Eating disorders & body image issues

Also inside:
- Rethinking resistance
- Play therapy with adults
- Counselors as clients
- Transgender competencies
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Cover Story

A national obsession
By Lynne Shallcross
Society’s preoccupation with dieting, weight and body image has increased the need for counselors who are trained to address eating disorders and associated issues and who understand that these problems are about much more than food.

Features

Managing resistant clients
By Lynne Shallcross
Counselors might find it necessary to make some adjustments to their own mind-set to successfully overcome client resistance and set the stage for change.

Remembering play
By Stacy Notaras Murphy
Play therapy is normally associated with child and adolescent clients, but used correctly, these techniques can also enhance counseling work with adult populations.

Reader Viewpoint
Counselors don’t necessarily make good clients
By Sara Schwarzbaum
One very important aspect of counselor wellness is learning how to sit in the “client chair” rather than trying to serve as the counselor of your own life.

Reader Viewpoint
Seeing things from the other side
By Mary Ann Williams
A private practitioner recounts how her personal glimpse of depression helped to make her a more well-informed and compassionate counselor.

Extras

ACA endorses ALGBTIC competencies for counseling transgender clients
By Anneliese A. Singh and Theodore R. Burnes

An open invitation to attend the Multicultural-Social Justice Leadership Development Academy
By Michael D’Andrea
Discontinuing depression treatment

A survey conducted for the National Alliance on Mental Illness by Harris Interactive between Sept. 29 and Oct. 7 found that 50 percent of people living with depression thought that medication had been “extremely” or “quite a bit helpful,” while 36 percent reported psychotherapy or counseling as being helpful as well. The main reasons people living with depression gave for discontinuing psychotherapy or counseling:

♦ Didn’t feel like it was working: 35%
♦ Too expensive; couldn’t afford it: 27%
♦ Got better and didn’t need it any longer: 24%
♦ Wanted to see if they could “make it on their own”: 20%
♦ Didn’t like their health care provider: 19%
♦ Couldn’t find a good health care provider: 14%
♦ Preferred alternative form of treatment: 13%
♦ No support from family or friends: 6%

To download the full 2009 NAMI Depression Survey, go to nami.org/Content/NavigationMenu/Mental_Illnesses/Depression/NAMIDepressionReportFINAL.pdf.
What is it about snow during the holidays, and particularly on Christmas Day, regardless of whether one celebrates that holiday, that is so magical? The part of Maryland where I live got about 2 feet of snow the weekend before Christmas—a record snowfall for December. It was so beautiful, blanketing everything in sight and making the landscape look untouched, including the roads. Then, the inevitable finally happened: Plows rumbled through the neighborhoods, and the pristine white snow turned to brownish-gray slush. With so many neighborhoods and too few plows, it takes the Washington area several days to dig out from blizzards. But this provides many of us with the opportunity to see our neighbors as we are outside shoveling. It also provides us with extended time inside, which (speaking from experience) might be spent watching more television than normal.

One of the movies I watched, for the umpteenth time, was *The Wizard of Oz*. This time, however, I realized this movie classic could serve as a powerful metaphor for counseling. Of course, I probably see metaphors for counseling everywhere; it’s a side effect of being ACA president. But think about it. Dorothy and her dog Toto are swept up by a tornado and dropped in the middle of a very strange place, where the Good Witch of the North, Glinda, gives Dorothy a pair of ruby slippers for protection. Dorothy and Toto must overcome numerous fears and negotiate myriad challenges during their journey to find the Wizard of Oz, whom they believe will be able to help them. Along the way, they meet the Scarecrow, who wants a brain; the Tin Man, who wants a heart; and the Cowardly Lion, who wants courage. Upon finally finding the Wizard, it turns out he really isn’t a wizard after all. However, he does help them understand that they have always possessed the attributes for which they were searching.

I also saw a second movie recently that really touched me. Based on the true story of Michael Oher, *The Blind Side* details the journey of a poor, undereducated and essentially homeless young African American man who grows to become a rookie offensive lineman for the Baltimore Ravens. Born to a crack-addicted mother, Michael was taken from his mother and split up from his 11 siblings. He attended 11 different schools in nine years, was placed in a number of foster homes and never really knew his father. While in high school, he was befriended by Tony Henderson, a staff member at the recreation center Oher frequented. Henderson took his son and Oher to enroll at a predominantly White, private Christian school on the other side of town. Initially, a number of families at the school helped Oher. During his last two years, he went to live with the Tuohy family, who provided tutoring and other assistance to help him become successful.

So many other children from circumstances similar to Oher’s are never able to overcome their challenges. Only a small fraction of talented high school athletes actually have the opportunity to become pros, let alone become successful. Michael Oher’s story is exceptional for several reasons. First, he was incredibly fortunate that so many people took an interest in him and showed a willingness to help him. How many of us would take a child who is a stranger into our home to raise as our own? But equally important as, or perhaps more important, than the kindness of the community he joined was Oher’s own resolve. In a recent

Continued on page 8
The ACA Bookstore will be open during all exposition hours. For your convenience, an ACA Preconvention Bookstore will be located in the ACA registration area March 18–19 before the Exhibition Hall opens.

ACA BOOKSTORE
March 19, 5:00 pm – 7:00 pm • March 20, 10:30 am – 6:00 pm • March 21, 10:30 am – 6:00 pm

KEYNOTE BOOK SIGNINGS
Patti Digh, Life As a Verb
March 20, 10:30 am – 11:30 am
Gerald Corey, Creating Your Professional Path
March 21, 12:00 pm – 1:00 pm

ACA AUTHOR BOOK SIGNINGS
March 19, 5:30 pm – 6:30 pm
March 20, 4:00 pm – 5:00 pm

NEW RELEASES FROM ACA!
- ACA Advocacy Competencies edited by Manivong Ratts, Rebecca Toporek, and Judith Lewis
- The ACA Encyclopedia of Counseling
- Becoming a Counselor, Second Edition by Samuel Gladding
- Career Counseling, Third Edition by Norman Gysbers, Mary Heppner, and Joseph Johnston
- Clinical Supervision in the Helping Professions, Second Edition by Gerald Corey, Robert Haynes, Patrice Moulton, and Michelle Muratori
- Compelling Counseling Interventions: VISTAS 2009 edited by Garry Walz, Jeanne Bleuer, and Richard Yep
- A Contemporary Approach to Substance Abuse and Addiction Counseling by Ford Brooks and Bill McHenry
- Counseling Multiple Heritage Individuals, Couples, and Families written and edited by Richard Henriksen Jr. and Derrick Paladino
- Counseling Strategies for Loss and Grief by Keren Humphrey
- Creating Your Professional Path: Lessons From My Journey by Gerald Corey
- Developing Clinical Skills for Substance Abuse Counseling by Daniel Yalisove
- Ethics Desk Reference for Counselors by Jeffrey Barnett and W. Brad Johnson
- Group Work Experts Share Their Favorite Multicultural Activities edited by Carmen Salazar
- A Job Search Manual for Counselors and Counselor Educators by Shannon Hodges and Amy Reece Connelly
- The Life and Work of Carl Rogers by Howard Kirschenbaum
- The New Handbook of Administrative Supervision in Counseling by Patricia Henderson
- The Professional Counselor, Fourth Edition by Dennis Engels, Casey Barrio Minton, Dee Ray, and Associates
- Strengths-Based Career Development for School Guidance and Counseling Programs by Norman Gysbers and Richard Lapan
- Suicide Prevention in the Schools, Second Edition by David Capuzzi
- Terrorism, Trauma, and Tragedies, Third Edition edited by Jane Webber and J. Barry Mascari

American Counseling Association, Booth #301
Next month, thousands of professional counselors, counselor educators and graduate students will convene in Pittsburgh for the ACA Annual Conference & Exposition, cosponsored by the Pennsylvania Counseling Association (PCA). We will be joined by hundreds of exhibitors, publishers and employers. Many roads lead to Pittsburgh (literally), so I am aware that a number of counselor education departments and others will be caravanning to the event. In addition, US Airways uses Pittsburgh as one of its main hubs in the United States for both domestic and international flights.

I really do hope you will be part of the year’s largest gathering of the counseling profession. Each year, we strive to make sure this “big event” includes components of community and networking so attendees will feel both welcomed and comfortable as they decide which of the more than 400 Education Sessions and Learning Institutes to attend. This year, the conference will also feature major keynotes by world-renowned counselor educator Gerald Corey and internationally acclaimed author Patti Digh.

Not to sound like an infomercial, but if you haven’t been to Pittsburgh in a long time (or ever), you will discover a very vibrant, robust city full of great restaurants and galleries, plus some of the nicest people on Earth. Pittsburgh has great theater and music venues, the Andy Warhol Museum, a world-class science museum for kids of all ages and eateries featuring various cuisines.

Because we want to do our part for the environment, ACA and PCA have worked very hard to make this the premier event of the year for professional counselors, counselor educators and graduate students. Our Center located on the banks of the Allegheny River in downtown Pittsburgh. This is a very walkable city, but we will also have a shuttle that runs at scheduled times between our conference hotels and the convention center.

Because we know that you value social time, we have built in gatherings that will allow you to dance, eat and mingle with friends both old and new. For those who need that digital tether to their friends and loved ones who will not be in Pittsburgh, the Expo Hall will have computers hooked up to the Internet so you can check your e-mail.

As you may have guessed, ACA and PCA have really tried to respond to your suggestions and input. We have also gone the extra step and will be introducing services, benefits and conveniences designed to enhance your attendance at the conference.

The only remaining special ingredient we need is you. I know many of you are facing various economic challenges, so we have tried to be sensitive about the costs involved in attending our event. I think you will find there is great “bang for the buck” when you compare our conference with others. In fact, by attending sessions, keynotes and other learning events at the ACA Annual Conference & Exposition, you can actually leave with 38 continuing education credits!

So, if you haven’t registered for the Annual Conference just yet, I hope you will go to counseling.org/conference and do so right away. If you have already signed up, I hope you will be successful in bringing at least one additional colleague with you.

The staff, volunteers and leadership of ACA and PCA have worked very hard to make this the premier event of the year for professional counselors, counselor educators and graduate students. Our

Continued on page 8
Thinking about repressed memory

Recently, I reviewed Remembeering Our Childhood: How Memory Betrays Us by Karl Sabbagh (Resource Reviews, November 2009). In my review, I reported Sabbagh's contention that childhood memory can be unreliable. My review was meant to encourage people to continue to read and think about the important topic of repressed memory, not to tell readers what they should think about it.

In the December 2009 issue of Counseling Today, reader Nancy Fair accuses me of accepting Sabbagh's point of view and promoting it. For the record, I fully understand the horrific ramifications of child abuse in people's lives and believe deeply in the power of skillful counseling to help people heal from the profound harm that abuse causes. Fair wonders if I am familiar with the study of trauma, dissociation and abuse. I am familiar with it, and I agree with her that all counselors should stay abreast of recent research in this important area so that we deliver the most effective, ethical treatment possible to people who come to us for help.

Carrie Thiel
Missoula, Mont.

A refreshing point of view

I couldn't agree more with the points Steve Schneider made in his commentary, "Learning about strength, identity, unity from ASCA"! As a profession, we seem to have been stuck in adolescent-like rigid thinking (either/or) for waaaay too long. His opinion is stated clearly and defined succinctly. I'm glad to see it!

Patricia Henderson, Ed.D.
guidance@satx.rr.com

Editorial policy

Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published in rare circumstances.

Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Submissions can be sent via e-mail or regular mail and must include the individual’s full name, mailing address or e-mail address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication.

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

E-mail letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
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STEP 1: Select design  STEP 2: Customize  STEP 3: Preview, Edit  STEP 4: Launch Site
Counselor Medicare provision absent from Senate health care bill

On the morning of Dec. 24, the Senate passed major health insurance reform legislation on a party line 60-39 vote. The vote came at the end of an extended session — the second most consecutive days in session in Senate history — held to overcome procedural hurdles thrown up by the bill’s opponents. The Senate’s vote occurred much later in the year than President Barack Obama and congressional leaders had hoped, but it still places health insurance reform legislation closer to the finish line than ever before. Total U.S. health care expenditures are expected to nearly double during the next decade under current law, and tens of millions of Americans remain without health insurance, in most cases for three years or more.

