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Cover Story

Working with women from all walks of life
By Lynne Shallcross

ACA members who specialize in issues surrounding motherhood, psycho-oncology, offender rehabilitation, fertility and more share insights for connecting with and offering effective counseling to female clients.

Features

Breaking bad news
By Lynne Shallcross

Delivering upsetting news is a part of the job that no counselor relishes, but having a step-by-step model to follow can remove some of the stress and pave the way for the counselor and client to collaborate on next steps.

Man of action
By Heather Rudow

When it comes to leadership, ACA President Bradley T. Erford would much rather be “doing” than sitting on the sidelines and directing others in what needs to be done.

Knowledge Share
Promising practices for school counselors working with students of military families
By Susannah M. Wood, Arie T. Greenleaf & Lisa Thompson-Gillespie

School counselors can use an ecological model to more effectively support the roughly 2 million children who are in military families in the United States.

Reader Viewpoint
Leaving clients’ cases in the office
By Gregory K. Moffatt & Simone Alexander

A veteran counselor and a recent graduate explore why specific experiences with clients ended up invading their personal lives — and how they ultimately responded.

The internationalization of counseling
By Daya Singh Sandhu

The newly approved ACA International Counseling Interest Network will provide guidance and resources for counseling’s continued global expansion.

Extras

2012-2013 Leadership Directory
Celebrating 60 years

The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. The following items appeared in Guidepost (the predecessor of Counseling Today) between 1976 and 1982:

- The American Personnel and Guidance Association (now ACA) Board of Directors proposed five areas in which the association might wish to become involved with America’s future social development: freedom of choice, quality of life, interrelatedness, human and material resources, and change as a constant. (Jan. 15, 1976)
- Virginia’s General Assembly passed a law providing for the licensure of counselors and the creation of a behavioral science board to regulate licensing of counselors, psychologists and social workers. The governor was to appoint a sub-board of seven professional counselors to develop and administer a proficiency exam for counselors. (April 8, 1976)
- An APGA salary survey that received 9,405 responses found that the highest-paid APGA members were self-employed, making a median income of $24,001 per year. In comparison, APGA members working in elementary schools, corrections or the courts earned a median salary of $14,500. Substance abuse and treatment counselors showed a median salary of $13,500, while those working in residential homes earned $12,500. Male counselors received a median income of $18,500, while female counselors received a median income of $15,500. (March 3, 1977)
- The Hispanic Counselors Caucus met for the first time at the APGA convention in Washington, D.C. The focus of the concerns raised by the group was a paucity of program workshops presented by Hispanic counselors and the small number of programs about Hispanic students. (April 27, 1978)
- APGA Government Relations Committee Chair Clemmie Solomon tells Guidepost that he foresees the political arena and involvement in the legislative process becoming necessary to the survival of counselors as the decade of the ’80s approaches. “It’s a participate or perish sort of thing,” he said. “We’ve got to sell the profession to elected officials, to state officials, to parents and — most of all — to the students themselves.” (Aug. 16, 1979)
- The American Personnel and Guidance Foundation marked its first anniversary. An outgrowth and expansion of an earlier idea to create an organization to manage and invest proceeds from the sale of APGAs headquarters property in Washington, D.C., the APG Foundation was established to foster programs of education in the field of guidance, counseling and personnel; promote research in the field; and make grants and awards to further education and research in the field. (June 12, 1980)
“New professional” initiatives: We want our graduate student members to find a lifelong home at ACA. Our reduced dues and conference fees for “new professional” members have been extremely successful in helping brand-new counselors maintain membership in ACA. It is clear that the needs of new professionals are very different from those of graduate students and seasoned counseling professionals. So, we are establishing a new professional member task force to suggest and help develop services and products that these counseling professionals in transition will value. If you are a new professional member and would like to contribute to this effort, please contact me at berford@loyola.edu.

Finally, during these tough economic times, we are expanding support for all professional ACA members to help them locate employment opportunities through our Career Center.

Promotion and support for the internationalization of counseling: Counseling has gone global, and counseling associations are being developed in countries all around the world. This is a magnificent occurrence and speaks volumes about the impact that counseling has had on promoting wellness and addressing mental health issues. Not surprisingly, many of our international members are leading and promoting this global effort. ACA is proud to announce the establishment of a new interest network focused on the...
Cyberbullying: What Counselors Need to Know

Sheri Bauman

Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students face on the Internet. Includes a discussion of the different types of cyberbullying and cyberbullying environments; an overview of prominent theories of aggressive behavior; practical tips to identify and follow cyberfootprints; proactive responses to cyberbullying; effective, nonpunitive strategies for responding to cyberbullying; useful information on current technology and popular websites; and much more. 2011 | 215 pgs
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Terry Kottman

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Students and new professionals: Now is your time

How important are graduate students and new professionals? Let’s take a look at some recent (and future) actions.

This past March, during the American Counseling Association Annual Conference, our opening session began with a look back at our 60-year history as an organization. At the second keynote session, we showed a video that captured what graduate students and soon-to-be new professionals thought the counseling profession would be like in the future. Related to “the counseling profession of the future,” the ACA Foundation commissioned a publication that will look at the counseling profession's next 60 years. This book will be published in time for the ACA 2013 Conference & Expo in Cincinnati (March 20-24).

During the ACA Foundation Board’s summer meeting, the trustees felt the need to reiterate their commitment to students and new professionals. The trustees are very interested in knowing what these individuals think the profession of counseling will be like in the future as they take on critical roles in mental health, education, rehabilitation and human services.

In addition to supporting various conference events, the ACA Foundation trustees are announcing a contest that focuses on graduate students’ and new professionals’ perspectives of the future. Various prizes are associated with this program, including the opportunity for a graduate student and new professional to participate in a featured ACA presidential session focused on the future of counseling at the annual conference. Panel members for this session will be sharing their views with current leaders in the profession, and the event will be moderated by one of the profession’s most famous experts. For more information, visit acafoundation.org.

I was also very pleased to see that ACA President Brad Erford has specifically referenced graduate students and new professionals as a cadre of members on which we will be focusing this year. The staff and I look forward to working with the ACA Graduate Student Committee and the recently created task force on new professionals.

We all understand the importance of maintaining, enhancing and growing the counseling profession. And with so many graduate students and new professionals looking toward ACA as their professional home, we have an obligation to know what individuals in these groups need and want as they develop and mature in their careers. If you identify as being a member of either of these groups, I hope you will feel free to contact me directly with your questions, comments, suggestions or, yes, even criticisms concerning what ACA needs to be doing on your behalf.

If you plan on joining thousands of your colleagues at the ACA 2013 Conference & Expo, I hope you will take advantage of our summer registration rates. Please remember that the deadline for the deeply discounted summer rates is Wednesday, Aug. 15, so make sure you visit counseling.org/conference for all the information you need to register. Each year, it seems like I say, “The upcoming ACA Conference & Expo is really shaping up to be one of our best ever!” Not to sound like a broken record, but with so many outstanding program proposals submitted for the 2013 event, the Cincinnati conference is looking to be one of our best ever!

For those of you about to start a new academic year, whether as a student, faculty member, administrator or counseling center staff person, I wish you all the best. I know the work you do can be both exhausting and challenging. My hope is that you also find it rewarding and fulfilling.

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

Be well. ✪
Article on grief is cause for reflection

Recently, in my Diversity Issues in Counseling graduate course, I used Lynne Shallcross’ article, “A loss like no other” (June), to spark discussion about understanding unique elements of a person’s history, culture and constructed sense of self. My students found the article not only engaging, but also personally applicable to their lives. I was touched by the students’ personal reflections, which stemmed from identifying with pieces of the article.

The article has remained with me as well, and I have reflected on it frequently since reading the piece. In my work with clients over many years and their confusion with the experience of grief, particularly non-death-related experiences, I have explored the many aspects of grief and its unique impact on every person. The “no one size fits all” approach that the author writes about so wisely may encourage other therapists to review their approaches with grief as well as their personal experiences of grief.

I just wanted to take a moment to say thank you for writing this meaningful and much-needed article. I enjoyed reading it, and I was thrilled with the insight my students gained by reading it as well.

Bea Keller-Dupree, Ph.D.
Assistant Professor of Psychology and Counseling
Program Chair, M.Ed. School Counseling Northeastern State University

Letting boys be boys

I read with interest Sheri Bauman’s “Spotlight on Journals” column regarding the study of role modeling and gender stereotypes in the June issue of Counseling Today. While the factoids shared in the piece were interesting, I found the final observation made by the author disturbing: “… but career counselors at all levels might work toward encouraging more flexibility among males.” I assume Bauman made this statement based on the fact that all the boys in the study aspired to “stereotypically male jobs or gender-neutral jobs.”

I fail to see the problem with this finding, and I fail to understand why the author would automatically assume that boys are not being flexible. Let us keep personal agendas out of the picture when addressing clinical findings and let boys be boys.

Daniel A. Reinke, M.A., RAS
Oceanside, Calif.

Limited data adds fuel to fire

I initially read with interest the “Making a case for CACREP curriculum standards” article (“CACREP Perspective,” May) but quickly lost that interest when I started to feel bullied by its narrow focus on a correlation between Council for Accreditation of Counseling and Related Educational Programs (CACREP) training and the legal/ethical missteps of counselors.

Considering the litigious climate swirling around our profession, the presentation of this limited data set and suggested linear relationship between CACREP training and professional decision-making only seems to fuel the fire. The issue of CACREP accreditation is so contentious that this publication has an obligation to present a wider data set and broader range of variables that link graduate training and legal/ethical decision-making.

Lawrence Rubin, Ph.D., LMHC, RPT-S
lrubin@stu.edu

Editorial policy

Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published only on rare occasions.

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 email or regular mail and must include the individual’s full name, mailing address or email address and telephone number.

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Supreme Court upholds Affordable Care Act

The U.S. Supreme Court ruled June 28 that the Affordable Care Act is constitutional, save for a provision regarding Medicaid expansion. The American Counseling Association applauds the ruling because it will allow implementation of the legislation — the nation’s first attempt to establish a functioning health care system providing essentially all Americans with health insurance — to move forward. For more than a decade, ACA has officially supported efforts to establish universal access to health insurance coverage. The Affordable Care Act is a common-sense approach to bridging the gaps between the nation’s public and private health insurance programs.

The ruling is also a win for the counseling profession. The Affordable Care Act will extend health insurance coverage, including coverage for mental health and substance use disorder services (including behavioral health treatment), to more than 30 million Americans who otherwise would be without coverage. The legislation will dovetail with the Mental Health Parity and Addiction Equity Act to more broadly apply mental health parity protections. It will benefit counselors by prohibiting health plans from discriminating against providers on the basis of the type of license they hold. It will also require health plans to cover preventive services, including depression screenings and counseling interventions to reduce alcohol misuse. According to the Congressional Budget Office, which isn’t known for looking at the world through rose-colored glasses, the Affordable Care Act will reduce federal deficits by $210 billion between 2012 and 2021. No legislation is perfect and, as counselors know, change can be hard, but the Affordable Care Act is a major step forward from today’s dysfunctional health care “system.”

Two parts of the law were at issue: the individual mandate that people either have to buy health insurance or pay a penalty, and the expansion of the federal-state Medicaid program. Although an individual mandate was for decades a key component of Republican health reform proposals, its inclusion in the Affordable Care Act drew partisan opposition as well as lawsuits. The Supreme Court’s ruling, authored by Chief Justice John Roberts, held that although the individual mandate is not supported by Congress’ ability to regulate commerce, the mandate falls within Congress’ power to assess taxes. In interpreting the mandate as a tax, the ruling notes that: “[I]t is estimated that [under the Affordable Care Act] four million people each year will choose to pay the IRS rather than buy insurance. … We would expect Congress to be troubled by that prospect if such conduct were unlawful. That Congress apparently regards such extensive failure to comply with the mandate as tolerable suggests that Congress did not think it was creating four million outlaws. It suggests instead that the shared responsibility payment merely imposes a tax citizens may lawfully choose to pay in lieu of buying health insurance.”

While upholding the individual mandate, the ruling reversed in part the Affordable Care Act’s provisions expanding Medicaid coverage. The legislation requires states to expand their Medicaid programs by 2014 to cover all individuals younger than 65 whose incomes fall below 133 percent of the federal poverty line, and to cover an essential health benefits package. The federal government will pick up 100 percent of the costs of covering newly eligible individuals through 2016; after that, the federal contribution decreases to a minimum of 90 percent. States that did not meet new Medicaid expansion requirements risked losing not only this new funding but their existing Medicaid funding as well. The Supreme Court held that this penalty was too severe — although the federal government can withhold new Medicaid funding for states not meeting the new requirements, it cannot withhold funding for states’ existing Medicaid programs. The ruling thus allows states to turn down virtually complete federal financing of coverage for their low-income, uninsured residents without affecting their existing Medicaid programs.

Congressman pushes VA on hiring of counselors

ACA has gained a champion in its efforts to establish more mental health clinician positions for licensed professional counselors (LPCs) within the Department of Veterans Affairs (VA) health care system. In the last week of June, Rep. Mike Michaud (D-Maine), the ranking member on the House Veterans’ Affairs Subcommittee on Health, submitted a letter to Secretary of Veterans Affairs Eric Shinseki calling on Shinseki and the VA as a whole to begin hiring counselors in the VA medical system. The letter (see next page), which points out that Congress has empowered the VA to hire LPCs for almost six years, asks several specific questions about the steps the VA is taking to hire counselors in clinics and hospitals, as well as how it intends to fill the 1,600 new mental health clinician positions it created in April.

ACA is grateful for Michaud’s leadership on this issue. Michaud is a past recipient of ACA’s Federal Legislative Service Award, and this letter shows he is still fighting to expand access to counseling services. For more information on ACA’s work to increase the number of counseling positions at the VA, contact Art Terrazas at aterrazas@counseling.org.
The Honorable Eric K. Shinseki  
Secretary  
Department of Veterans Affairs  
810 Vermont Ave, NW  
Washington, DC 20420  

Dear Secretary Shinseki,  

I am writing to express my concern over the ability of the Department of Veterans Affairs to hire enough staff to fill the vacant mental health positions currently undermining the VA system. Specifically, recent reports from the field indicate that the VA is failing to take advantage of licensed professional mental health counselors and marriage and family therapists, who together comprise roughly 40 percent of the nation’s mental health workforce.  

The VA’s announcement that it will hire 1,600 additional mental health clinicians was a strong step forward towards addressing the unmet mental health needs of our veterans. Also encouraging is VA’s announcement that it will recruit marriage and family therapists and licensed professional mental health counselors to fill the new positions.  

On April 24th, you announced that VA “has expanded its mental health services to include professionals from two additional health care fields: marriage and family therapists (MFT) and licensed professional mental health counselors (LPMHC).” Yet, that same day, several associations representing MFTs and LPMHCs received a letter from the VA Under Secretary of Health saying that “at this time there is not a need to set up a training program” for the MFT and LPMHC professions. 

The VA trainee support program provides funding to place mental health professionals in VA facilities, and is designed to encourage VA service and provide a path for permanent employment. Adding MFTs and LPMHCs to the program would accomplish VA’s stated goal of integration and utilize a currently under utilized pool of mental health providers. 

VA has stated publicly that it expects the number of veterans seeking treatment to grow and is taking steps to publicize its treatment programs and welcome veterans from all eras into the VHA system. Yet, while the number of patients in VA facilities grows, VA staffing does not seem able to keep pace with demand. In a query of its mental health staff conducted in September of 2011, VA found that 70.6 percent of mental health staff felt their facility did not have “adequate mental health staff to meet demands for care.” In the results of the query, it was noted as relevant that “[a]s of May 2011, VHA vacancy data for mental health positions showed a vacancy rate of 13.6 percent across the country.”
Congress passed legislation in 2006 directing VA to hire counselors and MFTs. It took until 2010 for VA to finally establish a process for hiring these professionals. I am concerned that VA is unnecessarily prolonging a process that could significantly increase the supply of mental health professionals available to address provider shortages at VA facilities.

In order to help the Committee understand and address this shortage, please answer the following questions:

- How many mental health counselors and marriage and family therapists have been hired in VA facilities over the past three years and where are they located?

- What actions has the VA taken to accelerate the hiring of LPMHCs and MFTs?

- During a Senate Veterans Affairs Committee hearing on April 25, Deputy Under Secretary for Health, William Schoenard, stated that VA has created a task force to recruit applicants for the 1,600 new mental health positions. Are MFTs and LPMHCs part of this task force? Does the task force specifically address the hiring of these professions? If not, what is the reason?

- What is the VA doing to address misunderstandings and misinformation at the facility level regarding the ability to hire these professions?

- The VA concurred with a recommendation stated in the Inspector General’s report: “Recommendation 3: We recommended that the Under Secretary for Health conduct a staffing analysis to determine if mental health staff vacancies represent a systemic issue impeding the Veterans Health Administration’s ability to meet mental health timeliness goals, and if so, develop an action plan to correct the impediments.” The VA stated that it would conduct an evaluation of VHA vacancy data and implement “national mental health staffing guidance.” What were the results of that evaluation, and what does the guidance consist of?

- VA employs many newly–trained health professionals as clinical interns, and these interns often pursue careers within VA. Dr. Petzel has indicated that mental health counselor interns and marriage and family therapy interns are ineligible for financial stipends, even though interns from two other mental-health professions (psychology and social work) are eligible. Why this discrepancy?

Thank you for your time and consideration of this matter. I look forward to your response.

Sincerely,

Michael H. Michaud
Ranking Democratic Member
Subcommittee on Health
be innovative,
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A career and a specialty touched by mom

Licensed mental health counselor Courtney Stewart contacted me from her private practice, called Healing with Time, in Florida. When I discovered that her specialty was grief and loss, I couldn’t help but think about my own recent past, when I lost my mother, my sister and my dog of 15 years during one brief period of time. I was very interested in how Courtney does this difficult work every day. Read her story and discover the answers for yourself.

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

Courtney Stewart: I am the owner and founder of Healing with Time LLC, a private counseling practice specializing in the treatment of grief and loss. My primary tasks include conducting individual, marital/couples and family counseling and marketing the practice and our services in the community. I also provide business consultations for counselors who are interested in starting a private practice.

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

CS: When I was about 13, my best friend, with whom I am still close, had a huge crush on a boy, and I spent many hours listening to her and offering her advice on what to do about her feelings for him. After this, I became the one everyone came to with their problems, and I got really good at helping them. I asked my mom if there was a job I could do that involved listening to the problems of others, and she told me, “Sure, that’s what a counselor does.” From that time on, my path was set! I went through high school, college and, finally, graduate school without looking back, and I couldn’t be happier with my choice.

RDB: How did grief and loss work come into the picture for you?

CS: I often tell others that my mom gave me my career and my specialty. My mom died four days before I started graduate school after a 15-year battle with multiple sclerosis. I was faced with the choice of whether I wanted to take the one-year break they allowed at my school. After giving it some serious thought, I decided that my mom would kill me if she knew that I delayed graduate school because of her, so I decided to start the program. They say that graduate school changes you, and I experienced that firsthand. I think I would be in a much different place in my grief right now if I had taken a year off.

I really began to develop my grief and loss specialty while completing my internship at a residential treatment center. One day when I was struggling to find a topic for group, I asked one of the staff counselors for guidance. He asked, “What is a topic that you feel you can talk about comfortably?” I immediately responded, “Grief,” and my specialty was born. Clients come to me now because they see on my website that I lost my mom. I think it allows them to feel more connected with me and that on some level I can understand what they are going through.

