Engaging men in the counseling process

Also inside:
• Making appropriate referrals
• Hypnoanalysis as trauma therapy
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Cover Story

Men welcome here
By Lynne Shallcross
The consensus is that men are generally much more hesitant to seek counseling, but ACA members are using some targeted and creative strategies to help male clients let down their guard and engage in the therapeutic process.

Features

(Psycho)social networking
By Stacy Notaras Murphy
Private practitioners often focus on enlarging their referral networks in an effort to build business, but they shouldn’t lose sight of the equally important responsibility to provide appropriate referrals.

Fast-tracking recovery
By B. Lou Guckian
Some mental health professionals contend that medical hypnoanalysis — brief psychotherapy done under hypnosis to quickly get to the subconscious — can help transform clients in weeks instead of years.

Reader Viewpoint
A case for personal therapy in counselor education
By Amanda E. Norcross
An LPC intern says arguments abound that counselors must first undergo their own therapeutic work to be effective, aware and ethical in their work with clients.

ACA Eye on Ethics
Self-care: An ethical obligation and preventive tool
By Amanda M. Thomas & Dana Levitt
As professionals in the business of caring for others, it is necessary that counselors become just as deliberate and conscientious in caring for themselves.

Extras

2010-2011 Leadership Directory
Exercise and cognitive impairment

Need another reason to unplug the video games and push kids out the door to play? New research shows an active lifestyle in the teen years can lead to lower cognitive impairment later in life.

According to a study published in the July issue of the *Journal of the American Geriatrics Society*, cognitive impairment struck at a much lower rate among women 65 and older who reported being physically active as teens. Participants reported on their level of physical activity as teens, at ages 30 and 50, and later in life. Researchers studied more than 9,000 responses, taken as part of the Study of Osteoporotic Fractures, from women in Baltimore, Minneapolis, Portland, Ore., and Monongahela Valley, Pa. Among the study’s findings:

- Prevalence of cognitive impairment in women who had been physically active as teens was 8.5 percent, compared with 16.7 percent for those who weren’t active as teens.

- Prevalence of cognitive impairment for those active at age 30 was 8.9 percent, compared with 12 percent of those who had been inactive at the same age; at age 50, it was 8.5 percent versus 13.1 percent, respectively.

- Women who were inactive as teens but became active later in life were at lower risk for cognitive impairment than those who stayed inactive throughout the life span.
Men largely MIA from counseling

This month’s Counseling Today cover story focuses on men in counseling. When I first heard this topic, I just smiled. It reminded me of the many times I have wished that more men were enrolled in my counseling classes.

I walk into my classes at the beginning of each semester and scan for diverse students. Unfortunately, I seldom have a class that includes more than two or three men. I believe having more male counseling students would provide a broader perspective and more diversity of thought to these classes.

The cover story focuses on men in counseling from a therapeutic vantage point. I want to talk about the fact that we need more men being trained as counselors. I sometimes ponder on what we can do to recruit more men into the profession. How can we combat the stereotype that counseling is a profession primarily for women?

I have asked my students why they think more men aren’t sitting in their counseling classes. Their responses have ranged from counseling being a nurturing profession to the pay being too low, from men struggling to be empathic to men not liking to deal with their emotions. Each of these explanations might have some credence, but are we seeing a shift? Are we seeing it become more acceptable, more attractive, for men to enter the counseling profession? Honestly, I am not sure. All I can do is look around and see who is sitting in my class. And for me, the question remains: What can we do to recruit more men?

This is an important question, especially as we look at the challenges faced by men in general and young minority men in particular. We see evidence of more and more men struggling with what it means to be a man. We see men who find it a challenge to relate to the important people in their lives. We see more and more of our minority young men being incarcerated. When these men reach out for help, who is there to provide them with the guidance and support they need? Whom do they see that looks like them? Who can potentially serve as their role model?

Very few male counselors are available who are licensed and in private practice, let alone minority male counselors. This has been a concern for me since the time I worked with children who had been removed from negative home situations — situations that seemingly left them with little chance to survive. What can we do? How do we recruit men into our profession who can meet the challenges of becoming comfortable with their emotions and responsibilities? How do we recruit men willing and able to invest in becoming role models and mentors to a new generation? Are we ethically responsible for trying to recruit all types of diversity — including men — into our counseling programs and graduate education?

I asked a recent college graduate why she thought more men don’t enter the counseling profession. She smiled and replied teasingly, “I can give you one answer: They become psychiatrists.” I chuckled and reflected on her response. Could it be that other mental health fields carry more prestige in the public’s mind? Is the money factor significant enough that counseling is not a first choice for many men? Is the public lacking information about what counselors do and who we are? If so, I challenge us to consider what we can do to change our professional image. What steps can we take to make our profession more attractive to capable, invested men who choose mental health as a career path?

According to the most recent ACA membership statistics, 27 percent of our members self-report as male. I was asked whether this number was also representative of the percentage of males seeking counseling. Honestly, I don’t know, but it seems to me that we need to work on boosting this percentage. What are your thoughts? Share them with me at Marcheta.Evans@utsa.edu.
Learn the Latest Theory and Techniques With These New Texts From ACA!

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*Gerald Corey, Robert Haynes, Patrice Moulton, Michelle Muratori*

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This premiere counseling reference book is perfect for educators, students, supervisors, researchers, and practitioners looking to enhance their knowledge of the most important topics in counseling. More than 400 entries span the 2009 CACREP core areas making this a wonderful text for introductory counseling classes or for use as a study guide when preparing for the National Counselor Exam. 2009 • 672 pgs

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*Norman C. Gysbers, Mary J. Heppner, and Joseph A. Johnston*

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*Ford Brooks and Bill McHenry*

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 of 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; and counselor self-care. 2009 • 280 pgs

Order #72888 ISBN 978-1-55620-282-7
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Executive Director’s Message

Richard Yep

Hooray for students, keeping new professionals and going green

Over the past few years, the American Counseling Association has been very fortunate in realizing a significant increase in the number of students who have joined our ranks. This is a positive sign that those coming into the profession realize that ACA has services, benefits and networking opportunities for them as they make their way through graduate school. I want to thank everyone who has been responsible for growing our student member population. I am hopeful that our student members and those of you who encouraged them to join will never be disappointed in what we provide.

What keeps me up at night, however, is wondering what will happen when these very enthusiastic, engaged and committed students graduate from their counselor education programs. Will we still be able to count on them to maintain their membership in ACA? Can we compete against the limited dollars new graduates make at entry-level counseling jobs? Will we be able to compete against the mountain of student loans coming due? After so many years of studying, reading and perfecting their craft, will recent graduates think the benefits of an ACA membership are still meaningful?

As noted, this worries me. Although I believe ACA does offer services, resources and other benefits for those who carry the title “New Professional,” I am not sure these recent graduates will feel the same way. We want ACA to be the professional home for all counselors, regardless of specialty or training. We want to make sure students know they are welcome, but we also want them to know they are valued for what they bring to the table while they are in graduate school, as well as when they begin their careers.

Occasionally, I ask readers to share their ideas and suggestions. This month, I am asking for your input regarding how we can best serve the New Professional. Don’t worry about the cost or the practicality; just send me your thoughts. You can e-mail or call me (see my contact information at the end of this column), or you can communicate the “old-fashioned” way with a letter sent to: Richard Yep, ACA, 5999 Stevenson Ave., Alexandria, VA 22304.

I know I will appear biased, but I really do believe that the opportunities and resources ACA provides to students and new professionals constitute an incredible set of benefits at a very affordable price. And when a student or new professional adds a division membership, the deal is even better. I congratulate the volunteer leadership for their ongoing support of those who are new to the profession. Our leaders have been steadfast in ensuring that students and new professionals have a voice in the association and in making the opportunity for membership affordable.

Continued on page 42
Article energizes discussion with clients in recovery

I’d like to express my appreciation to Kim Johancen-Walt for writing, and to Counseling Today for publishing, her article titled “Patience for recovery: Encouraging clients to stay the course of treatment” (June 2010).

Her article became the basis for a reading/discussion group with clients at the Crisis Recovery Center in Statesville, N.C., where I work. During the reading, clients were prompted to underline pertinent points likely to generate discussion, such as following through on homework assignments, the courage it takes to weather the emotional storm that accompanies treatment, back-burner thinking, challenging self-defeating thoughts and so on. Throughout the discussion and again at the end, I reiterated the three primary objectives of the article: Stop back-burner thinking, develop realistic treatment goals and recognize and gather evidence of your success.

You can see how underlining certain article points and restating the objectives would promote a positive discussion, particularly for the four or five clients being discharged that day. Because we are a crisis stabilization unit, clients were also encouraged to discuss their underlined copies with their therapists. I plan to facilitate discussions of this article with future client groups.

As someone entering the counseling field and new to the American Counseling Association, I am so thankful that Kim Johancen-Walt wrote this article and for the opportunity to read Counseling Today. It is my hope that through the magazine, the ACA website and the annual conference, we can continue to share information that will improve the lives of our clients.

Tony Zordano
Statesville, N.C.

More than one way to promote change

I was glad to read Jason King’s opinion article, “Are professional counselors becoming social workers?” (June 2010). I am a licensed social worker but will soon complete my degree in counseling. I concur with King. If counselors do not proceed with caution, institutions and the public will not be able to decipher the difference between the two fields.

Yes, social justice is the identity of social workers, and, clearly, social justice is important. However, counselors can also produce change by promoting “growth and development in clients.” Change can and frequently does start with one person. Counselors can contribute by continuing to provide tools for clients to advocate for their own change.

Every counselor is unique, just as each client is unique. What one person considers social justice, another may not. Each counselor prefers a unique approach to treatment (cognitive behavioral, psychoanalytic, etc.). I think it is logical then that each client also has a unique approach to change. And similar to theory application, a client may prefer one method over another. In addition, to claim justice in the name of the majority would cause division, not to mention the total discard of minority differences.

In social work, there are three known systems: macro, mezzo and micro. In regard to change, I think “micro change is the best route to macro transformation.”

Monika Logan, LBSW
Graduate Counseling Student
Amberton University

Losing focus on equity in dialogue over identity

Thank you for the June issue of Counseling Today with the empowering voices of Carl Sheperis, Rhonda Bryant, Manivong Ratts, Michael D’Andrea, Anneliese Singh and Patricia Nunez demonstrating how issues of social justice equity and challenging oppressive systems are essential to ethical professional counseling practice (“Counselors taking a stand”). In contrast, Jason King suggested the profession should stay narrowly focused on client growth and development (“Are professional counselors becoming social workers?”). I then reflected on the advocacy and systemic change work of 20/20: A Vision for the Future of Counseling (“Making definitive progress”) and the excitement focus group members expressed in finding common ground, although lacking adequate attention to multiculturalism and social justice.

I was inspired by these readings to research current definitions and codes of ethics for social work, psychology and family therapy. I then contrasted these with the American Counseling Association’s code of ethics and definition of counseling, the American School Counselor Association’s code of ethics and definition of school counseling and the American Mental Health Counselors Association’s code of ethics and definition of mental health counseling. I found many similarities, and each profession now focuses, to some degree, on human development, optimal mental health, equity and social justice, cultural competency and change in individuals, couples, families, schools, communities and organizations using data and evidence-based practice with a focus on outcomes.

Yet bigger systems are at play as we dialogue around identity. PreK-20 school budgets have been slashed, damaging students and school counselors’ abilities to respond to students effectively. Budget cuts decimated funds for mental health in the public and private sectors, damaging clients and mental health counselors’...
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Education jobs aid clears one hurdle; ESSCP funding uncertain

Education champions in Congress have been working for months to pass funding for education jobs by attaching the aid to must-pass emergency spending legislation for the wars in Iraq and Afghanistan. The jobs aid would help prevent layoffs of approximately 300,000 teachers, school counselors and other school staff for next school year. The economic recession and competing funding priorities at the state and local levels are causing cash-strapped states and school districts to slash education budgets, already resulting in significant layoffs, shortened school days or weeks, elimination of school programs and activities and other cuts.

The American Counseling Association and its partner organizations, including the influential National Education Association and American Federation of Teachers, have been pushing for passage of this important education jobs spending. ACA thanks counselors who have heeded our calls for action by contacting their members of Congress to support this aid.

Earlier this summer, the Senate rejected a proposal by Tom Harkin (D-Iowa) to include a $23 billion education jobs measure in its slimmed-down emergency war spending bill, but House Appropriations Committee Chair David Obey (D-Wis.) has taken up the cause. Obey and other supporters of the proposal succeeded in adding $10 billion for education jobs to the House version of the war spending bill, passing an amendment by a 239-182 vote July 1. The bill also included $4.95 billion to fill a gap in the Pell Grant Program, which provides scholarships to low-income college students.

The House-passed war supplemental spending bill now returns to the Senate, where it faces significant obstacles. Many in Congress oppose “emergency” spending for domestic priorities such as education because of federal deficit concerns. Other members of Congress have misgivings about continued heavy spending on the war in Afghanistan. Still other lawmakers — and the Obama administration — oppose Obey’s proposal to pay for education jobs aid by reducing funding for education reform initiatives championed by the administration. Despite its avowed support of education jobs aid, the White House has threatened to veto the bill if it passes Congress with the education offsets intact. Obey, like Harkin, originally presented the jobs aid without proposing a payment mechanism, stating the aid should be considered emergency funding necessary for preventing heavy job losses in schools nationwide stemming from states’ economic problems. He argued those job losses could severely damage the education system and reduce long-term economic growth.

Given the complications presented by Obey’s proposed offsets, lawmakers are working to identify alternative programs whose funding could be trimmed to help pay for education jobs aid. Consequently, programs the Obama administration has proposed for elimination, such as the Elementary and Secondary School Counseling Program (ESSCP), could be targeted for cuts during this appropriations cycle.

ACA and its partners continue to call for increasing, not cutting, ESSCP funding for Fiscal Year 2011. As Washington debates education jobs aid in the ever-changing emergency war spending bill, state and local administrators are in the process of making staffing decisions for next school year, which is quickly approaching. ACA understands that the livelihood of thousands of school counselors — and the success and well-being of millions of students — is in jeopardy. We encourage counselors to get involved by asking their members of Congress to support strong education spending. Otherwise, the upcoming elections and the press of other issues competing for attention might lead members of Congress to step back from investing in this area.

For more information or to share your ideas and concerns on fighting for school counseling jobs, contact Dominic Holt with ACA at 800.347.6647 ext. 242 or dholt@counseling.org.

Pre-existing condition insurance plans begin enrollment

An important component of the Affordable Care Act, the health care reform law enacted earlier this year, is now kicking in. As its name implies, the Pre-Existing Condition Insurance Plan (PCIP) program establishes coverage for individuals previously denied insurance because of a pre-existing condition (or offered insurance without coverage of the pre-existing condition) and who have been without coverage for at least six months. Unlike Medicaid, PCIP eligibility is not based on income. Eligibility is restricted to U.S. citizens or nationals lawfully present in the United States. PCIP plans cover major medical and prescription drug expenses, with enrollees responsible for paying premiums, deductibles, copayments and coinsurance amounts.

Twenty-one states have opted to have the federal government implement PCIP coverage for their residents, with the remaining states choosing to set up their own plans. Individuals in the federally operated program can apply for coverage through the website at pcip.gov; application procedures and coverage dates for state-operated programs will vary. The Department of Health and Human Services (HHS) estimates that PCIP plans will cover an estimated 200,000 Americans.

HHS has also unveiled a website to help individuals find health insurance options (finder.healthcare.gov), as required under the law. More information regarding the Affordable Care Act, including upcoming implementation steps, is available at healthcare.gov.
**Let counselors practice independently in TRICARE**

**The issue:** TRICARE is the military health care program covering some 9.5 million beneficiaries, including active-duty service members, their families and retirees. TRICARE covers services provided by licensed professional counselors and all other mental health professionals such as clinical social workers and marriage and family therapists. While these other providers can practice independently, TRICARE beneficiaries can only see LPCs under physician referral and supervision. This is a shame because service members and their families need better access to mental health care.

H.R. 3839 has been introduced in the House of Representatives to eliminate the referral and supervision requirement for counselors practicing as mental health service providers in the TRICARE program. We’re asking representatives to cosponsor H.R. 3839. Unfortunately, congressional staff members have told the American Counseling Association that they “aren’t hearing from constituents” on this issue and, consequently, aren’t inclined to cosponsor the legislation. Only YOU can change this!

**Whom to Contact:** Your representative. Find out who your representative is at house.gov or capwiz.com/counseling. You can contact all House members by calling the Capitol Switchboard at 202.225.3121 and asking for a specific House member’s office when the operator comes on.

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**Fund the Elementary and Secondary School Counseling Program**

**The issue:** Congress is looking for programs to cut to pay for other priorities. The Obama administration has also proposed eliminating important targeted education programs, including the Elementary and Secondary School Counseling Program (ESSCP), in favor of a smaller number of larger, less narrowly focused programs.

However, our schools do not yet have enough school counselors, school social workers and school psychologists to provide the comprehensive counseling programs, services and supports that students need to reach their full potential. All too often, school counseling services and personnel are left out of the equation by state and local school boards. Thus, ESSCP fills an important function in hiring school counselors and shining a light on the meaningful role that school counseling services and personnel play in successful schools.