Although the House and Senate health care bills differ in several specific areas, they share a similar structure. Both bills would enact stringent health insurance market reforms, expand Medicaid eligibility, require most people to have health insurance (providing subsidies for those with incomes below 400 percent of the federal poverty level) and establish insurance exchanges to pool together small businesses and individuals for purchasing insurance. Like the House’s version of the bill, the Senate legislation would reduce the federal deficit and result in more than 90 percent of U.S. citizens having coverage.

For counselors, however, there is a crucial difference between the two bills. The House bill includes a provision establishing Medicare coverage of licensed professional counselors and marriage and family therapists; the Senate bill does not. This flips the situation that confronted the counseling profession in 2003 and again in 2005, when the Senate included counselor coverage in broader Medicare legislation while the House failed to go along. The American Counseling Association is working closely with other counselor and marriage and family therapist organizations to try to convince Senate leaders to adopt the House’s counselor coverage provision in the final version of the legislation that will be sent to President Obama. This will not be an easy task given the pressure lawmakers are under to hold down the costs of the overall package. House and Senate leaders will likely thrash out differences between the two bills behind closed doors to avoid repeated procedural roadblock attempts by the bill’s opponents. Lawmakers are hoping to finish work on health care legislation and approve it for Obama’s signature before his State of the Union address, expected at the end of January or beginning of February.

ACA thanks those counselors who have taken time to contact their senators to ask them to include Medicare coverage language in the final health care bill. Studies show that contacts from constituents have a greater impact on members of Congress than lobbyist visits.

For up-to-date information on the health care legislation, and to find out how you can help influence it, visit the ACA policy websites at counseling.org/publicpolicy or capwiz.com/counseling, or contact Scott Barstow with ACA at 800.347.6647 ext. 234 or sbarstow@counseling.org.

Congress reaches decisions on education spending for FY 2010

Days before funding was scheduled to run out in mid-December, Congress passed the president signed into law H.R. 3288, providing crucial funding for many federal agencies, including the Department of Education, for fiscal year 2010. This appropriations bill flat-funded many programs authorized under the Elementary and Secondary Education Act (aka No Child Left Behind) at FY 2009 levels and made modest changes to others.

In a win for ACA and other school counseling service supporters, the Elementary and Secondary School Counseling Program enjoyed a $3 million boost over FY 2009 levels to $55 million. Funding for the national Safe and Drug Free Schools and Communities program increased by more than $4 million to $224 million. The program’s state grants were eliminated for FY 2010, however, to help pay for new initiatives, such as a $48 million School Climate and Culture competitive grant program.

ACA has been working with the Obama administration, Congress and national partner organizations to increase overall federal funding for student supports and related education programs where possible. In two notable funding changes, Teacher Incentive Program grants more than quadrupled to $400 million, and a high school graduation initiative received $50 million in new spending after having no funding in 2009.

Authorized under the Higher Education Act, TRIO and GEAR UP programs will gain increases of $5 million and $10 million, respectively. The Pell Grant maximum award grew to $5,550 for FY 2010. The administration has proposed making the Pell Grant a mandatory program not subject to annual appropriations by Congress. It is also proposing a historic move to continually grow the award based on the consumer price index. Likewise, the administration has proposed increasing the federal Perkins program to a volume of approximately $6 billion annually and making it a mandatory program as well. Congress must still debate these proposals.

For more information on these and other education policy developments, contact Dominic Holt with ACA at 800.347.6647 ext. 242 or dholt@counseling.org.
**ACA Author Book Signings!**

**Friday, March 19 • 5:30 p.m. – 6:30 p.m.**

- **David Capuzzi,** *Suicide Prevention in the Schools, Second Edition and Youth at Risk, Fifth Edition*
- **Laura Hensley Choate,** *Girls’ and Women’s Wellness*
- **Denny Engels, Casey Barrio Minton, and Dee Ray,** *The Professional Counselor, Fourth Edition*
- **Sam Gladding,** *Becoming a Counselor, Second Edition*
- **Norm Gysbers,** *Career Counseling, Third Edition and Strengths-Based Career Development for School Guidance and Counseling Programs*
- **Richard Henriksen Jr. and Derrick Paladino,** *Counseling Multiple Heritage Individuals, Couples, and Families*
- **Howard Kirschenbaum,** *The Life and Work of Carl Rogers*
- **Richard Lapan,** *Strengths-Based Career Development for School Guidance and Counseling Programs and More Than a Job! Helping Your Teenagers Find Success and Satisfaction in Their Future Careers*
- **Carmen Salazar,** *Group Work Experts Share Their Favorite Multicultural Activities*

**Saturday, March 20 • 4:00 p.m. – 5:00 p.m.**

- **Ford Brooks and Bill McHenry,** *A Contemporary Approach to Substance Abuse and Addiction Counseling*
- **Gerald Corey, Robert Haynes, Patricia Moulton, and Michelle Muratori,** *Clinical Supervision in the Helping Professions, Second Edition*
- **Patricia Henderson,** *The New Handbook of Administrative Supervision in Counseling*
- **Shannon Hodges and Amy Reece Connelly,** *A Job Search Manual for Counselors and Counselor Educators*
- **Keren Humphrey,** *Counseling Strategies for Loss and Grief*
- **Manivong Ratts, Rebecca Toporek, and Judy Lewis,** *ACA Advocacy Competencies*
- **Jane Webber and J. Barry Mascari,** *Terrorism, Trauma, and Tragedies, Third Edition*

**ACA Bookstore • Booth 301 • Pittsburgh Convention Center**
Motivating other counselors

Deborah Legge, a certified rehabilitation counselor and licensed mental health counselor, is an advocate not only for clients but also for counselors. Read her story about widening our lens and seeing the whole picture of ourselves as counselors.

Rebecca Daniel-Burke: What is your present counseling position?
Deborah Legge: I have been in private practice for 17 years. I do general counseling, with a specialty in trauma, chronic mood disorders and the use of dialectical behavior therapy (DBT). My practice has also evolved toward coaching other counselors regarding how to transition into private practice, how to be successful in private practice and retirement issues for counselors. I also teach.

RDB: What led you down the path toward counseling?
DL: I knew by the age of 16 that I wanted to be a counselor. At the age of 23, I was a single mom and needed to work administrative jobs and even cleaned houses to make ends meet until I could follow my dream. When my son got older, I was able to return to school through an independent study program (pre-online programs), get my bachelor’s degree and begin working on my master’s in rehabilitation counseling. This was before New York state had licensure for counselors, so my practice was entirely self-pay. Eventually, I was grandfathered in with licensure, and now I do accept some insurance.

In the past few years, I have also spent a lot of my private practice time consulting with or coaching other counselors. Many have begun to find agency work increasingly difficult. As agencies downsize, they add more and more work to the already-busy schedule of working counselors. Also, positions are being eliminated. Counselors know how to take care of clients but, sometimes, do not do as good of a job caring for themselves and their career. Some choose to transition into private practice, and I consult with them and coach them on that process.

RDB: As you moved through school, was there a particular theoretical orientation that you gravitated toward more than others?
DL: I suppose the interpersonal approach. The relationship matters. It is the cornerstone of everything we do. I encourage clients to consider how their concerns are playing out in their relationships.

RDB: Where does your predominant theoretical orientation play into the counseling equation for you?
DL: I ask clients how they perceive themselves at home and at work. I also ask them how they effectively — or not so effectively — interact in the world. I want to know how their concerns have changed their relationships with the people who surround them in their life.

RDB: How might you start with a client?
DL: They fill out paperwork in the waiting room. They come in, and I ask them to sit wherever they might feel most comfortable. I assess their situation through a series of questions. I then ask them if they want to hear my impressions. We discuss my impressions, then make an initial short-term plan. This might include a referral to others: their doctor for a checkup, a psychiatrist to consider medication or another professional in the community who may be able to help. I have a release signed for that professional and begin consulting with that professional. Of course, the assessment process is ongoing throughout the work I do with the client.

RDB: Yes, the assessment is really worked on at every session. You appear passionate about that. How did you determine what area of counseling you are passionate about?
DL: My first internship was with two psychiatrists in town who worked with trauma and dissociative disorders. I became very interested in their work with clients. I began sharing space with them after graduation, and within three months, my practice was full.

RDB: With a full private practice comes some concerns. For example, safety concerns are always present when counselors work with more volatile clients. How do you address those concerns in your work?
DL: I am usually in a building space I share with other counselors. There is rarely a time when a counselor is alone here. We also have panic buttons.

RDB: It is too bad that we need panic buttons, but many of us do.
DL: I agree.

RDB: To back up for just a moment, let me ask if there was someone in your life who saw something special in you early on.
DL: My mother. She gave me the consistent message that I could do anything I set my mind to. I raised my son alone for 17 years. I always gave him the message that he could do anything he set his mind to. I got that from my mother. My son is a very happy, successful man today.
RDB: Who are your heroes?
DL: My husband and my son would be the first two on the list. Also, a mentor of mine, Dr. Thomas Frantz, taught me that a person can be influential and strong and also fly under the radar.
RDB: So one can be strong, have a certain amount of power and still be humble?
DL: Yes, exactly.
RDB: How would you describe yourself?
DL: In two words, I am an optimistic motivator.
RDB: Yes, it looks as though you have a heart to motivate other counselors.
DL: I do.
RDB: Has studying counseling and becoming a counselor been transformational for you?
DL: Yes, I have learned to be open and appreciative of differences. I have learned to be humble. I have been reminded, on a daily basis, to count my blessings.
RDB: Those are all good things. I’d also like to know what mistakes you made along the way as you became the counselor you are today. More important, what lessons have you learned from those mistakes?
DL: In the beginning, I tried too hard, so my timing was off. That was a mistake. The lesson I learned was to respect each client’s sense of timing and to always go with the agenda that is best for that individual client. I try to get out of myself and my preferred schedule for change.
RDB: What do you try to remember when the going gets tough?
DL: That each client makes a choice. I try to reach out, I try to offer healthier possibilities, but in the end, it is the client who makes the choice. They don’t always choose the healthier possibility, but it is their choice. For my own peace of mind, in the end, I must respect the client’s choice.
RDB: That is very important. If we really believe our clients can, and will, make their own choice, then we can relax a bit and get out of our own way.
DL: Yes, exactly.
RDB: I can see your work is intense at times. What ways do you find to take care of yourself, to fill yourself back up?
DL: I spend time with my family. I try to stay active doing fun things. I enjoy fixing up my home to create a space to enjoy my family and friends. I like new projects.

I also have a position as assistant professor at Medaille College in the master’s program for mental health counseling. It is a nontraditional weekend program for working adults. I like being a part of a program that offers an alternative for working folks and others who cannot quit their jobs to return to school.

As I said, I like new projects, so in January I am starting a new website — Influentialtherapist.com. It will be for clinicians who are looking to get control of their jobs and careers, not just to help others but also to help themselves. It will also include hints on making private practice more profitable and getting more referrals. It will be up and running by mid-January.

RDB: I like that you are a counselor helping counselors. It’s so much harder for us to help ourselves than it is for us to help others.

DL: So many of us have been overworked and overwhelmed for so long. We have paid our dues. But our lens has become too small. We don’t know our worth anymore. We need to widen our lens and see the whole picture, clearly see our gifts. I am hoping my new website will be a step in that direction.

RDB: Our readers are mostly practicing counselors like you. Is there anything else you want our readers to know?

DL: I want them to know they are valuable. All of their experiences matter. They should reflect on what they have done and know that they have unlimited potential. It is OK to change, both as a counselor and as a human being. Don’t ever stop reinventing yourself. You can be whatever you want to be!