RDB: Are there specific techniques or strategies you find helpful when you work with clients who are grieving or experiencing other forms of loss?

CS: The biggest thing for me when working with clients is being there and listening as they go through the ups and downs of loss. A large part of my work involves educating clients on the grieving process. Understanding the process assures them that what they are thinking and feeling is not weird, crazy or abnormal.

I also find techniques such as journaling, the empty chair technique, cinema therapy and bibliotherapy very helpful. I encourage my clients to use rituals to stay connected with what or whom they lost. An example would be to honor birthdays, anniversaries or other special dates that remind them of the person they have lost. Self-care, regular exercise and eating a well-balanced diet are also very important.

RDB: As you look back on your career in counseling, what has been your favorite position?

CS: My current position is my favorite. I truly enjoy my work in private practice, both the direct care side and the business side. I learn something new almost every day. My office is full of counselors and other healing professionals. We all support each other as a group rather than competing with each other for referrals. This makes coming to the office each day a very enjoyable experience. Not many people can say they are doing their dream job. I feel very lucky to be able to say that I am actually in my dream job.

RDB: Which theoretical orientation do you gravitate toward and why?

CS: I would say my three main theoretical orientations are existential, person-centered and reality therapy. Existential speaks to me regarding responsibility and finding meaning and purpose in life, which is a large part of the grieving process. It is important to me to hold my clients accountable for their role in creating their current situations and their responsibility to find a way out. I enjoy person-centered because of the emphasis on establishing a trusting relationship with your clients and being genuine with them. Reality therapy allows me to be upfront, honest and direct with my clients as I guide them toward finding their own path.

RDB: Who saw something special in you early on and valued you as a unique individual? Who are your heroes?
CS: My dad has always been my biggest fan and encouraged me to do what I wanted, even if he did not necessarily agree with my choice. He has always believed that I would be successful no matter what obstacles I encountered. My husband has also been a huge source of support for me over the years. He was with me before, during and after my mom's illness and death. He encouraged me to start my practice after graduate school because he knew that was my dream. Although he does not work in the counseling profession, he has a great understanding of human behavior, and he is often the first person I turn to when I need feedback on business decisions.

As for heroes, I have two. The first would be my grandfather, Papa. He was one of the kindest, most knowledgeable men I have ever met. My Papa was a well-known pastor in the Seventh-day Adventist Church, and he loved his job. I am still in awe of and inspired by his eternal positive attitude, his nonjudgmental stance on almost everything, his large group of friends who adored him and his love for music and singing.

My second hero is the lead singer of Green Day, Billie Joe Armstrong. He lost his father at a young age, which was the inspiration for his song “Wake Me Up When September Ends.” After my mom died, I heard that song for the first time and was amazed because it explained exactly how I felt. There is a chapter about him in the book I am writing.

RDB: Has being in the field of counseling been transformational for you?
CS: Absolutely! After graduate school, I was a different person. I believe that counseling has taught me to be true to myself, has increased my confidence and has also taught me how to be accountable for my actions. I am much more in tune with my emotions, and I stand up for what I believe. Experiencing my clients as they heal has been transformational and has increased my love and respect for this profession.

RDB: What lessons have you learned from the mistakes you made along your career path?
CS: In the beginning of my career, I made the mistake of expecting my clients to have “lightbulb moments” in every session. I quickly realized that this was neither possible nor realistic. After identifying this error in thinking, I became much more relaxed during sessions. Some clients just need to talk in session, some need guidance, and some just need to cry. Each client is individual in his or her needs and preferences, and I trust clients to tell me what they need.

RDB: Is there a saying you try to remember when the going gets tough?
CS: My favorite saying of all time is “Everything happens for a reason.” When times are tough, reminding myself of that saying seems to help. I only have control over a certain amount of things in my life, and if I cannot do anything about a negative situation, then I do my best to let it go.

RDB: Your work must be intense at times. What ways do you find to take care of yourself?
CS: I really enjoy reading, so I make sure to read for at least 30 minutes to an hour every morning before going to the office. I make it a priority to spend quality time with my husband, family and friends on a regular basis. Music is very therapeutic for me, so a lot of my driving time is spent with the music blaring and me singing at the top of my lungs. And I treat myself to some retail therapy quite often as well.

RDB: More than 50,000 American Counseling Association members receive Counseling Today each month. Is there anything I have left out that you want them to know about you and your work?
CS: I truly love my work and feel blessed to go to work every day and see positive changes in my clients. For all of the new graduates, I encourage you to embrace this profession for all it has to offer and be willing to learn whenever possible. This field has so many amazing opportunities, and I look forward to seeing our profession grow and change over the years.

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Letters to the editor: ct@counseling.org
Gazing into the future: Our evolving society

In previous columns, I have scribed on the future of counseling and impending changes. Clearly, the 21st century has ushered in a rapidly changing world that is constructed on a foundation of technology. I have repeatedly used the term global (probably ad nauseam) in virtually every column. My apologies, for this is the simple reality: We are in an emerging global economy, and much of the world is struggling to adapt. We have witnessed serious economic recessions in Japan, Europe and certainly here in the United States. Eventually, the economy will improve, and that’s good news for all concerned.

In the meantime, however, we should take regular inventory of the counseling profession and consider the types of changes necessary to thrive in the future. The key word for the future is adaptation. As demonstrated in the animal and insect kingdoms, successful organisms are the ones most willing to adapt to changing conditions. Organisms that resist making necessary adaptations … well, they die. With this anthropomorphic comparison in mind, let’s examine some examples of significant change.

The U.S. workforce is becoming increasingly diverse. Rapidly changing demographics, exemplified by growing numbers of Latinos/Latinas in particular, mean cultural competence will become even more critical. Despite the current anti-immigrant backlash in our country, which I believe is based primarily in racism and classism, the mathematics of our evolving society is clear: Caucasians will represent a dwindling share of the workforce of the future, and this will mean more CEOs of color running Fortune 500 companies. These changing demographics, particularly in the Sunbelt states and the Southwest, also foretell profound political changes.

The breakdown of governors, senators, mayors and other public officials will begin to more closely align with the emerging demographics. It will be very curious to see how this transforms the U.S. political landscape, to say nothing of the impact on the counseling profession.

The number of women in leadership is another evolving demographic area. Granted, the “glass ceiling” remains rather firmly in place, despite women CEOs currently running 18 of the Fortune 500 companies. Although this number remains embarrassingly small, it represents the largest number of female Fortune 500 company executives in U.S. history. These bright, resilient women must have shards of glass throughout their hair. Among the major corporations with women at the helm are Hewlett-Packard, IBM and Xerox, three substantial high-tech corporations. In 2011, only 12 Fortune 500 companies had women CEOs, so although the overall number remains small, at least it’s growing. The history of corporate America is that it changes s-l-o-w-l-y, but it is changing nonetheless. By 2020, expect the number of corporations led by female CEOs to have increased substantially.

An elementary history lesson

Let me step back in time for a moment. As a grade-schooler in the small Midsouth town of Salem, Ark., our primary reading materials were a series of books highlighting the brother-sister duo of Bill and Linda. Bill and Linda were the face of middle-class society in the late 1960s: White, educated, maintaining traditional roles. The books also offered glimpses of “gender-appropriate” occupations: men were airline pilots, women were stewardesses; men were doctors, women were nurses; men ran companies, women were secretaries; men were the head of the household, women served them. (The book series’ only nod to diversity was Midnight, Bill and Linda’s black cat.) The message the books clearly expressed: Children, this is your world.

But the world of Bill and Linda has changed dramatically during the past 40-plus years. Women now run an increasing number of small businesses and outnumber their male counterparts in medical schools and law schools. Granted, women remain grossly underrepresented in science and engineering — and as airline pilots — so much work remains regarding gender equity in key professions. But given the landscape of the U.S. workplace during my childhood, our society has witnessed profound change. We need to get accustomed to this because the United States will continue to experience similar transitions.

Cultural transformation

When I began college in the fall of 1978, men outnumbered women in higher education. Currently, women make up 57 percent of the undergraduate enrollment in U.S. colleges. In the 1980s, more than 80 percent of college students were Caucasian; in 2012, that number is slightly over 60 percent. These represent significant changes in higher education, and it’s very likely that the current of change will continue to run in the same direction, with women and students of color consuming a larger share of the higher education pie.

Counselor educators and counseling students already know about the dominance of women in graduate counseling programs and in the professional field. But interestingly, in doing research for a book on college counseling, I ran across a book by Charles Warnath, one of my former professors. In
New Myths and Old Realities, published in 1971, he wrote that college counseling centers were staffed almost entirely by male clinicians (at a rate greater than 90 percent). In the 2011 National Survey of Counseling Center Directors, 59 percent of the directors were women!

These highlighted trends portray a society increasingly being transformed through cultural and gender change. Women are becoming more educated than men, and although this can’t be labeled either “good” or “bad,” it does leave one to ponder what this trend bodes for our country’s future. Women consistently are more willing to support social programs than men, so this shift might represent yet another hopeful sign for the counseling profession.

The other demographic of note, increasingly large numbers of ethnic minorities in higher education, also portends major changes in science, technology, medicine, business and education. The “face” of our country will be more female and more ethnically diverse.

Such changes paint a picture of U.S. society that is radically different than the fictional world of Bill and Linda. With more women leaders in government, education and the corporate world, and with a rapidly growing multicultural population influencing politics, the workforce and higher education, this country stands on the precipice of a revolution. I think many people in society, particularly those invested in preserving the status quo, are frightened by such changes. Many people want Bill and Linda to continue as the face of our society but are increasingly noticing images of Hector and Carmelita. It’s this fear factor that dredges up anti-immigrant laws and harsh, misguided political rhetoric. The irony in all this uproar over “illegals” is that contemporary U.S. society was built by immigrants (although, naturally, indigenous peoples hold a different view of U.S. history).

The reality is that societies are dynamic, with the “establishment” constantly clashing and grinding against emerging cultures and ideologies. Given what the changing demographics are telling us, women and people of color are going to overhaul this society. Sure, there will be last-ditch efforts to stem this tide, but such reactive efforts will eventually resemble trying to plug the Hoover Dam with mere fingers.

Exactly what changes these demographics will mean for the country politically, judicially, educationally and corporately is the unknown part of the equation. Will our country’s politics be kinder toward immigrants? Will corporations be more equitable to their workers regarding benefits? Will debate on affirmative action become very quiet? Will college be more affordable, particularly for the poor? Will our country be more accepting of people who are different? Will gender and cultural changes be positive for the counseling profession? There is an endless string of questions to ponder.

It’s odd that I remember Bill and Linda books so well because it has been more than 40 years since I last read them. I expect they remain active in my memory because they represent vestiges of the world I was born and raised in: a White, patriarchal, middle-class-dominated society in which the rules were simple and you knew what to expect. Contemporary society is very different and more nuanced. Some women are doctors, while some men are nurses; some men raise kids, while some women run corporations; Latinos (and others) run major cities and states and craft legislation in Washington, D.C.

**Stages of societal change**

As counselors, we should be the midwives of change. Our role, in schools, colleges, mental health centers and career agencies, is to prepare people for and to facilitate healthy change. Admittedly, some change is far easier to accept, and it usually depends on whether it’s something we like. I think a lot about James Prochaska, Carlo DiClemente and John Norcross’ Stages of Change model. Although the authors weren’t writing about sociological issues, their stages offer us abundant wisdom nonetheless:

- **Stage 1:** Precontemplation: unaware a problem exists
- **Stage 2:** Contemplation: aware of a problem but not ready to change
- **Stage 3:** Preparation: baby steps of change
- **Stage 4:** Action: real, systematic change

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—Ned Farley, PhD
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Stage 5: Maintenance: making a long-term investment in change

In a sense, many in society are fighting desperately to stay in “contemplation” regarding social and cultural change. But realists understand our society is making core changes facilitated by cultural, gender, technological and global forces and will continue to do so.

William Allen White’s quote, “I am not afraid of tomorrow, for I have seen yesterday and I love today,” remains one of my favorites. I am very excited about the future. Sometimes nervously so, but excited nevertheless. I look forward to being an active part of the coming societal changes and in helping to welcome more of the culturally different into the counseling profession. Although I personally resemble Bill and Linda, I do not fear the Hectors and Carmelitas, for whatever our cultural differences, I know we are all people who wish to love and be loved, have viable careers and be respected.

As for the counseling profession, our work is to embrace this new future and to help prepare our citizenry to do the same because our society is moving forward, not backing up. How readily the counseling profession adapts to cultural, gender and technological changes will in large part determine its success moving forward.

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Letters to the editor: ct@counseling.org
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Healthy computing

I have come to the conclusion that I am an indoor enthusiast. Most of the activities that I enjoy and do are under a roof with four walls. Unless weather conditions outside are near perfect — and for me, that means cooler than most folks like it — I would prefer to be inside, engaged in my interests that center around computing.

Please don’t interpret my enthusiasm to mean that I am a couch potato. I get to the gym three days a week at 5 a.m. for cross-training, but when I get home, my work generally places me in front of the computer. Most of the time, that computer-centered workday lasts 12 hours or longer.

This past month involved a particularly torturous workload, including developing two online classes, working on a grant, preparing for the fourth Virtual Conference on Counseling, working on an online journal, keeping up with email and producing my regular academic writing. All of my computer use was related to work — no FaceBook, no Pinterest, no gaming. None of my screen time was recreational.

As much of a computer geek as I am, all of this desktop work started taking a toll on my body and mind. I experienced mild dizzy spells when I eventually got up from the workstation. A sore neck the next morning. Eyes that had a hard time focusing on anything more than 2 feet in front of my visual field. I recalled bad “body memories” of the months I spent in front of a computer writing my doctoral dissertation. What I had sustained was an occupational injury because I was not practicing healthy computing.

Good computing means healthy computing. For the counseling professional, healthy computing means creating a physical work environment suited to the use of different devices, pacing your work and keeping “computer fit” while you work.

**Ergonomics**

Ergonomics is the applied science of workplace design. It takes into consideration the interaction between people and the work environment, with a focus on productivity and minimizing fatigue and discomfort. Work environment issues practicing counselors and counselor educators must consider include the amount of writing, computer use and immobile sitting we engage in throughout the day while seeing clients or students.

Much of the writing on ergonomics focuses on office computer use. In using computers, our bodies must potentially contend with inadequate keyboard spacing, small monitor size, poor monitor placement, poor screen resolution and the repetitive use of mouse input devices. Having the best physical environment for your work reduces the potential for injury related to the long and repetitive tasks performed by counselors and educators.

- Occupational Safety & Health Administration (OSHA) ergonomics principles: tinyurl.com/5jdtt
- Cal/OSHA “Easy Ergonomics” guide: tinyurl.com/7j7hk6z
- Ergotron white paper on comfortable portable computing: tinyurl.com/4e3wzu
- Ergonomics and the indoor enthusiast: tinyurl.com/bny4rbh
- Stanford University computer workstation ergonomics: tinyurl.com/7umkukt
- Princeton University ergonomics and computer use: tinyurl.com/d4x45fl
- Healthy Computing: healthycomputing.com

**Repetitive strain injuries**

Repetitive strain injury (RSI), also called repetitive stress injury, is typically related to occupational activity but can also develop from improper form while exercising. RSI results from being in a sustained or awkward position or performing tasks that include repetition, forceful exertions, vibrations or pressing against hard surfaces. Conditions that can arise from RSI include bursitis, carpal tunnel syndrome, wrist ganglion, tendinitis and trigger finger. I once developed a chronic case of bursitis in my elbow because I had the habit of resting my head in my hand and sitting with my elbow on a hard tabletop while reading my computer screen.

- “10 Simple RSI Prevention Tips” (RSI Prevention): tinyurl.com/6mgm2vy
- Computer-related RSI (University of Nebraska-Lincoln Engineering): rsi.unl.edu
- RSI exercise program (Flextrend.com): tinyurl.com/73nhkm2
- RSI Warrior software: tinyurl.com/35x6hr
- Exercises you can do at your computer (wikiHow): tinyurl.com/rttqm

**The Pomodoro Technique**

The Pomodoro Technique is an interesting method for controlling your work process and decreasing the risk of computer use injury. The approach was developed by Francesco Cirillo, at that time a university student who was trying to get his work done but having a hard time attending. He owned a kitchen timer shaped like a tomato (pomodoro in Italian) and set it for 25 minutes. He stayed on task for 25 minutes and then took a five-minute break, giving himself permission to move away from his work. Every four intervals (pomodoros), he took a longer break. Cirillo found that he became more efficient and was able to complete work in a more timely fashion.

The five-minute break every half hour promotes healthy computing by allowing you to get away from your static desk position to stretch and change your field of vision. The Pomodoro Technique is a very simple method for balancing
workflow and ergonomic stress. It can be combined with other “lifehacking” work methods such as Getting Things Done to add a productivity dimension (for more on lifehacking, see the July 2008 “Digital Psyway” column). Free or low-cost Pomodoro timing apps are available that will cue you to stop working at preset or personally set intervals.

- The Pomodoro Technique: tinyurl.com/cuwruw9
- Is the Pomodoro Technique right for you? (Stepcase Lifehack): tinyurl.com/dybf7ml
- How to focus with the Pomodoro Technique (Work Awesome): tinyurl.com/43x25o8
- Training your brain away from distractions (Lifehacker): tinyurl.com/33pfjh6
- Three of the best Pomodoro apps (Makeuseof.com): makeuseof.com/tag/3-free-pomodoro-productivity-apps/
- Nine free Pomodoro timers (Gigaom.com): tinyurl.com/6vej2zz

Creating your ergonomic environment

If anything, this summer’s work experience has convinced me that I need to put less thought into my computer hardware and more thought into my “software” (back, neck, shoulders, elbows, wrists and hands). Before the summer started, I purchased a new 27-inch monitor. The problem is that my desk hasn’t gotten any shorter with the new monitor, meaning I have to tilt my head back to see the upper part of the screen. This is further complicated by my old computer chair, whose hydraulics slowly give way over the course of 20 minutes, altering my sitting position from low to limbo height. For my own health and happiness, I will need to invest in a new modular workstation that is ergonomically effective.

- Designing an ergonomic workstation (Ergonomics Made Easy): tinyurl.com/crywsqx (Part 1); tinyurl.com/cedsoca (Part 2); tinyurl.com/box9fex (Part 3)
- Ergonomic design for computer workstations (Ergo In Demand): tinyurl.com/7j5w33p
- Four tips for choosing your office desk (Ergonomics Made Easy): tinyurl.com/e29uemp
- Choosing an office chair (Gear Patrol): tinyurl.com/ed59ps2

Take a look at your computing workstation and think about the little adjustments you can make in your workplace environment that will offer you some relief during long work sessions as a counselor or counselor educator.

Find these and other links on “The Digital Psyway” companion site at digitalpsyway.net. Did we miss something? Submit your suggestions to the column editor at mjencius@kent.edu.

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Exam-in-ing the motivation of career choice

Pop quiz: Which one of the following does not belong?
A) The personal trainer who doesn’t exercise
B) The off-duty cop who exceeds the speed limit
C) The financial planner who declares bankruptcy
D) The counselor who never has sought therapy

Trick question. The correct response is: None of the above. Because: All of the above are Hypocrites. Not to be confused with Hippocratic, as in Oath.