**Whom to Contact:** Both of your U.S. senators and your U.S. representative. Find out who your lawmakers are at capwiz.com/counseling. You can contact all members of Congress by calling the Capitol Switchboard at 202.225.3121 and asking for a specific member’s office when the operator answers.

**Key Message:** Please ask the Appropriations Committee to provide $55 million for the Elementary and Secondary School Counseling Program for Fiscal Year 2011. This is the same amount it received in FY 2010. ESSCP is the only program that ensures dedicated federal funds for school counselors and related professionals and services, a key ingredient often otherwise missing in education. School counselors and ESSCP are critical for students’ well-being and academic success.

**For more info:** Dominic Holt, 800.347.6647 ext. 242 or dholt@counseling.org

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**Please note:** This month, *The Two-Minute Advocate* asks for your help on two separate issues. Because the issues are not related, please choose only **ONE** issue per contact (phone call, letter or e-mail). Otherwise, your member of Congress will likely choose to respond to only one of the two issues.
LaVonne Davis sent me a copy of her book *Streams in the Wasteland*, and I was very impressed with her simple, yet profound, advice to codependents. Here is her story.

**LaVonne Davis:** I am a licensed professional counselor. In December of 2008, I started my own practice, RecoverYou Christian Counseling, in Wisconsin. It is my goal to build strong minds and strong lives by helping my clients increase their awareness, which will foster new growth and thereby transform their lives.

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

**LD:** I took the path to becoming a counselor out of my desire to help my husband understand how his alcoholism was hurting our family. I began drawing picture scenarios of the dynamics of our relationship as I saw them.

Ironically, I discovered that the scenarios were helping me much more than my husband. I began to see that I needed to change. These drawings, coupled with my desire to help others, resulted in my book *Streams in the Wasteland*.

**RDB:** As you moved through school, did you gravitate toward one theoretical orientation more than others?

**LD:** During my schooling I tended to gravitate toward cognitive and cognitive behavioral psychologies — the theories of Alfred Adler, Aaron Beck and Albert Ellis.

Some of the basic Adlerian concepts that I closely agreed with:

1) Human beings are social creatures and, therefore, cannot be studied in isolation.

2) “The life of the human soul is not a ‘being’ but a ‘becoming.'”(Adler)

3) People have the freedom to choose and self-direct their lives by the goals they want to pursue.

While in school, I also had the opportunity to attend a conference with Albert Ellis, who impressed me. Among the basic concepts of rational emotive therapy that drew me:

1) Humans’ environment, particularly childhood environment, re-affirms but does not create strong tendencies to think irrationally.

2) People are upset today because of how they have interpreted what has happened to them, and they keep indoctrinating themselves with these same beliefs.

3) Unconscious negative attitudes, beliefs and values can be brought to consciousness and actively disputed.

**RDB:** Please say a bit about your favorite counseling position. How was that job for you?

**LD:** What I do today is my favorite position. I work with many individuals and couples whose lives have been affected by some type of dysfunction that was learned and [address] how they currently interpret these events. It gives me great satisfaction to help them see that there is another way to look at life and to watch as they begin their metamorphosis.

**RDB:** Where does your predominant theoretical orientation come into your work?

**LD:** I feel it is important to help my clients identify their strengths. I have found using cognitive and cognitive behavioral theories to be quite effective. I am committed to going beyond “fixing” the present problem to helping my clients change from the inside out. Identifying, challenging and replacing negative beliefs and thought patterns with more logical and positive beliefs and thought patterns begins a process that will promote strength. I encourage and teach people how to operate out of their strength and to make positive changes in their lives and in the lives of others.

**RDB:** I know you have treated many codependents. How do you define codependency?

**LD:** My favorite definition of codependency is not knowing where you end and another person begins.

**RDB:** How might you start with a client coming to see you with codependency issues?

**LD:** My mission statement is “Increase Awareness, Foster Growth, Transform Lives.” To activate my clients’ awareness, one of their first assignments is to help them identify their self-debilitating beliefs and negative self-talk. Then we work on challenging these beliefs and replacing the negative thoughts with more rational positive thoughts. Further, my clients will be encouraged to acknowledge that blaming never changes anything. When they blame, they are giving others power over their life, which continues to keep them stuck. Next, my clients will work on identifying what choices they can make to change the situation to put them back in charge.

**RDB:** How did you determine the area of counseling you were passionate about?

**LD:** It was a natural process that grew out of my own experiences. While still working on my master’s, I was leading a codependency support group in the community. I knew from my own journey what was needed to break the cycle of being a victim and a rescuer. I also knew there was a need for well-trained counselors in this area.
During my group work I discovered codependents were angry and resentful that the person with the addiction was receiving counseling [while] they saw there was little help available for them. I found it interesting that although those affected by this type of relationship want the alcoholic to change, they quite often actually sabotage the recovery efforts made by the alcoholic. We know that this helps keep the cycle going. My book and my work today, I believe, help my clients to discover that there is another way they can choose to live.

RDB: Did someone in your life see something special in you early on?
LD: My mom always believed in my ability to use my talents. She was my biggest fan and a great supporter. She was special. My stepdad was a true dad to me, gave me needed stability, and I owe much to his personal strength. He loved me.

RDB: Who valued you as a unique individual?
LD: My mom always saw my strengths and encouraged me. However, I also had a strong spiritual faith, and that continues to shape who I am.

RDB: Who are your heroes?
LD: My heroes have always been those who have suffered and prevailed through life's adversities. My mom learned how to put things into perspective. She did not dwell on the past, enjoyed the moment and did not fear the future.

RDB: Has studying counseling and becoming a professional counselor been transformational for you?
LD: Absolutely. It sent me on a quest for knowledge and truth and taught me how to live a more successful life. Having a successful life means being true to who I am and knowing and fulfilling my purpose on a daily basis while overcoming setbacks. Success is indeed a journey and not a destination. My definition of success: having more positive moments than negative. That's really what people want.

RDB: What mistakes have you made along the way as you became the counselor you are today, and what lessons have you learned from those mistakes?
LD: Early in my counseling career, I believed I could be all things to all people, [whatever] their problem. I felt I should be able to treat all the disorders in the Diagnostic and Statistical Manual of Mental Disorders.
The lesson learned from that is I am much more effective as a counselor and life coach in the area of my expertise. As I have identified and owned my strengths, it became apparent what population I could best help, and that is whom I serve today.

RDB: Is there a saying, a book or a quote that you think about when you need to be inspired regarding your work?
LD: Yes. Here is where I got the title of my book Streams in the Wasteland.
Isaiah 43:18-19 (New International Version):
"Forget the former things; do not dwell on the past. See, I am doing a new thing! Now it springs up; do you not perceive it? I am making a way in the desert and streams in the wasteland."
RDB: What do you think about when the going gets tough?
LD: I have trained myself to first ask the question, where do I need to take responsibility? Once that is addressed, I have found it helpful to use the philosophy that whatever happens will be better in an hour, or a day, or a week or a month.
RDB: What ways do you find to take care of yourself? To fill yourself back up?
LD: I fill myself back up with gratefulness. I have a loving, wonderful family and good relationships and much to be thankful for.
RDB: Is there anything I have left out that you want our readers to know?
LD: When resistance to recovery work is noticed, an old coping strategy may be blocking your client’s progress. These old coping strategies need to be ferreted out and changed. When clients begin to see that they have only traded one set of problems for a new set, they will often decide to stop the resistance.

This informative book offers complete, up-to-date coverage of the growing problem of cyberbullying. Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students’ face on the Internet. 2011 • 215 pgs

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■ List of helpful websites, books, and media
■ Appendix with review of the latest cyberbullying research

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Rebecca Daniel-Burke is director of the ACA Career Center. Contact her at RDBurke@counseling.org if you have questions, feedback or suggestions for future columns.

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Q: I read your section every month in Counseling Today and find it so helpful. I am working on getting a transfer plan implemented in case I were to be incapacitated or had to terminate my practice. I have read the (“Private Practice Pointers”) PDF offered on the American Counseling Association website but have a few questions.

It states that the transfer plan should be a notarized document. Should that document be signed both by the owner and the person who would be in charge of the transfer? Who can be a records custodian? Should the person identified be given keys to the office and keys to the file cabinet where clients’ charts are located? I’ve heard from colleagues that they have a plan, but their keys are left with their spouse so the spouse can give them to the person carrying out the transfer plan. Should the identified person be in my will?

A: We’re glad you enjoy the column. Every professional counselor in private practice needs to have procedures in place detailing what will happen to current clients and records should the counselor leave the practice, die or become disabled and unable to practice. The ACA Code of Ethics addresses this in Standard C.2.h. (Counselor Incapacitation or Termination of Practice), which states, “When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or ‘records custodian’ a plan for the transfer of clients and files in the case of their incapacitation, death or termination of practice.” (The ACA Code of Ethics is available at counseling.org.)

But let us answer your specific questions.

1) Notarization is not required, but it is our suggestion. Having a notary witness the signing lends credibility to the document should any issues arise with family members or business partners. Both parties should sign the document.

2) The records custodian should be another clinician.

3) Keys, passwords and the like can be given to a spouse or a significant other, but they probably should be given to the records custodian. If something were to happen to you, it would be a very emotional time for your spouse or significant other, but immediate attention would be necessary to carry out the transfer plan.

4) We recommend that the records custodian be named in your will.

Solo practitioners need to take other considerations into account as well, including who will bill clients and insurance, collect fees, make deposits, sign checks, pay bills and conduct business if a counselor is incapacitated.

Q: Now that I have the NPI (National Provider Identifier) number figured out, I have another question. I searched “Private Practice Pointers” (on counseling.org) but could not find the answer. I remember reading in Counseling Today that clinicians in private practices were advised to use an employer identification number (tax ID) as opposed to their Social Security

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 private practice in counseling - by Robert J. Walsh and Norman C. Dasenbrook

other considerations for transfer plans

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number. Can you clarify this for me? I spoke to my recent supervisor, and she stated that she uses her Social Security number to reduce LLC (limited liability corporation) paperwork.

A: We aren’t sure about increasing paperwork within an LLC, but you are correct that we have raised some concerns about using your Social Security number. The reason being is that if you bill insurance, box 25 on the CMS 1500 (the standard form to bill insurance) requires a tax ID or Social Security number. If you enter your Social Security number, it can be sent all over the world to process the claim (not a good thing) and ultimately will be printed on the explanation of benefits sent to the client. That’s why we recommend getting the tax ID. Go to irs.gov to get this number.

Q: I attended one of your daylong private practice trainings before my son was born, and we corresponded about my six-week leave from my private practice. (I asked) the best ways to cover services for my clients while I was gone, as well as how to correspond with the insurance companies regarding billing for the professionals covering services for me. That all worked out well, and I greatly appreciate your former guidance.

My practice has continued to thrive beyond my expectations, which truly has been a blessing. Meanwhile, I am expecting again and looking to take a more extended maternity leave this time. Currently, I am identifying a three-month period. I also have considered six months, as well as the possibility of an extended leave of one to two years. My uncertainty lies in what the impact will be to my private practice. What is my obligation to the insurance panels I am on? How long can I step away before I would have to apply all over again? Are there ways to realistically keep my referral sources thriving while bringing other therapists in to maintain my practice as I “step out for a while”? I fully intend to keep my licensure requirements upheld and continue [continuing education] requirements. Any thoughts, opinions, recommendations would be greatly appreciated.

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A: We think it best to contact all of your insurance panels to check on their leave policies.

Second, find a well-trained counselor as a referral person who will agree not to take over all of your referral sources.

Third, contact your referral sources, keep up your relationships with them, and explain the situation. If it is not too time consuming, you should be the conduit between the new counselor/referral person and your regular referral sources. Be straightforward with everyone, including clients, by letting them all know what is going to happen. Counselors take maternity leave, and people should understand.

You might also want to check with Erin Martz, ACA’s manager of ethics and professional standards, to see if she has any thoughts on this from an ethics perspective. Erin’s e-mail is emartz@counseling.org, and her telephone number is 800.347.6647 ext. 314.

Congratulations! What a happy issue to have.

The Illinois Mental Health Counselors Association is sponsoring the workshop “Starting, Maintaining and Expanding Private Practice” on Sept. 11 in Oakbrook, Ill. Check the website at imhca.org/calendar/workshops_other.html for details.

On Sept. 18, the Louisiana Counseling Association will sponsor a preconference workshop, “Starting, Maintaining and Expanding Private Practice: Surviving or Thriving,” at its annual convention. Online registration is available at lacounseling.org/index.php?option=com_content&view=article&id=128&Itemid=191.

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

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Crazy Like Us: The Globalization of the American Psyche

In this provocative book, Ethan Watters presents the case that the exportation of American culture abroad includes the globalization of the way we view mental health. Although the United States leads the world in generating theories of the human psyche, the shadow side of our contributions is that, inadvertently, we have also been changing and exporting the mental illnesses themselves.

Watters supports his contentions with four enlightening case studies. In Hong Kong, China’s leading researcher of eating disorders finds that shifting cultural beliefs are radically altering the nature and distribution of anorexia nervosa. In post-tsunami Sri Lanka, Western counselors’ efforts unintentionally undermine local expressions of grief and suffering. A major drug company campaign changes the Japanese experience of depression, literally marketing the disease along with the drug. The fourth case presents the isolating and stigmatizing effects of diagnosing schizophrenia in Tanzania.

The spread of the Diagnostic and Statistical Manual of Mental Disorders as a worldwide standard that includes descriptions of how patients behave and doctors respond contributes to the unintended effect of exporting mental illness. History reveals that when new diagnoses emerge in the medical literature and public discourse, doctors find that incidences of these same symptoms skyrocket. This shifting of the “symptom pool,” as the medical historian Edward Shorter calls it, undermines psychiatry’s claim to provide a universally valid guidebook independent of differing cultural beliefs. Watters argues that mental illnesses are shaped by cultural beliefs, because all forms of human expression are necessarily cultural products of specific times and places. Thus, using a Western template for all minds everywhere can blind local clinicians to the unique realities of patients in different cultures. Watters concludes that “the only hope is in a deep understanding of each patient’s experience.”

Crazy Like Us is not just about the damage U.S. mental health professionals have caused in faraway places. Looking at our impact on the psyches of people in other cultures opens us to take a fresh look at our own mental health practices and to reassess our cross-cultural sensitivity. Examining our assumptions from distant shores, we begin to understand how our culture shapes and sometimes creates the mental illnesses of our time. Suspending our role as the world’s mental health experts, we find that we have much to learn from other cultures’ beliefs about the mind, and we can become concerned about the loss of native categories of health and illness in the same way that we lament the loss of other kinds of diversity.

Reviewed by John Swanson, a licensed professional counselor in private practice in Corvallis, Ore.


Diane Ravitch is well placed to provide insight about the intentions and effects of the federal educational reform legislation we know as No Child Left Behind (NCLB). Currently research professor of education at New York University, Ravitch is an educational historian of note (author of such well-received works as The Great School Wars and The Troubled Crusade), chaired the Organization of American Historians and served as an assistant secretary of education under President George H.W. Bush at a time when the core ideas related to NCLB were receiving critical attention at the national level. She has spent her entire career developing and sharing a considerable level of understanding about how the American educational system works, for better and for worse.

Ravitch’s book is an account of what she describes as a “wrenching transformation” from being an enthusiastic supporter of testing, accountability, choice and the power of market forces to transform the public schools to a strong and open critic of NCLB as a typically American, oversimplified educational solution. NCLB becomes in her view a case study in “the persistence of our national infatuation with fads, movements and reforms, which invariably distract us from the steadiness of purpose needed to improve our schools.”

Ravitch describes the process by which testing and accountability became the main levers of U.S. school reform. She begins with a sympathetic treatment of “A Nation at Risk,” the 1983 curriculum-oriented report by the National Commission on Excellence in Education, a body funded by the U.S. Department of Education. This report was enormously influential. It called for more homework, longer school days, longer school years, peer review and differential teacher pay scales — ideas that still drive our education debates. It led directly to a failed attempt in the 1990s to create a set of voluntary national content standards. The extent of that failure was seen in the passage of a 1995 Senate resolution condemning the voluntary process and the resulting standards, especially the history standards. The vote was 99 to 1; the lone
nay voter demanded an even stronger condemnation. NCLB was the next step.

According to Ravitch, NCLB has been “bereft of any educational ideas” from its beginning. Its only vision has been improving test scores in reading and mathematics in the third through the eighth grades at the expense of other areas of the curriculum. She closely examines the operations of New York City’s Upper East Side Community School District 2, which became an early national symbol of success for market-based reform. Its new superintendent dismantled school-based decision making and site-based management in favor of central planning, implemented school choice in ways that undermined neighborhood schools and engaged in what the system’s own testing director called an “unhealthy overreliance on testing.” Ravitch also examines what happened when the district’s leadership moved to the Oakland (Calif.) Unified School District with similar, much-bal-lyhooned results. She is particularly good at examining the limited extent of actual test gains.