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

Letters to the editor: ct@counseling.org
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Serving the needs of Counselors since 1976
More than 3,500 counselors worldwide will head to Pittsburgh in March for the American Counseling Association 2010 Conference & Exposition. While mental health and other counseling professionals are eager for the conference’s kickoff, some students and new professionals might feel too “small” for such a big event. In this edition of New Perspectives, a current student and a recent graduate discuss their prior experiences at the conference, and ACA’s conference director also weighs in. We spoke with:

- Janeen Miller, a doctoral candidate in counselor education at Texas A&M University-Corpus Christi and a 2009 American College Counseling Association Emerging Leader

- Amanda Healey, who recently obtained her doctorate in counselor education and supervision from Old Dominion University and is temporary faculty in the East Tennessee State University master’s counseling program. She was the 2009 recipient of the ACA Glen E. Hubele National Graduate Student Award.

- Robin Hayes, ACA director of conference and meeting services

As a prior attendee, what do you think the ACA Conference offers students and new professionals?

Janeen Miller: The conference offers students and new professionals the opportunity to attend sessions and presentations that are of interest to them (the For Graduate Students and New Professionals Only series). Also, there are plenty of opportunities to network with professionals in the field. This includes individuals who have written the textbooks that many of us have used.

Amanda Healey: Last year, I was excited to attend the keynote speech given by Judy Shepard, as her words highlighted issues (hate crimes) that are of paramount concern to our profession. To me, ACA provides an opportunity to students to build their identity as professional counselors and connect that identity with specific ways in which we can act within our communities. The conference also offers presentations on a variety of topics, including recent conceptual work or current research being conducted.

In addition, when I attended the conference, I was a doctoral student hoping to become a counselor educator and researcher. The conference allowed me to meet professionals and educators in the field, learn from them and reflect on my own path in the profession. Now that I am in academia, the importance of that knowledge and those connections is ever more salient as I move forward with my career.

What was your most memorable experience at the ACA Conference?

Janeen Miller: Attending the American College Counseling Association breakfast — I had the pleasure of receiving an award. I won a raffle, and I met the director of the doctoral program that I began this semester. This chance encounter changed the course that I had planned for my life, which did not include moving across the country to complete my doctoral degree. However, I am very happy it did, and I look forward to the journey ahead!

Amanda Healey: 2009 was my first year at the ACA Conference, so I talked to colleagues who had attended before and looked to mentors for guidance. They suggested reflecting on my purpose for attending and making plans according to my professional goals. Also, because there are many program topics at ACA, I decided to focus only on those areas of particular interest to me with regard to my research agenda, goals as an educator and clinical interests. If these topics coincided with a presenter I was interested in seeing, then I used this information to narrow my focus when deciding between presentations.

I also attended social events, especially divisional ones, so that I could get to know other professionals with similar interests to myself in a smaller setting. As a member of Chi Sigma Iota, I made it a priority to attend CSI events in order to get to know other graduate students throughout the country.

Janeen Miller: Make sure you have plenty of business cards, and don’t be afraid to interact with people because you never know what may happen! When you receive the Program Guide (when you check in at the conference), take time to look through it and figure out a plan for the sessions that you might be interested in attending. Take time to look at the layout of the conference venue. It will help when you’re trying to make your way to each session.

Also, try to attend both professional and social events to get the entire conference experience. Most important, enjoy yourself. It is a great experience!
Don’t miss this: Events, activities for students and new professionals

The ACA 2010 Conference & Exposition, being held March 18-22 in Pittsburgh, features several educational sessions and social opportunities designed especially for graduate counseling students and new professionals. Take advantage of the following opportunities:

- For Graduate Students and New Professionals Only Series, including sessions on:
  “Finding a Meaningful Life After Graduate School”
  “What Graduate Students and New Professionals Need to Know About Neuroscience”

- “Knowing Me, Supporting Me and Marketing Me”
- “Get a Job! Strategies for Successful Transition to and Mobility in Careers in Counseling”
- “Practical Pointers for Graduate Students and New Professionals”
- First-Timers Orientation and Mentoring Luncheon: Network with both first-time and seasoned conference attendees while learning how to get the most from your experience.
- Graduate Student and New Professional Center

What tips would you give for professional networking?

Robin Hayes: Sign up for the ACA First-Timers Orientation and Mentoring Luncheon. The cost is an extra $40, but it’s worth the money. You will have an opportunity to meet and mingle with leaders and hear presentations on how to maximize learning and your networking experience.

Janean Miller: I have three tips. One, be yourself. Although it’s important to be professional, many new professionals may find themselves focusing so much on the rules of professionalism that they forget to include interesting parts of who they are. It is important to find the right balance between personality and professionalism.

Two, prepare. Although professional networking situations are not formal interviews, having business cards and several copies of a current résumé shows preparedness. Also, having a clear understanding of your goals and staying current with major events in the field definitely can be helpful during conversation.

Three, follow up after the conference. This is one of the most important aspects of professional networking. What’s the use of having an engaging encounter, then allowing it to become a distant memory? Send a follow-up e-mail. It could be the start of a beautiful professional relationship.

Amanda, you’re presenting at the conference. What did the submission process consist of? Also, what advice would you give for those wanting to present in the future?

Amanda Healey: During last year’s conference, I was lucky enough to have a poster session sponsored by the ACA assessment division (Association for Assessment in Counseling and Education), so I got a good novice experience with the process of presenting at a large conference. This year, I collaborated with colleagues and mentors who had and had not presented at ACA before and put together several proposals relevant to our interests and research. The process was fairly detailed, so it is important to have a good conceptualization of the topic. I also found it helpful to submit proposals with others who had prior experience. They knew what ACA reviewers were looking for and how to best communicate our idea.

I submitted five presentation proposals. Two were accepted as poster presentations and one as a 90-minute session. My poster presentations were accepted through AACE and CSI. So, for two years running, I’ve found my divisional affiliations very helpful. In short, if you can’t go through a division, find someone with experience to present with, write a clear abstract of your presentation and several specific points of interest that’ll be covered. Also have a plan for how you will relay the information. Make a strong case for why your research or topic is important to practitioners, students and educators.

What advice do you have for those who have never attended the conference but are considering going?

Amanda Healey: I’ve been to a fair number of professional conferences over the years, and I think ACA really provided a good opportunity for me to spend time with counseling professionals whose books I had read, whose theories I had studied and whose work I truly respected. I also expanded my knowledge base and reflected on my professional goals and identity. It was a very encouraging, wonderful experience, and I cannot recommend it enough. I liked it so much, I’m going back, and it’s not just because I had my proposals accepted!”

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

Letters to the editor: ct@counseling.org
Finding office space

W

e have discovered creative ways to find office space. One way is to contact existing practitioners in your area and sublet space. The difficulty with this plan is that you are at the mercy of their schedules. If schedules do mesh, make sure your niche is different from that of your office mates because this allows for cooperation rather than competition regarding referrals. For example, if one practitioner specializes in working with kids, a good match would be a therapist who sees adults or people with marriage issues.

Bob Walsh worked for years with young children but found that age eventually began to restrict some of his mobility. After doing play therapy on the floor with a 4-year-old, his 60-year-old bones took too long to straighten up, so the reality presented itself that it was time to partner with a younger, more nimble play therapy specialist. This specialist was looking to sublet office space, and her niche meshed perfectly with his specialty — working with teens and adults. As a result, cross referrals happened very naturally.

Another creative way to obtain office space is by contacting local physicians. For example, pediatricians, general practitioners and gynecologists may be especially open to sharing office space. In exchange for space, you might offer to conduct groups focused on parenting, marriage enrichment, weight loss, divorce recovery, stress management and so on in a conference room or waiting area. A doctor’s office has times when it is not in use, and doctors cannot always address all the psychological or emotional issues presented during a 10- to 12-minute office visit, so they may welcome an in-house counselor. A pediatrician, for example, might realize that having a parenting group run by a licensed counselor in the office waiting room on Saturday afternoons is an attractive addition to the practice. Having a counselor available in the office to see patients with psychological issues also enables the physician to focus on their medical problems.

If there is a cost for using the office, consider that it will be offset by the invaluable publicity and credibility of having your name visible in a high-traffic professional building visited daily by hundreds of potential clients.

If you follow this plan, it is best to target a doctor’s office that fits your niche. For example, if you work with children and families, a pediatrician is your best bet. A general practitioner’s office works well if you wish to do weight loss, divorce recovery or general mental health work. A gynecologist’s office is ideal if you would like to counsel women.

Approaching a physician with your idea to sublease office space may seem like a daunting task. Some counselors see doctors as very important medical professionals who may think of them as “only” a counselor. However, we have not found this to be the case. Bob Walsh has partnered with a group of pediatricians for several years — to the benefit of the doctors as well as the counselor. The doctors often consult with him to coordinate the medical and emotional treatment of many patients. The physicians periodical Unique Opportunities reported in its May/June 2008 article “Psychological Symbiosis” (uwoworks.com/articles/behavioral.health.html) that physicians recognize the counselor/medical doctor relationship as being very beneficial.

Working out of the home can be an excellent way for counselors to not only hold costs down and have valuable tax write-offs, but also to provide a comfortable, inviting space that is convenient for both clients and clinician. Given his niche working with “troubled,” oppositional male teenagers, Walsh decided it would be unwise to use his home for counseling. A father of teenagers himself, he anticipated potential complications in seeing teen clients in his home. Nevertheless, a home office is an excellent idea for those counselors working with couples and individual adults.

Itinerant counseling or counselor home visits are essential with certain individuals, including some older clients and clients with disabilities, because it may be difficult or impossible for them to travel. At our workshops, we have met many counselors who schedule appointments only in clients’ homes. This provides an invaluable benefit to these clients while also saving the counselor the expense of having an office with rent and utilities. There are other benefits to the counselor as well. Some travel expenses are tax deductible, and home visits are billable to managed care and insurance companies.

Online counseling has also become popular recently. At the 2009 American Counseling Association Conference & Exposition in Charlotte, N.C., two groups had booths with information and programs on helping counselors learn “cyber-counseling.” We suggest readers check out Counseling Today’s online treatment of this subject, which features the views of several different counselors (counseling.org/Publications/CounselingTodayArticles.aspx?AGuid=e2f4f952-69e6-4e50-bbc5-1abc1a7eb0d).

As one website touted, virtual office space is “fully staffed, operational and ready when you are!” A counselor in New Jersey shared at a recent workshop that a building which housed many available offices worked well for her. Every type of
office equipment, an office manager and a secretary, a kitchen and a large meeting room were all part of the deal. She paid a fee each month and was able to use the space as she wished.

Finally, renting or even buying an office or building is a great way to secure space. This is the route Norm Dasenbrook chose. Owning the building is an expensive investment, but the dividends can make it profitable, and collecting rent from tenants adds to the owner’s counselor’s income stream.

Choosing a location is an important consideration. The real estate mantra of “location, location, location” often holds true for counselors as well. When location is the primary focus of the search, there may be much more expense involved. Those starting “on a shoestring” may have to do some serious research to balance cost with prime space. Other important considerations to keep in mind are accessibility issues, public transportation, parking and safety concerns for clients and counselors.

We hope these ideas will help counselors with a limited budget to explore their options and eventually invest some capital in the sites they occupy.

It’s not too early to plan for the 2010 ACA Conference & Exposition in Pittsburgh, March 18-22. The Learning Institutes and Education Sessions look very interesting. We will be presenting our private practice workshop and providing free individual consultations in the exhibit center. Look for additional information on ACA’s website at counseling.org/conference.

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

Letters to the editor: ct@counseling.org
Intrigued? Then read on.

It really is an understatement to claim that standardized testing permeates every aspect of our culture. Testing is employed in a variety of settings and affects our lives in ways that most of us do not even realize. Nowhere, however, is its influence more evident than in our educational institutions. Testing has become the driving force behind current efforts to reform our public schools. Unfortunately, it has a sinister dimension that has been beyond the comprehension of most of the general public — until now.