Semantics aside, each grad school course in my mental health counseling program began with a version of the same informal poll. Instructor would enter classroom, flop briefcase on table and remove a ream of collated, stapled syllabi. After a brief intro, Prof would inquire, “How many of you have been in therapy before?”

The first time Professor asked The Question, up shot my hand without a moment’s hesitation. Having chosen my customary front-and-center spot in the lecture hall, I could not see how Classmates had responded. Dumbfounded when Professor failed to raise a pointer palm, I swiveled inconspicuously to look. Apparently Professor could count to three without using his fingers.

Three? 3? Thuh-reeeeeeeee? Really? Counselors are not supposed to be judgmental, but I hadn’t taken that course yet. So I was unabashedly aghast at the infinitesimal percentage of mental-health-counselors-to-be who had never parked their tushes on a therapist’s couch. Aghast … and then ashamed. Am I the only one here who has had “issues”? Maybe I’m not supposed to be here. Maybe only people who don’t need mental health counseling are qualified to give it. Ego deflated, my hand responded in kind, sinking like a stale balloon.

The stigma surrounding mental health counseling has shriveled significantly compared with decades past, but I hadn’t taken that course yet either. So there I sat, at once red-faced and grateful. At least my position at the epicenter of the lecture hall meant I was spared the sight of all those eyes staring at my back, labeling me the group’s Identified Patient.

As grad school progressed, Subsequent Professor suggested that many who are drawn to the helping professions have hidden agendas. Or even subconscious ones. They are there primarily to address their own needs, not necessarily to address the needs of others. She had offered this counselor caveat in a fit of pique, rebuking underperforming students after a particularly dismal round of midterm test scores. “How can you expect to make a career of counseling when you are making no effort to learn?” This instigated another informal poll: “How many of you intend to get licensed?” Again, my fingers thrust heavenward of their own accord.

This time, I was not surprised when a scant one-third of Classmates responded in kind. What’s the deal?

A few indicated the master’s degree was, for them, a stepping-stone to a Ph.D., or a Psy.D. (even though at this particular institution of higher learning, the M.S. was not a prerequisite for a doctoral degree in the college). Others explained a psychology background would inform an intended career in another area — trial law, for example. But the majority responded with flat affect or blushed cheeks — and unanimous silence. So, who’s ashamed NOW? I thought, basking in the warm, fuzzy glow of private vindication. One classmate, the epiphenome of stealth, disappeared from the program, directing him to appropriate resources for evaluation and treatment.

Another made it through to the final course in our curriculum, Practicum Supervision. Cohort was participating in a role-play exercise. One student volunteered to pose as Presenting Client, with Classmates acting in concert as Counselor. We took turns offering questions as if conducting an initial interview to determine a provisional diagnosis. Suddenly, Wayward Student in the back row interrupted, verbally attacking Presenting Client. In doing so, he exhibited signs of hostility, delusions and irrational thought processing. In unison, Class silenced and swiveled to focus on the outburst in progress. Maybe this is a shill? I thought. How clever of Professor to add this unexpected twist to the exercise! Curiously, Wayward Student smiled and giggled, all but validating my conclusion. Until I noticed Professor’s micro expression of wide-eyed horror. A seasoned professional, just as quickly regained composure and quietly intervened. Ever so softly, he directed class to continue, gently ushering Wayward Student from the room. Subsequent scuttlebutt revealed Administration had dropped Wayward Student from the program, directing him to appropriate resources for evaluation and treatment. Practicum, indeed.

I can say with confidence — as well as compassion for the unfortunate counterparts described above — that although I contributed in class and managed to do so while experiencing no more than the occasional mild episode of neurotic test-taking anxiety, still I was prompted to embark on a personal soul search.

Midterm: True or False
1) I am here to address my own needs.
2) I am here to address the needs of others.
Another trick question. I had been kidding myself. Though I would like the world to believe that “1” is “False” and “2” is “True,” the correct answer isn’t even listed as a choice. What’s True for me is “Both of the above.” I’m here for me as much as I am here in service to others. There, I said it. No turning back now.

Looking back, on the other hand, has been helpful. Anorexia as a teen. Sixty-seven pounds at my nadir. I remember my 12-year-old self sitting on the couch in a Cuban counselor’s office. He began each session with his customary greeting, delivered in thickly accented English. “How are you feeling in your spirits today, Soooseeee?” I twirled a Mickey Mouse watch around my wrist, contemplating an answer. Though the shiny red patent-leather watchband was fastened on the last hole, it hung like a bangle bracelet on my bony arm. Eight months of twice-weekly weigh-ins and hourlong sessions with Counselor lifted my spirits and saved my life. Literally. I know. Thirty years later, I wrote a term paper on the topic for an Abnormal Psychology course. Anorexia Nervosa has the highest mortality rate of any mental health diagnosis. I have lived to tell. And now, to help others as I have been helped.

I had returned to counseling at various critical junctures since that time: a brief eating-disorder relapse combined with a depressive episode my freshman year of college (Anorexia has a high rate of comorbidity); transitioning to married life; a short period of couples counseling following the death of my father-in-law after a protracted illness (my husband’s unresolved grief and my unexpressed resentment had pulled us apart). At a certain point — I cannot say exactly when — counseling for me became less about surviving and more about learning to thrive. Which is why I remain committed to ongoing personal growth work with a therapist of my own. That is the essence of what I strive to impart to Client. Client doesn’t need to know I once was where he/she is now. I know. And that makes all the difference.

Final Exam: Short Answer

Breathe some fresh air into the cabin-pressure cliché, trite as it is true, regarding the use of oxygen masks on airplanes. You know the one: “If you are traveling with a small child, place your own mask on first before helping others. The moral of the story is …” Zzzzzzzzzzzzz. Admit it, we’ve all recited this little ditty to Codependent Client at some point. In your answer, make it new.

Response: I am able to be here for you because I am here for me.

On that test at least, I reward myself with an A+. Now ask yourself, Counselor: Do you make the grade?

Disclaimer: Grading is subjective. This column reflects the opinions and personal experiences of its writer and is not intended to represent Objective Truth. As always, identifying information of individuals and details of some situations have been altered or partially fictionalized to preserve confidentiality.

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Is your counseling practice built to sell?

If you’re just getting started in private practice, selling your counseling business is possibly the last thing on your mind. However, it’s never too early to start laying the groundwork for building a counseling practice that will someday be attractive to an acquirer. In fact, realizing at the beginning that there will one day be an end is good forethought.

There are lots of reasons someone might decide to sell their practice. Consider:

- Might you decide to relocate at some point during your career?
- Might you ever want to change careers?
- When do you hope to retire? Do you plan to work in private practice until you’re as old as Irvin Yalom (80)?
- Think that you’re too young to contemplate an exit strategy? Try this: A recent Stanford University study suggests that looking at an age-enhanced picture of yourself will motivate you to save more for retirement. That being said, counselors today, as a rule, are already in the second half of their careers. According to the American Association for Marriage and Family Therapy’s media kit, the mean age of its 25,000-plus members is 55. In addition, more than one-forth of attendees at the American Counseling Association Annual Conference & Expo this year were 56 or older.

As counselors consider retirement, some are finding that the practices they built for much of their careers have little market value or few interested acquirers. Hence, instead of selling their companies for a tidy sum, counselors are simply rolling them up — locking the doors, shuttering the windows, switching off the lights and disconnecting the phones.

This sounds harsh. A counselor might ask, “After decades of work, do I have nothing to show for it?”

The answer: Your practice has provided you a good living and rewarding work, and you’ve helped a lot of clients. It’s just that what you’ve created doesn’t have value that can be transferred to another business owner.

How to value your company

There are many formulas for valuing companies. For service businesses, one popular method is to calculate a multiple of revenue. Depending on the industry, a service firm can be worth between one to two times its revenue. Businesses can also be valued on the basis of their EBITDA, an acronym that stands for Earnings Before the deduction of Interest, Tax, Depreciation and Amortization (to keep it simple, let’s just say “yearly profit”).

A firm may be worth as much as two to three times EBITDA.

Although these numbers provide a starting point, they are also flawed for determining a business’s exact worth. According to expert Fred S. Steinbold in the third edition of his book The Complete Guide to Buying a Business, “The problem is that these formulas are almost always too simplistic to serve as anything more than a very rough guide for the sale of real businesses.”

Your company could be worth a lot more, or a lot less, than the formula above might suggest. For instance, say you have contracts guaranteed to earn your company revenue for the next five years (a court contract to counsel DUI offenders, for instance). Or say that the sale of your business includes material assets such as a slew of new high-end equipment or even a building. Either of these scenarios could increase the value of your business.

However, your company could also be worth less than the formulaic value. For example, say that your company’s revenues or profits have been declining for the past several years. This downward trend would be a red flag to potential acquirers.

Second, say that the owner is also the company’s manager but she doesn’t take a salary. In this case, the company could show a profit of $85,000. However, when one adjusts for a manager’s salary, the business is only breaking even. In this instance, the acquirer isn’t buying a business; he or she is buying a job.

Third, the value of a company could be less if the company’s key revenue producer will be leaving after the sale. This happens often in the counseling field. A company for sale will show gross revenue of $250,000. However, $150,000 of that revenue is a product of the owner’s counseling fees. Once the owner sells and departs, the company will stop producing most of its revenue.

One thought to consider as you evaluate your company’s price: If you leave the practice, what remains that an acquirer would consider valuable? The answer to that question is not always obvious. A dedicated staff is valuable. A telephone number that generates several appointments a day is valuable. The billing system, email lists, website, relationships with insurance companies — all of these things could represent an opportunity for an acquirer.

Common mistakes in valuing a business

You love your practice. You’ve put your heart and soul into it, and to you, its value is significant — any acquirer would be lucky to have it!

Trust me, I understand. But prospective buyers are looking at your business without emotion. Their offer will be based on the financial opportunity your company presents. Business owners often make two common mistakes when valuing their companies.

1) Valuing for growth potential.

Too often, business owners value their companies based not on revenues and profits, but on what they believe their company is capable of earning in the future. What follows is an example of this mistake, taken from a direct quote from a counseling practice for sale in 2012. The owner is trying to sell the business on the basis of the “great opportunity” it presents for a buyer to grow the practice.

“Potential cooperative marketing with other health-related professionals in same location. [A new owner can also] Expand professional referral network. [A new owner also has the] Potential to expand hours/days of operation or add complementary services. [New
“That’s the other thing,” she said. “I’ve been a solo practice for 20 years. I don’t like the idea of a larger practice taking over.”

And that was that. She left our negotiation to find a solo sex therapist practitioner whom she could train to run her practice for the next 20 years — exactly as she has run it for the previous 20 years. To her, the thought of her practice changing in any way was a sacrilege.

I hope she finds the buyer she is looking for. She has been winding down her operations and is now open only four days per week. Also, being in her 70s, she hopes to pursue new activities with her husband while she still has the health to do so. Frankly, if she doesn’t find the perfect buyer soon, she will find herself turning off her lights and disconnecting her phone — like so many others.

A buyer can respect and honor the seller’s legacy. A buyer can show how much he or she will care for the seller’s clients and community. However, few buyers are willing to do things exactly as the seller has done them. At some point, sellers need to let go.

**Prelude to Part II**
The topic of creating a sellable practice is a big one. Even an entire book on the topic would offer only a cursory overview. Hence, you’ve just read the first part of a two-part column. Next month, I will be presenting 11 ways to increase the value of your counseling practice.*

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**Anthony Centore** is the founder of Thriveworks, a company that helps counselors get on insurance panels, find new clients and build thriving practices. Contact him at **anthony@thriveworks.com**.

Letters to the editor: **ct@counseling.org**

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* owner could also] Leverage social media marketing for targeted local advertising.”

What an opportunity! Sure, an acquirer can work harder than the previous owner and grow the company. That’s a given. But a seller can’t value his or her company on potential growth. As a note, if the seller is convinced such opportunities are low-hanging fruit, it’s wise for the seller to capitalize on those growth opportunities before selling the business. Not only will the seller make more money prior to the sale, but he or she might also command a higher purchase price.

Buyers are looking for businesses with predictable revenues, not a lottery ticket. They will value an acquisition on the basis of what they are actually getting.

**2) Valuing on reputation.** A seller might say, “We’re very respected in the community. This makes us more valuable.” Not exactly. Although having a poor reputation could lower the value of your practice, being “respected in the community” is the expectation, not the exception. So, a great reputation might not translate into a larger-than-usual purchase price, but it does make your company more sellable. Presumably, your reputation has also helped you to grow revenues, which will command your purchase price.

**Letting go**

When selling your practice, be ready to let go. After the sale, your practice might change in many ways: the logo, the name, the location, the specialization ... and the list goes on.

I recently had several weeks of correspondence with a woman who had advertised that her sex therapy practice was for sale. After talking with her at length and making several proposals to buy her practice, she flatly turned me down. No counter offer. Just, “No thank you.” I asked her, “Have I offended you?” “No! You have been very polite.” “Have I been pushy?” “No! You have been extremely patient.” “Is it an issue of money?” “No! Your price seems fair to me.” “Has another buyer expressed interest?” “No! There are no other interested parties.”

“Then what?” I exclaimed.

She told me she had decided she only wanted to sell her practice to another sex therapist.

“I plan to hire a sex therapist to be a key member of the team,” I explained.
Addiction counseling has advanced tremendously in the past several years. Regardless of whether counselors specialize in addictions counseling, they can check the state of their addictions counseling knowledge with *Addiction Essentials: The Go-To Guide for Clinicians and Patients*. Carlton K. Erickson provides a nontechnical overview of current addiction science combined with sound clinical advice.

A respect for the role of science, not just conventional wisdom, when treating clients is a prevalent theme throughout the book. For instance, at this time, limited empirical evidence exists to call all patterns of compulsive behaviors “addictions.” Research does not consistently report the popular gateway theory of drug use. And some of the ubiquitous statements about cultural differences and alcohol dependence rates are incorrect.

Steering clear of jargon in favor of clinically precise language is another of the book’s themes. Readers are reminded that the clinical term for addiction is *substrate dependence*. Addiction is a term adopted for convenience, and it lacks clinical precision. This results in misunderstandings for clinicians, who may refer to antidepressants as being “addictive” or presume that the presence of tolerance or withdrawal is sufficient to diagnose substance dependence.

When addiction science, such as the basic physiology of the addicted brain, is described, it is with an eye to being clinically useful. Addiction is said to have occurred when the brain’s reward pathway has undergone a neuroadaptation in which several structures — among them the medial forebrain bundle, amygdala, nucleus accumbens and the ventral tegmental area — no longer communicate with the frontal lobes in a normal manner. Understanding this can help clients come to the realization that addiction has physical and chemical components; it is not “just” a psychological (willpower) problem.

Treatments for addiction include individual counseling, group counseling, family involvement and medications. Erickson recommends motivational interviewing as an appropriate strategy when working with addicted clients. The strengths of this approach include being collaborative with the client and not encouraging iatrogenic resistance. Motivational interviewing helps clients to resolve their ambivalence about changing their behavior. Cognitive therapy and cognitive behavior therapy are compatible with the motivational interviewing approach and are routinely used in the treatment of substance dependence.

Addictions treatment is provided in several different types of settings, and Erickson provides concise descriptions of inpatient, residential and outpatient treatment. Inpatient facilities treat clients for as long as 90 days, and the cost varies greatly. Treatment programs at intensive residential facilities last as long as 45 days. Therapeutic communities, a particular type of intensive residential program based on the philosophy of using the community to rehabilitate members, usually between nine and 18 months. Outpatient treatment permits clients to work while they participate in treatment, and 12-step program are integrated into many outpatient programs.

The use of medications as an adjunct to counseling in the management of addictions to substances such as alcohol, opiates and nicotine has become standard practice. Some medications are used in the detoxification phase of treatment, while others are used to help maintain abstinence. Naltrexone and acamprosate are used to treat alcohol dependence in conjunction with abstinence-based programs. Two medications that show promise in reducing alcohol cravings are ondansetron and topiramate. When clinicians inform clients that effective medications are available to help them at all stages of their addictions treatment, it can have the effect of providing clients hope.

*Addiction Essentials* neatly summarizes the current state of addictions counseling. It contains information that all counselors should know about contemporary addictions counseling and information they should be able to communicate to clients and clients’ families about the nature of addiction and available treatments. Anticipated changes to the substance-related disorders nomenclature and diagnostic criteria in the upcoming revision of the *Diagnostic and Statistical Manual of Mental Disorders* will not detract from the usefulness of this book.

Reviewed by Kathryn J. Miller, professor, San Antonio College.

*Psychotherapy for Chronic PTSD: A Vietnam Vet’s Journey (DVD)*


I always welcome the opportunity to learn from watching a master therapist at work. Recently, I viewed *Psychotherapy for Chronic PTSD: A Vietnam Vet’s Journey*, featuring psychiatrist Frank Ochberg. The DVD chronicles his work with a Vietnam veteran who, 40 years earlier, had experienced a great trauma when his close friend was killed in front of him. The client, Terry, had suffered since that time with what Ochberg describes as the classic symptoms of post-traumatic stress disorder (PTSD), including guilt, emotional anesthesia, “adrenaline rush” leading to irritability, fearfulness and difficulty concentrating. Understandably, these symptoms had negatively affected his relationships as well as his ability to work. The two-disc set essentially tells three stories simultaneously: Terry’s traumatic experience in Vietnam, how this trauma affected him through the years and how he progressed in therapy.
Interspersed throughout the DVD is an interview with Ochberg conducted by Victor Yalom of Psychotherapy.net. During these interview segments, viewers are provided with an in-depth perspective on Ochberg’s treatment process. Each segment is reinforced with a combination of clips showing actual treatment with Ochberg and Terry, discussions between Terry and Yalom, and discussions with Terry and his wife. This approach results in a stimulating and high-quality learning experience.

The interviews highlight some of the more salient aspects of Ochberg’s approach to PTSD. He aims to treat the “whole person,” and in this regard, describes the relationship in essentially Rogerian terms. He emphasizes the importance of establishing rapport with the client and building a therapeutic alliance such that the therapist and client are essentially working together. Ochberg also discusses education as a critical element of the treatment process. He begins by teaching the client how PTSD is defined in the Diagnostic and Statistical Manual of Mental Disorders, which results in the client feeling validated and understood. Ochberg also emphasizes other aspects of the whole person, including health and fitness, spirituality and maintaining a sense of humor.

The spiritual component of treatment, including developing a sense of meaning and later applying it to developing a healing perspective on the traumatic event itself, is a centerpiece of Ochberg’s approach. This is clearly and effectively discussed and reinforced through examples on the DVD. Another component of treatment, the importance of relationships, is illustrated through Ochberg’s inclusion of Terry’s wife. The clips that include Terry’s wife are especially effective in illustrating what loved ones experience, including the sense of having to “walk on eggshells” and how alone and helpless they feel when someone close to them is struggling with PTSD.

Psychotherapy for Chronic PTSD provides a set of valuable techniques that can be used in working with victims of trauma. Many of these techniques are demonstrated in the interactions between Ochberg and Terry. This includes helping the client to tell the trauma story, which may unfold gradually, based on the client’s level of trust with the therapist. Ochberg also explains that other people may previously have told trauma victims to “forget it”; consequently, the therapy session may represent the first time that anyone has been willing to truly listen to what happened to these clients. In Terry’s case, telling his trauma story meant finally putting into words his sense of failing his friend and the guilt he had been living with for 40 years.