Throughout the book, Ravitch examines additional negative effects of NCLB: the dumbing down of proficiency definitions, the narrowing of curriculum and the extent to which test-taking skills have taken precedence over the pursuit of knowledge. This book will be of greatest interest to school counselors and administrators, but teachers and parents have much to learn from it as well. The end of the book, a section called “What We Can Do,” seems rushed, but it is based on the strong bedrock of informed commentary that Ravitch lays out throughout the volume.

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

The Religion of Thinness: Satisfying the Spiritual Hunger

Behind Women’s Obsession With Food and Weight


Michelle Lelwica earned a doctorate in theology from Harvard University in the area of religion, gender and culture.

For more than a decade, she has studied and written about how religion and spirituality relate to disordered eating and body image. In this book, Lelwica makes clear how the pursuit of thinness resembles a religion gone wrong and, in contrast, proposes ideas for authentic spiritual practices that offer real inner peace.

Lelwica first gives readers a primer on how and why cultures developed religions. She explains the purposes religions have served, including how they have been sources of strength and inspiration for many. However, she does not shy away from discussing the sensitive issue of religious oppression, including the repression of women and their spiritual contributions through the years. Lelwica cites examples from several religions as she explains how women have been not only spiritually ignored but also blamed and reviled for their very bodies and the natural functions of those bodies. In more recent times, this attitude has changed in some religions, but that change hasn’t prevented many women from looking elsewhere for meaning and purpose in their everyday lives. And when women look for fulfillment, one option they are offered again and again, at least in Western culture, is the quest for a thin body.

Lelwica carefully explains and then deconstructs each of the precepts of the religion of thinness: myths, rituals, icons, morality, community and salvation. The basic belief underlying everything in this religion is that if a woman is thin enough, she will be happy, successful, loved, admired and satisfied. Over time, the degree of thinness required to achieve this blissful state becomes more severe. Sometimes, Lelwica suggests, the quest itself becomes the religion, and women get trapped in eating disorders and body-punishing routines — never becoming thin enough, never finding the peace they desperately seek. What they do find, however, is community with women who adhere to the same damaging principles and who find comfort in knowing they are not alone in their struggle to be thin enough, to be good enough.

So what does Lelwica recommend to achieve true inner peace and acceptance? Something counselors have been hearing a lot about in the last decade: mindfulness practices. As she breaks down each principle of the religion of thinness, she explains a mindfulness practice to take its place. Lelwica doesn’t offer quick fixes or simple solutions, but she does offer real hope.

Reviewed by Carrie Thiel, graduate student in mental health counseling at the University of Montana.

Ruth Harper is a professor of counseling and human resource development at South Dakota State University. Contact her at Ruth. Harper@sdstate.edu.

Letters to the editor: ct@counseling.org

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August 2010 | Counseling Today | 21
The first column I wrote for The Digital Psyway was about ‘lifehacking’ – using technology efficiently and effectively to clear spaces in your life that can be technology-free. There is so much new information coming at us from so many potential sources that it is hard to know how to sort through it all, let alone read it all in the time we have available as counselors.

Tech-savvy practitioners and researchers have learned to pay attention not only to traditional print media but also to online journals, wikis and blogs. But how do you sort through the various websites and all the possible online content? This is where news aggregators and Really Simple Syndication (RSS) provide a tool for counselors. RSS is a small file (sometimes seen as .xml or .rss) that contains content and summaries, similar to a table of contents, with each title linked to the original article.

You have probably seen RSS links on many webpages or noticed the radar icon symbol. Clicking on that link will lead you to a summary page of content on that site. Instead of finding the RSS link on every page you want to see, you can easily load the RSS into a news aggregator, a program that stores all the feeds you wish to read and calls them up as you want.

My process for searching and filtering information has changed by using RSS feeds. I can scan through a great deal of information in a short period of time by using a news aggregator loaded onto my smartphone, my laptop or my desktop computer. I gather my feeds into folders arranged according to my favorite topic areas (Technology, Counseling/Mental Health, Politics and Humor). After following technology feeds for a month, I found that I was already familiar with the content that arrived in my monthly technology magazines because I had seen the news feed weeks before.

There are some good mental health RSS feeds for counselors and counselor educators. Some of these feeds offer summaries of recent research articles covering a variety of mental health issues. Although I still read the newspaper each morning, I also read through the day’s news feeds with my iPad and a cup of coffee. Using news feeds is not just about getting information sooner; it is about filtering information in a way that allows you to scan through a great deal of content in one sitting.

Getting a newsreader

To start using RSS news feeds, you need to have some way to aggregate them. You can incorporate RSS feeds into e-mail clients such as Microsoft Outlook/Entourage or Mac Mail. Web browsers can be set up to store RSS feeds as “favorites,” making it easy to return to the feed pages. Because I do a lot of mobile computing, I prefer to use stand-alone programs or apps for my phone to filter news feeds separate from my browser or mail programs. For Macs, I prefer NetNewsWire; for Windows machines, I prefer FeedDemon.

Adding your favorite RSS feeds to these newsreaders is simple. Find the RSS feed icon on the website you want to follow. Clicking the icon will often load the feed directly into your reader. The reader will automatically update as the site adds new material to the RSS.

Keep it (R)SS

About.com on Mac RSS Readers: tinyurl.com/2w4k7b8
FeedDemon: feedemon.com
Pulse for the iPad: alphonsolabs.com

General mental health feeds

Counselors will be particularly interested in news feeds that cover a variety of current mental health topics. Some feeds even contain information on current research, legislation impacting the profession and effective practice. The links below are for websites where you can find the RSS icon and add the RSS feed.

American Counseling Association weblog: my.counseling.org
Medscape Psychiatry & Mental Health headlines: tinyurl.com/2o93mk
Elsevier Mental Health: tinyurl.com/2g55996
New York Times news on mental health and disorders: tinyurl.com/26jgves
PsycPort Psychology Newswire (American Psychological Association): tinyurl.com/25dh9mn
Mental Health Blog: mentalhealthblog.com
Medical News Today psychology/psychiatry news: tinyurl.com/2o93mk
Medical News Today list of feeds: tinyurl.com/raagw
Psych Central RSS and Twitter feeds: tinyurl.com/3tuhxa

Mental health journal feeds

Many of the journals we look to for current mental health research also provide an RSS feed. The feeds typically

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<td>American Counseling Association</td>
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<td>Medscape Psychiatry &amp; Mental Health headlines</td>
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<td>Elsevier Mental Health</td>
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<td>Elsevier Mental Health</td>
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<td>New York Times news on mental health and disorders</td>
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<td>Mental Health Blog</td>
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<td>Medical News Today psychology/psychiatry news</td>
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<td>Psych Central RSS and Twitter feeds</td>
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provide the journal’s current table of contents and article abstracts. This format offers a wealth of convenience because counselors and counselor educators can quickly scan through a variety of journals and perhaps catch articles they would not have seen while browsing at the library. The publishers generate these feeds with the intent of attracting professionals to their journals. Typically, full versions of the journals or articles are available for a fee. The links below are to journal websites where you can find the RSS icon and add the RSS feed.

- American Psychological Association journal list/recent issue abstracts: tinyurl.com/24ggy3w
- Journal of Social Work RSS: jsw.sagepub.com/rss/
- Groupwork RSS: tinyurl.com/2daw3ox
- The Journal for Specialists in Group Work: tinyurl.com/2ao3n68
- Community Mental Health Journal RSS: tinyurl.com/2b48eds
- The American Journal of Psychiatry: ajp.psychiatryonline.org
- Journal of Clinical Psychology: tinyurl.com/2dea73s
- The International Journal of Mental Health Promotion: tinyurl.com/2eu3gsj

**Combining feeds with group Twitter**

As an experiment with my Introduction to Counseling class this past semester, I decided to introduce the use of RSS news feeds and expose my students to current research on mental health. First, I had students join a class Twitter account. Then I asked students to use a newsreader to find articles and repost them to the Twitter account for everyone to read. Students posted and replied to classmates’ posts as one of the course requirements.

In addition to posting news feeds from my aggregator to the class Twitter account, I am also posting feeds to the Counselor Education and Supervision NETwork (CESNET) Twitter feed. If you are a Twitter user and want to see how these news feeds appear in Twitter, take a look at the CESNET Twitter.

- Twitter: twitter.com
- CESNET Twitter feed: twitter.com/cesnet

Did we miss some good links in this article? Submit your suggestions to Marty Jencius at mjencius@kent.edu. You can also find these and other links on The Digital Psyway companion site 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.

Letters to the editor: ct@counseling.org
As an undergraduate, I was fascinated with my communications classes. So much so that I had almost enough credits for a double major along with my psychology degree. Perhaps it was because I grew up confused in a household where what was said was rarely what was meant, but I was amazed to find out how much of our communication is done without words. And I continue to be amazed at the power of nonverbal communication to this day.

Paralanguage is everything but the words that we convey by speaking. It’s the way we say things and the quality of our vocal tone. It’s the part of language that communicates our inner states, including moods and feelings. As counselors, we are experts in paralanguage.

There are three key aspects of paralanguage:

1) Meter or rate (fast to slow): The speed of delivery of words or sounds.
2) Pitch (high to low): The lowness or highness of words or sounds.
3) Volume (loud to soft): The loudness or softness of words or sounds.

Your client’s voice says a lot about how they are doing. Think about someone you have worked with who is experiencing symptoms of depression. How fast or slow do they speak? How high or low? And how loud or soft? Many of the clients I have worked with who have current symptoms of depression are slow, low, soft talkers. But catch them on a good day and their speech may sound very different.

How do you think clients with the following diagnostic symptoms might sound: ADHD, ODD, OCD, GAD, Panic D/O, Psychosis (negative symptoms), Psychosis (positive symptoms)? While there will likely be some similarities, it’s important to note that no two clients with the same diagnosis are going to sound exactly the same. Any comparison about how fast, slow, high, low, loud or soft people speak should be made against their own speech during different levels of reported or observed symptoms.

While you already intuitively gauge how your clients are doing when you first hear them speak, see if you notice anything new by really listening for meter, pitch and volume. You might be surprised to hear something you hadn’t been listening for, and your insights might really help your client. For example, you might say, “I notice you’re speaking really softly today and that you say you’re feeling depressed. Thinking back, I’ve noticed you tend to speak softly when you say you’re feeling depressed. What do you think?”

Another idea is to have your client use the opposite side of the scale. For example, if your client is experiencing depression and exhibiting slow meter, ask them to talk fast for a few seconds. Or, if your client is experiencing symptoms of anxiety and exhibiting high pitch, ask them to speak in a low voice but continue the same volume and meter. Ask your client if they notice a difference in their mood, thoughts or feelings.

Visit my.counseling.org/ to read ACA blog posts on a wide variety of topics of interest to counseling professionals and counselors-in-training.

Krylyn Peters is a counselor and singer/songwriter (aka songwriting therapist™) who uses the power of music and sound for healing. Visit her website at krylyn.com.
If you think barbershops are all about haircuts and shaves, take a closer look.

For African-American men in particular, barbershops often serve as epicenters of culture, community and camaraderie. Debra Johnson is hard at work adding counseling to that list as well. Her approach works in part because, for most of these men, the barber chair is a lot more inviting — and a lot less intimidating — than the therapist’s couch.

Johnson, a counselor and founder of Changing Generational Legacies LLC, makes monthly visits to local barbershops near her Columbia, Md., consultation practice. When she began dropping by a few years ago while working for a government agency, Johnson was keenly aware that men — especially Black men — do not generally embrace counseling. So Johnson ditched her counselor name tag, picked up a blood pressure cuff and headed off to meet the men on their “turf.”

Johnson, who is also a nutritionist, makes the trips with a nurse, offering free blood pressure checkups to the barbershops’ clients. Many men in the Black community know someone who has suffered a stroke, Johnson explains, so they view the checkup as beneficial and normal. But oftentimes, she adds, the checkup also doubles as a makeshift counseling session. “Being an African-American woman myself, I know that counseling is just taboo [for African-American men],” says Johnson, a member of the American Counseling Association. “So I’m not going to go in and say, ‘I’m going to provide you these counseling services.’ I can’t go in as a counselor.”

The blood pressure checks are performed in a room separate from the rest of the barbershop clients, giving Johnson the opportunity to talk one-on-one with the men about stress, poor diet and anything else that might affect blood pressure. As the conversations get rolling, many of the men open up. On a recent trip, Johnson and the nurse found that one man’s blood pressure reading placed him in the risk zone for a stroke. Because they keep track of previous blood pressure readings at the barbershops, Johnson knew the man hadn’t previously been in the stroke zone. She asked him what had changed, and the man revealed he was under a tremendous amount of stress, including facing eviction from his home.

After Johnson and the man chatted for about 20 minutes, the nurse suggested they recheck his blood pressure. To their surprise, it had dropped back down to normal. “Even for me, it was a ‘wow’ moment,” Johnson says. “He was just as stunned.”

The client went back into the main room of the barbershop and shared what had just happened, helping the other men begin to see the connection between releasing life’s stressors and good health, Johnson says. “Through that process, I’ve really learned that Black men are hurting, but they don’t have a safe place to share that pain. Vulnerability is not embraced, for Black men or for most men.” Johnson adds that a number of men from her barbershop trips now make the trip to visit her — as clients of her counseling practice.

Johnson might slowly be creating counseling converts among barbershop customers, but getting men engaged in the therapeutic process remains a challenge for many in the field. “There is a large body of research that shows men are less likely than women to seek many forms of support, including counseling and many forms of health services,” says Mark Kiselica, vice provost and professor of counselor education at the College of New Jersey. “This hesitance to seek assistance is a contributing factor to some of the problems that are more common in men than in women.”

Men are less likely to seek mental health services when they are in distress, Kiselica says, and experts suspect that is a contributing factor in boys and men being more likely to commit suicide.
In fact, men seek counseling services at about half the rate of women, says Travis Schermer, an outpatient therapist at Mercy Behavioral Health’s East Liberty Center in Pittsburgh. Compounding the problem, he says, is that men are in a sort of crisis of meaning and identity. A lack of models of masculinity, the loss of career-based identities, emotional isolation and the use of nonrestorative behaviors such as drug and alcohol use and pornography all point to a crisis of meaning, Schermer says. “What men are supposed to be and how they’re supposed to be has become less clear,” says Schermer, an ACA member who is also an instructor at Chatham University and a doctoral candidate in counselor education at Kent State University. “It’s really a struggle of identity in a lot of ways.”

**Toughing it out**

Although men are less likely to seek counseling, they’re just as likely to continue treatment once they’re there, says Schermer, adding that the reasons men tend to avoid counseling aren’t crystal clear. “Some have conjectured that the process of counseling is antithetical to masculine ways of being, while others have conjectured it has more to do with the discourse occurring in the masculine community concerning counseling,” he says. “I believe it’s a mixture of the two. Counseling does not typically honor a masculine way of being, which is commonly more action oriented. In turn, there are barriers that many men perceive from other men, such as a social stigma about attending counseling that is enforced through shame and prejudice. Combined, these elements depict men as viewing counseling as uninteresting and as socially undesirable.”

Peter Kleponis, assistant director of Comprehensive Counseling Services and the Institute for Marital Healing in West Conshohocken, Pa., says pride plays a role in keeping men away from counseling. Many men don’t want to admit they have a problem in the first place, he says, while also pointing to socialization and the male problem-solving nature as primary reasons why men avoid counseling. Women are more relational, Kleponis says, and tend to look to others for help when they have a problem. Men, on the other hand, believe they have to find the solution on their own. “We men were raised to think we have to solve our own problems and pull ourselves up by our bootstraps, so to speak.”

Kiselica agrees that socialization plays a role in distancing men from counseling. “The more traditional a man is, the less likely he is to seek help from others,” says Kiselica, a member of ACA. “He’s raised to think he should ‘tough it out’ on his own.” But while acknowledging that traditional masculinity is a viable factor, he contends research has overemphasized this aspect and believes a few other factors deserve increased attention.

“Too many clinicians assume that the reason some men don’t go for help when they are in trouble is because they don’t want help,” Kiselica says. “That assumption is often erroneous and simplistic.” Many men are simply too overwhelmed to get help, he explains, pointing out that they might come from families with multiple problems, be experiencing poverty, have low educational levels or have fragile family structures. Another factor is the fear of being judged. “There are some populations of men who are very accustomed to being judged,” Kiselica says. “They feel they’re going to be blamed for problems before their side of the story is even told.” Teenage fathers, with whom Kiselica has worked for 30 years, are prominent among this group, as are fathers of children in the welfare system, incarcerated fathers and fathers of color. “We really need to rethink the way we think about boys and men and how we try to help them,” Kiselica says. “The reason I’m accentuating this is that most of the people who write about men situate the problem within the man. Professionals need to think more complexly about boys and men — that’s my primary message.”

Research on male sexual development resonates with Mark Freeman, who runs a counseling and consulting practice in Winter Park, Fla. One model of development from researchers D. David and R. Brennan highlights four “rules” that men and boys learn through cultural and family development. Although simple, Freeman says, the model makes a lot of sense when considering the divide between men and counseling. The first rule is “no sissy stuff.” You’re undermined and ostracized for any sign of femininity. Talking about your feelings one-on-one with another human being is in that realm,” says Freeman, a past president of the American College Coun-
for teenage fathers, they won’t come,” you say you have a counseling program taught him that lesson quite clearly. “If his years of work with teenage fathers has been drawn in, says Kiselica, adding that despite their best intentions.

