htm or eb-aca.org for hotel and conference registration information. For further information, contact Susan Stammerjohan at satsysusanna61@yahoo.com.

FYI

The Journal for Humanistic Counseling, Education and Development, devoted to exploring humanistic issues, practices and perspectives, is looking for new editorial board members. Successful nominees will have a commitment to humanism (see c-ahead.com), a successful research and publication record, a strong interest in seeing quality research and position papers in the professional conversation and a willingness to review at least one manuscript monthly for the three-year term on the editorial board. Interested persons can self-nominate by sending a letter addressing the four qualifications above and a current vita to Colette Dollarhide at jhcead@gmail.com. Please send materials on or before Aug. 31.

The Louisana Journal of Counseling invites manuscript submissions for its 2009 edition. Research and practice-based submissions related to the field of counseling will be considered for blind peer review. Please submit an electronic copy to Peter Emerson at pemerson@selu.edu. Questions should be directed to either Emerson or coeditor Meredith Nelson at mnelson@lsus.edu.

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling is inviting submissions for The Journal of LGBT Issues in Counseling. The journal publishes articles relevant to working with sexual minorities and of interest to counselors, counselor educators and other counseling-related professionals who work across diverse fields. Topic areas include new research, innovative practice and theoretical or conceptual pieces, including literature reviews and pieces that reflect new ways of integrating previously held ideas. For submission guidelines, contact editor Ned Farley at nfarley@antiochseattle.edu.

Bulletin Board submission guidelines

Items for the Counseling Today Bulletin Board must be submitted via e-mail to lshallcross@counseling.org with “Bulletin Board” in the subject line. Please note that not all submissions are accepted for publication. Submissions may be accepted or rejected at the discretion of the editor-in-chief. Limit submissions to 125 words or less. Announcements will be published for a maximum of three consecutive months, after which an updated version of the announcement must be resubmitted for inclusion.◆
ACA launches counseling blog
The American Counseling Association has launched its latest effort to share valuable, up-to-the-minute information and insights with its members while simultaneously encouraging practitioners, counselor educators and graduate students to weigh in with their own opinions and insights. ACA’s counseling blog debuted on June 24 at my.counseling.org (the blog can also be linked to from the ACA website at counseling.org). The roster of bloggers includes:

- Dee Anna Nagel, a member of the ACA Cybertechnology Task Force who has a following of 4,000 people on Twitter
- Jessica Diaz, a doctoral student who has also served as the graduate student representative to the ACA Governing Council
- Paul Fornell, ACA’s director of ethics and professional standards
- David Kaplan, ACA’s chief professional officer, who will be blogging about professional issues in counseling

ACA invites all of its members to participate in this interactive environment and share knowledge freely.

ACA National Awards around the corner
The ACA Awards Committee has announced the start of the nominations process for the 2010 ACA National Awards, which will be presented at the ACA Annual Conference in Pittsburgh.

ACA members can nominate one or more fellow members who have made noteworthy contribution to the counseling profession at the local or state levels. ACA divisions, organizational affiliates, branches, chapters, regions and committees can also submit nominations. All nominations must be postmarked by Oct. 30.

Complete information is available on the ACA website at counseling.org under “Resources,” or you may also request a 2010 National Awards Packet by calling ACA Leadership Services at 800.347.6647 ext. 212. Nominations may be submitted by mail to ACA 2010 National Awards, c/o Holly Clubb, 5999 Stevenson Avenue, Alexandria, VA 22304-3300.

SAMHSA announces guidance for NREPP submissions
The Substance Abuse and Mental Health Services Administration published a notice in the June 23 Federal Register providing guidance for those interested in submitting programs and practices to its National Registry of Evidence-Based Programs and Practices (NREPP).

NREPP is a voluntary rating and classification system designed to provide the public with reliable information on the scientific basis and practicality of interventions that prevent and/or treat mental and substance use disorders. Under NREPP, minimum review criteria require that interventions must be evaluated using an experimental or quasi-experimental study design; demonstrate one or more positive change outcomes in mental health and/or substance use among individuals, communities or populations; have results that are published in a peer-reviewed publication or documented in a comprehensive evaluation report; and provide documentation, such as manuals, guides or training materials, to facilitate broader public dissemination of the intervention.