Other valuable tools include the “color wheel,” which Ochberg created as an aid for clients in describing different states of being, such as energy, anxiety, spiritual connection, feeling loved and so on. Finally, he describes and demonstrates the counting method, which involves asking Terry to mentally relive an aspect of his trauma while Ochberg counts out loud from 100. When the counting exercise is completed, Ochberg processes the experience with Terry and educates him about dissociation.

The DVD set concludes with a discussion between Ochberg and Terry about how the treatment led to diminished pain, the ability to tolerate the feelings surrounding the event, the resolution of guilt and the acquisition of tools to help Terry cope with anxiety.

Psychotherapy for Chronic PTSD is an informative, engaging and emotionally gratifying exploration of PTSD treatment that should be valuable for students and clinicians at all levels. For an extra fee, viewers can bundle the DVD with a continuing education course worth five credits. A group license is also available.

Reviewed by Gary McClain, licensed mental health counselor in New York City and past president, Association for Adult Development and Aging.

The Secrets to Being a Great School Counselor


Richard O’Connell’s book begins with a note about the importance of motivating students and the crucial role counselors play in accomplishing this task. He emphasizes that the opportunity exists for school counselors to have a positive influence on students and then provides some tools for doing exactly that. The book's introduction mentions three central themes:

1) The need to give hope and direction to students
2) The need to establish a good working relationship with all staff members
3) The need to approach guidance services as a total school community effort

As a counselor of more than 40 years himself, O’Connell highlights many important concerns and problems facing counselors today. There is undoubtedly much to be learned in this book for the beginning counselor. However, I’m willing to bet that well-seasoned counselors could also gain many important ideas and be encouraged to reflect on their own counseling through the provided insights. I found Chapter 30, which focuses on cyberbullying and safety, to be particularly helpful. In today’s world of increasing technology use by children, this information would be useful to counselors who are working with students of any age. In addition, one of my favorite things about the book is its use of quotes dispersed throughout to provoke thought and inspire readers.

Although O’Connell mentions writing this book for middle and high school communities, much of its content focuses on issues that are more pertinent to high school counseling. Being a middle school counselor myself, there were several sections about college that were not relevant to my students’ age or current concerns. Overall, however, I would recommend this book to anyone working as a counselor in a school system. Whether new to the profession and seeking guidance on creating a successful program, or an experienced school counselor looking for new material to inspire ideas in an ever-changing world, this easy-to-read book will complement your efforts.

Reviewed by Cindy Whiteside, middle school counselor, Winchester, Ky.

Kelly Duncan is an associate professor of counseling and director of the University of South Dakota Counseling and Psychological Services Center. Contact her at Kelly.Duncan@usd.edu.

Letters to the editor: ct@counseling.org
Securing your smartphone

**Question:** I use a smartphone that has client phone numbers stored in it. I also use the phone for emailing and texting with my clients for purposes of scheduling appointments. Would I be in legal jeopardy if my phone were lost or stolen?

**Answer:** Yes! You are at risk if your phone is lost or stolen and your clients’ protected health information is exposed. Not only would you be subject to lawsuits for breach of confidentiality, as well as licensure board and/or ethics complaints, but you may also be subject to penalties for violating the Health Insurance Portability and Accountability Act (HIPAA) and may have to take steps to report a breach under Health Information Technology for Economic and Clinical Health Act (HITECH) regulations. (The HITECH Rule is an “interim final rule” as of June 14. Information is available at hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/breachnotificationifish.html. The final rule is expected soon, so check the website for the U.S. Department of Health and Human Services periodically for further information.) Furthermore, you might not “pass” a HIPAA audit, which the federal government may spring on counselors and other health care providers covered under HIPAA. However, that doesn’t mean that you must give up your cell phone! You can take steps proactively to protect both your clients and yourself.

Because most counselors do not “speak Geek” (and neither do I), I’ve created a mnemonic device using the word “PASSCODE” that provides tips for securing your smartphone:

**Passcodes** are your first line of defense and can readily be set up today. If you can’t figure out how to set up a passcode, call your cell phone carrier, walk into the carrier’s store or look up the online link for the telephone equipment manufacturer. Keep the passcode to yourself, although you’ll want to make sure it’s available in a secure place for your records custodian in the event something happens to you. “Passcode” implies more than a “password.” Consider using a phrase that includes numbers and special characters. You might find it a pain at the beginning, but you’ll quickly get accustomed to plugging in the passcode to use your phone. You should be able to set it so you can accept incoming calls without plugging in the passcode so you don’t miss urgent calls.

**Access,** if unauthorized, must be deterred. Disable interfaces you are not currently using, such as Wi-Fi or Bluetooth. If you use the Bluetooth while driving so you can operate in a safe, hands-free mode, make it a habit to turn the Bluetooth device on and off as you enter and exit your car. An unintended benefit is that your battery will last longer. Also, don’t share your cell phone with others if it contains protected health information.

**Secure** protected health information on your device by feasible means. Although encryption is not mandatory, its use in accordance with HIPAA standards may be the best means of protection. Remember that the breach notification requirements apply only to a breach of unsecured protected health information.

**Stolen** smartphones have become an epidemic, especially in major cities and on public transportation. Avoid theft by careful use and monitoring of your surroundings.

**Care** of your device is important to protect your clients’ privacy. For example, do you just place your cell phone into a pocket? How easy would it be for the phone to slip out into a taxi, onto the floor of a restaurant or onto the seat of an airplane? Consider a more secure place and keep the phone on your person when you are out in public. Also avoid “rooting” or “jailbreaking” the phone, which involves bypassing the manufacturer’s recommendations or adding unsupported apps. These actions could compromise the security of your phone.

**Online** research is a great way to find out about cell phone security. Consider the following websites for further information about securing smart phones: us-cert.gov/reading_room/cyber_threats_to_mobile_phones.pdf and csrc.nist.gov/publications/nistpubs/800-124/SP800-124.pdf.

**Disposal** of old cell phones and other electronic equipment must be considered carefully if any protected health information is stored on it, including names and telephone numbers. Protected health information should be deleted before the device is recycled, donated or discarded.

**Email,** rather than text messages, may provide an added level of protection in some cases, especially if encryption is possible. Consult your service provider or outside experts to figure out the right solutions for you.

The question answered in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by the American Counseling Association. This information is presented for educational purposes. For specific legal advice, please contact your local attorneys. To access additional risk management Q&As, visit ACA’s website at counseling.org and click on “Ethics.”

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Anne Marie “Nancy” Wheeler, J.D., an attorney licensed in Maryland and the District of Columbia, operates the Risk Management Helpline sponsored by ACA.

Letters to the editor:
ct@counseling.org
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Deadline for entering is Monday, October 1, 2012
Working with women from all walks of life
Counselors who specialize in issues of motherhood, psycho-oncology, offender rehabilitation and fertility share insights for helping female clients

By Lynne Shallcross

The issues female clients bring to the counseling session are as unique as the individuals who come to counseling in pursuit of personal growth, wellness or answers to life’s problems. But Cecelia Hope Manley, an American Counseling Association member who estimates that 90 percent of her client base is female, says she sees a common thread running through many of the issues.

“I noticed over time that many women lack the training that was so ubiquitous in the 1970s women’s movement — assertiveness,” says Manley, who runs a private practice in Westport, Conn. “I work with my clients to ‘find their voice’ and often role-play how to stand up for themselves and ask for what they want in relationships. We often work on values clarification — what do they believe their purpose in life is and how do they use ‘free will’ to set a course and make decisions that create the life they want?”

Manley says the issues themselves run the gamut: women grieving the loss of a spouse or partner and struggling with identity issues; women whose fear of being alone is greater than their desire for a relationship in which their love is reciprocated; women healing from childhood sexual abuse and/or neglect; and female caregivers in danger of burning out. Her female clients have also struggled with, among other things, negative body image, a lack of boundaries in relationships, overvaluing the approval of others, accepting abuse (whether physical, verbal or emotional) and avoiding confrontation at all costs.

Self-care is another common topic among female clients, says Manley, who previously worked in hospice care, an environment in which the importance of self-care is emphasized for those caring for a loved one. “It’s not really possible to do well at caregiving unless you care for yourself,” she says.

Manley takes a holistic perspective with her clients, emphasizing the importance of exercise, good nutrition, meditation and making time for enjoyable relationships. She offers the following pieces of advice to other counselors working with women:

■ “Recognize that while addressing the personal issues that women clients bring into counseling — internal, individual concerns, relationship concerns, workplace concerns, physical health concerns — that as a society and across cultures, we continue to emerge from a long-standing patriarchal system … in which women have been devalued, considered inferior and expected to be submissive,” Manley says.

■ “Women and men are exploring new ways to balance the masculine and feminine within and how to create equitable, respectful relationships,” she says. “It can be helpful to provide this context for our clients and to reframe what may seem to be solely personal struggles as issues that arise from societal expectations and traditions. In the ’60s and ’70s, the women’s movement slogan ‘the personal is political’ reflected this.”

■ “Help empower women and help them understand that others may resist the change to varying degrees,” Manley says. “Help women understand that overgiving in relationships is not a gift to others; it’s enabling and is detrimental to both self and other. Give permission to women to value themselves, to exercise their right to put themselves first according to their values and to say ‘no’ to what they do not want. Teach women skills to relate to themselves and others from a powerful, self-respecting place.”

To explore some of the unique needs and circumstances that female clients bring to the counseling table, Counseling Today spoke with four other ACA members who have worked in specific areas serving women.

‘The country of Motherhood’
Terré Grable compares embarking on motherhood with moving to a new country where you don’t speak the language and no one tells you the rules of the road. “You have to figure out how to function on a daily basis knowing there are social norms but not [being] sure what they are. It is just you and your kids. As you go along on this new journey, your former friends who did not move with you wish you well but still cannot identify with your experiences. When you accidentally walk on the wrong side of the street, you notice a small group of others looking at you in an odd sort of way, and you just somehow know you have failed and messed up. Feelings of anxiety, fear and just wanting to get it right consume you,” says Grable, who regularly works with moms as part of her private practice in Brentwood, Tenn. “A few years later, you think that you have figured it all out, but then you accidentally send your kid to the wrong school and on the wrong bus. And the feelings of self-doubt creep back in again. That is what it feels like sometimes to live in the country of Motherhood.”

Grable, herself a mother who juggles her counseling practice and raising children, says society’s views on
motherhood can leave moms feeling unsure, afraid, criticized and not good enough. Grable and a colleague, Susan Douglas, collaborate on a blog called No Mommy's Perfect (nomommysperfect.com). Grable says the blog aims to provide a support forum where women can discuss the realities of modern motherhood without guilt and find encouragement instead of criticism.

“I have seen a lot of moms trying to balance motherhood, specifically as it relates to the pressure of measuring up to societal standards, concerns of doing the right thing for their kids, and the countless expected and unexpected physical and emotional costs that result from becoming and just being a mom,” Grable says. “Motherhood is a great thing, yet I think it blindsides many unsuspecting women in so many ways that they are afraid to talk about openly. Or if they do, they feel criticized and [don’t want] to get in the middle of a ‘mommy war.’ I have found this to be true not only in my practice but [also in] other mom groups I have been in — church groups, school activities, kids’ birthday parties, etc. There is such relief when one mom is brave enough to speak openly [in a way] that the others can relate to, which is a sad reality actually.”

The pressures on moms that Grable sees reflected in her clients are wide ranging. Many are trying incredibly hard to do everything possible for their kids, as if an unwritten understanding exists that how a child turns out is wholly dependent on the actions of the mother, Grable says. Many moms get stuck comparing themselves to others and harboring unrealistic expectations, which causes feelings of guilt and stress, she adds.

Technology provides yet another source of pressure, Grable says. “Technology creates parenting issues with cyberbullying, creating another distraction for our kids, and it keeps us plugged in all the time,” she explains. “With the information superhighway, there is a lot of information hitting us at once, and sometimes it can be overwhelming. Instead of walking into a bookstore, grabbing a latte and perusing the parenting section, we now grab some coffee, sit down to the computer, do a search on ‘parenting resources’ and are bombarded with pages of articles that have a lot of information.”

The goal is to control technology rather than let it control you, Grable tells her clients. “Use it to your advantage,” she says. “Find some apps that will be helpful and encouraging to you as a mother. Any bad day can be brightened up with a picture of our little ones on our phones. Use social media to connect with old friends. Follow blogs that will be helpful for you as a mom.”

However, Grable also encourages her mom-clients to take some time to unplug each day. “Avoid allowing technology to steal away the fleeting moments we have with our kids,” she says.

Of course, many women balance their jobs as mothers with another job outside of the home, which can provide endless challenges. Grable tries to help these clients overcome any guilt associated with not being able to be a full-time, stay-at-home mom or not having the desire to be a stay-at-home mom. She also works with them to alleviate the anxieties that stem from juggling a crazy schedule and from wondering whether working outside the home will have a negative impact.
on their kids. "Help them stop getting caught up in the ’comparison game,’” Grable advises her fellow counselors. “Reframe their anxieties to the positive opportunities that [working outside the home] provides for themselves and their children. Working allows many moms to cherish the opportunity to spend [time] with their kids. Working outside the home models so many positive things that kids can learn from, such as the power of a positive work ethic and the fulfillment [that comes] from doing a job that you enjoy.”

Motherhood is filled with many expectations, both spoken and unspoken, Grable points out. “There is the fear of what others will think if she deviates from such expectations,” she says. “Or, she may just find it difficult to find a group of friends that embraces her and their differences and may feel displaced.”

For example, Grable says, a mom who enjoys her job and finds her work more fulfilling than staying at home with her child might feel reluctant to express that to others. “Often, if she voices her preference, in some circles, it may lead to criticism and accusations of selfishness and indirect messages of displeasure and even of ’not measuring up,’” Grable says. “Why risk that?”

In doing research for a book she’s co-authoring with Douglas, Grable came to the conclusion that the precepts on which motherhood is based are outdated. “We need a new concept of motherhood,” she says, “one that states the realities without demanding perfection, because that will never happen.” Grable sees one of her tasks as a counselor as assisting clients to create their own understanding of what defines a “good mother.”

“With any mom, I would hope that I bring a sense of what I call ’leveling the playing field’ — [an understanding] that we are all in this together,” Grable says. “We all make mistakes and worry about [whether we are] doing the best thing for our kids.” Grable tells her clients who are mothers to focus their energy on their own definition of motherhood instead of getting stuck on the what-ifs, if-onlys and I-shoulds. Counselors can “help them to redefine what motherhood really is and separate the realities from the myths,” she says. “And help them let go of the expectations that are discouraging to them and their growth as moms. My understanding of what motherhood is must be congruent to my reality.”

Helping these clients plug into available support is also key, Grable says. “I try to connect them with local resources that are a match for their needs, whether they need career coaches, psychiatrists, pastoral counseling, weight-loss coaches or just getting connected to other moms through moms groups. I also send them to [our] blog for a sense of global community to motherhood. I also constantly need to check my countertransference and avoid disrupting their process of growth with my own agenda or perception of motherhood.”

And it doesn’t hurt for counselors to remind downtrodden mom-clients just how important and wonderful they are, Grable says. “Remind them of the significance of motherhood. Without [them], all humanity would stop,” she says. “Motherhood is not based on the clothes we wear, the cars we drive or the schools [our children] attend. Rather, it is based on the love we have for our kids and how we show it to them in a healthy manner. Help them to identify the life

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

by Laura Hensley Choate

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lessons they want their kids to know and help them achieve their goals. Just the fact that moms are brave enough to get up each day, try to do the best for their kids, even if not perfectly, and not give up makes them rock stars.”

A life-changing diagnosis with a dose of counseling

When Tamara Williams-Reding was 43, she was diagnosed with breast cancer and underwent surgery, chemotherapy and radiation to treat it. She’s a cancer survivor now, and like many cancer survivors, Williams-Reding took a long look at her life and reassessed what she wanted out of it.

Williams-Reding had worked as a counselor before her cancer diagnosis, and after taking some time off during her cancer treatments, she returned with a new vision for her professional life, opening a practice focused on psycho-oncology. Approximately 90 percent of her clients are women, all of whom are at some stage of battling or surviving cancer. Her office is located within the office building of an oncology practice in St. Louis, and Williams-Reding says the neighboring oncologists refer a majority of her counseling clients to her.

When Williams-Reding was going through cancer treatment, she saw a counselor to help her work through the anxiety she was experiencing. “I met with the counselor at the place [where] I was to receive chemo, and he helped me by employing behavioral approaches, such as sitting in the chemo chair, talking with the nurses [and] learning what to expect,” Williams-Reding says. “At the time of my cancer diagnosis, my children were 11 and 15 and, like my husband, were deeply affected by the cancer experience.

After regaining my health, both physically and emotionally, I knew that I could bring my own experience, and that of my family, to helping others face the same events.”

The National Cancer Institute estimates that in 2012, more than 226,000 women will be diagnosed with breast cancer, making it one of the most commonly diagnosed cancers among American women.

On the basis of what she has learned both from research and from her own experience, Williams-Reding says women and men generally deal with a cancer diagnosis differently. “Women react to the stress of cancer by internalizing it and becoming anxious and depressed,” she says. “Men tend to rely heavily on their partners and tend to feel more anger.”

Women also tend to use language and seek human connection in addressing that anxiety and depression more so than do men, Williams-Reding says, which might support why so many of her clients are women. “I think women respond to stress by talking — with friends, family and sometimes a professional,” she says. “Men still seem to want to work through stress by doing.”

The clients with whom Williams-Reding works are divided roughly into two phases: those who are newly diagnosed and evaluating treatment options, and those who are in the post-treatment phase and dealing with survivorship issues.

Clients who are newly diagnosed have an enormous host of issues with which to deal, Williams-Reding says. They might need assistance making decisions regarding treatment, navigating and managing relationships with health care providers, learning how to communicate the diagnosis to their families and managing how the cancer experience affects their families. “Cancer reminds each person that they are not in control,” Williams-Reding says. “Many have no symptoms. The cancer might be discovered during a scan, so there is a sense of betrayal by one’s body. Then there are life-altering decisions to make — surgery, treatment options, side effects, the financial issues — all under the stress of a life-threatening illness.”

As Williams-Reding herself experienced, a high level of anxiety can manifest over the cancer treatment itself. Clients may also experience some depression related to “whether they can see the end of the tunnel,” she says. To address those issues, Williams-Reding uses desensitizing techniques, such as having the client sit in the chemo chair, as well as cognitive behavioral techniques to help the client deal with depression.

Education is another element that Williams-Reding provides to her clients who are undergoing cancer treatment. “I am constantly educating clients about the emotional impact of treatment options, side effects and healing options,” she says. “My office is located within the office of a very comprehensive oncology practice, so I have resources available at all times. I can help my clients in learning how to express themselves to the physicians and nurses, how to ask for care, how to find the resources in the community, which are extensive. I do a lot of education about sexuality and treatment options for those issues. I also educate those who are facing end-of-life decision-making on how palliative and hospice care is handled. Finally, I try to educate my clients on self-care, on taking care of their emotional, physical and spiritual needs.”
Her clients going through treatment also deal with relationship issues, Williams-Reding says. Some clients’ partners and families withdraw to protect themselves from the frightening situation, while others, fearing loss, become overly involved and clingy, Williams-Reding says. Because a cancer diagnosis is a systemic issue that disrupts partnerships and entire families, Williams-Reding works with her clients’ partners or families as needed. “Women [diagnosed with cancer] are usually trying to care for their loved ones at the same time as [they are caring for themselves], so they often worry about those around them more [than they worry about] themselves,” she says.