“Four of these rules are completely antithetical to opening yourself up to another person in a counseling center,” says Freeman, who directed the counseling center at Rollins College for more than 20 years. He estimates that during his time at the college, there were three to four female students for every male client who sought counseling.

A targeted approach
Masculinity, fear and cultural “rules” could all be keeping men away from counseling, but Kiselica suggests counselors themselves might inadvertently be putting up “No Men Allowed” signs. “What’s overlooked is that mental health professionals tend to not know how to do male-friendly outreach and male-friendly engagement strategies,” he says. “They don’t know how to recruit men for services or how to engage them once they get in, despite their best intentions.”

Only by designing and providing services that appeal to men will they actually be drawn in, says Kiselica, adding that his years of work with teenage fathers has taught him that lesson quite clearly. “If you say you have a counseling program for teenage fathers, they won’t come,” says Kiselica, author of When Boys Become Parents: Adolescent Fatherhood in America. On the other hand, offering help related to finances, getting a job, legal questions about paternity or questions about being a father will resonate with that population.

“If you construct the services to have what young men are looking for, you can join them at those points where they want help and then bridge from there to other issues in their lives,” Kiselica advises.

That mental health is applicable to all men, not just teenage fathers. “You have to design the services to fit the males you are targeting,” says Kiselica, who also co-edited Counseling Troubled Boys, published in 2008 as part of a series of books about counseling boys and men. Simply offering counseling services and expecting men to show up won’t get counselors very far, he emphasizes. “You have to gear it toward what is the salient service for them.”

Advertising your services in a different way can also help. As part of his practice, Freeman offers executive coaching services, which he finds to be much more appealing to men. “I can reach men much easier because they’re all interested in leadership development. But to be honest with you, the work is very similar [to counseling].”

The approach proved effective on a college campus as well, says Freeman, who taught a course on leadership while working at Rollins. Because the course had the word leadership in the title, more male students signed up, Freeman says, but the content was more “feminine,” touching on human relations and interpersonal skills. “You have to present it in such a way that it fits with those four rules [mentioned earlier],” he says. “If you’re talking about leadership development with men or boys, that’s the ‘sturdy oak’ — it doesn’t look like ‘sissy stuff.’ I build their trust by not violating one of the four rules. You still get to the same place where they can be vulnerable and open up.”

For his practice, Kleponis, an ACA member who partially specializes in men’s issues, creates marketing materials that feature a masculine look, are written from a masculine perspective and refer to things that will speak to men, such as sports or fixing an engine. But marketing materials and brochures are only marginally effective, Kleponis says, so he also advocates partnering with local men’s organizations. Many of Kleponis’ clients are Catholic, so he incorporates Catholic spirituality into the therapeutic process when applicable and has also partnered with local clergy, the Knights of Columbus and an organization called the King’s Men that assists men struggling with addictions to pornography.

A plan of action
Once men make their way into therapy, counselors say the next hurdle is getting them involved in the therapeutic process. One of the biggest mistakes counselors make right off the bat, Kiselica says, is sticking with tradition. “Counselors stay in their offices and expect men and boys to open up and spill their guts,” he says. “This is inconsistent with the ways boys and men naturally form their friendships. When boys and men form friendships, they do things together. They’re often very active. They talk about personal things in the context of instrumental activities.”

For example, boys might play a video game side by side, or men might work together on a car. While engaged in those activities, Kiselica says, they are more likely...
to have very personal conversations. The talks might not be as deep or as lengthy as conversations shared by women, but men gradually get to know each other in this manner, Kiselica says.

What does this mean for counselors? Embrace men’s active side, Kiselica advises. For example, go to a basketball court and shoot hoops while you talk. With the permission of parents, Kiselica has taken some of his young male clients fishing. Counselors who can’t leave their facility should still explore options for doing something active with their male clients, whether it’s taking a walk or playing checkers, Kiselica says. “Boys and men often relate to each other while they’re immersed in an activity, and if counselors can do this, they’ll help boys and men to open up.”

At one of the workshops he presents, a school counselor told Kiselica she was having trouble getting boys to come to her office. He suggested she buy a Nerf basketball hoop and put it on her door. Not too long after that, he received a letter from the counselor. “The boys were now fighting to go to her office,” Kiselica says. The counselor found that she could learn all sorts of important information about what was going on in the school — not necessarily by talking with the boys, but just by listening as they shot hoops side by side.

Kleponis also encourages counselors to take note of the way men relate to activities. Even though he can’t take to the ice with a client, if Kleponis finds out the man follows the Philadelphia Flyers, he’ll talk hockey with him to build rapport. “It helps develop a sense of trust,” he says. “It’s not really therapist and patient; it’s just a couple of guys. And that’s where they will open up. From there, I can move into whatever the problem issue is.” Kleponis recommends male therapists for male clients, particularly if the client is dealing with a sexual issue. Otherwise, he might be more hesitant to open up, Kleponis says.

“While I think there are many similarities between my approach with men and women, I do make special considerations with men,” Schermer says. “Oftentimes with male clients, I will spend much more time building rapport. I will take time to honor what is often an initially positive presentation. It’s not uncommon for men to present with ‘nothing wrong.’ This is an aspect of themselves, one that they often need to present to the world in order to perform their masculinity.” Often, it’s through honoring that story that trust and rapport is built, Schermer says. “With women, I find I gravitate more toward the problem initially. With men, I will spend time in a positive space that is close to the problem. We’re almost like base jumpers standing on the edge packing our chutes. We’re talking about the jump, i.e. the process of counseling; about great jumps in the past, i.e. times that we’ve been successful before in and out of counseling; and sharing some anxiety about the jump, i.e. worry about facing these issues. When we feel strong together, we’ll take that jump. It’s never my decision to jump. I just sit on the ledge waiting for them.”

A big part of masculinity, Schermer says, is the assumption that men are supposed to be strong, in control and have it all together. When men arrive in counseling, they’re struggling with an image of themselves as not being in control, he says. Sometimes, the counselor will initially hear a positive presentation — the client will talk about all the positive things going on in his life. The important thing, Schermer says, is for the counselor not to react in a challenging way. “We need to honor their positive presentation as being a ‘true’ aspect of themselves and not a denial of the problem.”

Once a client begins sharing some of his struggles, Schermer recommends incorporating action-oriented elements into the therapeutic process. Talk with the client about the action steps he’s going to take, Schermer says, because planning that out feels powerful and instills a sense of moving forward. “Men do feel a bit more invited into the process when you say, ‘It’s collaborative. We need to figure it out together. It’s a team approach.’”

Kleponis concurs, saying a team problem-solving approach can go a long way with male clients. He assures his male clients that, together, they’ll get to the root problem of what’s going on by brainstorming, doing some problem solving and coming up with a solution.

Freeman recommends starting with the cognitive rather than the affective realm. He might help a client look at how a negative belief is obstructing his ability to succeed in his marriage or how he can change certain behaviors to become more successful at work or at home. Men respond well to solution-focused work, Freeman says, so keeping the conversation goal-oriented and focused on what the client wants to achieve will help keep male clients engaged.

Avoid asking too many questions initially, Kiselica says. Instead, begin by talking to a male client about his interests and try to relate to those interests. Many boys and men have previously been forced into counseling when they got into trouble, so they might associate a barrage of questions with being interrogated by an authority figure such as a principal or a corrections officer, Kiselica explains.

Another good rapport builder? “Inject humor,” Kiselica says. “Guys use humor as a way to express affection and to form bonds with other men.”

More than meets the eye

One of the more common presenting problems among male clients is anger, Kiselica says. “Men and boys tend to be either forced or pushed to go into counseling for anger-related problems or some sort of disruptive behavior. So, on the surface, that’s often the presenting problem.” But the situation is typically more complicated than that, he says. “It could be that the man is experiencing extreme pressure at work, he may be feeling that he and his wife are incompatible in some way, or it could be that he has suffered some trauma in the past that he’s never had an opportunity to deal with.” Kiselica says an estimated 400,000 boys nationwide are the victims of some form of abuse or neglect each year. It’s also estimated that 15 percent of adult men in the United States experienced some sort of sexual abuse as boys. “So you always have to try to bear in mind there may be more than initially meets the eye [with the presenting problem],” he says.

Kleponis says pornography addictions
are another common problem among male clients. When he began working as a counselor more than a decade ago, most of the client addictions he saw were to drugs and alcohol; now, he says, 90 percent of the addictions he encounters are to Internet pornography. Many men also struggle with selfishness, Kleponis says. “That’s one of the biggest problems in relationships and marriages.”

For clients with pornography addictions, Kleponis uses a traditional 12-step program. But for the issue of selfishness, he uses positive psychology. Positive psychology is based on research findings that people who practice virtue on a regular basis are psychologically and emotionally healthier. Kleponis helps clients set up action plans that include picking two virtues and practicing those virtues every day. In doing this, Kleponis says, clients often times receive a positive reaction from their significant others, children and coworkers. “Hopefully they begin to see that practicing virtue is much more beneficial than the vice, so they’ll profit more from it.”

Issues of meaning are also common for men, Schermer says. Men labor to connect with others emotionally, he says, often wrestling with emotional awareness and to find the language to communicate effectively. Although men often are good at expressing their emotions through behavior, Schermer says he frequently works with men to connect in ways that are also meaningful to others, not just to the man personally. That might mean learning to say “I love you” instead of just showing it behaviorally, he says.

Part of Schermer’s work with male clients involves finding models of masculinity. One surprising model who often comes up is Mr. Rogers. Clients see him not only as masculine, Schermer says, but also as a man who was very emotionally aware and present with others. Schermer helps clients identify significant men in their own lives and then delve into what it meant for those individuals to be men and how they showed their masculinity. This process helps clients recognize the qualities they picked up from others and also creates awareness that how they act will impact other people’s lives. For example, a client might come to understand why he believes that “real men” don’t talk about their feelings and how that belief is hurting his wife. “It creates this sense of agency,” Schermer says. “[Clients say], ‘If I knew that this would happen, I would never have let it happen.’”

No matter the presenting issue, Kiselica says counselors should use a positive masculinity approach. “The very first thing across all of these [issues] is searching for and affirming male strengths,” he says. For example, if Kiselica is working with a client who is a father, he’ll ask the client to share how he tries to be a good father. “I identify a really worthy strength and then help him to maximize his potential in that strength and remove barriers to it,” Kiselica says.

Kiselica adds that counselors should affirm men’s practice of “action empathy” because many men demonstrate their care for others by actively doing something for them rather than verbalizing that care. Group therapy is another good option for men, he says. “If you devise the [counseling] program to appeal to men, engage him in a male-friendly manner and affirm his strengths, he’s then more likely to trust you with a very vulnerable topic,” Kiselica says. “All of this work that I’m talking about gives you currency with men. It allows you to earn their trust and delve into topics they might not otherwise explore.”

Know thyself
Speaking generally, gay men are less hesitant than other men to get involved in counseling, says Leslie Kooyman, an assistant professor at Montclair State University in New Jersey who spent almost 10 years in private practice. “I think the difference is that it depends on where a male is with their masculine identity and their feminine identity.” On the masculine side, men tend to be more distant, rational and logical and less relational, says Kooyman, an ACA member who is a gay man. “Men in general are not conditioned to express feelings or even identify feelings,” he says. The reason gay men might be more open to counseling, Kooyman says, is because they have already dealt with feelings that are different from the “norm.” These individuals had strong emotions growing up, often feeling isolated or different, he says, so they are more accustomed to feeling vulnerable and expressing feelings as adults.

Counselors who want to work with gay male clients should get involved in gay-friendly community organizations, whether through membership, volunteer-
ing or giving presentations on topics such as substance abuse, Kooyman says. But before these clients walk through the door, it’s important for counselors to understand their own sense of sexuality and how they feel about homosexuality, Kooyman says. “If you’re not really comfortable with gay men and gay male culture with your own values, then it’s going to hinder the process,” he says. “Even a gay counselor working with a gay client has to be comfortable with his own identity and know himself. That’s the first part — know thyself.”

The second part, he says, is being very familiar with sexual identity models, such as those developed by Vivienne Cass and Richard Troiden. Beyond that, counselors need to understand the client’s external culture — what this man’s career, family and sexual life are like in relation to being gay. The question to explore, Kooyman says, is “What does being gay mean to him?”

The coming-out process, intimacy, isolation and relationship issues are all common topics with gay male clients. Isolation is often a result of the stigma attached to being gay, Kooyman says, so an important task for counselors is getting these clients more engaged in the community and perhaps connecting them with people who might be struggling with the same issue. With intimacy issues, Kooyman says counselors should know the sexual identity models and then explore with the client where he is within the stages of identity development. Addressing intimacy might mean helping clients identify both their own feelings and those of a partner to see what needs are being presented and how to deal with those needs, Kooyman says.

Getting gay men involved in the therapeutic process depends largely on the counselor’s ability to explore the client’s culture and worldview in a positive, nonjudgmental way, Kooyman says. Don’t make assumptions, he emphasizes, and be open enough to share what knowledge you have of his culture as a counselor. Show the client you understand the context of the world in which he lives, Kooyman says.

As a counselor who works with gay men, Kooyman says it can be exciting to partner with clients who are willing to be a bit more creative. “The societal expectations have already been broken,” he says. “They’re often not as married to the societal expectation of gender. They seem much more open to explore who they are as a person rather than trying to fit a mold.”

**The importance of trust**

“There’s a lot of stigma associated with seeking out a counselor,” Johnson says of the African-American community’s relationship with counseling. For men, in particular, seeking professional help is seen as a sign of weakness, so the likelihood of a Black man picking up the phone and calling a therapist is very slim, she says. “It’s odd and almost rare when a man calls on his own who has not been mandated [by the courts],” says Johnson, who has been doing advocacy work specific to African-American men for six years. Most of the male clients Johnson sees have come in because their wives or significant others asked them to participate in couples counseling.

Many African-American men would much sooner seek help from a pastor at a church or an elder in the community than reach out to a counselor, she says. “When you’re dealing with African-American men, there’s this whole historic perception that exists that they’re strong and they can handle all things. For some people, help is seen as positive, but for an African-American man, the word help can be viewed as a weakness for him.”

Lack of trust is reason No. 1 that African-American men steer clear of counseling, Johnson says. “Trust is the absolute biggest issue. They don’t trust systems, period.” Although the Tuskegee syphilis experiment happened decades ago, the memory of it is still prevalent in the Black community, she says. Many African Americans don’t trust the medical community, Johnson says, and fear that any information collected will be used against them.

Heading out to the barbershops has allowed Johnson to reach more African-American men, but she admits that earning their trust has taken time and patience. “They are very used to being misled,” she says. “When I say, ‘I’m coming to the barbershop,’ I’m there.” Johnson recommends that other counselors follow her model and go wherever the men are, whether that means traveling to barbershops, building partnerships with churches or using other creative approaches. In each case, it’s essential that the counselor bring a service the men feel they need. For Black men, Johnson stresses, that’s not going to be counseling. Instead, offer something that will resonate with them as being necessary, and then use that as a springboard to respectfully provide counseling-related services.

Upon finding the “in” and connecting with potential clients, Johnson recommends adding coaching aspects to the treatment. “I find traditional counseling is
not as effective as counseling in addition to coaching. Coaching doesn’t feel as much like “Someone is taking care of me [and] asking me questions about my deeper feelings.” Coaching gets clients more involved through action-oriented questions, Johnson says. Questions might include “How do you see yourself?” and “What challenges are you facing?”

But don’t assume that all clients know what to do, Johnson cautions. For example, she says, a counselor might ask a client what it means to be a father, but the client might not be clear on the meaning if his father was not present and he lacked a positive male role model in his life. A counselor’s role, Johnson says, is to help clients work through the issue and figure out what is preventing them from being what they envision.

One issue many African-American men present with is oppression, even though they rarely use that word, Johnson says. Being overlooked for a promotion at work is one example of a significant stressor. Money is another. This can involve not only the stress related to being a provider but also distrust or stress over getting a fair deal at a bank or business. Johnson says her clients also struggle with the many instances in which others are distrustful of them, such as when women clench their purses in the elevator or cross the street when an African-American man is approaching. Regardless of whether the woman crossed the street for a completely unrelated reason, perception is reality for African-American men, Johnson says.

Johnson is a firm believer in the power of the mind, so when confronting issues in session with clients, she likes to use cognitive restructuring. “I believe if we change how we think, we’ll change what we do,” she says. Once her clients realize they can change their thoughts, their stress levels often decreases. Johnson asks her clients to focus on what they are doing that is not giving them the outcome they want. “They may be in some cases the victim, but if they’re here in counseling, then we need to move beyond that,” she says. One sentiment Johnson hears from clients at times is, “The Man always has his foot on my neck.” She advocates an active approach in response. “When I hear that, I say, ‘If the Man has his foot on your neck, then you’re lying down. Get up.’”