Interested parties can review the complete Federal Register notice by visiting nrepp.samhsa.gov./

SAMHSA, a public health agency within the U.S. Department of Health and Human Services, is the lead federal agency for improving the quality and availability of substance abuse prevention, addiction treatment and mental health services in the United States.

Counselors hope to start interest network on animal-assisted therapy
The popularity and practice of animal-assisted therapy is growing at increasing rates, but ACA members Cynthia Chandler and Amy Johnson say there is a lack of available resources to support and guide such practice. The two counselors are currently recruiting ACA members interested in animal-assisted therapy in hopes of establishing an interest network and having it officially recognized by the ACA Governing Council.

“Using the venue of an interest network in Animal Assisted Therapy in Mental Health would serve a vital purpose of information provision for those wishing to incorporate AAT into practice,” Johnson says. “It would also assist in providing uniformity and quality control in the developing field of AAT in mental health while providing a support network for information sharing and research collaboration. It would support the continuing evolution of AAT theory, research and practice in a manner that advocates for the safety and welfare of all participants, both human and animal. And it would advocate for publication of AAT theory, research and practice in mental health journals, especially ACA journals.”

For more information on the effort to establish this interest network, contact Cynthia Chandler at cynthia.chandler@unt.edu or Amy Johnson at johnson2@oakland.edu.

Contribute to the ACA-ACES Syllabus Clearinghouse
The American Counseling Association-Association for Counselor Education and Supervision Syllabus Clearinghouse has made tremendous progress over the past half year thanks to the generosity of counselor educators across the nation. At the beginning of July, the Syllabus Clearinghouse featured 275 syllabi from 114 contributors. In the first five months of operation, the clearinghouse has been searched 3,731 times by counselor educators who are either teaching a new class or looking to update and refresh existing syllabi.

Please consider adding your 2009 syllabi to this effort. The clearinghouse is located in the ACA online library, and submitting a syllabus is easy. From counseling.org, click on “Resources” and “Library” and then follow the prompts.
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** (ACAIT) promotes and administers quality insurance and services at competitive rates. ACA master’s level students now receive liability insurance coverage as part of their membership. In addition, all other ACA professional members with a HPSON liability insurance premium of $100 or more will receive a 10% discount on a new or renewing policy, and ACA new graduate members receive a 50% discount on their liability insurance premium through ACA’s insurance partner Health-care Providers Service Organization (HPSON). Discounts on health, dental and life insurance plans are also available.

- **The ACA Foundation** is the philanthropic arm of the association, supports counselor training 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

- **ACA members earn one FREE CE credit each month**, or 12 per year, a member savings of $216. At the start of each month, ACA sends all members an e-mail identifying an article or book chapter that is featured that month through the ACA Online Learning program.

- **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 News plus four new special focus e-newsletters* website, *counseling.org* Research Center and Online Library of resources are all designed to expand your knowledge, increase your skills and provide you with up-to-date information on the counseling profession.

- **The ACA-ACES Syllabus Clearinghouse** is a joint project of the American Counseling Association (ACA) and the Association for Counselor Education and Supervision (ACES). This unique resource was developed to help counselor educators discover creative approaches to course development, while also saving time and enriching the profession. The clearinghouse database is updated continuously with new syllabi for all counselor educators.

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

- **As an ACA member, you’re part of a powerful force. A highly effective advocate for counseling, ACA leads the legislative charge on every contemporary issue facing the profession. ACA provides the latest information on legislation that directly affects you and those who you serve, as well as updates on funding and program support at the national and state levels.**

- **The ACA Government Relations listserv** provides you with free up-to-date alerts on new legislation affecting the counseling profession at the national and state level.

Proud to be a counseling professional — Credibility

- **Name recognition**: To be recognized as an ACA member brings a wealth of prestige and credibility.

- **By stating you are a member of ACA on your business and marketing materials**, assures those you serve that you are committed to the counseling profession, and that you adhere to the *ACA Code of Ethics*.

- **Put your membership on display with a frameable membership certificate**.

Expand your connections — Networking

- **As an ACA member, you have access to numerous networking opportunities and a wide range of resources guaranteed to keep you in the loop professionally.**

- **The ACA Annual Conference & Exposition** is the biggest networking opportunity of the year for approximately 3,000 counseling professionals. Meet colleagues from around the world and in your hometown! Rub elbows with well-known authors—whose books you had to read in college—as well as successful practitioners and ACA leaders.

- **ACA interest networks and listservs** link you to your area of interest or specialty.