Williams-Reding helps her clients examine concerns related to their loved ones and find resolutions for those concerns. Some concerns are more concrete, such as helping clients arrange for dinner on nights when they have treatments. In other instances, clients worry that they won’t be around as their children grow up. In those cases, Williams-Reding might encourage them to start a scrapbook for their children.

Clients in the cancer survivor stage deal with a wide variety of challenges as well, Williams-Reding says, including adapting to an altered body image, exploring how their life meaning or purpose has changed, determining what they want from the rest of their life and encouraging others to see them as the “normal” version of themselves rather than the “cancer” version.

 Although no individual can guarantee that he or she is going to wake up tomorrow, with cancer survivors, “there is more of an urgency in making sure that you are maximizing your experiences and decisions, more awareness that time is limited for all of us,” Williams-Reding says. Many cancer survivors start making changes and different decisions in relation to their careers, relationships, health and how they spend their free time, she says. Women, oftentimes more so than men, seek to maximize their relationships, making different decisions about how they spend their time and with whom, Williams-Reding says. “It really becomes a transformative period of their lives,” she says. “I support them in trying to make those changes in their lives.”

Williams-Reding has developed an interest in female sexuality as it relates to cancer survivorship, saying it’s an area of study that hasn’t received much attention. “Treatment of cancers of the breast or reproductive organs can use methods focused on stopping the cancer but can create all kinds of sexual side effects that clients don’t expect,” she says. “Surgery, chemo and radiation can have devastating effects on libido, tissue and future fertility.”

The topic of sexual health tends to come up in sessions when her clients are at the survivorship stage, Williams-Reding says. They want to resume their lives, she notes, but often realize the experience of cancer has altered them physically and emotionally. Clients who are feeling less sexual than...
they did before their cancer diagnosis or treatment worry about how that might affect their relationship with a spouse or partner moving forward and wonder whether they will ever feel the same again, Williams-Reding says. Clients sometimes also struggle with psychological issues such as an altered body image or physical issues such as vaginal pain, she says.

“[Clients] are looking for a more in-depth discussion about the sexual issues than they can have with their oncologists,” Williams-Reding says. “I remind clients that sexuality is complex and involves many, many ways of expression. We might talk about alternative ways to be sexual, the importance of self-stimulation and the use of appliances, etc., that can help ease the way back to a sexual life. Clients are often conflicted about their sexual needs, feeling that they should just be happy to be alive, and [they] feel guilty about wanting to feel good in all areas of their lives.”

Williams-Reding encourages all counselors to understand the issues that accompany cancer diagnoses and survivorship. According to the American Cancer Society and the National Cancer Institute, the number of cancer survivors in the United States is expected to increase by almost one-third to nearly 18 million people by 2022. “The odds are that in working with families and clients, you’re going to come across people who have had cancer,” Williams-Reding says. “It’s something to be aware of. It will shape how they view the world, how they view relationships and how they view themselves going forward. Even if the outcome is good, it still has a profound effect.”

A system geared toward men

The number of women in U.S. prisons has risen sharply during the past few decades. That’s a well-documented fact, but one that more counselors need to be aware of, says Cindy Miller, an assistant professor of counseling at South University in Richmond, Va., and a member of the International Association of Addictions and Offender Counselors, a division of ACA.

Counselors, especially those working in community agencies, are more likely than ever to encounter women released from prison and needing assistance, says Miller, who has worked as a counselor in two prisons in Virginia. According to the Women’s Prison Association (WPA), the number of women in prison grew by 832 percent between 1977 and 2007.

Speaking to why more women are being incarcerated, Miller points to the “war on drugs” as one root cause. “It has led to a lot of women getting incarcerated for nonviolent drug offenses,” she says. Another factor, according to Miller, was an effort in the 1960s and ’70s to move people out of state psychiatric hospitals and back into the community. The drug Thorazine was developed during that time and reduced some patients’ symptoms enough that they could function outside of a hospital setting, Miller says. There was also a movement to revolutionize mental health treatment by getting people out of hospitals, many of which “weren’t great places to be,” Miller says. As state psychiatric beds decreased, the number of mentally ill people in prisons increased, she points out. Many of those released from the psychiatric hospitals, including a substantial number of women, returned to the community, struggled and were arrested, Miller says. She adds that after John Hinckley was found not guilty by reason of insanity for shooting President Ronald Reagan, laws were tightened to make it more difficult to obtain those verdicts.

At the first prison at which she worked, Miller provided treatment to women with chronic mental illness. “Most of the time, their mental illness directly contributed to their arrest, and it was usually because they stopped taking their medication in the community or couldn’t get access to services and returned to substance use to treat their symptoms,” Miller says.

At the second prison, Miller provided individual therapy, crisis intervention and assessments for psychiatric referrals. “Almost all of [these individuals] had some kind of history of physical or sexual abuse, violent relationships and substance dependence,” Miller says. “Once they get incarcerated, they often try to substitute psychiatric medications for their drugs of choice. The need for services, especially individual treatment, far surpassed the level of staffing and resources allotted.”

By and large, Miller says, prison systems across the country haven’t adapted to accommodate the increasing number of female inmates. “Many of the programs and policies were designed by and for men and are being used with females without any evidence to support their effectiveness,” she says.

“Unfortunately, there isn’t a lot of good research on what works for female offenders because they are still a small percentage of the larger prison-industrial complex.”

Part of Miller’s responsibilities in both prisons included helping with release planning for women who were completing their sentences. “The
It is estimated that between 60 and 80 percent of women who are incarcerated have experienced sexual abuse and/or domestic violence at some point in their lives. “Many people who are in jail are folks who were never taught the coping skills that we need to be successful,” Miller says. “Many times, [being arrested is] a direct result of the traumas they’ve had, the upbringing they’ve had and their efforts to try to cope.”

challenges were huge,” she says. “Just trying to get a woman a follow-up appointment at her local mental health center so she could continue to receive her psychiatric medications was difficult because of all the funding cutbacks.”

Depending on the amount of effort each individual state puts into offender re-entry, that’s oftentimes still the case today, according to Miller.

Miller suggests that counselors working with former inmates take into account how much power and control has been exerted over these women in a prison setting. “Women in prison live in a very structured, militarized setting that is full of rules and regulations,” she says. “The routine choices that the unincarcerated make every day — what to eat, when to eat, what to wear, when to use the phone and for how long, etc. — are predetermined for a woman who is incarcerated. On the one hand, the rules and regulations exist to maintain safety and security within the facility and keep operations running smoothly. In addition, many women whose lives were chaotic before their incarceration benefit from having the structure of the institution.

“But on the other hand, the rules and regulations perpetuate a problem many incarcerated women have struggled with their whole lives — being controlled by someone else. The number of incarcerated women who have experienced sexual abuse and/or domestic violence in the course of their lives is estimated to be around 60 to 80 percent. When women with a history of abuse are placed into a highly controlled setting like a prison, it can perpetuate their victimization by forcing them to submit to control and authority all over again. I’m not saying we shouldn’t be incarcerating women with trauma histories, but I do think we have to make sure that rules, regulations and interventions inside a prison are informed by best practices in trauma treatment.”

What counselors need to know when seeing a woman who has just been released from prison is that she is going to experience an adjustment period, Miller says. “She will need to get used to having choices again and to making her own decisions. She will also need to figure out how to transfer some of the positive structure the prison provided into her daily free life. Counselors could really focus on using interventions that empower a woman to make her own choices. At the same time, they can assist her in identifying ways to create structure in her life that will help her be successful. They can also invite her to talk about what her experience was while incarcerated and ask about her experiences with power, control and victimization.”

Working with these clients to develop coping skills is another priority, Miller says. “One of the misconceptions is that people in jail are bad people who have done bad things,” she says. “Many people who are in jail are folks who were never taught the coping skills that we need to be successful. They’re not fundamentally bad people. Many times, [being arrested is] a direct result of the traumas they’ve had, the upbringing they’ve had and their efforts to try to cope.” In her work with inmates, Miller found dialectical behavior therapy to be effective, in part because it taught coping skills.

Women recently released from prison are often scared and facing a number of hurdles, Miller says. Oftentimes, they are returning to families and communities where rates of violence, substance abuse and crime run high, she says. “It’s a lot harder for a woman with a felony charge to get housing [and] nearly impossible to find someone to hire her. She’s often going back into a home environment that hasn’t been healthy, and she needs to re-establish bonds with her children if they’re still in her custody or be a part of their lives if they’re not [in her custody],”

Miller says. According to the WPA, nearly two-thirds of women in prison are mothers. “They may want to get out of their living environment, but they have no money of their own and no realistic means of doing so for the immediate future,” Miller continues. “So, they need help with developing a plan that will allow them to move forward and avoid getting caught back up in the cycle of their family and environment.”

Of course, some counselors may never work with an inmate or former inmate. Even so, Miller says the involvement of these counselors is necessary on the advocacy front. Incarcerated women, especially those with significant mental illness, have little ability to advocate for themselves and very few people advocating for them, she says. “We need stronger advocacy for a better mental health system which does not consider the incarceration of the seriously mentally ill an acceptable solution to the lack of psychiatric beds and services in the community,” Miller says. “We also need to advocate for better services for women in prison. Women need staff trained in trauma and co-occurring disorders and programs developed specifically for women.”

Counselors seeking to help this population of women can get involved by volunteering at their local prisons, talking with prison administrators and local probation and parole offices, and contacting legislators, Miller says. “Remember that most women who have been incarcerated are not going to show up at a private practice,” she says. “They are going to be presenting for services at community agencies that serve uninsured populations. So, consider reserving a pro bono slot for a woman who has just been released from prison. Offer to run a Seeking Safety or other trauma-recovery group at a local jail. Consider running a parenting group for incarcerated women...
who are pregnant or those who are trying to parent while incarcerated. Offer a mindfulness group for female inmates or those on probation. Those are just a few ideas. The reason we should do this, aside from social justice, is that it is simply good common sense from a taxpayer perspective. If we provide adequate treatment, then we can reduce recidivism and the amount of money we spend incarcerating people.”

Miller doesn’t want to paint a picture that casts all prisons in a negative light. That would be much too simplistic, she says. Prisons run the gamut from good to bad, and many prisons offer good treatment services for female inmates, she says. “But at the same time,” she adds, “there is a tremendous need for more programs, more staff and more recognition of the unique needs of female offenders.”

A space without judgment

Since placing more focus on fertility and infertility issues in her private practice the past few years, Ulash Thakore-Dunlap hasn’t had much trouble finding clients who want counseling connected to those topics. About half of her client base consists of women seeking counseling support as they consider starting or struggle to start a family, says Thakore-Dunlap, whose practice is located in San Francisco.

Fertility is seemingly discussed more in today’s society than ever before, Thakore-Dunlap says. She theorizes that’s because couples are delaying having children in favor of focusing on their careers for a longer time or because the topic of infertility has become less stigmatized.

Thakore-Dunlap became interested in the topic as she was starting her own family about five years ago. She says working with clients in the area of fertility might mean counseling women who are single and choosing to start their own family about five years ago. She has undergone training and consultation on the topic of infertility.

The anxiety can be related to deciding whether to initiate treatment, the cost of the treatment or the actual process of the treatment itself, she says.

In many cases, a substantial amount of sadness emerges over repeatedly trying to conceive and not being successful, Thakore-Dunlap says. “There’s a lot of self-blame,” she adds. “Why me? Why am I broken?” Clients might also feel resentful that friends or family members seemingly experienced little trouble conceiving and now have children of their own — living, breathing reminders of what these clients are missing and seem unable to have.

“I help women by giving them space in the counseling room to verbalize their feelings of sadness, shame, resentment, etc., and ways they can verbalize this to their partner and family without feeling shameful and broken,” she says. “Many women report that counseling gives them the space to explore their feelings without being judged. In sessions, we explore the sadness in depth, letting them tell their story and being empathetic.”

Self-esteem and self-confidence can also take a hit among clients who are undergoing fertility treatments, Thakore-Dunlap says. “Many of [these clients] are very successful women,” she says. “They’re very confident and established in their lives, but they have no control over their fertility, so that creates some anxiety and sadness for them.”

For more information or to purchase the Spanish or English editions of the Study Guide ($79.95) or Workshop DVDs, visit: www.counselor-exam-prep.com. E-mail Dr. Helwig at: ahelwig@sprintmail.com.
Finding out they’re not pregnant after a fertility treatment can be devastating news to receive, Thakore-Dunlap says. “I give them space to grieve. I take the client’s lead in her next step. Some clients come up with a plan to start treatment again; others take a break.”

Thakore-Dunlap says she takes a relational counseling approach with her clients. At the beginning, she might offer a good deal of supportive counseling. Further into their work together, she might introduce some cognitive behavioral techniques to address disordered thinking. “When they think, ‘I can’t do it; I’m not able to,’ especially after they’ve failed at a cycle, I challenge those automatic thoughts and ask them, ‘How can you change those thoughts and turn them around? So the treatment didn’t work. How can I help you, and how can you help yourself?’”

Connecting clients with local resources such as support groups and offering them ideas such as stress-reduction techniques can also be helpful, Thakore-Dunlap says. Stress, she says, can affect fertility; for that reason, she also encourages clients to focus on self-care. “It’s so important because if you don’t take care of yourself, you’re not able to reduce the stress and cope,” she says. “Take part in pleasurable activities. You need to if you’re having treatment. It adds a bit of balance.”

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Online: counseling.org/conference • Phone: 800-347-6647 x222 (M-F, 8 a.m.–6 p.m., ET)
Delivering bad news to clients is one of the most difficult tasks that any counselor faces, says Kathleen Keefe-Cooperman, a professor of counseling at Long Island University. Unfortunately, she knows the truth of that statement personally.

Keefe-Cooperman clearly recalls the time she had to tell a set of parents that one of their children had autism. As if that news wasn’t difficult enough to deliver on its own, cultural factors complicated matters further. Keefe-Cooperman was consulting with a local agency that was evaluating the child, and the child’s family was Rwandan. As part of their culture, the family viewed a diagnosis such as autism as a factor that could negatively affect the ability of their other children to get married. Keefe-Cooperman was aware of this, and for that reason, she wanted to ensure she delivered the news in such a way that the child would receive the care he needed and the parents wouldn’t shy away from the diagnosis because of the cultural implications.

To break the news, Keefe-Cooperman relied on the PEWTER model — a model she had created herself to assist counselors in delivering upsetting information to clients. PEWTER stands for prepare, evaluate, warn, tell, emotional response and regroup. The step-by-step approach helps counselors convey bad news in the best possible way, with the aim of taking into consideration the client’s situation, reaction and next steps.

Keefe-Cooperman and her colleagues followed each step of the model, gathering what the child’s parents already knew, presenting the news in a straightforward way and even offering the analogy of a broken arm to show the parents that getting treatment for their son was the best thing to do. “The parents were reminded that a broken arm could be treated by not going to the hospital and hoping for the best, but it would not be the best way,” says Keefe-Cooperman, a member of the American Counseling Association. “The same was true for autism. Using proven treatments would allow for the best future possible. The
parents were receptive to this approach. … In reality, if it had gone another way, they might have refused all services.”

The idea for the PEWTER model came to Keefe-Cooperman during her doctoral counseling program when she spent time working with the Bayer Institute, which was funded by Bayer HealthCare Pharmaceuticals. In her job, Keefe-Cooperman was part of a team tasked with improving patient-physician communication in the area of oncology. The work sparked her thinking concerning something she thought the counseling field sorely needed — a model to help counselors deliver bad news to clients.

“All my work in that area made me think about how counselors are just thought to instinctually be able to communicate difficult news,” Keefe-Cooperman says. “I researched the models that were available for the medical field. Then I began developing a model that would be aimed at counselors. The medical profession is more of a ‘find it, fix it’ area. Counseling is far more involved and needed a more in-depth approach. Oftentimes, we will have an ongoing counseling relationship with the counselee that begins at the ‘difficult news’ phase.”

The populations a counselor works with will vary, as will the severity and types of news a counselor sometimes must convey, Keefe-Cooperman says. “But all counselors at some point will be giving difficult news to somebody,” she says.

For instance, Keefe-Cooperman says, a school counselor might be tasked with telling parents that their child is bullying other students. Or a counselor serving as part of a team at a clinic might have to tell a client that he or she has HIV. A marriage and family counselor might need to help one partner tell the other partner that he or she has been unfaithful. Even counselor educators face circumstances in which they have to break bad news, such as when a student is failing a class, Keefe-Cooperman says.

Peggy Brady-Amoon, an assistant professor at Seton Hall University who has been collaborating with Keefe-Cooperman on her model, points out that many counselors work in disaster mental health counseling, another arena in which bad news often needs to be conveyed or confirmed. From a career and personality perspective, people who go into the counseling profession most often want to build relationships, Brady-Amoon says, and having to give bad news can be perceived as potentially damaging to the relationship. “Yet it’s a necessary part of many [counseling] positions,” she says.

The idea behind the PEWTER model, says Brady-Amoon, also a member of ACA, is that the way a counselor communicates bad news has the potential of helping the client receive the news and continue to grow. If the news is delivered in the best possible way, the counseling relationship can be maintained and even enhanced, she says. “The PEWTER model attends to the delivery and reception of bad news in a way that promotes mutual respect and facilitates client acceptance and healing, all of which contributes to a positive counseling relationship.”

A step-by-step approach

The first step of Keefe-Cooperman’s PEWTER model is “prepare,” which consists of a whole host of things the counselor might want to double-check,
Keefe-Cooperman says. For example, is your cell phone off? Do you have time for the session to extend, or do you have another appointment scheduled immediately afterward? Do you have tissues out? Preparing involves taking simple, practical steps to ensure the environment is right for sharing the news, Keefe-Cooperman says.

The prepare step also involves the counselor preparing himself or herself emotionally “so we’re clear to deliver [the news] but can also be ready to receive the response,” Brady-Amoon says. A counselor should also take into account the client’s culture, age and other considerations when determining how best to communicate the news, Brady-Amoon says. If the news involves sensitive information, the counselor might choose a private location where there is little risk of being interrupted, she says.

The next step, “evaluate,” involves the counselor attempting to find out whether the client already suspects something. For example, if parents need to be informed that their child has been bullying other children, the counselor might ask what the parents have been noticing related to their child. “That’s when you find out, ‘I know my child hasn’t been invited out as much,’” Keefe-Cooperman says. “A lot of times, people have definite ideas without knowing all the jargon or using the correct term.” Determining how much clients already suspect is important so the counselor can tailor the information, she says.

The next step is “warn.” This is when the counselor might tell the client or group, “I have some really bad news” or “I have some difficult things to go over now.” This gives clients a few seconds to mentally prepare, Keefe-Cooperman says.

Next is “tell,” the stage at which the counselor aims to communicate the news as clearly as possible without using jargon. “We all know the clinical terms for stuff [as counselors],” Keefe-Cooperman says, “but you’re trying … to use language that the people you’re giving the bad news to also use. You’re avoiding using the phrase, ‘The DSM-IV says …’”

Keefe-Cooperman says it’s important for counselors to be aware that their own stress levels are peaking as they lead up to delivering the bad news. Once they break the news, their stress levels drop. “We start to relax without realizing that the people who we’re giving the news to are now getting extremely stressed,” Keefe-Cooperman says. “[Taking note of that] allows the counselor to be more aware of what’s going on.”