Counselors can’t expect to sit back silent-ly and simply listen when working with African-American male clients, Johnson says. These clients often feel as though no one understands them, so it is important for counselors to engage with them, she explains. “Allow them to talk, but when they stop talking, it’s important to paraphrase. Make sure you’re getting — or not getting — what they’re saying. They like being asked. It’s empowering.”

Counselors might have to be creative to pull in these clients initially, but once they figure out how to reach them, Johnson says, the payoff is big. She notes a higher percentage of her male clients show up for counseling sessions than her female clients. “[My male clients] realize, ‘Wow, I can use this, and this is really working for me.’ But you’ve got to get them in. You can’t wait for them to come to you.”

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Letters to the editor: ct@counseling.org
How long does it take for you to return a phone call?
Do you have a waiting list?
Would you ever slide your fee?
Do you keep up with clinical literature?
Do you have leather furniture in your office?
These are just a few questions that, when answered honestly, could provide insight into a person’s psychotherapy practice. It might sound personal, perhaps even argumentative, but knowing details of the way others run their practice is vital to providing appropriate referrals to your clients.

Many counselors in private practice focus on their own answers to such questions, particularly when cultivating a network of contacts to boost a caseload. But the flipside of this knowledge is just as important. If you have a strictly vegan client who is uncomfortable touching leather, it might be useful to know the decorating choices of the psychiatrist or acupuncturist whose skills complement your counseling work with that person. Likewise, it might help to know how much time those referrals can offer and for what fee so you can assure your client that you have made a careful, well-researched suggestion. Best practices dictate that counselors offer multiple names when asked for a referral, and this requires some advance footwork.

“Do your homework. It is well worth the time invested to survey a few of your colleagues or other health-related professionals regarding referrals for at least the most common issues,” says Deborah Legge, an American Counseling Association member in private practice in Buffalo, N.Y., who also works as a private practice mentor. Specifically, she advises that counselors build relationships with attorneys, primary care physicians, neurologists, nutritionists, massage therapists, support and therapy groups, inpatient facilities and other specialists, such as those for eating disorders, addictions, family therapy and couples work.

“Remember that you are your client’s advocate,” Legge says. “There may be times when you and your client recognize the need for a second opinion or an additional care provider. Your client may be intimidated or afraid to speak up, but you can’t be. It is up to you to help your clients find a voice and get their needs met.”

Scouting for names
“It really comes down to whether I’ve had some experience with the person,” says Ruby Blow, an ACA member who owns Development Counts in Atlanta. “For example, when I’m referring to another counselor — I’m seeing a couple and want to refer one person out for individual work — I would refer them to a therapist whom I’ve either worked with in a setting before and had consultation with, or someone I’ve supervised or taught, or someone whom I know of their clinical skills set, character and ethics.”

Blow recently sought out and invited to lunch a psychiatrist whose location is close to her practice. She explains that
she doesn’t believe simple proximity is a sound enough reason to make a referral. Before deciding she would be comfortable referring her clients to him, Blow also wanted to learn about his clinical philosophy. “I don’t presume that because someone has the right letters behind their name, it means they’re practicing competently and ethically,” Blow says. “I believe it’s hard to refer to somebody for therapy if you’ve never met them or worked with anyone who has worked with them,” explains Lynn Grodzki, a psychotherapist and business coach for therapists based in Silver Spring, Md. “In the mental health profession, we’re often only really comfortable giving a referral to someone we know personally or whose work we know well. Often that means one or two degrees of separation at the most.”

Grodzki, whose latest book is Crisis-Proof Your Practice: How to Survive and Thrive in an Uncertain Economy, describes this work as building your own Rolodex. “You can start to identify who is the best at whatever skill. Who do you hear is at the top of their game? Psychiatrist, massage therapist, couples therapist — set a time to meet up. The nice part about that is that you do get to meet this person, and it can be the start of a mutual relationship.”

Grodzki recommends that counselors ask members of their supervision groups for their preferred providers, listen to their clients’ suggestions and join related professional organizations. “I know therapists who do a lot of couples work and divorce work and have joined professional mediation organizations for just that purpose,” she explains. “All of this is to say that I think we need to be connected. We need these networks to be able to serve our clients well and also to feel like we’re in community with others.”

What to say
When asking other practitioners about their practice, Grodzki recommends explaining your intent right up front and using a slightly modified version of the so-called “elevator speech.”

Grodzki suggests saying, “I’m a therapist, and I’ve heard your name several times before. I need a psychiatrist to refer to, and I would like to talk with you briefly to make sure that I understand how you work.” Relevant questions might touch on the psychiatrist’s approach to medication and whether he or she is willing to work with a client’s current counselor on a treatment plan. It’s also helpful to learn how the practitioner prefers to be contacted and what the expected lag time is before a reply is made, she says.

Grodzki adds that a personal relationship with the referral source can help down the road, perhaps during coordinated treatment. “I’ve made referrals that don’t work out well at all. I had one where I became alarmed at the amount of medication being prescribed, and I urged the client to get a second opinion,” she recalls. “Working at cross purposes is not uncommon.” With client-approved communication between the counselor and other practitioners, a more comprehensive treatment plan may become a reality.

Licensed professional counselor David Zachau and his wife Diana Santantonio, a psychologist, run a psychotherapy practice in Elyria, Ohio. Zachau, a
member of ACA, encourages counselors not to be shy when asking for details about how another clinician runs a practice. “Most of the psychiatrists in our area will have one or two counselors or social workers already in house. New counselors should be aware of the risks of sending a client for medication and then losing the client due to that circumstance,” he says, noting that new counselors may be less comfortable inquiring about this practice.

Santantonio agrees: “You want to refer to a psychiatrist who doesn’t steal patients. You have to be aware that that occurs and follow up. If you do refer a client to a psychiatrist and they end up not coming back to you, touch base and find out what happened.”

Networking goes both ways
“A person who is seeking out a professional network has to have a sense of what they, themselves, are bringing to the table,” Blow says. “In my experience, when I have a person who is newer to the profession contacting me in an attempt to network, that person is often seeking something but seldom offering something. The best thing they can do is develop a sense of what they have to offer.

“When I contacted the psychiatrist, I explained that I have clients who occasionally need med management, [so] I’m offering him something. Certainly there became some reciprocity. The best thing you can do to gain entry into the professional community is to bring something to the table, a willingness to give something of yourself.”

Blow stresses the need for counselors to be both clear and specific about what they have to offer when approaching complementary professionals. “Counselors across the board struggle with identity questions,” she says. “We weren’t intended to be social workers or junior psychologists; we were trained to be more accessible to the community. We can show the benefits we bring to the ‘wounded well,’ enhancing relationships, enhancing careers, helping others find more fulfillment. Counselors need to develop a confidence about what it is we have to offer so we have a sense of who we are.”

Blow presents a “Career Awakening” workshop intended both for new professionals and those at the midpoint of a helping career. “I think the main takeaway [from the workshop] is that people need to think about what they’re offering, not about what they want to get,” she says. “If you are offering information or resources, you have a better chance of forming a professional network.”

Santantonio says new counselors who call her seeking work or supervision can distinguish themselves from other mental health practitioners by emphasizing the differential diagnosis experience they receive in counseling degree programs. “Counselors have very sophisticated diagnostic training and should recognize that as an asset,” she advises.

Continuous networking
Counselors can stay plugged into the local provider landscape by skimming neighborhood blogs to see who is being recommended, checking in with local clergy to find out whom they refer to or even asking their personal doctors for ideas.

As part of the intake request, Zachau and Santantonio recommend that counselors request the names of the other practitioners new clients are seeing. Counselors can then use the client’s own experience as a guide for gauging the quality level of other providers.

“You can contact the primary care physician just when you’re starting out with a client,” Zachau says. “Secure the client’s permission first, and then send [the physician] a letter saying you’re seeing the patient for anxiety, or whatever, and that you just wanted to let them know. You can learn a lot about the physician’s practice from interactions with it and from your client’s opinion of it. That kind of sharing of clinical information has the other advantage of increasing the likelihood that the physician will refer back to you.”

Putting yourself in position to observe the clinician’s skills firsthand is another way to learn more about a potential referral source. “Sometimes I do just literally ask about their theoretical orientation,” Blow says. “You’d be surprised that people who work for years say they don’t think much about their theoretical orientations. But mostly what I do is observe. Who is asking intelligent questions at a workshop [or] giving case examples? If I like how the person is describing the work, I ask for their information.”

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Joan Phillips, an LPC in Norman, Okla., advises counselors to constantly be thinking about building their networks and looking for clues to the quality of potential referrals. When trying to get a sense of another clinician’s practice style, Phillips says, “I listen to how they present case info if they are at a CEU (continuing education unit) event or training and maybe talk to them during a break about particular cases or ideas. I also ask any counselors I know whom they refer to and why and listen for repeated names or cautions.”

Phillips, a member of ACA, notes that CEU events provide excellent opportunities to see and hear providers in their element and to gain an understanding of how they really work. She makes a practice of inviting professionals from complementary disciplines to speak at her office and then offers CEUs to colleagues to come and join the conversation. (When Phillips sees that a potential presenter’s credentials and content meet Oklahoma’s CEU standards, she contacts the state licensure office with the appropriate information and receives CEU approval documents to distribute to attendees.)

“The guest gets good PR and a chance to share their knowledge. Attendees get a low-cost, quality CEU and access to pick the brain of the speaker. I get the same plus some income, and everyone sees my office and location. We all enjoy the camaraderie and networking, so it’s worked well for me,” she says.

Grodzki adds that the process of building a referral list is never finished. “I see this as an ongoing, lifelong process of building our Rolodexes,” she says. “I’ve been practicing for over 25 years, and I even get stuck — maybe the person I always referred to has retired or isn’t working — so I still have to talk to others.”

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Letters to the editor: ct@counseling.org.
**Fast-tracking recovery**

Some counselors contend that medical hypnoanalysis offers a quicker “cure” for deep emotional problems caused by trauma.

By B. Lou Guckian

What if the millions of children and adults who struggle with post-traumatic stress disorder (PTSD) or past sexual abuse could be rid of the immobilizing anxieties associated with these or other traumas and phobias in only a few weeks or months?

An alternative cure, medical hypnoanalysis (MH), has been available since the 1970s, but many psychotherapists and other licensed mental health professionals are either unaware of it or untrained in the approach. Despite its obscurity, cases of successful MH treatments are increasing and proving to accomplish in only a few sessions what traditional psychotherapy can take years to achieve.

MH is brief psychotherapy done under hypnosis to quickly get to the subconscious, where unconscious conflicts hide. Compared with traditional talk therapy, which typically requires several months to a lifetime of consistently applied psychotherapy to be effective, MH can help transform a client with anxiety-causing emotional disorders in relatively few sessions when administered by a certified therapist.

What further distinguishes MH from traditional therapy is that it was begun by a medical doctor and its model is formatted after a medical model. MH begins with assessing a client’s case history and is followed by testing, diagnosis and treatment.

“This type of hypnosis is unique,” says Don Hardy-Holley, a licensed professional counselor, licensed marriage and family therapist and national certified counselor. Hardy-Holley, current chair of the board of the American Academy of Medical Hypnoanalysts (AAMH) and a certified MH training analyst, admits to being skeptical at first.

“When we got our first brochure about an AAMH conference in 1995, we thought, why go? What are we going to learn about hypnosis? My wife, Anne, and I had been doing [hypnosis] for years,” he recalls. “But we went, and we found out this is a unique approach. It is psychotherapy in an altered state versus hypnosis only. Hypnoanalysis allows therapists to guide patients, using regression techniques that take them back in time, to causes of trauma. Then we can neutralize the trauma while the patient is in the altered state.”

According to the National Institute of Mental Health, 26 percent of Americans — approximately 58 million people — live with the burden of a mental disorder (or multiple forms of mental disorders) each year. About 8 million of these individuals have PTSD, which can occur at any age and is often caused by accidents. PTSD diagnoses show an upward trend, yet many cases go undiagnosed and untreated.

In a May 27, 2008, news item on *The Huffington Post*, it was reported that military cases of PTSD jumped 50
percent in 2007. The report went on to explain that although 40,000 troops had been diagnosed with the illness since 2003, Army Surgeon General Eric Schoomaker acknowledged that government records might be incomplete, meaning the actual number of PTSD cases could be much higher.

Some psychotherapists, licensed counselors and medical doctors contend that MH is a swifter curative treatment for individuals who have trauma-induced emotional and mental disorders. Among the client groups this approach may benefit most are soldiers returning home from Iraq and Afghanistan with PTSD and individuals dealing with high levels of anxiety after being involved in automobile accidents.

**Case study: Michael**

In April 2009, AAMH hosted a Brief Therapy With Hypnosis Conference at the Concept Therapy Institute in San Antonio. Over the course of the weekend, from Friday morning to Sunday afternoon, a 40-year-old volunteer patient named Michael received treatment administered by a certified MH training analyst while being observed by approximately 40 conference attendees.

Michael was a U.S. Army veteran who had served in the Middle East during Operation Desert Storm and was subsequently diagnosed with PTSD. He had experienced war, separation from his wife and daughters, loss of his home and relocation to another state. He had lost two businesses, was recovering from alcoholism and drug addiction and had experienced the deaths of his father, some lifelong friends and several fellow soldiers. He had survived multiple car crashes and an arrest for drunk driving. In addition, Michael was living with the trauma of childhood sexual abuse and the emotional remains of growing up in an alcoholic and broken home.

By the time he arrived at the conference, Michael had begun embracing the beginnings of recovery. He was eating nutritionally, had recently stopped smoking, was praying and exercising daily, was attending Alcoholics Anonymous (AA) meetings and working with a sponsor, and had begun group therapy for PTSD through the Department of Veterans Affairs (VA). Even so, the psychological and medical professionals attending the conference described Michael's appearance and responses on Friday in clinically depressing terms: “morose and downtrodden,” “exhibiting Walking Zombie syndrome,” “restricted,” “in denial,” “detached” and “appearing shiftless and ‘up to something.’”

By Sunday afternoon, however, after only nine MH sessions and despite an intimidating workshop atmosphere, Michael expressed emotion and laughed. He appeared to the attendees to walk taller and with a more confident gait. The LPCs, psychologists and medical doctors attending the conference were astonished to witness Michael’s marked improvement in both affect and attitude.

The swiftness of the therapy’s results with Michael exemplifies what sets MH apart from conventional psychotherapy. “In general and including significant personal relationships, many people maintain a vast emotional separation with others and within themselves,” says John A. Scott Jr., a psychologist in Colorado who has a doctorate in psychology and counseling and has been practicing MH for more than 30 years. His father, John A. Scott Sr., cofounded AAMH and penned the MH “bible,” *The Handbook of Brief Psychotherapy by Hypnoanalysis.*

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“What often keeps us therapists from quicker contact with our clients is what keeps all of us separated as humans: defense mechanisms,” says Scott Jr., who wrote *The Little Book of Wisdom: Ten Steps for Healing and Personal Growth*. “MH dissolves this problem by talking to the subconscious mind during hypnosis, thereby bypassing the client’s conscious defenses.”

Michael attributes the near-instant changes he experienced to MH. “The effect of the barrage of nine hypnoanalysis sessions over the weekend was immediate,” he says. “At the start, I felt like I was moving furniture around in my head. At the end of three days, I had completely rearranged all the furniture.”

In addition, Michael learned meditation and self-hypnosis techniques that quickly became tools he could use at will. “I discovered that meditation is different than prayer; it allows me to comfort both the child in me and the adult, and I can bring them together,” he says. “I’ve also learned that I can adjust my state of mind and that my mind is not my circumstance. I am a good person, but I’ve had some sick circumstances in life.”

**Impressive results**

“A significant measure of the success of MH for Michael is that he now is able to recognize and neutralize anxiety-causing triggers,” Hardy-Holley says. “When approaching an intersection, for example, Michael suddenly feels like he is in a war zone and begins looking around for bombs. It is not a flashback; it is a feeling of danger. As a result of MH, he recognizes intersections as a trigger, and through this awareness is less likely to feel the fear, or at least the extent of the fear.”

The therapy calmed Michael’s PTSD symptoms. “PTSD is a guarded condition,” Michael says. “When the average person enters a room, that’s all they see. But a vet with PTSD looks around the room for a way out. Much of the time, we are on ‘high idle’ awaiting signs of trouble. So I was surprised that by Sunday, I felt more conscious, more relaxed and less hesitant.”

Michael says he especially benefited from the age regressions, though they were difficult to get through. “During age regressions, the client is guided back in time to earlier experiences, including those that took place during infancy and childhood. These experiences may be significant causes of anxiety in adulthood. “[Age regression] is a tool I began using immediately,” he says. “But remembering caused me to feel sad. I could see the light at the end of the tunnel, but I was still pretty upset about what I discovered. Thoughts came up that I had buried. These are things I am discussing with Don [Hardy-Holley] in follow-up sessions.”

“Five months later, with only 12 additional sessions of treatment after the workshop, Hardy-Holley reported that Michael’s PTSD symptoms were nearly gone. “Before therapy, Michael was lost,” Hardy-Holley says. “He literally was barely holding it together and showed no emotion whatsoever. He is expressing more emotions now and being honest with himself, his AA sponsor, his family and me. He has stayed in AA and group therapy with the VA and completed a class at the Concept Therapy Institute to build self-worth.”