In A Measure of Failure: The Political Origins of Standardized Testing, Mark J. Garrison explains, in language accessible to a broad spectrum of readers, what underlies our societal obsession with standardized testing. Garrison is associate professor and director of doctoral programs at D’Youville College. He received his doctorate in the sociology of education from the State University of New York at Buffalo. This book is based on research he conducted for his dissertation.

Standardized testing, according to Garrison, is not about “improving education,” as the mantra goes. Rather, at its core, it is about control, specifically, who gets to control our educational systems and who gets to control our destiny. It is about who gets to dictate what knowledge and ideas our children are exposed to and who gets to provide them with that information.

Garrison argues persuasively that standardized tests are not the objective, empirical and untainted instruments that many of their supporters claim they are. In his view, standardized testing is a multibillion dollar industry that is less concerned with helping individuals and institutions make informed and conscientious decisions and more focused on helping a select few within our society perpetuate their particular ideological and economic belief system.

A Measure of Failure provides a good historical overview of the origins and evolution of U.S. educational concepts and applications, with an obvious orientation toward the political implications of intellectual measurement systems. “The original appeal of test data was that of its utility for public reasoning about school quality,” Garrison writes. “Now things have turned around: Test data mean what those in power say they mean; the merits of argument are to be determined by examining the social status of those making the argument.”

Garrison’s analysis and treatment of the problems that are in many ways indigenous to standardized testing are comprehensive and philosophical. Whereas many critics attempt to address the flaws of testing practices by focusing on questions of technique, methodology and statistical analysis, he approaches the issue from a much more fundamental perspective.

“While very important contributions to the analysis and critique of standardized testing exist,” Garrison asserts, “I think we need to move beyond what typically amounts to discrediting.” Indeed, the book is predicated on a larger framework that encompasses the political, social, cultural and economic scaffolding upon which our entire understanding of measurement and assessment is deeply rooted.

Garrison sees exploitation of standardized tests as one of the principal injustices in the contemporary world. He describes how the tools have been deliberately developed, refined and administered as a means of social engineering. Furthermore, he demonstrates how tests such as the ACT, the SAT and the GRE increasingly are used to sort human beings according to criteria that have more to do with social desirability than with scholastic potential.

In essence, Garrison thinks standardized tests are often used to keep individuals from lower socioeconomic classes and certain racial/ethnic groups from securing positions of true influence and power in the political hierarchy. Far from leveling the playing field, tests can be (mis)used to sustain a social system that has been consciously orchestrated to favor individuals with particular backgrounds.

It is important to recognize that Garrison believes standardized testing has its place and can make a positive contribution to the collective dialogue if used in a more constructive manner by individuals whose motives are less suspect. Toward this end, he acknowledges, “(T)here is a need for assessment … to establish a new starting point, one predicated on the equal worth, dignity and rights of human beings and human cultures.”

By most accounts, a majority of the current generation of administrators and legislators has unwittingly bought into the mythology of standardized testing. That’s why A Measure of Failure will be required reading in my graduate testing and assessment class next semester. Maybe, just maybe, we can prevent the next generation from succumbing to the same delusions.

As for the question posed at the
Recent books by ACA members


The first section of this handbook includes chapters on multicultural and cross-cultural psychology in relation to the profession of counseling in a global context — its current status, methodological issues when studying culture, opportunities and challenges in collaboration across borders, and indigenous models of counseling. Chapters written by more than 100 individuals describe the present state of the field in 30 countries, the history of counseling, cultural and religious values that have shaped attitudes toward counseling, types of clients and presenting problems, indigenous models of counseling, professional issues and challenges, research findings, the influence of U.S. models and implications for the future.

Do You Know What I Mean? Discovering Your Personal Communication Style by Robert V. Keteyian, Xlibris Publishing

Accounting for different communication styles is essential to successful counseling. This book provides a framework for working with different styles based on inherent individual strengths, offering effective communication tools, problem-solving structures and natural validation in a very user-friendly format (workbook included).

More Than Listening: A Casebook for Using Counseling Skills in Student Affairs Work by Ruth Harper and Nona L. Wilson, National Association of Student Personnel Administrators

This book seeks to help bridge the knowledge gap that student affairs staff members may experience when they deal with students who have mental health concerns. Through a case study approach, it provides a model for how both student development and counseling theories can inform and enhance student affairs practice.

Changepower! 37 Secrets to Habit Change Success by Meg Selig, Routledge

Based on stages-of-change research, this book is for the general reader who wants to let go of a hurtful habit such as smoking or create a healthy habit such as exercising or being assertive. The book focuses on helping readers choose powerful motivators for change and backing up those inner motivators with outside support — “changepower” — when willpower is not enough.

Self-Esteem Across the Lifespan: Issues and Interventions edited by Mary H. Guindon, Routledge

As long as clinicians write “increase self-esteem” on treatment plans without knowing precisely what that means, there is a need for information on the construct of self-esteem and how its many components can have an effect on outcomes. This text defines self-esteem, describes its history and evolution, discusses its controversies and presents information on intervention strategies that can make a difference.


Since its original publication more than 25 years ago, this book has inspired generations of mental health students and professionals to explore the personal, and often taboo, dimensions of their work. Updated content focuses on therapists’ reciprocal relationships with clients, their struggles with imperfection and failure, their most forbidden admissions and their responsibility to promote systemic change within the community and the world at large.

Book descriptions are provided by the authors or their publishing houses. Book announcements are for informational purposes only and do not automatically indicate an endorsement by Counseling Today, Resource Reviews or the American Counseling Association. ACA members who have had a book published recently can send details to Jonathan Rollins at jrollins@counseling.org.

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beginning of this review, take the time to read *A Measure of Failure*. Then you can determine the answer for yourself.

_Reviewed by Aaron W. Hughey, professor of counseling and student affairs, Western Kentucky University. This review (adapted) originally appeared in the Bowling Green, Ky., Daily News._

**Why Kids Kill: Inside the Minds of School Shooters**


The phrase _school shootings_ became part of the cultural lexicon in the United States in the 1990s. Unforgettable, devastating acts of violence at Columbine High School and Virginia Tech have proved to be as traumatizing as terrorist attacks. In the aftermath of these tragedies, and others like them, our society has sought to find meaning in the suffering and has searched for answers.

“The ghosts of Columbine continue to haunt the hallways of our schools,” writes Peter Langman in the preface to _Why Kids Kill_. As the director of KidsPeace, a nonprofit organization that helps adolescents in crisis, Langman has more than 20 years’ experience working with at-risk youth. In short, he is well suited to grapple with one of society’s most perplexing mysteries — the reasons behind school massacres.

“Rampage attacks are too complex to be attributed to one cause,” Langman writes. Clearly, he feels an ethical obligation to probe for multiple answers and illuminate what he’s discovered. With clinical dexterity and precision, Langman delves into the psyches of Eric Harris and Dylan Klebold of Columbine High School and Seung-Hui Cho of Virginia Tech. Overall, Langman profiles 10 school shooters who left behind incomprehensible carnage: a total of 74 deaths and 92 injuries.

The contents of this book dispel popular misconceptions about the causes of school shootings. For instance, the author challenges the notion that bullying instigates rampages or that antidepressant medications such as Prozac are the culprit. Instead, Langman develops an intricate typology of three types of school shooters: the psychopathic, the psychotic and the traumatized. Psychopathic students are narcissistic and sadistic; psychotic youths suffer from hallucinations and delusions; traumatized individuals have been abused and have experienced domestic violence.

Though these individuals do not constitute a homogeneous group, Langman has identified some commonalities among them: homicidal rage, suicidal anguish, desire for fame, lack of empathy, envy of those with higher status, inadequate sense of identity that seeks to establish manliness through violence and fragile personalities that are highly reactive to everyday slights and frustrations.

_Why Kids Kill_ should be required reading for school counselors and administrators. Chapter 8 (“What Can Be Done to Prevent School Shootings”) is filled with practical advice and guidance. The book no doubt will benefit parents, teachers and law enforcement workers as well. Members of the media would also be wise to read _Why Kids Kill_ and consult with Langman. In sum, this work is a seminal contribution to child as well as adolescent psychology.

_Reviewed by C. Brian Smith, a licensed professional counselor in Lake in the Hills, Ill._

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Sure, the latest Hollywood hits are fun to watch, but did you know that for the cost of just a single movie ticket you could be helping change young lives?

The ACA Foundation’s “Growing Happy and Confident Kids” may never win an Academy Award, but it’s accomplishing more than any movie at your local multiplex. This program has provided counselors in more than 200 schools and community organizations with books to help children address issues of self-esteem, bullying, coping strategies, diversity and much more. Now even more schools are asking for help.

Your donation, even one as small as the cost of a single movie ticket, when combined with the gifts of thousands of other ACA members, will end up helping a great many children.

So skip one movie night (the DVD will be released in no time, anyhow!) and donate that $10 to the ACA Foundation for “Growing Happy and Confident Kids.” Donate the cost of 2 tickets and you’ll be helping us do even more.

To make your tax-deductible donation:
Visit the Donation page at the ACA Foundation website, www.acafoundation.org, or call 1-800-347-6647, x350, or send your check to ACA Foundation, 5999 Stevenson Avenue, Alexandria, VA 22304
Eating disorder resources on the Internet

To say our relationship with food is complex would be one of those grand understatements. Food is an integral part of our social fabric. Most of our important celebrations and rituals feature special meals and food traditions. From a baby’s first meal of mother’s milk through all the important transitional events of our lives, food is one way that we bond with others. We eat for much more than survival. We eat to maintain our social structure, and our social structure is maintained through the rituals of food. To paraphrase and twist a commercial: “Food, it does the body good.” Except when it doesn’t.

When one’s relationship with food becomes problematic, it can become extremely difficult to unravel the problem behavior from all the social cues and societal expectations surrounding food. Human beings need to eat, and we need to be social. But finding a path back to a healthy relationship with food can be daunting for those with eating disorders and for those who try to help them.

The Internet can be a great resource for clinicians, clients and their friends and family members. The difficulty, as with so much of the Internet, is in finding sound resources. In our search, we have broken the resources down into some broad categories to help you find the information you need. Keep in mind, however, that this is not an exhaustive list, and many of the listed links can take you to other valuable resources.

Is food a problem?

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) lists three eating disorders for adults: anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified. Criteria for these disorders are listed in the current DSM. In addition to these disorders, the DSM work group on eating disorders is considering some new categories for inclusion in the next version of the DSM. Some of the terms under consideration include binge eating disorder, purging disorder and night eating syndrome. Although these are not yet diagnostic categories, individuals can and do struggle with the described patterns.

- Purging: tinyurl.com/yc4u42t
- Binge eating: tinyurl.com/bkrz9n
- Night eating syndrome: tinyurl.com/yeugqde
- Contributing factors and causes of eating disorders: tinyurl.com/y8nhus7
- Symptoms and warning signs: tinyurl.com/ylb7639
- Overview of DSM criteria, risk factors, prevalence, signs and symptoms, and treatment: tinyurl.com/y8nhus7
- National Institute of Mental Health eating disorders information: tinyurl.com/y8u8z8
- National Eating Disorders Association (NEDA) tool kit for educators: tinyurl.com/ddrprc

Screening

Screening for Mental Health, the organization that supplies the materials for National Depression Screening Day, can also provide awareness and screening tools for eating disorders. If you are involved with a college population, you might consider having a screening event to coincide with National Eating Disorders Awareness Week, Feb. 21-27.

- National Eating Disorders Awareness Week: tinyurl.com/y98mruh
- Psych Central screening quiz: tinyurl.com/yccw4e3

Populations and their needs

Misconceptions regarding at-risk populations frequently lead to eating disorders going undiagnosed and a lack of treatment for persons living with an eating disorder. Caucasian female adolescents and adult women are populations commonly associated with eating disorders. But a growing body of information is identifying risk factors associated with eating disorders, such as sports in which males must gain or drop weight quickly to “make weight” and participate in the activity. African American women must often deal with the popular culture’s concept of how a successful and attractive woman in the United States should look. Concerns regarding body shape and size, sports participation and the ubiquitous references to dieting, losing weight and what it takes to be an attractive individual increase risk factors for populations not readily associated with eating disorders.