The fifth step of the model is “emotional response,” the point at which the counselor looks at the client or clients who have just received the news to see how they are doing. Keefe-Cooperman suggests that counselors assess whether the counseling session needs to stop for the day, whether clients might like to involve any other people in moving forward or whether they simply need a tissue and a moment to catch their breath. “This is where the counselor looks at [the clients] and says, ‘How did they take it and what should I do?’” Keefe-Cooperman says.

The final stage is “regroup,” which is when the counselor and the client collaborate to determine what the next step should be. The counselor might offer a referral, community support, continuing counseling support or something else. “It’s really helping the person start the journey of what this difficult news will bring them,” Keefe-Cooperman says.

Giving counselors the tools

Keefe-Cooperman and Brady-Amoon say they see a real need for a model such as PEWTER because the topic of breaking bad news isn’t normally taught in counselor education programs, even though the experience is a universal one for counselors. “Counselors are just expected to know [how to do] this,” Keefe-Cooperman says. “To learn this in a graduate program would help prepare counselors to be better professionals.”

To that end, Keefe-Cooperman teaches the model to students in her Introduction to Counseling Skills courses. Many of the students acknowledge never having previously considered how hard it would be to relay bad news to clients. Keefe-Cooperman has each student role-play with another student to share bad news. The feedback she has received is that students are grateful to have a step-by-step plan to guide them through what can be a difficult and emotional task.

But the model isn’t aimed exclusively at counseling students and new professionals. Brady-Amoon suggests that seasoned counselors try it out as well, especially if their current intuitive
A way of breaking bad news doesn’t feel particularly effective. The model can also assist counselors who provide supervision by offering them a way to put words to what they’ve been doing instinctively all along, she says.

When the pair presented the model at the ACA Annual Conference in San Francisco earlier this year, many counselors told them they had previously learned to deliver bad news on their feet, without much guidance. “From talking with colleagues, they say they just sort of wing it,” Brady-Amoon reports. “They do it on the basis of intuition. They steel themselves, get themselves ready and say what they have to say.” Adds Keefe-Cooperman, “Usually they say, ‘Oh, good. It’s good to see I was doing it right, but it would have been nice to know about this before.’”

The PEWTER model is one that any counselor can learn and try right away, Keefe-Cooperman says. “The steps are clear-cut and really put a pattern and structure to what we learn in terms of counseling techniques. The model takes the skills a good counselor has and provides a means of using them in a systematic manner.” Keefe-Cooperman adds one caveat though: Every situation is different, and counselors must take into account the nuances of the particular case and client they’re dealing with.

Keefe-Cooperman believes using the model offers some potential protection against counselor stress and burnout. “Part of what leads to increased stress and burnout is having a feeling of hopelessness, in this case related to the giving of difficult news,” she says. “However, knowing that you used a best-practice approach to help the person start what might be a difficult journey can help the counselor feel a sense of fulfillment that they did the job in the best manner possible.”

Although delivering bad news will never be easy, Keefe-Cooperman thinks the PEWTER model can ease the process for counselors. “Knowing that you will be leaving a situation where someone will probably be crying and very sad is always difficult,” she says. “However, practicing this model and knowing that the person has been prepared in the best manner possible for what awaits them helps a great deal. You do get better at it with practice because you anticipate possible reactions and have the next step thoroughly prepared in your head to help the person.”

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Bradley T. Erford has never considered himself a leader, at least not in the traditional sense. This despite becoming the 61st president of the American Counseling Association on July 1 and previously having held almost every other leadership position the association has to offer.

“Rather, I am a doer,” says Erford, a professor in the school counseling program at Loyola University Maryland’s School of Education. “I have always strived to accomplish important things that moved the profession forward. Being involved in multiple levels of volunteer leadership over the last 15 years has given me a vantage point of where we are and where we need to go. My leadership experiences have been immensely rewarding and have provided me with an understanding of layered, rich contexts which should be considered in developing and implementing initiatives that will move our profession forward.”

Erford views himself as a servant of the counseling profession and says he is devoted to always being a strong advocate for licensed professional counselors. “For me, the honor and privilege of serving as ACA president will be providing an additional opportunity to strengthen the profession to which I have dedicated my career,” he says. “I have held leadership roles at virtually every level of the association [see box, p. 47] and want to continue to make a difference in the lives of all professional counselors, counselors-in-training and the consumers we serve.”

Hailing from Shrewsbury, Pa., where he lives with his wife of 24 years, Judy, and their two kids Breann, 22, and Matthew, 20, when they’re home from college, Erford remembers tendencies toward becoming a counselor — and actually putting those desires in action — as far back as grade school. “I can recall a predisposition toward being a helper when I tutored — and, upon reflection, encouraged and counseled — fellow students who were struggling and frustrated,” he says.

In 1986, Erford received his master’s in school psychology from Bucknell University and also fulfilled all of his school counseling degree requirements. He became a licensed professional counselor in Virginia and maintained a private practice from 1989–1993, while simultaneously working at a public school in Chesterfield County in what he calls “a hybrid psychologist-school counselor position, made possible through Virginia’s elementary school counseling mandate.”

In terms of fully developing his identity as a counselor, Erford says he was influenced more by the role models he
encountered while working toward his doctorate in counselor education at the University of Virginia than by any defined experiences. He cites these role models as the reason he decided to become a counselor educator himself.

“I am unabashedly proud to be a professional counselor,” says Erford, “and my college professors were instrumental in my development. I admired their mission, helpfulness and lifestyle. But I also wanted to be a teacher and researcher, so while I was working in the schools and doing a bit of private practice, I finished my doctorate in counselor education. My seven years of practitioner and graduate student experiences at the University of Virginia (UVA) made me realize that I could make an even greater contribution as a counselor educator, a role that would allow me to train future generations of counselors and also contribute as a researcher to our burgeoning literature base.”

**Inspiring confidence in others**

While attending UVA from 1988–1993, Erford had the good fortune of having Spencer “Skip” Niles assigned to him as his doctoral adviser. Niles became — and remains — Erford’s mentor. “He has made all the difference in my career,” Erford says, “and is why I often say, ‘Mentors matter.’”

Niles, now a distinguished professor and head of the Department of Educational Psychology, Counseling and Special Education at Penn State, University Park, recognized Erford’s ability to multitask early on and says it remains one of his most impressive skills. “As a doctoral student, Brad was hardworking and conscientious,” recalls Niles, editor of ACA’s *Journal of Counseling & Development*. “He juggled being a student, a full-time worker, a partner and a father with his customary aplomb.”

Niles believes the passion and drive that Erford has consistently demonstrated as a counselor educator will shine through during his term as ACA president. “As a professor, [he] is dedicated to elevating the field of professional counseling through his teaching and mentoring of students, his scholarship and his leadership,” Niles says. “I have long been aware of his seemingly endless energy. He has an enthusiasm for his work that is inspiring. Most importantly, he truly cares about others. He will be an effective and visionary leader for ACA. I look forward to his presidency and the good things that will happen as a result of it.”

Lynn Linde, a past president of ACA and now the association’s treasurer, also cites Erford’s strong work ethic as a quality that will help him succeed in his new position. “He will be a good president because he wants to be. This is important to him,” Linde says. “He is tireless. He is like the Energizer Bunny and will give ACA his time and attention.”

Linde met Erford more than 18 years ago when she began working alongside him in the school counseling program at Loyola University Maryland. She has had a number of opportunities to work with him on ACA committees since then and says his combination of leadership experience and love of the profession will make him a great president who implements real, lasting change.

“Brad is passionate about the profession and the association,” she says. “His focus is on moving the profession and the association forward. I have seen over the years that presidents who have a personal...
cause on which they focus during their year tend not to be as successful as those presidents who are more global in their thinking. Second, he has a big picture of counseling. He sees how all the pieces fit together. He sees counseling as being very global and understands the importance of working with our international colleagues. Third, he has been involved in the association for a number of years and understands how ACA and its partners and other counseling groups work together. That information decreases the learning curve for a president.”

Sam Gladding, a past president of ACA and numerous ACA divisions, joins the choir in singing the praises of Erford’s personality traits and work experiences and predicts they will make him a strong leader for ACA. “One of the wonderful qualities Brad has is his ability to articulate his vision and his ability to work with others and help them work with each other,” Gladding says. “He has been a vital part of the 20/20: A Vision for the Future of Counseling initiative and has given to ACA through his tireless effort and endless energy. . . . As ACA president, Brad will help to make the association and those of us in it better yet.”

Gladding has known Erford for more than two decades and says he has always been confident that Erford would make a good ACA leader. “I remember getting to know Brad well when I did a workshop at his university and had some free time to visit with him in his office,” Gladding recalls. “I was impressed with how organized Brad was and how he seemed to have a plan for his professional life. I left Maryland that day thinking, ‘This man would make a good president of ACA.’

“Brad is as competent as the day is long. He knows counseling as a profession and knows those of us who are counseling professionals. His identity is clear, and he has a heart for what we do as counselors and how. Brad is focused on building the profession and working with graduate students and young professionals, while living in the present with those of us who are experienced as counselors.”

**All work and no play? No way**

Erford says his work ethic has always been strong, even as a child. “From about 11 years of age, I have always had a job of some sort, and I learned early on that conscientiousness and hard work literally pay off,” he says. “I have always been very organized, task oriented and driven.”

It’s evident to anyone who knows him that Erford loves to stay busy in his professional life, but he is equally active when it comes to his personal hobbies. “I love the outdoors,” he says, “whether it is spending time in our backyard, walking our golden retriever on nearby trails or hiking in this nation’s glorious state and national parks.”

Erford also loves to write, and much of his free time is spent writing and editing various projects. “I have been blessed with a number of book projects that have or will shortly go into second or subsequent editions,” he says. “Along with journal articles and other scholarly projects” — and dozens of student and counselor educator mentees — “these keep me quite busy. I am further blessed to have always considered writing to be fun rather than work.” Among his diverse projects, Erford served as the general editor of *The ACA Encyclopedia of Counseling*, a reference work published in 2009 that contains more than 400 entries and nearly 700 pages.

Despite his busy schedule, spending time with his wife, son and daughter remains a top priority — and a prominent source of stress relief — for Erford. “Family has always been a central anchor in my life,” he says. “We enjoy traveling, especially international travel, and have enjoyed meeting colleagues from diverse cultures around the world. My wife and I are engaged, from a distance, in our children’s progress, as both are at universities studying in the mental health area and eventually want to become college professors.”

**Big-picture view**

The upcoming year promises to require even more hard work and multitasking on Erford’s part. Among the goals and initiatives he looks forward to pursuing during his presidency:

- Supporting employment and economic issues that will positively affect counselors’ abilities to practice and receive compensation
- Promoting the professional identity of counselors
- Enhancing services to graduate students and developing initiatives to support “new professional” members
- Promoting the internationalization of counseling

As for attracting new members to join ACA and enhancing the overall membership experience, Erford says this remains an ongoing mission for the organization. “Every professional leader and staff member is 100 percent committed to this goal,” he says. “Last year’s [almost] 10 percent increase in membership is a testament to what can happen when we focus on members and provide outstanding membership services. With [ACA Executive Director] Rich Yep at the helm, the leadership and staff at ACA headquarters are thriving, and we will continue to support their efforts with ample resources and encouragement.”

Technology will increasingly play a vital role, both in enhancing ACA members’ experiences and making those experiences more environmentally friendly, Erford says. “Over the next few years, members will see that we are becoming more technologically savvy,” he says. “The website will be upgraded with a new look and with more sophisticated search
Counseling Today, this commented in his final column [in the ACA], Erford says, “and as Don from the past year. “We are a team Past President Don W. Locke’s initiatives to continue with all of ACA Immediate experiences and expertise.”

But he also emphasizes that he doesn’t want the fate of these initiatives to rest solely on the shoulders of the ACA staff. “The ACA staff works incredibly hard, and they have their hands full with continuing initiatives,” Erford says, “so we are asking all of our professional and student members to get involved and to volunteer their time and expertise to accomplish these initiatives and keep our profession moving forward.”

Challenges, opportunities and ‘planned happenstance’

Erford also is aware that challenges, both of the anticipated and the unforeseen variety, will crop up over the course of the year. “All I know is that some previously unknown issues will catch fire and consume time and resources. That said, we remain gravely concerned over the state of the U.S. economy and, as a result, the decreased number of new jobs for counselors and lagging pay increases. The ACA staff continues to work tirelessly to connect members to job opportunities and to meet members’ job search-related needs through our Career Center. Our legislative advocacy staff members continue to work with Congress and the Obama administration to fund counseling initiatives and raise the prestige level of the counseling profession so that we are in a strong position to make substantial employment and compensation gains.

An additional challenge continues to be for various counseling organizations to work together on common goals — and to better understand that when we all row in the same direction at the same pace, we all make the greatest progress.”

Erford is excited about ACA’s future and is especially looking forward to the ACA 2013 Conference & Expo in Cincinnati (March 20–24). “We are expecting a great conference next year,” he says. “It’s guaranteed to be one of the most affordable ACA conferences of all time. … The actress and mental health advocate Ashley Judd will be one of our keynote speakers, and we have an incredible array of more than 300 presentations and Learning Institutes. It is also a closely guarded secret that Cincinnati is a fascinating, diverse city.”

Coincidentally, Erford also has a personal connection to the host state and electronic memberships that are sensitive to diverse economic and cultural needs,” Erford says. “Members will see an increase in collaboration with international counseling organizations. For example, we are working to co-host counseling research conferences with partner organizations around the world. We are hopeful that as counseling expands globally, ACA can help support our members and colleagues in other countries to develop systems, processes and practices that promote human dignity, social justice and effective counseling. During the past year, I have spoken with counselors from at least 40 different countries. Counseling is emerging around the world, and counselors from these diverse cultures and nations want to benefit from ACA’s experiences and expertise.”

Additionally, Erford says he is planning to continue with all of ACA Immediate Past President Don W. Locke’s initiatives from the past year. “We are a team at ACA,” Erford says, “and as Don commented in his final column [in the June issue of Counseling Today], this leadership transition simply reflects the passing of the baton so ACA can keep running at full speed. All of the initiatives from the past several years came from the strategic plan we constructed as a Governing Council during 2009–2010 when Lynn Linde was president. Since then, we have never discussed ‘Marcheta’s year’ or ‘Don’s year,’ and we certainly will not be discussing ‘Brad’s year.’ We are moving full steam ahead to address the issues that are of importance to our members and the profession. Staff and leadership will continue to be focused on member services and professional issues.”

Erford is excited about ACA’s future and is especially looking forward to the ACA 2013 Conference & Expo in Cincinnati (March 20–24). “We are expecting a great conference next year,” he says. “It’s guaranteed to be one of the most affordable ACA conferences of all time. … The actress and mental health advocate Ashley Judd will be one of our keynote speakers, and we have an incredible array of more than 300 presentations and Learning Institutes. It is also a closely guarded secret that Cincinnati is a fascinating, diverse city.”

Coincidentally, Erford also has a personal connection to the host state.

Erford in Istanbul, Turkey, in May during the International Counseling and Education Conference with (from left) fellow keynote speakers Senel Poyrazli and Richard Watts and graduate student tour guide Ozum Tubluk.
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Eric Erford, ACA president-elect, is thrilled to be spending next year as ACA president. Although the question of what the next year has in store cannot yet be answered in full, Erford is thrilled to be spending it as ACA president, working for an organization he loves and advocating for a profession he cares about deeply.

He often talks with colleagues about John Krumboltz’s concept of “planned happenstance.” Erford says he believes he has made it to where he is today because of the opportunities presented to him along the way.

“I don’t think there is anything mystical or magical about my approach,” Erford says. “I am systematic and planful, so I am able to look at long-term, multifaceted and complex projects and just sort of make sense out of how to approach them, plan the best path forward and bring them to a successful completion. And I learned long ago to keep busy working on multiple tasks so I always have a number of projects going simultaneously that are interesting.”

However, he says, it is his energy and enthusiasm for the counseling profession that will serve as both a driving and guiding force and push him to make the most of his year as ACA president.

“As a counselor educator and counseling researcher, I love what I do, and I think it shows,” Erford says. “Time is the only variable that really matters in the world, the only thing you really can’t control. All you can do is orient yourself with respect to time and choose to spend the time and energy you have on the things that really matter, the things that bring you alive.”

This practical resource is for faculty teaching beginning and advanced multicultural counseling courses or other core classes who want to infuse issues of cultural diversity into the classroom. It contains 121 engaging and thought-provoking activities on a wide variety of multicultural topics. All activities are tied to the core content areas of the 2009 CACREP Standards, making this a perfect tool for the clinical training of counseling students. A CD-ROM with exercise handouts accompanies the book for ease of copying and distribution in the classroom. 2011 | 372 pgs

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CACREP: More diverse than you think

The Council for Accreditation of Counseling and Related Educational Programs office received a phone call this year from a master’s counseling student on a mission. The student asked to conduct an interview with a staff member based largely on one question: Why doesn’t CACREP accredit Historically Black Colleges and Universities (HBCUs)?

Although the motivation behind this question is uncertain, it is clear the student was concerned about the perceived inability of HBCUs to obtain CACREP accreditation. Unfortunately, this concern was predicated on an incorrect assumption that CACREP is an exclusionary, “members-only” type organization that does not seek to serve a diverse constituency.

The CACREP Board and staff regularly field similar questions or comments concerning what types of programs can actually become accredited — to which CACREP answers “all of them that choose to meet the CACREP Standards.” From CACREP’s experience, there is no single type of program that can become accredited. The purpose of this “CACREP Perspective” article is to highlight the true diversity among the current ranks of accredited programs in an effort to demonstrate that all types of institutions have the opportunity to join the CACREP family.

A close examination of colleges and universities with CACREP-accredited programs reveals a wide variety of institutional characteristics. (The institutional and programmatic statistics presented in this column reflect the demographic characteristics of CACREP-accredited programs prior to accreditation decisions made at the July 2012 CACREP Board meeting.) For example, there are 186 public institutions and 75 private institutions in the United States that have CACREP-accredited counseling programs. The private institutions are made up of nine for-profit institutions and 66 not-for-profit institutions. Of the not-for-profit group, 45 institutions have a religious affiliation, 24 of which identify their counseling programs as “faith-based.”

CACREP also accredits programs from two institutions in other countries — one in Canada and one in Mexico.

Looking beyond the public/private sector, CACREP-accredited counseling programs can be found at an array of unique institutions serving specific populations. The master’s student mentioned at the beginning of this article was surprised to learn that CACREP accredits 33 percent of the HBCUs offering counseling programs in the United States. This is not the only evidence of diversity among CACREP programs. Did you know that CACREP also accredits 29 percent of the Hispanic-Serving Institutions (HSIs) offering graduate counseling programs?

It could be argued that HBCUs and HSIs are fairly large subcategories of higher education institutions in the United States. But what about the colleges and universities that are so specialized they make up a subcategory of their own? CACREP welcomes these institutions as well. A great example of this is Gallaudet University in Washington, D.C. Gallaudet offers master’s degree programs in mental health counseling and school counseling, specifically designed to prepare counselors to offer appropriate counseling and mental health services to deaf, hard-of-hearing and deaf special needs clients in a variety of settings. CACREP has accredited both of Gallaudet’s counseling programs since 1993.

Another growing trend is the number of institutions offering CACREP-accredited counseling programs solely through an online format. Currently, five institutions serve individuals seeking a counseling degree online.