- **Division and Branch memberships** provide an opportunity to be more closely connected with your colleagues working in your specific interest and practice areas, and in your state.

Wait, there’s more — Discounts

- **Members receive exclusive discounts** on all ACA resources and services, as well as discounts from outside organizations.

- **ACA has created partnerships with industry leaders in insurance, credit, travel, identity theft and much more!**

  Membership in ACA saves you time and money; provides you with professional development and continuing education opportunities; helps protect your future through legislative and public policy advocacy; provides prestige and credibility; and increases your personal network. Your endorsement is the best way to introduce other counseling professionals to the resources essential in advancing their success.
YOUR PASSION. YOUR PROFESSION. OUR PURPOSE.
Join Us Today!

1. MEMBER REFERRAL NAME 
   Member No. Source Code COMPCT09
   Full Name ____________________________ M.I. _______ Last Name ____________________________
   (e.g., "Robert" not "Bob")
   Mailing Address ____________________________
   City ____________________________ State/Province _______ Zip _______ Country ____________________________
   Organization ____________________________
   Work Phone ( ) ____________________________ Home Phone ( ) ____________________________ Cell No. ( ) ____________________________
   E-mail ____________________________ Fax ( ) ____________________________

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

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

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

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

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

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CLASSIFIEDS

Classified Ads: Categories include Calendar; Merchandise & Services; Office Space for Rent; Business Opportunities; Educational Programs; Books; Call for Programs/Papers; and others upon request.

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CALENDAR

ADLERIAN CONFERENCE FOR PRACTITIONERS

27th Annual Conference of the S.C. Society of Adlerian Psychology September 25-27, 2009 at the Springmaid Beach Resort in Myrtle Beach, SC. Details: www.adleriansc.org

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ARGOSY UNIVERSITY, TAMPA

Faculty Opening, College of Psychology and Behavioral Sciences

Due to the growth of our program offerings and in preparation for a move toward CACREP accreditation Argosy University, Tampa is seeking candidates for a full-time faculty position in School Counseling, and/or Mental Health Counseling. Argosy University, Tampa is accredited by The Higher Learning Commission and awards baccalaureate, masters, and doctoral degrees. The university is a fast-paced, academically rigorous, non-traditional, adult-oriented learning environment that desires to appoint individuals who demonstrate a passion for excellence, teaching, and who understand and enjoy classroom-based and alternative delivery formats. Responsibilities include teaching evening and weekend graduate courses, student advising, admissions reviews, committee work, and the development of disciplinary leadership. Qualified candidates must have a Doctoral degree in Counselor Education (preferably from a CACREP accredited program.) Applicants should possess a strong counselor identity with preference given to those applicants that are eligible within the State of Florida for certification as a school counselor or licensure as a mental health counselor. Review of applications will begin immediately and continue until the position is filled. Salary is commensurate with experience. Send a letter of application, vita, and the names of three references via e-mail to: jronrad@argosy.edu Argosy University is an EOE. Women and minorities are encouraged to apply.
MINNESOTA

CAPELLA UNIVERSITY

Core Faculty Counselor Education: Addiction Specialization

Responsibilities: Core faculty are full-time employee faculty who provide an array of educational services to degree learners. Primary responsibilities include teaching (online), residencies, learner committees, and contributing to curriculum development. Capella supports the scholar/practitioner faculty/teaching model because it is reflective of our commitment to learners that faculty participate in activities that serve to enhance the faculty member’s capacity or reputation as a teacher or scholar. Core faculty are expected to participate in on-going professional development and regular scholarly pursuits that bring credit to themselves and the university. Specific Accountabilities include: Online Teaching, Curriculum Development, & Master Residencies. Education: Doctorate level degree in counselor education or counselor education and supervision from a regionally accredited institution is required. Demonstrated contribution to the discipline such as publishing, committee involvement, or professional association involvement is strongly preferred. Experience: Significant experience as a practitioner in the addiction counseling field plus minimum 3 years teaching in a relevant educational setting or equivalent expertise applicable to a specialization preferred. Certification or licensure as a addiction counselor in your state is also preferred. Familiarity with and/or interest in online teaching and doctoral research and mentoring. Experience that provides an understanding of the specific needs of the adult, non-traditional learner. Please forward cover letter and resume via email to: Resumes.PB@capella.edu This is an off-site position. www.capella.edu

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