- Males and eating disorders: tinyurl.com/y8uijk9
- Something Fishy’s issues for men with eating disorders: tinyurl.com/d3707c
- National Association for Males with Eating Disorders: tinyurl.com/yehaog
- Cultural roles and eating disorders: tinyurl.com/yey9vh9
- WomensHealth.gov information on body image and eating disorders: tinyurl.com/ybr672c
- Eating disorders in women of color: tinyurl.com/yelbwy3
- Information for teens: tinyurl.com/34f9k
- Teen resources: tinyurl.com/ybry55x
- Resources in Spanish: tinyurl.com/ycrsw4p
Self-help and online resources
The Internet offers an array of resources for persons concerned about the possibility of an eating disorder as well as those needing support in addition to treatment. In addition, many chat rooms and forums are geared toward those struggling with eating issues.

- Something Fishy support forums: tinyurl.com/yced8b
- Psych Central eating disorder forums: tinyurl.com/yayy23x
- Pale Reflections chat rooms and forums: tinyurl.com/nscll5
- Eating Disorder Hope: tinyurl.com/yek7gow
- Aware Foundation listing of eating disorder hotlines: tinyurl.com/3o3y55

Family support
Having a child, family member or friend with an eating disorder creates additional stress on the family. Although support systems can never fully lift the burden off the family, they can provide useful information and resources. The following links provide resources for parents and families.

- NEDA tool kit for parents: tinyurl.com/cvbvvv
- Something Fishy family and friends support finder: tinyurl.com/y9fiewv
- Alliance for Eating Disorders parents page: tinyurl.com/yagl3dz
- NOVA (Public Broadcasting Service) FAQs on eating disorders: tinyurl.com/yateg8an

Treatment and referral sources
The range of potential treatments for eating disorders encompasses inpatient treatment centers, outpatient facilities, clinicians in private practice, medications, alternative therapies such as yoga/meditation and other options. The following resources can help with the journey of identifying and selecting available treatment options to assist in recovery.

- Questions to ask when considering options: tinyurl.com/yakymw
- About eating disorder treatment: tinyurl.com/yae9wfy
- Psych Central treatment of eating disorders: tinyurl.com/yefvzqb
- Eating Disorder Referral and Information Center: tinyurl.com/g59t6

Clinical trials
Quite a bit of research is being conducted on treatment for eating disorders. Clinical trials range from investigations of medications to the effectiveness of yoga for eating disorders.

- Registry of federally and privately supported clinical trials (use search terms such as “bulimia,” “eating disorder” and “anorexia”): clinicaltrials.gov

Most of the web pages listed in this column are on sites that contain a wealth of additional information. As you explore, save useful sites to your bookmarks and you will soon develop your own collection of resources on the topic of eating disorders. Be advised that many of the sites contain advertisements for treatment centers or other for-profit resources. Many of these links may be completely valid and useful, but we are not endorsing any particular for-profit resource.

We have tried to include sites that are not only useful for counselors but that would make great handouts or resources for clients and family members. Providing clients with suitable Internet-based resources can be an excellent adjunct to other therapeutic interventions.

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

Debra London and Diana Vanwinkle are doctoral students in counseling and human development services at Kent State University.

Letters to the editor:
c@counseling.org
Saturday, March 20

7:30 am – 8:30 am • Program ID #122

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

This session will help counselors become familiar with the presenters' new book A Contemporary Approach to Substance Abuse and Addiction Counseling and its application to clients with substance abuse disorders. The use of group counseling, relapse prevention methods, and motivational interviewing will also be reviewed.

11:00 am – 12:00 pm • Program ID #170

Counseling Strategies for Loss and Grief: Unique Grief and Unique Grievers
Keren Humphrey

In this program, the author of Counseling Strategies for Loss and Grief will discuss the importance of tailoring interventions to the uniqueness of grieving clients. Topics addressed will include contemporary understandings of the nature of personal and interpersonal loss, discovering client uniqueness, and the adaptability of diverse counseling strategies. Examples of recommended strategies will be provided.

2:00 pm – 3:30 pm • Program ID #218

ACA Advocacy Competencies: Expanding Our Roles
Manivong Ratts, Rebecca Toporek, and Judith Lewis

This presentation will provide an overview of advocacy at the individual, community, school, and societal levels as it relates to working with diverse populations, various counseling settings, and counseling specializations. The presenters’ new book ACA Advocacy Competencies: A Social Justice Framework for Counselors will be highlighted.

3:45 pm – 4:45 pm • Program ID #266

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

This session will highlight issues and interventions from the presenter’s book Girls’ and Women’s Wellness. Relational aggression, body image, sexual assault, intimate partner violence, work/family balance, and issues experienced by mid-life and older women will be discussed.

5:00 pm – 6:30 pm • Program ID #338

The Professional Counselor: Portfolio, Competencies, Performance Guidelines, and Assessment
Dennis Engels, Casey Barrio Minton, Dee Ray, and Associates

Counselors and counselor educators are increasingly called on to provide evidence of student learning outcome attainment and mastery of skills. During this interactive session, the authors of this new edition of The Professional Counselor will discuss trends in the profession and demonstrate how students, practitioners, and educators can use their book to develop professional growth plans.

Sunday, March 21

7:30 am – 8:30 am • Program ID #362

A Job Search Manual for Counselors and Counselor Educators: How to Navigate and Promote Your Counseling Career
Shannon Hodges and Amy Reese Connelly

This session will highlight issues and challenges related to conducting a job search in the counseling field. The authors of this new book will discuss the tried and true, such as writing effective résumés, CVs, and cover letters, as well as employment trends, interviewing tips, and managing disappointment.

11:00 am – 12:00 pm • Program ID #410

Becoming a Counselor: The Light, the Bright, and the Serious
Samuel Gladding

This session on Gladding’s book Becoming A Counselor, Second Edition will focus on how we, as counselors, can become more aware of internal and external stories that alter, illuminate, shape, and give meaning to our lives.

2:00 pm – 3:30 pm • Program ID #458

Clinical Supervision in the Helping Professions
Gerald Corey, Robert Haynes, Patrice Moulton, and Michelle Munatori

The coauthors of Clinical Supervision in the Helping Professions will describe why and how they wrote their book. They will copresent on the following topics: roles and responsibilities of supervisors, the supervisory relationship, models and methods of supervision, multicultural competence in supervision, ethical issues in supervision, legal and risk management issues, managing crisis situations, evaluation in supervision, and becoming an effective supervisor.

3:45 pm – 4:45 pm • Program ID #506

Re-Discovering Carl Rogers—Biography as Surprise
Howard Kirschenbaum

Rogers’ biographer will discuss his book The Life and Work of Carl Rogers. Based on many new sources, including Rogers’ private papers, heretofore unavailable, and on interviews with Rogers’ family and closest colleagues, Kirschenbaum’s book provides many new findings about Rogers’ life and work.
Loneliness

I like to scan news sites on my lunch hour to see how the world is doing. One headline that caught my eye this week dealt with loneliness being contagious. This article cited a new study recently published in the Journal of Personality and Social Psychology. This 10-year longitudinal study, which included 5,000 people, found those of us who are lonely tend to pass this quality on to friends and family members as we move further and further to the edges of social life. The process is not quite like giving a cold to someone else, but it is very similar. As the journey occurs from the center of social life to the lonely fringe, we shed relationships like too many warm clothes. By the time we arrive at our destination, we are alone or nearly so, and those we’ve been in contact with experience their own journey into the solitary wasteland.

This appears to be one of those chicken-and-egg quandaries. Are we lonely because we’re negative, or are we negative because we’re lonely? Both answers appear to have merit. Loneliness is correlated with social isolation, anxiety, shyness, low self-efficacy regarding social skills and increased defensiveness and suspiciousness. As we move through life as a lonely person, we become more and more convinced that this intimate connection is something that we cannot ever hope to obtain. As this conviction increases, our social contact decreases.

Loneliness is more than a social emptiness; it also has physical manifestations including stress reactions, high blood pressure and compromised immunity. As our society moves into more virtual connections, this appears to be an increasingly difficult assignment. Another longitudinal study, conducted by George Vaillant, also looked at the implications of social relationships over the life span. One of Vaillant’s conclusions was that “the only thing that really matters in life are your relationships with other people.” In McCartney and Lennon language, “All You Need Is Love.”

I have had numerous clients and students confess to me over the years that they were lonely and simply didn’t know where or how to begin to change this. One of my beliefs about the counseling process is that the therapeutic relationship has the capacity to revive a person’s hope that they are worthy and deserving of filling that need. As this hope revives, the therapeutic alliance can teach the basic positive skills needed to reach out to others. When clients can report that they’ve followed through on the homework of smiling at someone or saying hello and then are able to share the joy of a new friendship, I give thanks. I feel thankful to be part of a profession that values these necessities of life.

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Patricia Myers is a counselor, an associate professor of counselor education and a doctoral student.
If you think elementary school students are only learning their ABCs and 123s, think again. Some are also absorbing societal messages that place importance on counting calories and dropping dress sizes.

Anna Viviani, a counselor in private practice in Peoria, Ill., who works with eating disorder clients, remembers a conversation she had recently. A school counselor told her that children as young as first and second grade are talking about dieting and body dissatisfaction.

Indeed, research has shown that 42 percent of first- through third-grade girls want to be thinner. Studies have also found that 81 percent of 10-year-olds are afraid of being fat, while 50 percent of fourth-grade girls are on a diet.

Those children may eventually join the nearly 10 million American women and 1 million American men who, according to the National Eating Disorders Association, battle an eating disorder such as anorexia or bulimia. Millions more struggle with binge eating disorder and other eating disorders. “Problems with eating disorders and body image are not just a phase,” says Viviani, a member of the American Counseling Association who is earning her doctorate at the University of Iowa. “This intense preoccupation with weight, food, exercise and body image has become a national obsession, and as counselors, we need to be ready to address it.”

In light of the increase in eating disorders, Viviani advocates the topic being taught more widely at the master’s level for counseling students. “While I recognize that not every counselor will go on to specialize in the diagnosis and treatment of eating disorders, having a thorough understanding of the disease is vital, given the staggering numbers of new cases appearing each year,” she says. “As a professional counselor — be it school, mental health, community, rehabilitation, college, marriage and family — it is likely that they will encounter a client with an eating disorder at some point in their career.”

The key to understanding eating disorders, experts say, might come as something of a surprise. Namely, it’s not about the food. “I can’t stress (that) enough,” says Erica Riczu, an ACA member who owns a private practice in Toms River N.J., that focuses in part on eating disorders. “You can’t just place these clients on a food diary and expect them to eat properly. The food is a cover-up, a mask for deeper issues.”

Viviani likewise emphasizes that the issues at the heart of eating disorders go much deeper than food. “When one feels that everything in life is out of control — or at least not in their control — food, weight, exercise is one thing that many eating disorder patients feel they can control, at least in the beginning,” says Viviani, who spent five years working in a partial hospitalization program specializing in the treatment of eating disorders. “As we work with these clients to help them feel a general sense of control in their lives, many times, the eating disorder behaviors begin to come back under control.”

A national obsession

Society’s preoccupation with dieting, weight and body image increases the need for counselors trained to address eating disorders and associated issues

By Lynne Shallcross
Although anorexia and bulimia are the most commonly thought of eating disorders, the “eating disorders not otherwise specified” (EDNOS) category is an “extremely common diagnosis,” says Sara Hofmeier, a counselor who has worked at the inpatient, day-treatment and outpatient levels with clients battling eating disorders. EDNOS includes binge eating disorder, which Hofmeier says may soon have its own diagnosis in the Diagnostic and Statistical Manual of Mental Disorders. “The tricky part about eating disorder diagnoses is that many people who present with anorexia or bulimia may not actually meet the diagnostic criteria for those disorders because of some of the stringent requirements,” Hofmeier says. “Many clients ultimately, at some point, receive the EDNOS diagnosis.”