Another interesting fact is that a majority of institutions with CACREP programs are “master’s-only.” Slightly more than 26 percent of CACREP-accredited programs are housed in schools that confer doctoral degrees in counselor education and supervision. This number is on the rise, however, likely because of the 2009 CACREP Standards that will require future counselor educators to have earned a doctoral degree in counselor education and supervision, preferably from a CACREP-accredited program.

Interestingly, CACREP isn’t the only entity making changes that are influencing the future of counselor education. Other recent trends in the counseling profession have had (and will continue to have) a significant impact both on counselor education and the increasing diversity of CACREP programs. The Department of Veterans Affairs’ decision in 2010 to hire only counselors from CACREP-accredited programs was a momentous event in CACREP’s history. Similarly, the recent change in TRICARE regulations to require mental health counselors working within that system to graduate from a CACREP-accredited program represented an important step forward in counselors achieving recognition in federal programs on par

Promising practices for school counselors working with students of military families

According to Military Officer magazine, there are 2 million children in military families in the United States. Studies conducted by the National Military Family Association, and various articles, have illuminated the many challenges that students from military households encounter as well as the exceptional strengths and methods of coping that these children possess. Complex transitions associated with the military life include parental military deployment, parental combat injury or death, combat-exposed health problems and trauma, and parental reintegration into civilian life following deployment.

As military personnel return from tours of duty, school counselors must be prepared to thoughtfully and effectively address the needs of students of military families. By nature of their position, school counselors are often the first to assess the problems that arise for these students and thus are on the front line to intervene and alleviate difficult circumstances. The purpose of this article is to provide a brief overview of some of the issues and concerns specific to students from military families, to discuss how school counselors can identify both the important risk factors and the unique protective factors these students bring with them to school every day, and to detail how school counselors can provide the necessary supports and interventions to address these concerns.

Parental deployment

Separation from a parent is stressful for any child. Children from every branch of the military face the potential of being separated from a parent who is deployed either on routine training or to a combat zone. Either type of deployment can mean that the parent must leave for an extended period of time — anywhere from six months to two years.

Both the child and his or her nondeployed family members experience several stages of deployment, including pre-deployment, deployment, sustainment, pre-reunion and post-deployment. Each family copes differently with each stage. The pre-deployment stage is typified by the family preparing for the departure of the deployed parent. Tension resulting from the rupture of the order and security of the family dynamic is common, as are feelings of shock, disbelief, fear, anger, resentment and anticipation of loss. Families may also strive for a sense of closeness prior to the deployment and might spend time getting certain affairs such as finances and child care in order to sustain the functioning of the home.

The deployment stage occurs once the military parent has left. The remaining family members may experience a drop in support, struggle with new roles and responsibilities, and deal with feelings of loss, abandonment and disorientation.

The sustainment stage lasts from the first month of deployment to the end of the military parent’s time away. By this time, the family has established a new sense of “normal” and identified new sources of support and a sense of control and independence in its daily functioning. This sense of confidence and calm can change upon receiving notification of the military parent’s imminent return.

In the pre-reunion stage, families normally experience anticipation, high expectations and feelings of excitement, worry and fear. They may also experience a burst of energy as they consider preparing the home for the family member’s return.

After the parent returns home, the post-deployment stage lasts anywhere from three to six months. This stage is typified by the family’s struggle to reintegrate the returning family member and to renegotiate roles and responsibilities. This renegotiation might include conflict and realization of the existence of deeper issues to be processed, such as the family’s experiences of the parent’s deployment. Feelings of euphoria, excitement and uncertainty are common. Depending on how long the parent has been gone, it is relatively common for young children not to recognize the returning parent or to distrust the parent for a time. Elementary students may be slow to warm up to the returning family member, express guilt and fear about the separation, or demand extra attention. Adolescents are more likely to express their displeasure through moodiness and the appearance of indifference toward the parent’s return.

Deployment in combat zones

Students whose parents are deployed to active combat zones often fear for the safety of the parent, in addition to dealing with the loss associated with the prolonged separation. Initially, students at the elementary level experience feelings of sadness and depression after the parent’s deployment as well as a major disruption to the family’s daily routine. Middle and high school students process a parental deployment at a higher level of cognition. Because school counselors are licensed professionals specifically trained in the development of children and adolescents, it is essential that they monitor students for emotional and behavioral reactions throughout the different stages of deployment.

Stephen Cozza and Alicia Lieberman have identified some common reactions among students whose parents are deployed to a combat zone. These include:

- Acute responses to separation from the parent
- Fear for the parent’s safety
Fear for their own personal safety while the parent is deployed
Feelings of anxiety, depression, loss of control or isolation
Outbursts of anger
Short temper
Difficulty concentrating and with learning in the classroom
Decline in academic performance
Rise in health-related issues
Loss of interest in peers
Increased absenteeism
Violent drawings or writings in personal journals, on school binders and in notebooks

Using an ecological model to understand and support students
Students of military families face unique circumstances that may challenge their academic, personal/social and career development. A risk and resilience framework can provide a valuable tool for conceptualizing these multiple ecological factors, helping school counselors to assess key risk factors at the micro, mezzo and macro levels that can interfere with the development of resilience.

This framework can also be a resource for strengthening the ability of students to adapt effectively to multiple challenges. In addition, the framework identifies specific intervention goals that school counselors can implement at each ecological level. The overarching goal is to actually help students thrive by expanding their adaptive resources, thus leading to increased levels of personal resiliency.

Micro level
The micro level encompasses the student’s individual characteristics and behaviors and the environmental characteristics of the family. Hence, a micro-level assessment identifies intrapersonal risk and resilience factors within the student and contextual factors within his or her home.

Student factors: With individual students, academic and disciplinary problems may serve as early signs that the student is adapting poorly to the deployment of a parent or caregiver. Symptoms of depression/anxiety and physical neglect may also manifest themselves. Other negative coping methods might include the use of drugs or alcohol or promiscuous behavior.

School counselors are in a position to make a difference for these students and can creatively design interventions that help build self-esteem, internal locus of control, sense of purpose and a positive view of the student’s personal future.

Specific interventions school counselors can use at the elementary level include:
- Play therapy methods
- Art and drawing activities for expression of emotions
- Personal journaling
- Age-appropriate anger management techniques
- Participation in music, exercise, sports or other extracurricular activities
- Breathing and muscle relaxation exercises

Individual counseling interventions for middle and high school students include:
- Discussing real-life stories of resilience and adversity, as well as individualized coping strategies and self-care

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**Family factors:** Young families or families experiencing their first deployment may be at particular risk. However, multiple or lengthy deployments present considerable challenges for even the most established families. Families without healthy coping skills to handle high stress levels in the home may experience increased risks for spousal abuse by either partner as well as parental drug and alcohol abuse. Additional risk factors include:

- The deployed parent experiencing post-traumatic stress disorder (PTSD) or depression
- The nondeployed parent experiencing distress or pathology
- Poor attachment levels
- Harsh or inconsistent parental discipline
- Marital conflict and difficulty
- Parental separation or divorce

With the help of protective factors, healthy families are able to maintain safety and stability within the home throughout the stages of deployment. These protective factors include:

- The maintenance of a consistent structure and routine within the family
- Parenting practices that include secure attachment and authoritative parenting styles
- Regular communication between spouses or partners
- Flexible gender roles and responsibilities within the family
- Free medical care and legal assistance

For students experiencing similar military lifestyle transitions and parental wartime deployments. Small groups comprising six to eight members allow students to express emotions ranging from anger, anxiety, sadness and loneliness to pride and resilience.

**Small-group interventions:**
According to various studies, small group interventions that encompass a psychoeducational and wellness-based framework are the most effective intervention for K-12 students. A small group setting offers a safe environment for students experiencing similar military lifestyle transitions and parental wartime deployments. Small groups comprising six to eight members allow students to express emotions ranging from anger, anxiety, sadness and loneliness to pride and resilience.

Small groups may be particularly important for sons from military families, who traditionally pride themselves on remaining emotionally strong as “head of the family” while the military parent is deployed. Students have opportunities to express both positive and negative aspects of military life in a group setting, while learning about the different demographic regions and cultures of each service branch that the deployed parents serve. Small counseling groups are highly therapeutic in nature and teach life skills that students will use over the course of a lifetime.

**Meso level**
This level includes factors in the student’s immediate social environment, including school and community factors, which interact with each other and with other levels to influence the student’s ability to adapt effectively. At this level, the school counselor assesses primarily the factors within the school and community environments that either inhibit or aid the student in being resilient.

**School factors:** The bonds students have with their school can provide a sense of structure and routine when everything else feels out of control to them. A primary risk factor to address is the student’s sense of safety at school. Like any other student group, students from military families can become targets for bullies, particularly if other students have anti-military or anti-war feelings. Counselors should work with teachers, administrators and school staff to ensure that everyone considers bullying a top-priority, no-tolerance issue.

Another important factor to assess is the school's collective understanding and knowledge of military service, combat, relocation and deployment-related issues. Apathetic or unsupportive attitudes and behaviors, whether from teachers or classmates, may largely be fueled by simple ignorance about the subject of military deployments. Important interventions might include a schoolwide awareness campaign and teacher training.

**Tips for teachers:** It is not uncommon for educators to lack understanding about military family culture. It is essential that teachers and school specialists working with students from military families receive specialized training in the following areas to best meet the emotional needs of students:

1. Identifying student emotions associated with separation, loss and grief due to a parental deployment or chronic stress and change within a family.
2. Developing strategies for effectively supporting students, including active listening and adaptation of academic assignments or homework.

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3) Creating a plan of response if a parent is seriously injured or killed during active duty.

4) Planning supports for students who have relocated to the school system, such as reviewing cumulative files and liaising with the previous school.

5) Supporting the student when a deployed parent returns to civilian life.

6) Incorporating military deployment and post-deployment curriculum into a classroom setting.

7) Fostering communication between military families and non-military families, which increases tolerance and sensitivity within the classroom.

School community support: School leaders, parents, students, community leaders and business leaders are stakeholders who consistently strive to build a sense of community within our schools. This idea holds true for students who have parents actively serving our nation in the military. Military families make tremendous sacrifices, often resulting in lengthy separations, multiple deployments, loss of employment and financial uncertainties. Educators who are trained to understand a student’s reaction to these experiences are better able to assist a student developmentally when the child experiences confusing and stressful circumstances. School counselors are in a unique position to take the lead in providing training and information to teachers, staff and administrators around these topics.

Promising practices suggested by Ann Aydlett, Kelley Collins and Angela Kennedy include:

- Staying apprised of unit deployment or unit return via media or military liaison
- Establishing a meet-and-greet evening to which parents of all children enrolled in the school are invited
- Inviting military support organizations to present at PTA meetings
- Conducting meetings to increase military awareness among parents and school leaders
- Planning potluck lunches or dinners for families to build cohesiveness among parents in the school
- Identifying specific groups of military personnel (such as units) and beginning pen pal or support package activities

- Honoring all branches of military service and veterans in a schoolwide program around Veterans Day or Memorial Day
- Creating a large bulletin board in a highly visible spot in the school honoring all factions of the military

Finally, school counselors should take the lead in working with school administration and personnel to implement a school response plan to a deployed parent’s injury or death.

Community and social support factors: The family’s involvement with social support networks is critical for healthy coping. Isolated families are unlikely to have the emotional, instrumental, tangible and informational support to help them through difficult times. Therefore, the school counselor should treat the family’s general isolation as a critical area for improvement. Key areas of social support include:

- Positive relationships with extended family and friends
- The availability of alternative caregivers
Connection to community and military support organizations
Access to mental health and health care services
Parental and caregiver involvement in the school
Involvement with faith-based communities

School counselors can use a variety of interventions to strengthen these connections. One example would be to organize a support group for students and their families. In many instances, this may be their only opportunity for meaningful interaction with other military families. We also suggest that school counselors locate and coordinate with their closest military liaison to obtain more information and to plan interventions and programming for the students and families they serve.

Macro level
This level includes the broader societal factors that influence the construction of the student’s micro- and meso-level contexts. School counselors have many factors to consider at this level, but perhaps the most important to assess and intervene with are policies and laws that affect the availability of military family resources.

Public policy factors: According to the American School Counselor Association’s National Model, school counselors are “to help students focus on academic, personal/social and career development so they achieve success in school and are prepared to lead fulfilling lives as responsible members of society.” Public policies and laws created at the institutional level can either aid or thwart students’ abilities to reach this goal. Accordingly, it is crucial that school counselors embrace the role of advocate as an important aspect of their professional identity.

Examples of initiatives for which school counselors can advocate on behalf of military families and students include:
- School policies to mandate staff training on the subject of deployment-related issues
- Increased funding for public education, including school counseling programs
- Increased funding for social services, including mental health and health care services such as those through the Veterans Association of America and the Department of Veterans Affairs
- More progressive policies to help fund supportive services for military families

Closing thoughts
Children of military families experience unique challenges as they grow and develop. School counselors are in a prime position to help these students and their families during difficult times, such as when a parent deploys, by taking on roles and responsibilities in a variety of systems. We hope that we have provided school counselors — indeed, all counselors — with helpful suggestions for prevention and intervention activities when working with this population.

We would be remiss, however, if we failed to at least mention other critical aspects of the military child’s experience that we could not discuss thoroughly in this article, including relocation, having a parent with PTSD and the general adaptations children and families make to integrate into the culture of the military. We also have not covered the differences between the branches of the military or the role of the military reserves in any of these issues.

Last, we want to again emphasize that although military families and their children do encounter significant challenges, they also have enormous resiliencies, strengths and assets that enable them to cope with these challenges in healthy, happy ways. We know military families make great sacrifices for our country and believe that counselors have a wonderful opportunity to serve those who serve us as a nation.

"Knowledge Share” articles are based on sessions presented at past ACA Conferences.

Susannah M. Wood is an associate professor at the University of Iowa, where she teaches both doctoral students and students pursuing their master’s in school counseling, with an emphasis in gifted education in partnership with the Connie Belin & Jacqueline N. Blank International Center for Gifted Education and Talented Development. Contact her at susannah-wood@uiowa.edu.

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Letters to the editor: ct@counseling.org
Continued from page 49

with other helping professions. These regulations were based on an independent report from the Institute of Medicine and have made a paramount contribution to furthering the legitimacy and public (federal) recognition of CACREP as the national accreditation body for counseling programs. Subsequently, CACREP has experienced a noticeable hike in the number of institutions interested in and applying for accreditation in order to provide their students with the most opportunities after graduating. Currently, 19 new institutions are in the process of review for CACREP accreditation. Moreover, many institutions that already have CACREP programs are seeking accreditation for additional programs in other counseling specializations.

CACREP’s goal as a quality assurance organization is to respect innovation and diversity of many forms within graduate counseling programs, while ensuring that all accredited programs meet the minimum national standards in counselor education. CACREP does not seek to produce cookie-cutter counseling programs. Counseling programs should flow from their own missions, objectives and visions. Programs seeking accreditation are evaluated against themselves and how they report to be educating counselors in a manner aligned with the CACREP Standards — not against any other program. CACREP takes pride in serving counseling programs from a large variety of exceptional institutions and is looking forward to expanding its diversity as the number of CACREP-accredited programs continues to grow.

If you are in a program that thought it couldn’t become accredited by CACREP, think again. You are probably no more different than many programs that already have successfully obtained CACREP accreditation. Give us a call at 703.535.5990 to find out more about how you can start the process of becoming a CACREP program.

Tyler M. Kimbel is CACREP’s director of research and information services.
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Letters to the editor: ct@counseling.org

As an ACA member or supporter during 2012, you are a part of counseling history. To mark this occasion and support the counseling profession, purchase the special ACA 60th Anniversary Commemorative Coin.

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Whether experienced as a counselor or new to the field, transference, anxiety and blows to one’s esteem are part of managing life as a professional counselor. Two therapists — Gregory K. Moffatt, a veteran counselor, and Simone Alexander, a recent graduate — discuss how specific experiences with clients ended up invading their personal lives and how they ultimately managed those experiences.

**Gregory K. Moffatt:** A social worker called me on my cell phone. I had worked with her many times, and today’s case wasn’t that different from others we had worked on in the past. She told me about a serious case of abuse by a foster parent against an 8-year-old boy named Steven (not the client’s real name). Steven originally had been removed from his home because of abuse. Now he was facing it yet again. I have seen this circumstance more times than I can begin to count.

During a 25-year career, I’ve seen hundreds of children who have experienced nearly every imaginable (and unimaginable) type of maltreatment. Normally, such cases don’t follow me home. I have learned to leave them at the office. But sometimes, a case lingers in my thoughts and invades my personal life. Steven’s was one such case.

Later that afternoon, my daughter called. She was working through some issues in her personal life and needed her dad. But I couldn’t focus on our conversation. As she talked, her voice faded away as I repeatedly found myself replaying my earlier conversation with the social worker about Steven. These thoughts were so intrusive that I asked my daughter to let me call her back the next day. My failure to concentrate and be a good listener for my daughter bothered me. I couldn’t understand why I was more troubled than normal by Steven’s case.

**Simone Alexander:** A young woman named Susan (not the client’s real name) asked to schedule a meeting with me. She didn’t give a reason for the meeting, and I didn’t ask. Susan had previously participated in a group I facilitated. I had felt good about my relationship with her, and I assumed the meeting was related to something personal she had shared in the group.

As our meeting began, it became clear that my assumptions were inaccurate. Susan wanted to talk to me about something I had said that had offended her. She brought up two specific issues. I was stunned. I felt blindsided and found myself trying to remember the context of the situation she was describing. I tried to replay the specific session and identify my offense. I couldn’t see how she had arrived at her conclusions. I pride myself on doing my job well. Neither a student nor a client had ever approached me before with any indication of being offended. I try to be authentic while also being considerate of my population. In this particular case, I was bewildered as to how I could have fallen so short.

**Moffatt:** Three days after the phone call from the social worker, I met with Steven. He was a tiny 8-year-old, articulate and intelligent. He sat nervously on my playroom floor. I knew that, from his perspective, I was just another adult whom he couldn’t trust. He had been betrayed too many times. It made me feel good when he smiled and said, “You are a lot nicer than Dr. Smith” (another therapist).

I was troubled, although not surprised, that Steven didn’t even realize he had been abused. The event, as troubling as it was, didn’t register as “harmful” to him. My heart was breaking and, again, I wondered why this boy I hadn’t previously met was having such a personal effect on me.

As I reviewed my findings with the social worker and made my recommendations, I repeatedly had to check my blood pressure. I could feel the anger building within me as I talked about Steven’s case. Occasionally, I even heard my voice rise as that anger snuck into my affect. It took every ounce of my professionalism to appear matter-of-fact and detached from the case I was presenting.

We all learn that our cases are not about us, our feelings or our desires. But even after all these years, I was realizing that is sometimes easier said than done.

**Alexander:** A few moments into the conversation with Susan, she indicated she felt so strongly about the issue that she thought it necessary to discuss the matter with my boss. Now I felt both blindsided and betrayed. I thought our rapport was strong enough that Susan should have felt comfortable coming to me directly. It was as though the relationship I thought had been established between Susan and me was actually nonexistent. I fought back tears as I tried to manage my hurt and disappointment.

As I listened to Susan, it occurred to me that no realistic solution existed that would appease her. I was confident I had said the right thing, even though it had offended her. Thus, I couldn’t apologize for what I had said; all I could do was apologize for offending her. She thanked me for my apology and continued talking to me. At that point in the meeting, I was embarrassed to realize that I just wanted her to leave because I was trying very hard, although not quite successfully, to hold back the appearance of frustration, impatience, hurt and guilt.