Michael recently changed jobs to pursue a better sales opportunity and, at this writing, had closed his first big sale. “Michael looks good and is motivated,” Hardy-Holley says. “Making it a priority to participate in various self-improvement therapies despite earning his living as a commissioned salesperson demonstrates his willingness to improve.”

Michael experienced a surge of optimism after his first nine sessions of MH. “My headaches are gone. I’m still a little sensitive, but that is settling down,” he says. “And I feel optimistic, hopeful. My AA recovery, PTSD group therapy, talking with Don, exercise and working are all things I am doing that contribute to my getting well. I have discovered that the power of our minds can keep us from going to get help or accepting help when we do ask for it. So ask for help. Be open. And have some faith.”

**Healing through the subconscious**

Past traumas are at the root of most anxiety, Hardy-Holley says. With MH, the therapist explains the causes of and remedies for trauma-induced anxieties to the subconscious mind of the client during hypnoanalysis, typically resulting in instant awareness. In combination with meditation techniques that are part of the MH process, this knowledge or wakefulness helps clients to neutralize their anxiety quickly.

One important awareness-evoking strategy during MH sessions is pointing to the specific events that produced the client’s trauma. For example, “Don’t just refer to ‘action’ during therapy with a vet,” says Thomas Burkig, an LPC and certified hypnotherapist who served three tours of duty in Vietnam and recently attained his board certification from AAMH. “Be specific in your questioning. Ask about a rising mountain of fire, a sky filling with smoke or dead bodies. Associate [clients] with what they have seen and experienced.”

ACA member Mary Kullman, a licensed clinical professional counselor in Chicago and an MH training analyst, served as Michael’s therapist throughout the nine sessions at the 2009 conference. “Some soldiers die mortally and some die spiritually,” Kullman says in describing the emotional effect that exposure to war and death can have on military personnel. “Over the weekend, we witnessed Michael coming back from a spiritual death.” Following the weekend of introductory treatment, Kullman turned Michael’s care over to Hardy-Holley.

 deregistered, MH therapists must undergo the treatment themselves. Burkig calls MH “very powerful” and says he was less intense and angry after undergoing hypnoanalysis. “In general, I am calmer,” says Burkig, who uses MH to treat behavioral issues, including anger, depression, addiction and borderline personality disorder, in residents of Avalon Center, a residential treatment facility for young women in Eddy, Texas, where he is executive director.

**Wide range of applications**

Dr. Vickie Yorke has practiced family medicine for 23 years. Attending the AAMH conference convinced her that hypnoanalysis could be applied to
her patients’ health problems. “Given its value to medicine, I was surprised that more medical doctors were not in attendance,” Yorke says. “We will combine the therapy with an effective medication to help my smoking patients quit and include it with a weight-loss program for our overweight patients.”

Hardy-Holley says applications for MH abound, including for phobias and many other forms of trauma-induced anxiety. He recalls one client who was promoted to a prestigious office on the 26th floor of a high-rise building encased by windows. The windows created so much anxiety for the man that he couldn’t peer through them. “He said it wasn’t the fall he feared but landing that scared him,” Hardy-Holley says.

After undergoing four sessions of MH, the man no longer felt afraid to look out the windows. “In other words, he was cured,” Hardy-Holley says. “But it wasn’t just a ‘cure.’ It was an awareness the patient didn’t have prior to hypnoanalysis. During regression, we uncovered an incident that had occurred beyond his conscious memory. His older sister had accidentally tipped over his baby carriage when he was an infant and he had fallen, face down.”

Auto accidents are a common source of trauma-induced anxiety, Hardy-Holley says. One case involved a young mother who was driving a minivan in the rain when another car hit the vehicle head-on. Although her children were fine, the mother was injured. The paramedics carried her away, separating her from her children, which left her traumatized.

“Following the accident, she could not drive in the rain without feeling anxious,” Hardy-Holley says. “After four sessions of MH, she stopped experiencing anxiety and could drive in the rain. She may always remember the accident, but the memory no longer causes her to feel anxious.”

“Without the benefit of MH to unbury and treat traumas, the quality of life is limited for countless people, and they don’t even know it can be fixed,” he says. “Our challenge as therapists is to spread the word about the long-term and extensive benefits of brief hypnoanalysis.”

Potential cases for MH can run the range from mild to extreme. For example, one of Scott Jr.’s clients was fondled by his father as a child. In adulthood, the man felt inadequate in love relationships. Otherwise, he was healthy and high functioning, with no alcohol or drug use and no legal, health or money problems. “The fondling had robbed his sense of masculinity,” Scott Jr. explains. “After MH treatment and only a few follow-up sessions of talk therapy, the man realized he deserved love, began dating and eventually got married.”

A more extreme case was a client who received treatment for two years for borderline personality disorder. Such cases involve individuals who never attached to a caregiver in early childhood, typically because the caregiver was unreliable or selfish. “He was on the border of total mental collapse,” Scott Jr. says. “He was close to being psychotic and perceived authority figures as either godlike or satanic. If he dated someone, he held them to a perfectionist standard given his irrational good-bad perspective. He was at constant risk for suicide. Cases like this can be stabilized with MH but likely are destined for a lifetime of therapy.”

AAMH (aamh.com) is the first and only training organization for MH. Since 1974, AAMH has provided a multidisciplinary approach to hypnosis training for professional practitioners, including licensed counselors, marriage and family therapists, ministers, physicians, psychiatrists, psychologists and social workers. It also provides a national network of training analysts who teach professionals to integrate MH into their practices. According to AAMH, hypnosis alone is clearly distinguished from MH.

William Bryan Jr., a doctor of medicine who also had a doctorate of jurisprudence, discovered MH in the 1950s. In the 1970s, he trained Scott Sr. and Scott Jr. in the technique, which they began applying in their independent therapy practices. Scott Jr. has since participated in more than 40 training conferences for MH.

“While traditional hypnosis is successful in helping people alter some behaviors such as stopping smoking or controlling their weight, MH is an in-depth training model that uses a structured process,” Scott Jr. says. “This process guides therapists’ use with hypnosis to effect therapeutic self-discovery, transformation and healing.”

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Letters to the editor: ct@counseling.org
A case for personal therapy in counselor education

Among the many factors that influence a counselor’s abilities, I have long believed that personal therapy is the most crucial. I was therefore quite surprised that when applying for my licensed professional counselor intern license, I had to formally appeal for acceptance of five personal therapy credits on my transcript. Through this process, I realized that the value of this vital learning experience is not necessarily recognized across the field, so I am petitioning here for what should be the central place of personal therapy in counselor education.

Some of the reasons I present for personal therapy echo classic arguments put forth since the early days of analytic training. Many of today’s most admired clinicians still emphasize these points. For example, Irvin Yalom in The Gift of Therapy calls personal therapy a tuning of the “therapist’s most valuable instrument … the therapist’s own self.” Other insights stem from my particular experiences and growing understanding of how extensively counselors’ self-explorations influence the clinical experience. Incidentally, all the reasons I present make it clear that personal therapy benefits not only beginner counselors but also all other mental health practitioners regardless of their years of experience.

Increasing empathy

As counselors, we ask much of our clients in the process of therapy. We entreat them to sit with a stranger and, over time, reveal themselves, experience difficult emotions, strive for self-awareness and work to transfer what they have learned to their lives outside the consulting room. This is a demanding, courageous act. How can beginner counselors understand what they are asking of clients unless these counselors have undergone their own therapy?

I believe sitting in the client’s chair weekly—experiencing exactly what it is like to be the client—would greatly increase beginner counselors’ empathy. No other aspect of counselor education provides firsthand knowledge of the client experience: the frustrations, the successes, the challenges. Counselors who have participated in their own personal therapy will have greater empathy for their clients because they have been there. As the psychologist James Hillman wrote in a 1982 newsletter for the Dallas Institute of Humanities and Culture, “Confronted with the unbearable in my own nature, I show more trepidation—which is after all the first piece of compassion.”

Even if a counselor feels mentally well-balanced, through personal therapy he or she will still learn what it feels like to sit across from a counselor and to be understood (or, just as valuable, to be misunderstood) by a counselor. Whatever the extent of the counselor’s personal issues, the experience of being a client forms an authentic, indelible client perspective in the novice counselor’s mind that balances and augments the counselor-centric perspective.

Increasing patience and tolerance of uncertainty

By becoming clients themselves, beginner counselors gain an inner steadiness that increases their ability to help others. In learning self-acceptance and patience through personal therapy, beginner counselors will find it easier to be patient with clients and to respect each individual’s unique process and pacing. It will also become less of a challenge to tolerate the inevitable uncertainty and ambiguity of clinical work.

In my 2009 master’s thesis research, the clinicians I interviewed said both clinical and personal experiences with uncertainty made it easier for them to tolerate uncertainty with clients. In that vein, I believe undergoing therapy is a personal encounter with uncertainty that greatly increases a counselor’s comfort with not knowing. In the face of clinical uncertainty or client pressure, such a counselor is less likely to hastily intervene or diagnose in an unconscious attempt to run away from his or her discomfort, thus leaving space for the potential of true therapeutic progress. All the clinicians I interviewed said allowing themselves to remain in uncertainty forestalled premature action on their part and allowed unforeseen possibilities to arise.

Personal therapy helps new counselors learn patience and calmness in the unpredictable waters of clinical work. Without personal therapy, I believe counselors are more susceptible to acting prematurely and subverting the difficult and fallow periods so crucial to therapeutic progress. (Counselors must remember, however, that some clients might be harmed by sustained uncertainty and require more structure in clinical work.)

Facilitating therapy

The self-knowledge gained through personal therapy is a vital tool for counselors. One of the less often discussed benefits of this self-knowledge is that it facilitates therapy. Counselors’ heightened awareness of their feelings provides, as Yalom describes, “the best source of reliable data” about clients.
Counselors’ spontaneous responses to their clients are a unique, and sometimes uncannily accurate, window into clients’ experiences. Further, an enhanced awareness of their feelings can help counselors discern projective identification, which is the therapist’s internalization of a feeling the client is experiencing but is not aware of or cannot tolerate. In short, if beginner counselors are not fully aware of and comfortable with their feelings, they lose a valuable resource for understanding their clients.

**Preventing client harm through self-knowledge**

I believe the self-knowledge gained through personal therapy is also central to a counselor’s ethical responsibilities. The *ACA Code of Ethics* states that “Counselors act to avoid harming their clients” (Standard A.4.a.) and “Counselors are aware of their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals” (Standard A.4.b.). This suggests to me that self-knowledge is critical to avoid doing harm.

Most essentially, the self-awareness gained from personal therapy provides crucial insight into sources of counter-transference with clients. A working understanding of personal behaviors and feelings dramatically increases beginner counselors’ awareness of their unique biases, neurotic issues and blind spots and how these might surface in clinical work. Without such awareness, a new counselor could, unknowingly and with good intentions, respond to clients in a manner that is rooted in the counselor’s own unexamined issues. Having undergone personal therapy, counselors are more likely to recognize, and pause to reflect on, sources of impulses with clients.

**Preventing client harm through self-care**

Personal therapy is a core component of counselor self-care, which is another means of preventing client harm. Standard C.2.g. of the *ACA Code of Ethics* says, “Counselors are alert to the signs of impairment from their own physical, mental or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They seek assistance for problems that reach the level of professional impairment.”

Though this ethical obligation is one of the more obvious arguments for personal therapy, my concern is that the climate in the mental health field is such that some counselors seek personal therapy only as a reactive measure in difficult situations.

Requiring therapy as part of counselor education, on the other hand, would teach counselors early in their careers to recognize and cope with difficult personal mental or emotional circumstances and decrease chances that such problems would go untended for long periods. In fact, the level of stress experienced by novice counselors — who are attending graduate school, embarking on a new career path and sitting with therapy clients for the first time — makes the counselor education curriculum an ideal forum for teaching the importance of self-care through personal therapy. Building personal therapy into the educational process would also mitigate any initial tendencies by beginner counselors to casually dismiss the impact of their personal circumstances on work with clients.
Decreasing the stigma of psychotherapy

Counselors are sometimes reluctant to seek personal therapy, worried that it indicates they are less capable or flawed as helpers. We should consider the message this double standard sends to our clients and the public. In the September 2009 New Perspectives column in Counseling Today, clinician Jason King said, “If we refuse to participate in the services for which we advocate and base our career, what example are we setting for society and those marginalized and disenfranchised by oppressive systems? If we fear social stigma of counseling and diagnosis, then we are covertly reinforcing the shame and stigma associated with our profession.”

The experience of personal therapy for novice counselors benefits not only the clinical dyad but also the profession overall because it decreases the stigma of therapy. Emphasizing personal therapy in the educational process would, early in counselors’ careers, instill therapy as an accepted mental hygiene option, thus normalizing it, encouraging them to view it as another available tool and teaching them not to negatively judge its use by other counselors.

Going beyond supervision

In considering the importance of personal therapy for beginner counselors, I want to briefly emphasize that the benefits of personal therapy cannot be obtained through the supervisory relationship. Although supervision is helpful in highlighting and discussing how the counselor’s personal beliefs are impacting his or her clinical work, supervision is a client-focused endeavor. Supervision cannot (and, by definition, should not) function as personal therapy. It cannot provide the thorough attention necessary to fully understand the counselor’s behaviors and beliefs. Therefore, it cannot give the new counsel or a true taste of the client experience. Supervision can, however, be facilitated by personal therapy, providing the supervisory dyad with a more solid, broad foundation for understanding the counselor’s experience and countertransference.

Conclusion

I have pointed out some of the key arguments for including personal therapy in counselor education, but these are far from all-inclusive. Neural science research, for example, suggests that it is neurologically important for counselors to have done their own therapy work, as discussed in the book A General Theory of Love.

Given the benefits of personal therapy, I advocate that, at a minimum:

- The next revision of the ACA Code of Ethics should explicitly state that personal therapy is an ethical obligation.
- All counseling-related graduate programs should require personal therapy for students.
- All state licensing boards should accept transcript credits granted for personal therapy. Ideally, all licensing boards should require that applicants have undergone personal therapy to apply for counselor intern licensing.

Without personal therapy, I believe beginner counselors are handicapped — counseling others without knowing the potential impact and resource of their own psyches and applying knowledge without having experienced its truth from the inside out. To be effective, aware and ethical in our work with clients, we must have undergone our own therapeutic work.

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Letters to the editor: ct@counseling.org

I also want to share something that will impact students and all other ACA members this year. When we can do something to hold down costs, that is a good thing. When we can “go green” and be more attentive to conserving our natural resources, that is also good. When we can do both simultaneously, the benefits are even better. I am pleased to tell you that ACA has made the decision to move to an online voting system this year. This means that rather than sending out 42,000-plus paper ballots and providing a postage-paid return envelope to everyone, members will have the opportunity to go to a secure voting site and cast their votes. Biographical information about the candidates, including their qualifications, will be linked to the online election site so you can decide whom you want to vote for and then take care of this process online.

We want to see as many members vote as possible, so we will still make paper ballots available by request this year for those who would prefer to vote in that manner. The bottom line is that online voting will reduce the amount of paper, printing and postage that we consume. In addition, we think it will be more convenient for members to simply go online and cast their ballots. I will be interested in receiving your feedback.

As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.

Coming next month: The power of groups
abilities to respond. Similarly, PreK-20 school and college counselors and mental health counselors are seeing dramatically increased caseloads and have less time to do what counts for all students’/clients’ well-being and future success.

With this unhappy funding scenario, let’s instead focus collaboratively on equity and social justice issues with internal specialty groups and externally with other professions to challenge funding inequities at the national, state and local levels that harm culturally and linguistically diverse individuals, groups, families, couples and systems. A succinct definition of counseling is OK, but what I, our counselor education students and our school and mental health counseling colleagues could use much more so are specific advocacy and leadership tools and systemic change strategies. Those tools and strategies would help school districts, mental health agencies/companies, state legislators, governors and congressional representatives support adequate funding for schools and mental health to ensure equity for every student/client. Those advocacy tools and systemic change strategies could also contribute to a strong labor market that provides adequate equity for every student/client. Those tools and strategies would help school districts, mental health agencies/companies, state legislators, governors and congressional representatives support adequate funding for schools and mental health to ensure equity for every student/client. Those advocacy tools and systemic change strategies could also contribute to a strong labor market that provides adequate positions for professional counselors, both now and down the road.

Stuart F. Chen-Hayes
Associate Professor & Program Coordinator
Counselor Education/School Counseling
Lehman College
Bronx, N.Y.

Journal is excellent resource for social justice work
Lynne Shallcross wrote a nice piece on social justice (“Counselors taking a stand”) in the June issue of Counseling Today. I really liked the idea of including a section on ACA resources in the article and wanted to make sure readers also knew that Counselors for Social Justice, a division of ACA, has a relatively new electronic journal devoted to social justice. It is a groundbreaking journal for a number of reasons.