Hofmeier adds other signs to that list: undue concern with body shape or weight, perfectionism, rigidity related to food or body image, ritualistic behaviors and cognitive impairment with low weight.

Anxiety, anxiety, anxiety

Some people actively seek out a counselor because they’re tired of struggling with eating or body image issues and want help. But for others who are struggling, realization of an eating disorder doesn’t come until much later. “The biggest thing that gets them through my door is anxiety, anxiety, anxiety,” Riczu says, adding that these clients tend to exhibit an inability to identify how they feel in their bodies. “They will say they feel anxious, but if you ask them how do they know they are anxious — where do they feel it in their body — many struggle to answer.”

Many people with eating disorders lack obvious outward signs and can appear to be at a normal weight, Riczu says. They may also go to great lengths to hide their disorder. “I would say the best approach of all is for a therapist to ask questions,” she says. “I bet many clients don’t even know they are struggling with an eating disorder until you ask the questions.” She says this might include asking clients if they find themselves eating to cope with stress, if they count calories, how they feel when their belly is full, whether they’ve ever felt guilty after eating something or if they have a favorite comfort food.

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Eating disorders among gay men

From a young age, Kristin Meany-Walen was involved in sporting activities that emphasized physical appearance, weight and athleticism. Growing up, the sister of one of her friends suffered from anorexia and later died of complications from the disorder. But it was a remark from a gay friend in his early 20s who suffered from body dissatisfaction that pushed Meany-Walen, a counselor earning her doctorate at the University of North Texas, to delve into the topic of eating disorders further. The friend told her that being thin was part of gay culture.

Meany-Walen, a member of the American Counseling Association and the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling, began researching gay men’s experiences with body dissatisfaction and disordered eating as her thesis project before graduating with a master’s from the University of Northern Iowa. Using a sample of three participants, she found a complicated combination of experiences and expectations can make gay men particularly susceptible to developing an eating disorder.

“Males, straight or gay, are raised from childhood as if they are straight,” Meany-Walen says. “They are typically groomed to find a female partner who is attractive. The attractiveness of one’s partner can be a measure of one’s self-worth, success, etc. Gay men experience these expectations from an early age.”

When they begin to pursue other men, she explains, gay men are aware that other men are looking for an attractive partner. “Because of their keen understanding of the pressures men have of finding an attractive partner, these men believe it’s all the more important to be attractive in order to be sought after by another man,” she says. She adds that her research participants also described a power structure in which the more someone is sought after, the more power he possesses.

Meany-Walen discovered the desire to find a partner was a major presenting issue with these men. “They did not want to be alone, and each believed if he were more physically attractive, he would be able to secure a partner and guarantee (he would) never be alone.” The participants’ body image issues stemmed from a fear of loneliness, she says. “In a lot of ways, this group has been oppressed and discriminated against. They want to find a way to belong and to be valued. . . . The focus on appearance is more about creating relationships and avoiding loneliness.”

Meany-Walen says the most significant insight she gained was that the focus on physical appearance wasn’t cumbersome to her study participants. “They felt purposeful and productive in their efforts and don’t have a desire to change,” she says. “Two of the three men interviewed were overweight and then lost weight when they decided to come out. As they did this, they felt an increased acceptance from others as they became thinner. The attention and acceptance from others encouraged and promoted them to continue with their weight loss and workout efforts. They found this as a way to belong.”

However, Meany-Walen says this group represents only one section of the gay community. “Through presentations and conversations with other gay men after I conducted this research, I became aware of other subgroups within the gay community which do not value thinness, muscularity and this type of attractiveness.”

Through her research, Meany-Walen says she also learned a significant amount about being an effective counselor. “This was just another way to confirm for me that my job as a counselor is to respect my clients’ experiences and try to understand them through their lens,” she says. “As a Caucasian straight woman who identifies as a feminist, I initially wanted all people to value themselves as human beings of value and capable of being loved. Although I believe this to be true of all people, I also value others’ understanding of what they need to do, think or feel in order to feel connected to others.”

— Lynne Shallcross

“The most important way that a counselor can identify an eating disorder is by being aware of what constitutes an eating disorder and appropriately assessing for eating disorder symptoms with new clients,” Hofmeier says. But, she continues, because the signs and symptoms can vary so widely, it’s important that clinicians not jump to conclusions about the presence or absence of a problem. “The best way that a counselor can identify what is going on is by being present to listen to all of the client’s story and being able to ask the right questions to probe for underlying or disguised eating disorders.” Those questions relate to self-esteem and attitudes toward food, she says. For instance, does a client feel good about herself because her pants fit or because she has a sharp wit and is a good friend? When it comes to food, are lots of rules and rigid thinking involved? The answers to these and similar questions can offer insight into where the client is coming from, she says.

As for the question of what actually causes a person to have an eating disorder, no single answer will apply to every client, Hofmeier says. “Many background factors have been associated with eating disorders — abuse history, certain athletic involvements, traumatic experiences, difficult periods of adjustment — but these are by no means givens and should not be assumed,” she says. “Counselors should screen for experiences like these and others that may be associated with the client’s eating disorder, but the assumption should not be made that there is a single cause for any eating disorder.”

Eating disorders often develop as a result of several experiences and factors combining, says Hofmeier, adding that it’s nearly impossible to pinpoint exact causes. “It is more helpful to think of contributing factors, such as the emphasis that the family placed on weight or appearance, the media that the client was exposed to, the peer relationships the client had, any athletic involvement that placed a high degree of emphasis on body shape, general client tendencies toward perfectionism or traumatic experiences that were not fully resolved or processed in a healthy manner.” Common underlying concerns
include low self-esteem or self-worth, limited ability to manage distress or emotions, the desire to achieve and the yearning for perfection, she says.

Another factor sometimes in the mix is past abuse, Viviani says. “In my private practice, I work specifically with survivors of childhood abuses and, many times, even if I have screened for an eating disorder in the initial evaluation, it is months later that the client will openly disclose their eating disorder behaviors. Unfortunately, there is shame attached to having an eating disorder that makes it very difficult for individuals to disclose their suffering.”

Many eating disorder clients have a history of not feeling heard or acknowledged, Riczu says. “I found there is usually some history of a dominant parent who shows conditional love and is very critical,” she says. “It’s like the eating disorder is ‘starving’ for something, ‘purging’ what it wants to yell or ‘filling’ the emptiness. These clients have spent their entire life hearing the messages ‘What you say isn’t important,’ ‘What you feel is wrong,’ ‘You can’t make decisions for yourself,’ ‘I’ll only love you if …’ or ‘I have to control you because you can’t handle it.’”

“At the most basic form, an eating disorder client says, ‘Well, if you won’t listen and you won’t let me have any say, I can choose to not eat,’” Riczu continues. “The anxiety that builds from having the self-concept of being unimportant, not smart enough, unqualified or a failure becomes numbed by hunger or large quantities of food. You can’t feel anxious if your belly is empty. You can’t feel anxious if you are consumed with thoughts about food. You can’t be anxious if you are planning on where you are going to purge.”

Media and societal pressures also play a role in shaping perceptions and expectations, Viviani says. “Prior to World War II, a fuller figure was preferred,” she says. “But after WWII and the rise in television, the drive for thinness became a national obsession and continues to grow. We think about all the other ‘isms’ in society, such as racism, ageism and so on, but we really need to think about weightism and how we treat people based on their weight or physical appearance. Our children watch how we as adults treat each other and model our behaviors. Then peer pressure moves in, and tolerance for different body shapes and sizes can be lost.”

Beyond administering all the assessments and understanding all the presenting issues and common causes, Hofmeier says the best thing counselors can do is simply to listen. “The most important part of identifying the ‘cause’ is to focus on what is going on underneath the behavioral level of the eating disorder, and this will only come from getting the client’s story. The client will usually be able to tell you what they remember as being a part of the development of the eating disorder, so it is important to allow the client to tell you this story and listen to whatever they have to say.”

Path to recovery
“Why do you want me to be ugly and unpopular again?” one of Viviani’s clients once asked her. The woman was very pretty and had many friends prior to her eating disorder, Viviani says, but those truths weren’t part of the client’s reality. “Difficulty in acknowledging Which states require a jurisprudence exam? How many CE credits does each state require for renewal? Which states have reciprocity? Find the answers in this comprehensive, up-to-date report.

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an eating disorder varies depending on the level of investment and reward the client has experienced,” Viviani says. “If a client has received positive feedback on her appearance and peer relationships have improved, it can be very difficult. The perceptual distortions can be very intense in this situation. Changing the perspective of our clients takes time and patience, in addition to training.”

Due to her specialization in eating disorders, Viviani tends to see a higher percentage of clients who have already recognized that a problem exists and want her help in solving it. But other times, clients come to her because someone has told them they have a problem and they want Viviani to assure them that’s not really the case. Initially, those clients can be much harder to work with, she says. “One of the things I remind them is that I have no vested interest in lying to them about their size, weight or condition. I am very forthright with my clients and believe that level of honesty is important to them beginning to trust the therapeutic relationship.”

Riczu also sees a higher percentage of clients who have already acknowledged their problem and want help. For those who haven’t yet come to grips with the idea of having an eating disorder, that acknowledgement can be difficult. “I find that getting some concrete evidence can help, meaning getting them to have some blood work done,” she says. The results normally don’t come back as “healthy” for someone with an eating disorder, she adds.

When a counselor is able to move forward with a client in treating the eating disorder, several types of treatment are available that usually vary by diagnosis, Hofmeier says. The most common approaches include cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT) and interpersonal therapy (IPT). “CBT is useful because it gets at the underlying cognitive structure that an individual with an eating disorder may be struggling with,” she says. “It helps the individual recognize negative beliefs they may hold that fuel the eating disorder and also impact other areas of their life.”

DBT, Hofmeier says, is based on the components of mindfulness, emotion regulation, interpersonal effectiveness and distress tolerance. “While DBT was developed for a different client population, it has been shown to be effective with many individuals with eating disorders. DBT is effective in the way that it facilitates skill building with clients that can ultimately help them move away from eating disordered coping to healthier coping.”

IPT, she continues, is geared toward helping clients understand their interpersonal relationships and how their symptoms or difficulties might be linked to interpersonal or relational difficulties. One additional therapy that’s shown effectiveness with adolescents struggling with anorexia when it’s caught early on is the Maudsley model, Hofmeier says. “Maudsley family therapy works by helping parents and caregivers gain control over the recovery and refeeding process in order to facilitate healthier understanding on behalf of their young person. The Maudsley model aims to help create a new relationship between the young person and food, thereby helping the young person to not see food as a means of control. It also can help to reinforce the idea that the sense of control felt through restricting is not actual control and can therefore help to weaken the eating disorder. Part of how Maudsley works is by helping realign family relationships for the young person, both with siblings and with parents, to help them have healthy relationships both interpersonally and with food.”

In Riczu’s office, mindfulness training is front and center. “I call my eating disorder clients ‘floating heads’ — meaning they are so disconnected with their own bodies, they don’t even recognize body sensations, and if they do recognize body sensations, they automatically interpret them as ‘something is wrong,’” she says. “I start here with many of them. We focus on mindfulness techniques to get them back into their bodies, so they can notice hunger and satiation. Symptoms of eating disorders are often a way of coping with intense feelings and running away from body sensations. Teaching mindfulness techniques helps clients to learn a sense of control over their own sensations as well as makes them more mindful of their eating habits. A client can learn to say, ‘Hey, am I eating because I’m hungry or because I’m angry?’ because they have learned to recognize hunger and satiation.”