I had an appointment following my conversation with Susan. I barely made it through and left for home immediately after. I felt my body begin to release all of the feelings of hurt I’d been holding back the past few hours. I sobbed for the length of my drive home and continued crying throughout the evening.

**Moffatt:** Although I often think about the children I work with as I’m engaged in the business of the day, their cases don’t usually haunt me the way Steven’s case did. As I had suggested many times to my interns during supervision when their personal issues were intruding on their clinical lives and vice versa, I examined my thoughts to try to figure out why Steven’s case was hanging with me. What was going on in my personal life? Was this some kind of transference? What was different about this case that might have caught me off guard?

The answers were complex, but generally, I realized I felt betrayed by the foster parent.
She had been in my training seminars in the past, and I had thought she was different than other foster parents I'd seen who had abused their foster children. Deeper than that, I realized I felt like I had failed Steven. Even though I hadn't worked with him previously, his foster mother had been to several of my trainings. I reacted as I did because, subconsciously, I thought I'd failed Steven — and I felt like a failure in return.

**Alexander:** After discussing the situation with a colleague, I realized the conversation with Susan had been the last straw in a long list of stressors pressing on my life at the time. My personal life was in disarray, and I hadn't been taking care of myself in the way I knew I should have been. I realized I had been relying heavily on the peace I was finding in my job — the one area in which I believed I was experiencing great success.

When Susan questioned my motives, it made me feel like a failure in the one remaining area of life I had felt good about, and it became clear that I was not managing things as well as I had convinced myself I was. My personal life circumstances and my professional persona had collided — and not in a good way. The juggling act I previously thought I was managing pretty well seemed to be falling apart.

Misunderstandings are not uncommon, and I finally realized that I had misinterpreted this misunderstanding involving Susan as a personal attack on my character. I also realized that I felt like a failure not because of Susan but because of me. I decided to use this experience as a tool for self-evaluation and improvement rather than as an assessment of my character.

**Tips for keeping our personal and therapeutic lives separate**

Keeping our clients in the proper perspective helps us to help them more effectively and prevents burnout over the course of our careers. Becoming jaded or callous is the wrong solution, even though that might help us to avoid experiencing the feelings described in the previous scenarios. Of course, that would also inhibit empathy, so maybe it is OK, or even desirable, to apply human faces and names to our clients. After all, our clients are real people with real and difficult lives, and our empathy might grow when we see them that way.

At the same time, some detachment is imperative if we are to keep our personal lives separate from our therapeutic lives. Here are six tips for leaving your clients' cases in the office.

1) Take care of yourself. Eat right, sleep right and get plenty of exercise.
2) Manage your psychological self. See a counselor, at least once in awhile, to check your transference and to gain an understanding of your hot-button issues.
3) Manage your self-esteem. You are more than what you do or what people think of you. Clarify where your values are based and focus on building a healthy sense of self.
4) Maintain a relationship with a mentor who can help you process professional issues when they arise.
5) Check your spiritual life. Even if you aren't religious, you might consider examining your spiritual self. Many people find this brings them peace when the world is in turmoil.
6) Balance your life. Make time for your spouse, children, friends and play.

When we take care of ourselves, examine our motives and reactions, and always keep our clients first in the counseling office, we will serve our clients most effectively. And, it is hoped, this will allow us to keep ourselves and our families first when we are not in the office.

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**Letters to the editor:**

[ct@counseling.org](mailto:ct@counseling.org)
The past three decades can be described as a golden age in the history of the American Counseling Association. Licensure laws for professional counselors have been approved in all 50 states and several territories, helping to define the identity of the counseling profession. ACA publications, research, professional development activities and member services have increased exponentially. As a result, the prestige and reputation of ACA have soared to great heights.

As a proud member of ACA since January 1986, I can confidently state that our association shines brightly in the galaxy of all mental health professions. Still, ACA and the counseling profession face some significant challenges as we move into the future.

Counselors’ emerging international identity

The 21st century can be characterized as the century of globalization. New economic, political, educational, social and cultural realities have replaced the Cold War era with a new world order. For instance, with rapid changes in communication technologies such as the Internet, electronic mailing lists, Facebook and Twitter, social media has become an extremely powerful force for promoting social justice and advocacy initiatives worldwide. This powerful global force is likely to have a significant impact on counseling and other mental health professions, making it quite possible that we will someday celebrate the internationalization of counseling as a major force in our profession.

The World Health Organization (WHO) reports that 450 million people around the world need counseling services but cannot currently access them. WHO also reports that counseling is the fastest-growing group among mental health professionals. As the internationalization of professional counseling rises to prominence, counselors and many other helping professionals are embracing a newly emerging international identity.

In response to the current zeitgeist of globalization, counseling organizations such as the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the National Board for Certified Counselors (NBCC) have already begun collaborating with dozens of nations to establish professional counseling standards. Since 1993, ACA’s Journal of Counseling & Development has been intentional in its efforts to publish articles that have international relevance. Organizations such as Counselors Without Borders and the Association of Mental Health Counselors (India), which I founded in 2010, are other examples that speak both to the importance of and need for counseling around the world.

These efforts are often uncoordinated and sporadic, however, leaving counselors and consumers without a reliable means of accessing continuing professional support and resources. A clear mission and sharp focus are needed to address the contemporary international counseling needs created by globalization in our increasingly interconnected world. A critical need exists today for professional counseling in all countries, but especially in developing countries. Furthermore, an understanding of counseling is incomplete without international perspectives related to counseling theories, testing, concepts and worldviews.

ACA approves formation of new interest network to provide guidance and resources for counseling’s global expansion

By Daya Singh Sandhu
Join the ACA International Counseling Interest Network

ACA, the largest and most influential counseling association in the world, recently took its next step in embracing international diversity, justice and advocacy. I am pleased to announce that in the latter half of June, the ACA Executive Committee approved an application to move forward with the creation of an interest network encompassing international counseling.

The ACA International Counseling Interest Network will provide much-needed guidance, leadership and resources focused on international counseling, global diversity, human rights issues, alternative approaches to counseling and internationally focused counseling research. If you are interested in joining this very timely endeavor, please contact me at dayasandhu29@yahoo.com so we can list you as a charter member of the ACA International Counseling Interest Network. You may also email Holly Clubb at ACA (hclubb@counseling.org) and request to join the interest network. No additional cost is involved in joining the International Counseling Interest Network (or any of ACA’s other interest networks) — just a passion for international counseling. Please also encourage your ACA colleagues to join.

Finally, I would like to thank ACA past presidents Lynn Linde, Marcheta Evans and Don W. Locke, as well as ACA Executive Director Richard Yep, for their encouragement, support and guidance in this very important initiative. Most significantly, I am deeply obliged and grateful to current ACA President Bradley T. Erford, who has made promotion and support for the internationalization of counseling one of the priority initiatives of his presidency.

Daya Singh Sandhu is co-chair of the ACA International Committee and a professor in the Department of Educational & Counseling Psychology at the University of Louisville. Contact him at dayasandhu29@yahoo.com.

Letters to the editor: ct@counseling.org
ACCA reflects back, looks ahead  
Submitted by Monica Osburn  
monica.osburn@uncp.edu

The American College Counseling Association is developing by leaps and bounds; 2012-2013 will be an exciting year indeed! It’s difficult to discuss our vision and goals without taking a moment to reflect on past accomplishments and how they shape our future as an organization. A milestone this year for ACCA has been approval from the membership to support an executive director. This association has blossomed with the inclusion of community college counselors and stepped-up efforts to be inclusive of all clinical disciplines represented in college counseling centers. With this infusion of new membership, we have recognized the need to purposefully address our organizational change and embrace our breadth of service. An executive director position will allow us to continue the growth of the membership while also ensuring member services are increased.

Another phenomenal ACCA accomplishment is in the realm of professional development. We have consistently provided a variety of educational opportunities in the form of webinars, the Orientation to College Counseling series and our own annual conference, in addition to a multitude of resources on our website. These types of beneficial membership initiatives will continue into the future.

Finally, a major highlight is the completion of our community college survey and partnership with the Gallagher survey. ACCA has prided itself on being research driven, ensuring we are on the cutting edge of best practice. These two surveys not only have given our organization national attention, but also have allowed us to make decisions based on the needs of clinicians doing the work. The success of college counseling is oftentimes built on knowledge and relationships, and having the skills to help our clients while developing that nurturing relationship. As your incoming ACCA president, I plan to use that same philosophy for the organization. It is our commitment to you to provide the educational opportunities you want while building bridges of connection to help us all grow and thrive. The ACCA values all our strengths and differences. Together we are the premier association for college counseling.

AACE to host conference, change bylaws  
Submitted by Amy McLeod  
almcLeod@argosy.edu

The Association for Assessment in Counseling and Education Annual Research and Assessment Conference will be held Sept. 14-15 in Orlando, Fla. The theme this year is “Measurement of Outcomes in Counselor Preparation and Practice.” Come present and learn about research and assessment in counseling.

The hotel rate is $97 (if you book by Aug. 14) for suites, and this includes complimentary cook-to-order breakfast and a nightly cocktail reception for two adults. Your conference registration also includes a luncheon and a reception. Visit the conference website at theaaceonline.com/conference.htm to register and submit proposals. If you have questions, please contact Conference Chair Jacqueline Swank at jswank@coe.ufl.edu.

In other news, AACE members will be voting on important changes to its division name, mission and vision at the September business meeting in Orlando. Please review the proposed bylaws changes at theaaceonline.com before this event. These changes were proposed to better reflect AACE’s expanded vision to address research and evaluation in our profession, in addition to continuing its focus on assessment and diagnostic considerations. Please send feedback regarding the changes to AACE President Carl Sheperis at csheperis@gmail.com.

ASERVIC conference a success  
Submitted by Shannon Ray  
shanray@nova.edu

The Association for Spiritual, Ethical and Religious Values in Counseling hosted its third biennial conference in Santa Fe, N.M., June 3-5. The conference featured keynote speaker William R. Miller and more than 50 educational and poster sessions. ASERVIC thanks all participants! For information and resources, visit ASERVIC.org.

Submit your news and upcoming events  

All divisions, regions and branches of the American Counseling Association can submit monthly news articles of 350 words or less to “Division, Region & Branch News.” In addition, divisions, regions and branches are invited to list upcoming events in “Bulletin Board.” For submission guidelines, contact Lynne Shallcross at lshallcross@counseling.org.

Please be advised of the following deadlines for submitting items to either section.

October issue: Aug. 30 at 5 pm ET  
November issue: Sept. 28 at 5 pm ET  
December issue: Oct. 26 at 5 pm ET  
January 2013 issue: Nov. 30 at 5 pm ET
AACE National Assessment and Research Conference Sept. 13-15 Orlando, Fla. Save the date for the Association for Assessment in Counseling and Education’s National Assessment and Research Conference, themed “Measuring Outcomes in Counselor Preparation and Practice.” For more information, contact Jacqueline Swank, conference chairperson, at jswank@coe.ufl.edu.

Innovative Solutions for Building Recovery With Alternatives to Psychotropic Medication Sept. 20-21 Freeport, Maine This cutting-edge conference, hosted by Co-Occurring Collaborative Serving Maine, includes nationally and internationally recognized keynote speakers, breakout sessions, an expert panel discussion and opportunities for networking with peers in the beautiful fall foliage of New England. With a focus on effective, empirically demonstrated, nonmedical solutions for behavioral problems, this conference brings together the foremost experts in the field to present evidence about the true effectiveness of psychotropic medication. They will also introduce viable alternatives to medication and guidelines to raise the bar of care equal to the available science. Presenters include Robert Whitaker, James Greenblatt, Joanna Moncrieff, Barry Duncan, David Oaks, David Cohen and others. For more information, visit buildingrecovery.eventbrite.com.

ACCA Annual Conference Oct. 3-6 Lake Buena Vista, Fla. Register now for the annual American College Counseling Association Conference at collegecounseling.org/conference. As we celebrate our 21st year, join us at the Disney Contemporary Hotel. There are two excellent preconference sessions (up to six CEs available) and 16 sessions with CEs available during the conference. Colleen Logan, a past president of the American Counseling Association, will give the keynote speech on the timely topic of bullying. Enjoy lower-priced tickets to Disney World and lower hotel rates before and after the conference based on availability. Email Sylvia Shortt at accaorg@mindspring.com with questions.

WCA Annual Conference Oct. 25-27 Spokane, Wash. The Washington Counseling Association will host its annual conference, titled “Oh, The Places We’ll Go,” with the themes of innovation and social justice. The conference will be held at Whitworth University, and CEUs will be available. For more information, visit WCA’s Facebook page at facebook.com/WashingtonCounselingAssociation or contact WCA President Suzanne Apelskog by email at sapelskog@msn.com or by phone at 509.868.4027.

TCA Conference Nov. 17-20 Nashville, Tenn. The Tennessee Counseling Association Conference will be held at the Sheraton Nashville Downtown. “Counseling as Music: Facilitating Harmony for Mind, Body and Spirit” will be the conference theme. The keynote speaker will be author and motivational speaker Dave Weber. Contact Mike Bundy, president-elect and conference chair, at mbundy@cn.edu with any questions, and visit tncounselor.org for more information.

FYI

Call for submissions Measurement and Evaluation in Counseling and Development, the flagship journal of the Association for Assessment in Counseling and Education, has issued a call for applications for editorial board positions. Board member appointments begin Sept. 1 and extend for a three-year term. Preferred qualifications include membership in AACE; expertise in assessment development and measurement, statistics and advanced methods; and/or qualitative expertise. In addition, a record of scholarly publications in national peer-refereed journals and a commitment to prompt and thorough review of two to three manuscripts per month is required. As we utilize an electronic review process, applicants must have email capabilities and access to the Internet. Please email a) a letter of application specifying areas of expertise, qualifications for board membership and commitment to board service and b) a current curriculum vitae to editor Paul Peluso at ppeluso@fau.edu.

Call for submissions SC Counseling Forum, the journal of the South Carolina Counseling Association, is seeking submissions for possible publication in its Winter 2012 edition. For more information, visit sccounselor.org and click on “SC Journal.”

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 that are both relevant to working with sexual minorities and of interest to counselors, counselor educators and other counseling-related professionals who work across diverse fields. Topic areas include new research, new/innovative practice and theoretical or conceptual pieces (including literature reviews) that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For detailed submission guidelines, contact editor Ned Farley at efarley@antioch.edu or visit the journal webpage at tandfonline.com/action/authorSubmission?journalCode=wco200&page=instructions.

Bulletin Board submission guidelines Email lshallcross@counseling.org for submission guidelines. See page 60 for upcoming submission deadlines. •

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CHI SIGMA IOTA (CSI)
Article: Working with women from all walks of life

Learning Objectives: Reading this article will help you:
1) Take a close look at personal issues that female clients bring into counseling such as motherhood, psycho-oncology, offender rehabilitation and fertility.
2) Evaluate how professional counselors are connecting with and helping female clients.

Continuing Education Examination

1) Which of the following was emphasized as a common personal issue for female clients?
   a) Assertiveness  
   b) Workplace concerns  
   c) Physical health concerns  
   d) Fertility issues  
   e) All of the above

2) Terre Grable, a private practitioner in Brentwood, Tenn., compares motherhood with:
   a) A state of being that lends itself to emotional, behavioral and physical balance.  
   b) A new country where you don’t speak the language and no one tells you the rules of the road.  
   c) A phase of life that has few rewards.  
   d) None of the above.

3) Cindy Miller, an assistant professor of counseling, states that involvement in nonviolent drug offenses and deinstitutionalization contribute to the increase of incarcerated women in the U.S.
   _____ True _____ False

4) According to the National Cancer Institute, the number of cancer survivors in the U.S. is expected to increase by almost one-third to nearly 18 million people by 2022. This affects counselors because:
   a) Grant funding will go toward oncology studies rather than mental health research.  
   b) The National Cancer Institute will begin to hire counselors across the U.S. to work with survivors.  
   c) It is likely that counselors working in a variety of settings will treat cancer survivors.  
   d) Counselors need to become aware of the profound effects, both positive and negative, that survival can have on clients.  
   e) Both c and d.

I certify that I have completed this test without receiving any help. Signature __________________________ Date ___________

Rate the following:

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

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

Profession:

_____ Alcoholism & Drug Abuse Counselor
_____ Counselor
_____ Counselor Educator
_____ Psychologist
_____ Social Worker
_____ Student
_____ Other

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

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- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.

- Direct all copy or inquiries to Kathy Maguire via email at kmaguire@counseling.org.

Phone: 607.662.4451
Fax: 607.662.4415

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

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EMPLOYMENT

ARKANSAS

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Professional Counselor

World Services for the Blind is looking to fill the position of Professional Counselor. The ideal candidate will have a Master’s Degree in counseling, currently hold licensure in Arkansas as an LPC/LAC, and have a minimum of 2 years’ experience in clinical counseling. Work experience with individuals who are disabled would be preferred and a CRC certification would be a plus.

Candidates must possess excellent interpersonal/crisis management skills, sensitivity to diversity, and the ability to work collaboratively with members of the counseling and rehabilitation teams. Please send resume and at least three references to hsanders@wsblind.org. Application materials will be reviewed immediately and will be accepted until the position is filled.

MISSISSIPPI

MISSISSIPPI STATE UNIVERSITY

Staff Psychologist/Staff Counselor Position

Student Counseling Services at Mississippi State University currently has one Staff Psychologist/Staff Counselor position available. The successful candidate should have a Master’s degree in mental health or college student counseling, social work, psychology or a related field and must be licensed. All applications must be submitted online. For a complete job description and application information please go to http://www.health.msstate.edu/scs/jobs Mississippi State University is an Affirmative Action/Equal Employment Opportunity Employer.
WEBSTER UNIVERSITY
Fulltime faculty positions Counselor Education - St. Louis campus

Webster University is strengthening and enhancing its Counselor Education Program by inviting applications for up to three (3) fulltime faculty with open rank for our St. Louis campus (2 positions begin in August 2012 and 1 position begins in August 2013). A doctorate in counselor education and supervision or counseling is preferred at the time of appointment; consideration will be given to strong candidates who are ABD; applicants should also identify with the counseling profession through memberships in professional organizations (i.e., ACA and/or its divisions), and through appropriate certifications and/or licenses pertinent to the profession.

Applicants with doctorates in related areas who have been employed as a full-time faculty member in a counselor education program for a minimum of one full academic year before July 1, 2013 are also encouraged to apply. Experience in teaching, clinical supervision of counselors in training, and eligibility, as a Licensed Professional Counselor in Missouri is also required. Faculty will be hired to teach both face-to-face and online courses. Faculty members have advising, program assessment, and clinical supervision responsibilities. One position will require expertise in school guidance and counseling. Faculty are expected to participate in department, college, university governance activities, and other university events. Applicants must have evidence of potential for teaching, research and supervision excellence. Most positions will be twelve (12) month positions although nine (9) month positions may be an option.

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Review of applications will begin immediately and will continue until all of the positions are filled.
Alleged unprofessional conduct and inappropriate treatment – lead to a malpractice suit.

The client, a 51-year-old woman uses her email correspondence with the counselor to mount a formidable legal case, suing for $500,000 in damages. Read the details of this case study and how coverage through HPSO responded to protect our insured counselor at www.hpso.com/ct2

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Dr. Frankel,
I received my NCE results last night - 142/160.
Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!

Heather Hamilton
Atlanta, GA (Nov. 2011)