The Journal for Social Action in Counseling and Psychology is a peer-reviewed, completely electronic journal committed to free access (in line with social justice principles) and represents a partnership between CSJ and Psychologists for Social Responsibility. The journal is also bilingual (Spanish and English). In addition to publishing regular scholarly contributions, the journal has also featured contributions from consumers and students as well as personal reflection pieces on activism.

To explore this journal further, visit psyori.org/jscap/.

Rebecca Toporek
Coeditor
ACA Advocacy Competencies:
A Social Justice Framework for Counselors

Editorial policy
Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published in rare circumstances. Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Submissions can be sent via e-mail or regular mail and must include the individual’s full name, mailing address or e-mail address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication. Counseling Today will not publish any letter that contains unprofessional, defamatory, incendiary, libelous or illegal statements or content deemed as intended to offend a person or group of people based on their race, gender, age, ethnicity, religion, sexual orientation, gender identity, disability, language, ability, ideology, social class, occupation, appearance, mental capacity or any other distinction that might be considered by some as a liability. ACA will not print letters that include advertising or represent a copy of a letter to a third party. The editor of Counseling Today will have responsibility for determining if any factors are present that warrant not publishing a letter.

E-mail letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.

Andrew Helwig, Ph.D.
Counseling Today
Society generally perceives counselors to be highly self-actualized, altruistic and fully functioning individuals who focus on assisting clients in progressing toward wellness. This begs the question: Who supports the counselor in achieving this same balance? What is our professional responsibility when faced with certain behaviors — whether our own or those of our colleagues — that impede professional performance without being ethically egregious?

Members of the American Counseling Association Ethics Committee considered this topic for the purposes of this article. Consider the following case example:

Marilyn is a licensed counselor for an outpatient community agency program that services adult clients. Recently, she has started experiencing difficulties that are manifesting themselves in her professional performance, including excessive cancellation of client appointments, postponing continuing education opportunities, delaying the completion of client case notes and avoiding supervision within the agency setting. Additionally, Marilyn is easily distracted and feeling physically exhausted. Marilyn’s clients do not report any concerns related to her performance, aside from when she misses appointments with them. From her agency’s perspective, however, there is a noticeable difference in performance compared with when Marilyn was hired two and a half years ago.

In this case, it seems that Marilyn is not performing to her potential. Even though her clients have not reported concerns, we may question whether she is providing the highest-quality services possible. True, the ethical principle of nonmaleficence (to do no harm) is intact, but is this enough? We know that counselors also have a responsibility to adhere to the principle of beneficence (to do good). This is accomplished by providing meaningful counseling opportunities and insights to clients.

Perhaps Marilyn is feeling overwhelmed or is experiencing some level of exhaustion, countertransference or vicarious trauma. According to the 2005 ACA Code of Ethics, Marilyn’s professional responsibility is to be alert to the signs of impairment (C.2.g.) and to monitor her own effectiveness as a professional (C.2.d.). Is Marilyn demonstrating signs of impairment? If so, how can she monitor her effectiveness as outlined in the code? Situations such as these can prompt uncertainty. The notions of counselor self-awareness, self-monitoring and personal wellness can at times seem ambiguous or reliant upon individual interpretation. In the remainder of this article, we will attempt to address these issues as they relate to Marilyn’s case and the ethical issues surrounding counselor wellness.

Gatekeeping

The ACA Code of Ethics notes that it is a counselor’s responsibility to serve as a gatekeeper for other counselors who may be performing unethically (F.5.). Gatekeepers should intervene after observing unethical behaviors that may include (but are not limited to) breaches of client confidentiality, maintaining inappropriate dual relationships and not practicing within one’s area of competence.

Gatekeeping functions as a peer-controlled method to reduce ethical infractions. Given the different relationships that coworkers maintain with one another, there can be some discomfort in colleagues serving as gatekeepers for one another. To decrease the pressure on one’s peers to intervene,
it is crucial that counselors engage in self-regulation activities to promote wellness and ethical decision making. Gatekeeping is often perceived as the final option available to professionals who notice a colleague’s poor ethical decisions.

Impairment

Impairment occurs when a counselor is functioning below an acceptable standard professionally. As in the case with Marilyn, counselors might begin to experience symptoms such as decreased performance, procrastination and distraction. If these behaviors are acknowledged earlier rather than later, interventions might include consideration of one’s own self-care practices, increased professional self-awareness and consultation opportunities.

Marilyn could adopt coping strategies relevant to her specific needs, including scheduling time off from the agency, engaging in mindfulness exercises or assessing and making a plan to incorporate personal wellness practices. The expectation, per the ACA Code of Ethics, is that Marilyn will manage her own self-care rather than wait for her agency or colleagues to intervene. If Marilyn’s functioning continues to decline to the point that she is causing harm or committing ethical violations, then her agency would utilize a firmer approach.

Professional responsibility

The ACA Code of Ethics addresses counselors’ professional obligation to report impairment of colleagues as well as ethical violations. Reporting colleagues is no easy task for the professional counselor, but in Marilyn’s case, her agency and supervisor ultimately bear responsibility. Whether her actions are indeed reflective of ethical violations or simply representative of a slippery slope toward that end, the agency and supervisor can take preventive measures to ensure that Marilyn has the appropriate resources to effectively help her clients.

When ethical violations are reported, counselors are subject to the jurisdiction of the ACA Ethics Committee, state regulatory boards and agency actions. In Marilyn’s case, ethics boards may consider her need for more effective self-care practices. Additionally, the client’s general well-being would be taken into account, as well as Marilyn’s ability to evaluate her own effectiveness, in order to reduce the potential for harm.

Self-care

In this context, self-care refers to the counselor’s personal accountability in maintaining a healthy lifestyle and engaging in habits to promote optimal wellness. Strategies might include exercising, meditating, socializing, maintaining personal time or participating in professional development activities. It is important for all counselors to be cognizant of their individual responses to stress and to identify effective personal coping strategies. Counselors are encouraged to engage in practices that enhance self-awareness and uphold personal accountability, thus promoting a reduction in problematic behaviors.

In the case of Marilyn, it appears she has adopted some problematic behaviors that are having a negative effect on her professional performance. To identify the source of the problem, it is recommended that she reflect on when the procrastination and overall distractibility began. If she engages in counselor self-awareness practices concerning these problematic behaviors, she might be able to identify interventions that reduce the persistence of negative stimuli. These interventions could include time management techniques, anxiety-reducing coping strategies or other self-care practices that promote accountability and wellness.

Conclusion

Our ethical standards require that all professionals within the counseling community identify and intervene when problematic behaviors arise — regardless of whether you are engaged in a problematic behavior or a colleague is engaged in such behavior. As previously noted, counselors might struggle with their role as gatekeepers; likewise, counselors confronted with impairment might deny being in this state because of the potential for negative repercussions. But in an effort to reduce ethical infractions and promote professional self-care, it is becoming increasingly important that we overcome the stigma associated with gatekeeping and problematic behaviors. As professionals who are in the business of caring for others, it is necessary that we also care for ourselves just as conscientiously.

Amanda M. Thomas and Dana Levitt are members of the ACA Ethics Committee. The ACA Ethics Committee invites your input. Correspondence about this article can be sent to ethics@counseling.org.

Letters to the editor: ct@counseling.org
A few years ago, as my much-anticipated retirement from a career working in a health-related professional association approached, I began to think seriously about how I would spend my time. Thoughts of just kicking back, relaxing and having no schedule but my own certainly ranked very high. But as I started putting together my “bucket list,” I knew a worthwhile volunteer project would be included.

My work had provided me with firsthand knowledge of the positive impact volunteers can make through their service. My professional interactions with volunteers had included working with public members on an accrediting board. As I considered the type of volunteer service in which I wanted to engage, I thought about the unique role these individuals had played in protecting the public and their contributions to educational excellence. Serving as a public member of an accrediting board seemed to be a perfect fit and a role in which I would be honored to serve.

Accreditation in the United States is higher education’s system of self-regulation. An accrediting agency’s standards, policies and procedures are dedicated to ensuring public confidence in educational institutions and programs through periodic self-examination, evaluation and judgment by peers. The Council for Higher Education and Accreditation’s recognition of the Council for Accreditation of Counseling and Related Educational Programs as an accrediting body implies to the general public, government agencies, educational administrators, students and others that CACREP has standards of accountability, including a commitment to involve the public in its decision making and purposes that are in the public interest. Part of an accrediting body’s responsibility and accountability is the inclusion of different perspectives in its decision making. Human nature dictates that we like to protect our own. We feel most comfortable with a group of like-minded individuals. So comfortable at times, in fact, that we stray from what might be the best route for all. Public members who serve on accrediting boards remind these boards of the broader responsibility they have to ensure that the public is served, protected and heard in the development and maintenance of quality education processes that prepare future professionals.

Soon after retiring, I set about establishing my criteria for selecting the agencies to which I would apply for appointment as a public member. It was not long before CACREP’s search for public member applicants caught my eye. Through its accreditation activities, CACREP works to foster educational excellence, supports programmatic self-improvement and assures the general public of the ongoing availability of well-qualified counselors and counselor educators. Public members have been included on CACREP’s board since its inception in 1981. Currently, two public members serve on the CACREP Board. Public members have come from a variety of professional backgrounds and have included educators, lawyers, health care professionals and association professionals. Public representation on the board ensures the inclusion of perspectives that are independent of CACREP and the counseling profession in general.

The future and identity of the counseling profession is in good hands as a result of CACREP’s ongoing leadership. An accrediting agency is expected to evaluate each accreditation action, policy decision and standards adoption on the basis of its overall good for the public.
the agency serves. Procedures used in all aspects of the process must provide for a system of checks and balances regarding fairness and impartiality. An organizational duty exists to avoid real or perceived conflict of interest, to act in a consistent manner and to ensure that each applicant is afforded the same due process. My experience has been that CACREP takes this responsibility seriously and, by its actions, lives up to these expectations.

As I begin my fourth year (of five) serving on the CACREP Board, I have learned that this board is populated with a diverse and dedicated group of counseling professionals from across the country. They work diligently to carry out CACREP’s mission and core values. The breadth and depth of their knowledge and their many contributions to the counseling profession more than assure me that they are among the best and the brightest your profession has to offer. During my time on the board, they have patiently taught me about the counseling profession. I have been able to participate fully as CACREP takes on its full scope of responsibilities and deliberations — making accreditation decisions, managing complaints, adopting and implementing new standards, and developing and revising policies and procedures. CACREP carries out these responsibilities with integrity, due diligence and a strong commitment to serving the public trust. The board is supported by an outstanding staff of knowledgeable professionals who are expertly guided by CACREP’s president and chief executive officer, Carol Bobby, a true role model.

CACREP is in very able hands and looks forward to exciting times ahead, including its 30th anniversary in 2011. I’ll almost hate to leave. Nonetheless, it’s time to get out that bucket list one more time and see what new volunteer adventures I can take on. But it will be hard to top this one!

Judith A. Nix is a public member of the CACREP Board of Directors.

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**Practical Strategies for Caring for Older Adults: An Adlerian Approach for Understanding and Assisting Aging Loved Ones**

Fifth Edition

presented by

Radha Janis Horton-Parker and R. Charles Fawcett

As America grays, adults are living longer than ever before. However, this greater longevity increases the demands on family members and others who love and provide care for them. *Practical Strategies for Caring for Older Adults* offers caregivers, counselors, and educators effective strategies to improve the lives of older people so that they remain respected, needed, and part of the larger social fabric.

In this DVD, the characteristics of older adults are discussed, followed by typical situations encountered by caregivers. Engaging vignettes and presenter commentary illustrate the underlying needs and mistaken goals of attention seeking, power, revenge, and assumed inadequacy that often cause perplexing behavior in older people. Horton-Parker and Fawcett’s simple techniques create win-win situations between caregivers and aging loved ones that improve quality of life.

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American Counseling Association
800-422-2648 x222
counseling.org
CCA celebrating licensure revision

Submitted by Deb Del Vecchio-Scully
ddelvecchio-scully@auscneuro.com

It’s official! Connecticut counselors are celebrating a revision and modification to their licensure law and professional counselor definition to now include the word diagnose or diagnosis. The revision was signed into law by Connecticut Gov. Jodi Rell on June 8 and will become effective Oct. 1. Connecticut joins 37 other states that have the word diagnose or diagnosis in their legal scope of practice for counselors.

Connecticut Counseling Association President Mike Gilles says this law clarifies counselors’ ability to diagnose and helps to guarantee our role and employment as licensed professional counselors. He also reminds all counselors who have invested years of effort and money into a counseling degree or whose professional odometers have many miles on them that this revision equates to career insurance for counselors.

CCA began working on this issue in the summer of 2009 following a complaint by a psychologist-educator that counselors’ ability to diagnose wasn’t clearly defined by law. Although CCA believed the law implied our ability to diagnose, this challenge to our scope of practice was a serious concern, particularly considering the negative impact from a similar challenge in New York.

We hired a lobbyist to assist us in moving forward and sought feedback from fellow branch leaders, all of whom outlined struggles they had encountered when advocating for similar revisions. It seemed a daunting task to take on. The lobbyist guided us in creating a position paper, which argued for a clarification of the two laws that govern professional counselors in Connecticut. One of those two laws, the mental health parity law, includes the word diagnose in describing the professions allowed to be reimbursed by a third-party payor. Our original licensure law did not include the word diagnose.

The stance we took was one of technical clarification, and we were able to have it included in the Department of Public Health’s technical bill. We also worked to obtain the support of other mental health organizations, which was key to our success. As a result, the bill received no opposition.

NECA’s FedFest drops anchor in Annapolis

Submitted by Kay Brawley
kbrawley@mindspring.com

You are invited to join the National Employment Counseling Association by setting sail once again to Annapolis, Md., the sailing capital of the United States, in August. Make plans today to attend the inaugural FedFest, NECA’s Learning Institute on navigating employment opportunities within the federal government, not only in Washington but also nationally and internationally. The institute will be held Aug. 10 from 10 a.m. to 3 p.m., and the $75 fee includes five available continuing education units, a gourmet lunch and the latest resources on employability.

What’s the NECA FedFest all about? Karol Taylor, NECA’s expert on federal government employment, asks the following: Need a clearer understanding of federal hiring practices? Want to identify more effective ways of helping your clients in their federal job search? Maybe you would like a federal job yourself? If any of these questions apply to you, Taylor advises you to join NECA for FedFest.

Speakers will include Mike Mahoney, staffing group manager at the U.S. Office of Personnel Management; Derrick Dortch, The Washington Post’s federal hiring expert and author of How to Find a Job in Washington, DC; and Karol Taylor and Janet Ruck, coauthors of Guide to America’s Federal Jobs. Negotiations are also under way with representatives from the Partnership for Public Service and the Department of Labor.

For more information, visit employmentcounseling.org or contact NECA Professional Development Director Kay Brawley at kbrawley@mindspring.com.

ASERVIC hosting conference, seeking editor for journal

Submitted by Jennifer Curry
jcurry@lsu.edu

The Association for Spiritual, Ethical and Religious Values in Counseling has been busy preparing for 2010-2011. In August, we are hosting our second conference on spirituality, “Navigating the Spiritual Journey of Life,” at the Springmaid Resort in Myrtle Beach, S.C.

In addition, we are beginning our new year with a search for an editor for the Counseling and Values journal. Interested individuals should contact ASERVIC President Jennifer Curry at jcurry@lsu.edu.

Finally, we have posted our revised spiritual competencies, endorsed by the American Counseling Association, on the ASERVIC website. These competencies will benefit graduate students and practitioners wishing to better understand competent practice in dealing with clients’ spiritual concerns. They may also be useful to counselor educators who would like to design curricula related to spirituality in counseling. We invite you to read the competencies and review other ASERVIC initiatives and opportunities at aservic.org.

ACC heads west for annual conference

Submitted by Julia Porter
jporter@meridian.msstate.edu

Is traditional talk therapy not working with your clients? Are you looking for techniques that are nonthreatening, effective and fun? There’s hope! Join the Association for Creativity in Counseling at the ACC Conference in September or the ACC Day of Learning at the ACA Annual Conference & Exposition in New Orleans in March and learn to enhance your counseling skills with creative techniques.

If you can’t make it to a conference this year, learn more about creative techniques without leaving home by reading The Journal of Creativity in Mental Health, published quarterly. ACC membership also includes grant opportunities, awards recognition, a newsletter and resources.
Two New ACA Podcasts Just Posted!

Podcast HT019
Microcounseling, Multiculturalism, Social Justice, and the Brain: A Conversation with Dr. Allen Ivey and Dr. Mary Bradford Ivey

Learn more about:
* Microcounseling—what is it?
* Multicultural competencies and ACA, APA approval
* Rogerian vs microcounseling frameworks
* Social justice and its role in counseling today
* Neuroscience and current research on the brain
* Running time: 59:50

Podcast HT020
Tough Kids, Cool Counseling With Dr. John Sommers-Flanagan

Learn more about:
* How counseling children and adolescents is like multicultural counseling
* Empirically supported treatments and why the presenter does not support them
* Rapid emotional change techniques and how they work
* Traditional suicide assessment and the presenter’s constructive critique of it
* Medication vs counseling and effectiveness for adolescents
* Running time: 61:04

All podcasts are free to ACA Members. Add to your iPod or download to your computer. Visit counseling.org and click on ACA Podcast Series.