Riczu also works with her clients on resource building, using not only mindfulness training but also eye movement desensitization and reprocessing therapy to help them build internal resources, such as “safe place” imagery, to cope with stress. Symbolism is also helpful, she says. “Many of my clients can’t quite put words to their suffering, and I have found through the use of symbols, we can retell their stories in a positive light. I do this through sand play therapy, where we can battle out the eating disorder, literally, in the sand.”

Using symbolism helps clients to retell their life stories without the negative messages they have been carrying around in their “invisible backpacks,” Riczu says. “Retelling the stories must go
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beyond talk therapy, where clients can get stuck in defense mechanisms and left brain or black-and-white thinking. I help my clients retell their stories through symbolism and play. We create my clients’ worlds in a sandbox of miniatures where we can explore and manipulate the symbolism of food, self, family, friends, etc. This allows a whole body approach at a nonverbal level, where, often, the negative self-concepts began when language was still being developed.”

These counselors agree that effective treatment of eating disorders and body image issues consists of many components. “Psychotherapy, group therapy, family counseling, nutrition counseling and medical management are typically required to ensure recovery,” Viviani says. “A team approach to treatment — with the client as part of the team — is essential to success.”

Hofmeier agrees that a counselor working alone with the client isn’t optimal. “Good eating disorders treatment will occur when the counselor is working with a team of professionals that can tend to all of the client’s needs.”

Listening to the story

Sometimes, honesty really is the best policy. “I was once accused of being ‘relentlessly caring’ by a patient,” Viviani says. “She regularly lied to me to protect the eating disorder, and I called her on it every time. I named excuses as I saw them and held her accountable at every turn. Because I knew she wanted recovery and because she knew I cared, the approach worked. There were many tears and much anger along the way, but through it all, she knew that her recovery was my primary concern, which allowed her to stay in treatment and find full recovery.”

Requiring accountability shows the client that the counselor cares, Viviani says. “When I press clients for what a binge or restriction episode was about, while it can be very difficult, it helps them to dig deeper than the surface excuses of the behavior to why it really
happened. It is then that the client can begin to address those underlying issues and begin to create change in their life."

Riczu says counselors should also feel comfortable being honest with their clients about how long they will attempt to work with them on an outpatient basis. “I usually tell my clients that we will start out with a month. As long as we are stable and moving toward progress, we can continue,” she says. “But if the client is declining or is not showing much motivation, I will refer to residential treatment. I found being upfront with this from the get-go makes my clients a bit more open to residential help.”

It’s important for counselors never to assume the eating disorder is a choice clients have made, Hofmeier says. “Most clients do not see their eating disorder as something they chose and therefore, recovery is not as simple as choosing to stop. The eating disorder can be seen as serving some function for the client, regardless of how healthy that function is, but being able to see how the eating disorder has served a purpose can potentially help the client understand it more fully. The counselor and client can then work to find new ways to have the same functions served for the client in a more adaptive manner. It is important that the counselor not convey to the client that the eating disorder is something they are choosing to do to themselves. This is likely not how the client sees it and would likely leave the client feeling as though they or the eating disorder are not understood.”

Be open to the client’s story, Hofmeier adds. “Making an assumption from the start about whether a client is struggling or not will hinder the process for both parties. When directly working with a client who is struggling, a counselor can help by accepting the client’s story for what it is. Whatever the client is struggling with is what they will need support from their counselor for.”

Also important, Hofmeier says, is counselors modeling healthy attitudes toward their clients. “Avoiding ‘fat talk’ with clients — not talking negatively about their own bodies while in session or with clients — sets an example of acceptance as well as downplaying the importance of physical appearance,” she says.

By looking beyond their own offices, counselors can also help fight eating disorders communitywide. “By active engagement in prevention activities, with communities or schools, counselors can make a huge difference for individuals who may be at risk for eating disorder development,” Hofmeier says. Ideas include offering media education workshops at schools and providing information and education to people regularly in contact with susceptible young people, such as pediatricians, coaches and Girl Scout leaders.

**Tips from the pros**

On the basis of their many years of combined experience in treating eating disorders, Viviani, Hofmeier and Riczu shared a few of their top tips. Following are 12 do’s and don’ts for other counselors working with eating disorders and body image issues.

- **Do** listen without judgment,” Viviani says.
- **Do** acknowledge your limitations,” Hofmeier says. “You are not expected to be the weight expert, food expert, etc., so seeking input from other professionals who are experts in those areas is incredibly important to giving your client the best care possible.”
- **Don’t** rush,” Riczu says. “This is a slow process of rebuilding resources, coping and identity.”
- **Do** involve the family or other support systems for the client,” Hofmeier says. “If you are working with a child or adolescent, involving the family is crucial. If you are not comfortable providing family-based services, involve a fellow counselor who is.”
- **Don’t** automatically go hunting for sexual abuse,” Riczu says. “It might be there, but you can scare away your client (by assuming that).”
- **Do** work on your own issues first,” Hofmeier says. “There are many individuals who struggle with an eating disorder and eventually go on to work with others who are suffering. These individuals can become great therapists or doctors or dieticians, but it is important that they have worked through their recovery first. As a counselor working with eating disorders, it is essential that you have worked through any of your own eating disorder history. In general, it is also important that a counselor is aware of their own feelings about their body.”
- **Don’t** make a list of what they have to eat or how many calories,” Riczu says. “Leave that to the nutritionist.”
- **Do** recognize that eating disorders can be life threatening and deserve to be taken seriously,” Viviani says.
- **Don’t** use food and weight as the only measures of health and recovery for your client, but don’t ignore their physical health either,” Hofmeier says.
- **Do** be present in the sessions,” Riczu says. “You might be the first person who really listens to (this individual).”
- **Don’t** get discouraged. Relapses may happen, but it doesn’t mean the treatment didn’t work,” Viviani says.
- **Don’t** downplay the expertise that your client has,” Hofmeier says. “While the client is coming to you because they don’t know how to recover on their own, they are the only one who knows where they have been thus far. Allow your client to tell you their story, their history and their struggle. Their eating disorder is unlike anyone else’s, and it is important to understand their whole experience so that you can help them in the best way possible.”

**Reaching out**

Working with local schools, physicians and nutritionists is often the best way for counselors to reach those battling eating disorders and body image issues. “Having an educated medical community that can make appropriate referrals is important, as the physical signs may often be the most noticeable in some cases,” Hofmeier says. “Also, working with school systems to help instructors and staff appropriately recognize symptoms in students and provide the appropriate support and referrals is a helpful way to ensure that kids and teens are receiving timely and appropriate services.”
Eating disorders among African American women

Regine Talleyrand, associate professor and coordinator of the counseling and development program at George Mason University, has been researching the topic of eating disorders among African American women for more than a decade. A major obstacle in helping this population, she says, is that people with eating disorders are stereotypically thought to be White, adolescent or young adult, middle- or upper-class females who are obsessed with the desire to be thin or perfect and develop anorexia or bulimia in the process.

“This current stereotype of who, how and what defines eating disorders is what causes many African American women to go undiagnosed,” says Talleyrand, a member of the American Counseling Association. “For example, four out of five African American women are considered overweight and/or obese and experience high rates of heart disease and diabetes, yet we tend not to discuss binge eating disorder, which occurs frequently in obese populations, when we talk about eating disorders.”

Talleyrand points to research showing obesity rates to be higher among African American women than all other racial and ethnic groups. She adds that while dieting and restrained eating appear to be more common among White women, binge eating and purging appear to occur as frequently among women of color. Although the prevalence of anorexia among African American women is fairly low, research shows the age of onset is earlier than with the general population. According to research done last year at the University of Southern California, African American girls are 50 percent more likely than White girls to be bulimic.

Like other populations, African American women with eating disorders may come to counseling presenting with stress-related issues, Talleyrand says. “Stress can cause people to overeat or undereat. For African American women specifically, stress may come in the form of racial stressors, gender-related stressors, classism, acculturative stressors and/or racial identity.”

Research has shown that racial stressors may negatively affect physical, mental and spiritual well-being, Talleyrand says, and eating problems may be one way some women attempt to cope with various traumas, including racism, sexism, classism, poverty and heterosexism. “There is empirical support for the notion that societal or systemic influences can be viewed as stressors in the lives of Black women, and response to these stressors can be in the forms of compulsive or binge eating.”

Talleyrand cautions counselors against minimizing the experience or buying into the myth that Black women do not have eating disorders. Being open to discussing eating disorders beyond anorexia and bulimia and exploring symptoms related to binge eating disorder and obesity is important, she says. “Finally, realize that African American women may not present with the typical disordered eating attitudes and behaviors (and) may or may not engage in compensatory behaviors after their binge eating. External factors outside of the individual may have significant influence.”

Counselors working with African American female clients should use assessments with culturally sensitive measures, be familiar with stereotypes related to African American women and people with eating disorders and incorporate cultural considerations in treatment, prevention and training activities, Talleyrand emphasizes.

— Lynne Shallcross

For those interested in helping this population, education is key, counselors say, including attending conferences sponsored by eating disorder associations, learning about therapy techniques and keeping up with literature on the topic. Viviani points to the International Association of Eating Disorders Professionals, which, she says, offers certification in the treatment of eating disorders after the counselor completes a rigorous training program. The National Eating Disorders Association, the Something Fishy Website on Eating Disorders (something-fishy.org) and the Renfrew Center are other resources that Riczu has found particularly helpful.

Although attending conferences and workshops and networking with other professionals is important, supervision is vital to making everything “fully connect,” Hofmeier says. “A supervisor who has experience in this area can help you define your treatment plan and can share with you your own clinical experience.”

As counselors build their knowledge base, one of the most critical lessons is remembering never to trivialize a client’s condition, Viviani says. “A father said in a session once, ‘If she would just go have a hamburger . . .’ If as counselors, or as family members or friends, we trivialize the eating disorder, we reinforce the shame and make it even harder for the person to talk,” Viviani says. “These clients are trying as hard as they can to keep up daily, so when they are told, ‘Just have a hamburger,’ it tells them that the other person doesn’t understand and that they are not supported. I have witnessed so many tears over ‘the hamburger.’ If trivialized, this client may never seek help again, or not until even more physical damage has been done to their body and spirit.”

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CounselingToday Quiz – February 2010

As you are reading the following articles you should be able to answer the questions below. This is an “open-book” exam. Use this page or a photocopy. Mark your answers by pressing down hard and completely filling in one circle per question. Then mail it with a $18 payment to: Please do not send cash.

1. According to Riczu, eating disorder clients tend to exhibit an inability to:
   - a. identify how they feel in their bodies.
   - b. manage distress or emotions.
   - c. feel heard or acknowledged.
   - d. All of the above

2. Meaney-Walen’s work with gay men showed that under the surface of their eating disorders and body image issues is often:
   - a. powerlessness.
   - b. loneliness.
   - c. low self-esteem.
   - d. shame.

3. Wubbolding describes resistance as:
   - a. a client’s best attempt to meet their needs.
   - b. a universal behavior chosen by most people at various times.
   - c. meaning we're working on the wrong problem.
   - d. All of the above

4. Mitchell asserts that with resistant clients, the counselor needs to stay in a naïve, puzzled, unknowing, curious position.
   - a. True
   - b. False

5. Kenney-Noziska notes all of the following as examples of the benefits adults may derive from play therapy.
   - a. distancing
   - b. mastery
   - c. projection
   - d. bonding

6. According to Coleman, play therapy:
   - a. allows the adult to return to a slower, unhurried pace.
   - b. allows the subconscious self to ‘peek out’.
   - c. relaxes people, allowing them to come further in therapy.
   - d. All of the above

7. “Reader Viewpoint”
   - a. a lack of clinical supervision can be a significant barrier to pursuing personal counseling many years after graduation.
   - b. True
   - c. False

8. “Counselor Career Stories”
   - a. What lesson did Deborah Legge learn from mistakes early in her career?
   - b. to respect each client’s sense of timing.
   - c. to make sure to seek counseling for herself.
   - d. to respect the client’s choice.
   - e. All of the above

9. “Private Practice in Counseling”
   - a. The authors have found that physicians often resist counselor’s offers to sublease office space, because they don’t see the value of counseling.
   - b. True
   - c. False

10. “CACREP Perspective”
    - a. The 2009 CACREP Standards feature a re-merging of the Student Affairs Programs Standards with the College Counseling Standards. They were separated in:
        - a. 1995
        - b. 1998
        - c. 2000
        - d. 2001


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Managing resistant clients

Counselors might need to adjust their own mind-set to successfully overcome resistance in session and usher in client change

By Lynne Shallcross

You can’t change anyone else; you can only change yourself.