NCDA members meet to form Asian-Pacific Career Development Association
Submitted by Cheri Butler cherib@uta.edu

This past December, Soonhoon Ahn, Yao-Ting Sung and Shelley Tien met at the National Taiwan Normal University to discuss the possibility of creating an Asian-Pacific Career Development Association. They agreed that such an organization would fill an important need. Following that meeting in May, Julia Park and Ilkg Huh of Korea agreed that this concept had value and suggested that a brainstorming meeting be held in San Francisco in conjunction with the 2010 National Career Development Association Conference.

On June 29, 24 NCDA members, including NCDA President Cheri Butler and Alberto Puertas of the NCDA International Committee, met to form this new association. Members from Taiwan, China, Hong Kong, Japan, Korea and the United States participated in the meeting. It was agreed that Ahn should form a steering committee to advance the organization.

for counselors. For more information about ACC membership benefits, visit creativecounselor.org or call Julia Porter at 601.473.4096.

ACC’s annual Creativity in Counseling Conference will be held Sept. 18-19 in Portland, Ore., a beautiful and progressive location in which to nurture and celebrate creativity, diversity and relational practice. This year’s theme is “Expanding Our Worldviews Through Creativity,” and presentations will be offered by some of the most innovative counselors and counselor educators. Featured presenters include Sam Gladding, Thelma Duffey and Marcheta Evans. We will also be featuring a special track in relational-cultural therapy with Linda Hartling and Pam Birrell from the Stone Center. Other sessions include working with film, art, music, play, poetry, metaphor and movement.

The ACC conference hotel is the Doubletree Hotel, and the rate is $89/$99 a night, obtained on a first-come, first-serve basis for attendees. For more information, visit creativecounselor.org or e-mail Conference Chair Stella Beatriz Kerl-McClain at sbk@lclark.edu.
COMING EVENTS

ASERVIC National Conference
Aug. 1-3
Myrtle Beach, S.C.
The Association for Spiritual, Ethical and Religious Values in Counseling is hosting its second national conference at the Springmaid Beach Retreat and Resort. Themed “Navigating the Spiritual Journey of Life,” the conference will provide practical and experiential opportunities for the purpose of integrating spirituality and the ASERVIC spiritual competencies into counseling. For more information, visit aservic.org or contact Mark Young at meyoung@mail.ucf.edu.

Rocky Mountain Eating Disorders Conference
Aug. 13-14
Denver
The second annual Rocky Mountain Eating Disorders Conference will focus on clinical progress in the treatment of anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified. For more information, visit eatingrecoverycenter.com.

AACE National Assessment and Research Conference
Sept. 10-11
Memphis, Tenn.
The Association for Assessment in Counseling and Education is hosting its annual conference at the Holiday Inn Memphis Airport Hotel. As an added feature this year, AACE is hosting a preconference workshop on “Ethical Challenges in Counseling and Assessment” on Sept. 9. For registration and hotel information, visit theaaceonline.com/conference. Attendees can earn as many as 13 CEUs.

Accessing the Language of the Body in Treatment
Sept. 23
Brooklyn, N.Y.
This full-day seminar for those who treat eating disorders will offer counselors a chance to learn how to discover and trust their ability 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 theory and practice. Participants will learn how embodied methods can be used to treat eating disorders. For more information, contact the American Dance Therapy Association at 410.997.404, or e-mail gloria@adta.org. Attendees can earn as many as six CEUs.

NZAC & ACA Conference
Sept. 30-Oct. 2
Auckland, New Zealand
The New Zealand Association of Counsellors and the Australian Counselling Association invite colleagues to their annual conference, being held at the Langham Hotel. Conference workshop topics include culturally appropriate counseling, holistic counseling, bullying, play therapy and substance abuse. For more information, visit registration.ozacom.com.au/ei/2010/acn10.

ACCA Conference
Oct. 6-9
St. Louis
Make your plans now to come to the fifth American College Counseling Association Conference, themed “ACCA: The Gateway to Excellence in College Counseling.” Brett Sokolow, president of the National Center for Higher Education Risk Management, will be the keynote speaker. Preconference sessions will be offered for those who would like more in-depth workshops, including “Best Practices for Behavioral Intervention and Threat Assessment” presented by Sokolow. For more information, visit collegecounseling.org or contact Sylvia Shortt at accaorg@ mindspring.com.

Institute for CAIT
Oct. 15-26
Tuscany, Italy
The Institute for Complementary, Alternative and Integrative Therapies (CAIT) in Tuscany, Italy, is a refereed, international conference for mental health professionals and is sponsored by the Counseling Graduate Program at Old Dominion University in Norfolk, Va. We invite you to participate in an exciting new opportunity to educate helping professionals about CAIT. This event is a 10-day study institute set in a picturesque 14th-century villa on a mountaintop in Tuscany. For further information, visit education.odu.edu/ctl/counselor/institute/index.shtml or call 757.683.6202.

FYI

Call for editorial board reviewers
The ACA Publications Committee invites you to apply for a position on the Editorial Advisory Board. This review board serves in an advisory capacity to the ACA director of publications and the ACA Publications Committee. Members review proposals for publications and other media that are submitted to ACA for possible inclusion in the publishing program. The Publications Committee considers these reviews when determining which projects ACA will pursue. For more information on position and application requirements, contact Carolyn Baker, director of publications, at cbaker@counseling.org. The application deadline is Sept. 8.

Call for submissions
The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for The Journal of LGBT Issues in Counseling. The intent of this journal is to publish articles relevant to working with sexual minorities and articles of interest to counselors, counselor educators and other counseling-related professionals. Topic areas include new research, new/innovative practices and theoretical or conceptual pieces that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For submission guidelines, contact Ned Farley, editor, at nfarley@antiochseattle.edu.

Bulletin Board submission guidelines
Bulletin Board submissions should be sent to lshallcross@counseling.org with “Bulletin Board” in the subject line. Submissions are limited to 125 words or less. ♦
Is insurance necessary in challenging economic times?

Eliminating insurance premiums might seem like the easiest and quickest way to bolster a diminishing budget, but professional financial experts say insurance is a strong benefit in minimizing risk and providing peace of mind and long-term financial security.

“Even when you do everything right, even when you practice within the parameters of the ACA Code of Ethics, you can still be sued,” David Capuzzi, chair of the American Counseling Association Insurance Trust, reminds counselors. Clients sometimes have unrealistic expectations that cannot be fulfilled but believe they are entitled to 100 percent satisfaction. If they think they have been shortchanged, the possibility exists that they will complain to a licensing board or go to court seeking compensation.

The ACA Insurance Trust constantly monitors claims and studies situations leading to complaints being lodged against counselors. One recent case involved a lawsuit brought by an individual who didn’t get a job after receiving career counseling. The timing of this claim was amazing, occurring during a year when blue chip companies were laying off thousands of employees.

Another claim involved a counselor who pursued a former client for nonpayment of fees. The client then countersued. This type of lawsuit might have been prevented had the counselor established clear expectations for clients, including requirements related to fee payments.

Counselors too often believe that if they conduct themselves professionally and ethically, they will not be sued. But our research on claims, as well as our review of calls made to the risk management helpline, shows that trouble all too often develops even when the counselor has done everything right. Although the risk of being sued is probably not high, actuarial studies show that the chances are greater today than they were last year — and those chances will be even greater next year. This is the nature of our society and our legal system. The National Center for State Courts reports that nearly 17 million civil lawsuits are filed each year. Insurance protection is a necessity.

juries tend to award large verdicts to people for catastrophic injuries (including death), especially when the target is a licensed professional. Cases involving violence against a third party and suicide are also on the rise. When situations such as these arise, it’s comforting to have the resources that are available to insured ACA members. The mission of the ACA Insurance Trust and its lawyer is to fully defend innocent counselors.

Auto

Auto insurance protects you in the event of an accident. There is also comprehensive insurance in the event that your car is stolen or damaged by hail or falling limbs. The insurance covers you if you are found legally liable to others for injury or damage. Discounts apply for devices on the car that prevent theft, and many companies reward safe drivers and apply discounts for having a college education.

Health

Although medical care and technology are improving, costs are also on the rise. Insurance plans help the individual to gain access to the best possible treatment for illness or injury. Many plans offer reduced rates to individuals who maintain good health.

Health insurance plans vary. It is important to choose the plan that best serves the needs of you and your family.

But getting insurance is the important first step.

Property

The Insurance Information Institute says a standard homeowners policy will provide coverage for your home’s structure, personal liability protection and additional living expenses should you be unable to occupy your home because of damage from covered events such as a fire. Your home is probably the most important investment you have, and insurance protects it against disasters including theft and windstorms.

The Insurance Information Institute suggests that you review your homeowners or renters policy to make sure you have enough insurance to replace all of your possessions. For more information, visit iii.org and check “Know your stuff.”

Other insurance

Every counselor needs to have professional liability insurance protection and should then consider options for health, life, auto and property. Savings are possible by asking an agent to get quotes for you. The ACA Insurance Trust has negotiated programs for counselors that are specific to the needs of the profession and provide excellent rates, therefore saving money on premiums. The negotiated rates often apply a discount for ACA membership.

The ACA Insurance Trust can also assist with long-term care, disability and protection for nonprofit entities. More information is available at acait.com or by calling 800.347.6647 ext. 284. ♦

Paul Nelson is executive director of the ACA Insurance Trust.
ACA asks Arizona to rescind controversial laws

The American Counseling Association sent a letter to Arizona Gov. Jan Brewer in May expressing its deep concern over Arizona Senate Bill 1070, the state’s stringent new immigration law signed by Brewer in April.

The letter reads in part, “The American Counseling Association stands in opposition to the passage and subsequent enforcement of SB 1070 on the grounds that it is constitutionally suspect, makes racial profiling by local law enforcement legal and is a violation of the human rights of countless people, as enforcement of such constitutionally questionable and procedurally vague law threatens everyone’s civil rights.”

“Outcome of enforcement of this law will likely be harassment of individuals and families whose only ‘crime’ may be in their appearance, attire or accent. Under SB 1070, racial and linguistic profiling is effectively authorized. The law allows for the requirement of any person to be asked for proof of their right to be in any public space regardless of their actual legal, illegal or native-born citizenship status. This law requires people who might be presumed by others to be illegally residing in the United States to carry evidence of citizenship beyond that of others. Official identification, such as a drivers license, does not suffice, but instead, documentation such as a passport will have to be carried at all times.”

The letter also states that, although SB1070 appears to be intended to identify “undocumented” immigrants, “in all likelihood it will unleash a witch hunt conducted along racial and linguistic lines.”

ACA raises particular concern about the impact of SB 1070 on immigrant women who are trying to escape violent relationships. The letter emphasizes that these women “need a range of services, including screening and early access to benefits, the ability to work legally, immigration status for which they may be eligible and protection from detention and deportation. By deterring immigrant women from seeking help, SB 1070 would increase the risk of violence to them and their children, often with tragic consequences.”

Less than a month after SB 1070 was signed into law, House Bill 2281 was passed, banning the teaching of ethnic studies in Arizona. “Once a culture of hate is condoned, accepted and legalized, it is only a matter of time before more hate crimes and violence ensue, especially if the opportunity to become more culturally aware is taken away — as it will be with the signing of this bill into law,” read the letter from ACA.
The letter to Gov. Brewer closed by saying, “SB 1070 and HB 2281 are grim reminders of times in our nation’s history when we failed to remain faithful to our Constitution, resulting in wholesale violations of civil and human rights. The American Counseling Association urges you to reconsider the implementation of these laws. Although many citizens of the state of Arizona may support these laws, this does not justify their passage nor enforcement. The majority of voting [S]outherners supported slavery and segregation in their days. Time proved that they were wrong on both counts. Time will eventually show these laws to be equivalently inappropriate. We urge you to choose to be on the right side of history and work to rescind these laws.”

ACA participates in call on mental health response to oil spill

The Substance Abuse and Mental Health Services Administration hosted an invitational conference call in June with ACA and other mental health and disaster relief organizations to share information on mental health service needs and responses to the Deepwater Horizon oil spill in the Gulf of Mexico. During the call, American Red Cross staff stated their organization expected to announce concrete responses, recommendations and requests for assistance in responding to the oil spill.

ACA has worked closely with the American Red Cross to provide counseling services to disaster victims in the past and will continue to do so in this instance. ACA will notify its members of new developments and opportunities for providing assistance as they occur. In the meantime, ACA is encouraging its members to share any concrete information regarding increased mental health service needs in the Gulf region due to the oil spill and its consequences. As was discussed during the SAMHSA conference call, one of the most pressing needs is for assessment and documentation of levels of need.

To relay information or provide comments and suggestions, contact ACA Chief Professional Officer David Kaplan at dkaplan@counseling.org.

Since that meeting, the American Red Cross has released two new resources that address mental health issues related to the oil spill: “The Gulf Oil Spill Crisis: Staying Hopeful in the Face of Tragedy (redcross.org/www-files/Documents/pdf/Preparedness/checklists/StayingHopeful.pdf)” and “Oil Spill Check List” (redcross.org/www-files/Documents/pdf/Preparedness/checklists/OilSpill.pdf).

Nominate deserving ACA members for National Awards

The ACA Awards Committee is currently seeking nominations for the 2011 ACA National Awards, which will be presented at the ACA Annual Conference & Exposition in New Orleans in March 2011.

ACA members can nominate one or more fellow ACA members who have made noteworthy contributions to the counseling profession at the local, state or national levels. ACA divisions, regions, branches, organizational affiliates, chapters or committees may also submit nominations. All nominations must be submitted by Nov. 8, 2010.

Complete information on the nominations process is available on the ACA website at counseling.org under “Resources.” You may also request a 2011 National Awards Packet by calling ACA Leadership Services at 800.347.6647 ext. 212. Contact Holly Clubb at hclubb@counseling.org for additional information.

Yep nominated to ASAE Board

ACA Executive Director Richard Yep has been nominated to serve a three-year term on the board of ASAE (American Society of Association Executives) and the Center for Association Leadership. Yep previously served as chair of the ASAE Diversity Committee. Installation of the elected board members will take place at ASAE’s annual meeting in Los Angeles on Aug. 24.

ASAE has more than 22,000 association CEO, staff professional, industry partner and consultant members. ASAE and the Center for Association Leadership serve approximately 10,000 associations that represent more than 287 million people and organizations worldwide.

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CREDENTIALING CRITERIA

Doctoral or Masters Degree

AND;

(ONE of the following):

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(2) Current member of a mental health association or

(3) Two years working with a family court system

AND; A minimum of two years experience working with at least five sets of high conflict or litigating parents, providing services described by various designations, INCLUDING, BUT NOT LIMITED TO:

parenting coordinator, reunification therapist, family coordinator, mediator, etc.;

AND; 2 Endorsement Memos

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- The **ACA Foundation**, the philanthropic arm of the association, supports counselors through the Counselors Care Fund, Foundation publications and programs such as Growing Happy and Confident Kids, and grants and competitions offering awards as well as financial assistance to ACA members.

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- ACA’s monthly magazine, Counseling Today, quarterly journal of counseling research and practical articles, Journal of Counseling & Development; biweekly e-news bulletin, ACAeNews 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 continually with new syllabi for all counselor educators.

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A counselor’s story…

8:00 a.m.  Get to the office early. Start the coffee. Check voice mail. Leave a brief message for my client Brad. Don’t want his wife over-hearing anything confidential.

9:00 a.m.  First client, Mark. Dealing with depression. Lost his job of 15 years. Body language anxious. Admits he is contemplating shooting his ex-boss.

10:00 a.m.  Christine has a long-running drug and alcohol problem. Making great progress. Offers to clean my house in return for counseling sessions.

11:00 a.m.  Mary gave me a big hug, again. She wants me to testify at her son’s child custody hearing. Let’s me know husband is going to subpoena her records. She invites me to dinner.

12:00 p.m.  Grab lunch at desk. Check email. Sign up for CE class on crisis management. Read an article on lawsuits filed over ‘client confidentiality.’ It is important to know when to protect a client’s privacy and when it’s required by law to report certain behavior.

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At AATBS, we appreciate the trust shown us by counseling candidates and licensed professionals throughout the US and Canada, and we recognize that the down turn in the economy has an impact on all of us. Candidates are struggling to make ends meet while working to pay off student loans, add to this the cost of the licensing application and a quality exam preparation program, and the entire matter seems out of reach. But, there is a solution.

Regardless of any posted pricing, we encourage you to contact us to discuss your needs, concerns, and licensing exam preparation budget. Our team of exam experts will work with you to develop a personal program to meet your needs and your budget. In addition, our team of licensed professionals will assist you in setting up a study schedule tailored to your individual needs, and work with you to master the key concepts crucial to passing your exam.

We invite you to call and discuss with us your exam plans. We will do everything we can to minimize the anxiety that comes with the exam process, help you master the materials and practice exams, and provide a level of one-on-one service that remains unchallenged.

Sincerely,

Scott Ables
President

Michael Kerner, Ph.D.
National Director of Education