Many counselors have used this common bit of wisdom to help clients overcome problems, but it’s crucial that counselors internalize that idea themselves, says Clifton Mitchell, a professor and coordinator of the community agency concentration in the counseling program at East Tennessee State University.

“We tell our clients things like, ‘You can’t change other people; you can only change yourself.’ Then we go into a session trying to change our clients. This is hypocritical,” says Mitchell, the author of Effective Techniques for Dealing With Highly Resistant Clients, which is in its second edition. “I teach, ‘You can’t change your clients. You can only change how you interact with your clients and hope that change results. That’s all you get.’

The concept of counselors focusing exclusively on their interactions with clients and letting change happen on its own is key to the successful management of resistance and the pivotal point of effective therapy, says Mitchell. For 10 years, the American Counseling Association member has studied and presented seminars on dealing with resistance in therapy. “Although most therapists have been trained extensively in theoretical approaches, few have had extensive training in dealing with resistance,” he says.

Conventional thought defines resistance as something that comes from within the client. In other words, says Mitchell, “If you’re not buying what I’m selling, you’re resistant. Those definitions have existed for years in the mental health literature. The problem with that is it makes it difficult to do something about it.”

But times — and definitions of resistance — have changed, he says, removing the blame for resistance from the client and putting the responsibility squarely on the shoulders of counselors. Modern definitions come from social interaction theory, Mitchell says, and indicate that resistance doesn’t exist until a counselor and client have a conversation; resistance is borne out of the interaction style. “This says if what you’re doing with the client is not working, then do something else because your interaction is creating resistance,” he says. “The beauty of viewing resistance from a social interaction theory is we’re empowering ourselves to do something about it.” Mitchell defines resistance as something “created when the method of influence is mismatched with the client’s current propensity to accept the manner in which the influence is delivered.”

When counselors label a client’s behavior as resistant, typically, one of two things has occurred, Mitchell says. “Either we do not have a technique to manage what is going on in the interaction at the moment, or we do not understand enough about the client’s world to understand why they are responding the way they are. So, we label them as resistant as a result of our inability and lack of therapeutic skills. There is always a reason the client is responding the way they are. Our job is to understand the client’s world to the degree that we see their behavior for what it is and not as resistance.”

Another shift in thinking that can benefit counselors? Accept that resistance isn’t always inappropriate, says Robert Wubbolding, director of training for the William Glasser Institute and director of the Center for Reality Therapy in Cincinnati. “It is a client’s best attempt to meet their needs, especially their need for power or accomplishment,” says Wubbolding, an ACA member and professor emeritus at Xavier University.
“Resistance is a universal behavior chosen by most people at various times. Sales resistance is helpful for the purpose of practicing thrift and saving money.”

Clients are sometimes resistant because the counselor is asking them to deal with an undesired agenda, Wubbolding says. “Resistance means we’re working on the wrong problem — a problem that the client doesn’t care to work on. Counselors need to connect with the client in order to find the right problem. I suggest connecting on the basis of clients’ perceived locus of control. Many clients resist because counselors focus too quickly on the clients’ feelings, behaviors or sense of responsibility. If a client resists because they feel everyone else has the problem, then focusing on the client presents a miscommunication.”

**A dose of reality**

Wubbolding uses a reality therapy approach to reduce resistance. “The counselor needs to help (clients) see that their resistance is not to their advantage,” he says. “As a teacher and practitioner of reality therapy, I suggest that the counselor begin by asking clients what other people in their environment are doing to them, how they oppress them, reject them, make unreasonable demands on them and control them. It is important for counselors to connect with clients on the basis of the client’s reality rather than putting emphasis on the counselor’s agenda. In other words, the counselor may want the client to make better choices, but without connecting with the client’s perceptions in the beginning of the counseling process, the counselor might facilitate more resistance rather than less.”

“Then,” Wubbolding continues, “the counselor can help clients explore what they’ve done to get people off their back and to do what they want them to do. The key here is questions focusing on self-evaluation such as, ‘Have your efforts been successful?’ Clearly, they have not been successful, so when clients decide that what they’ve been doing is not working for them, they are more inclined to make alternative choices. Thus, self-evaluation is key in dealing with resistance.”

Wubbolding offers the example of a teenager who is flunking out of school, taking drugs and being rebellious toward school personnel and his parents. “Connecting with this individual on the basis of perceived victimhood and external control is often effective and serves as a basis for asking crucial questions: Have you tried to tell these people to leave you alone? How have you tried? Is what you’re doing to get them off your back working? Is there any chance that telling them one more time is going to do the trick?”

“It seems to me,” Wubbolding might tell this resistant client, “that you have two choices” — to continue down your current path or to choose a different path. “You can continue to do what’s not working, or you could try something different. One road maintains the misery you (currently) have and will probably make it worse. The other road will more than likely help you if you’re willing to give it a try.”

“After connecting with the clients’ perceptions, their sense of external control or sense of being controlled,” Wubbolding says, “the counselor can proceed to inquire as to whose behavior the client can control, what choices are available and whether making a change is either possible or desirous.”

**A two-way street**

Newer definitions of resistance empower counselors to exert more control and influence over the situation, Mitchell says, but these definitions also place great responsibility on practitioners to keep things moving forward. “If you feel your client is resisting you, you also must be resisting your client,” Mitchell says. “Resistance goes two ways. The challenge is having to find more creative and different ways to interact.”

It’s a task worth tackling, Mitchell contends, because the degree to which a counselor effectively manages resistance can determine whether therapy is successful. “Therapeutic outcomes are determined by how well we manage the places in therapy where ‘stuckness’ appears to occur,” he says.

The counselor-client relationship is key to helping the client move forward, Wubbolding says. “Clients are less resistant if they feel connected with the counselor. If counseling is to be successful, the client must be willing to discuss the issue, examine it and make plans. If clients will not disclose their inner wants, actions, feelings and thinking, change is very difficult. But in the context of a safe, trusting relationship, they are more likely to disclose such information. After clients lower their defenses, they can then more freely discuss their inner thoughts and feelings. After this occurs, the counselor can help them conduct a more fearless self-evaluation.”

Also important, Mitchell says, is having a mutually agreed-upon goal. It’s all too easy for counselors to put themselves in
situations where they have a goal in mind for the client, but the client either isn’t aware of or doesn’t agree with that goal. If the client-counselor relationship is key to good outcomes, Mitchell says, a mutually agreed-upon goal is the key to a good client-counselor relationship.

Mitchell admits that receiving “I don’t know” answers from clients can be frustrating and make counselors feel as though they aren’t getting anywhere in session. But he advises counselors not to grow discouraged or to waste time fighting the client’s response.

Responding, “Oh, yes, you know the answer,” will only create resistance and force the client into a defensive position, Mitchell says. “The safest way to respond is to accept it, embrace it and empathize with it,” he says. “If you do that, you will decrease the defensiveness that comes with fighting it.”

If a counselor empathizes with the client and agrees that the problem is difficult to figure out, the counselor is indicating to an ‘I don’t know’ response is to accept it, embrace it and empathize with it,” he says. “You need to stay in a naïve, puzzled, unknowing, curious position. You need to not have knowledge; you need the client explaining to you. We want them talking, not us talking. If you’re not buying what I’m selling, I need to quit selling.”

Encouraging clients to analyze their situation and explain it to the counselor is important, Mitchell says, because in the process, they might discover insight for improving the situation.

Mitchell also exhorts counselors to do the unexpected. “Typical responses beget typical answers, and typical reactions keep clients stuck in their situation,” he says. “Resistance is fueled by the commonplace. The client is likely expecting the same type of response from you and already has a rebuttal waiting. If socially typical responses were effective, we would not need therapists. Why do the unexpected? It disrupts patterns of thinking and responding — a key to creating change.”

Perhaps the best way for counselors to avoid resistance with clients is to allow change to happen on its own, Mitchell says. If a counselor enters the therapeutic relationship and pushes the client to change before that person is ready, resistance will be the likely result, he says. Instead, he advises counselors to simply listen to the client and focus on not creating resistance and not fostering defensiveness. Then, step back and let change happen, he says. “If you go in there and make not creating resistance your first priority and let the change come as a second priority, with highly resistant clients, you’re more likely to get change.”

Quick tips

Counseling Today asked Mitchell and Wubbolding to weigh in with their best recommendations for managing resistance in the counseling relationship.

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“Stay out of the ‘expert’ position,” Mitchell says. “The more resistant the client, the less knowledge you should profess to know. The more motivated the client, the more knowledge you can express.”

“Don’t collude with clients’ excuses,” Wubbolding says. “Don’t buy into and encourage feelings of victimhood and powerlessness. Discussion of these perceptions are useful in the beginning of the counseling session, but the counselor needs to move beyond them and lead the client beyond them. There is a French saying, Qui s’excuse s’accuse. Whoever excuses, accuses. Facilitating feelings of powerlessness only communicates to clients that they are powerless. This is a disservice to them.” Empathize, but don’t sympathize, he says. “Try to see the client’s point of view without communicating a sense of victimhood.”

“When you encounter resistance, slow the pace,” Mitchell says. “Trying to go too fast is a perfect way to increase resistance. Only take baby steps with resistant clients.”

“Don’t argue,” Wubbolding says. “This creates more resistance.”

“Focus on details. The devil is in the details, and so are all solutions,” Mitchell says. “Details create options. If you do not have enough options, you do not have enough details about what is occurring in the client’s situation. All therapeutic breakthroughs come from addressing and processing a detail in the client’s life that no one has ever discussed and processed before.”

Leave blame out of it, Wubbolding says. “Don’t blame the client, and don’t blame the people they think are creating their problems.”

“Always treat the resistance with respect,” Mitchell says. “The client has a reason for what they just said, (so) respect it.”

“Seek emotionally compelling reasons for change,” Mitchell says. “Do not waste time trying to create change through logic. If people changed because of logic, nobody would smoke or drink and everyone would have an exercise program and get eight hours of sleep. When people make major changes in their life, they don’t do it because of logic. They do it because they have an emotionally compelling reason.”

“Stay out of an excessive questioning mode of responding with resistant clients,” Mitchell says. “Questions are micro-confrontations with resistant clients that invite unproductive answers. Excessive questioning is the primary means by which therapists get sucked into the client’s ‘stuckness.’ Learn to dialogue without questions.”

Ultimately, all therapy comes down to the successful management of resistance, Mitchell says. “Most therapists approach clients from the perspective of creating change. They would benefit themselves greatly if they would approach clients from the perspective of not creating resistance and let change occur as a natural result of the client exploring his or her own world.”

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Remembering play

Sure, they’re great for child and adolescent clients, but play therapy techniques can also enhance counseling work with adult populations

Sometimes, cohesion is an open therapy group’s biggest challenge. Although the open-door approach provides ongoing support as people find themselves in need, building connection may feel nearly impossible as members trickle in and out each week.

“Our open groups never close. I may have 13 women one week and three more the next. Our purpose really is to provide insight about what’s happening then and there,” explains Chris Johnson, an American Counseling Association member and licensed professional counselor intern who works with battered women and their children at Sistercare Inc. in Columbia, S.C.

Faced with the challenge of leading a group that is in an almost constant state of flux, Johnson uses balloons to help build bridges. “The balloons always get a reaction,” she says. “It’s one of the most successful ways I’ve found to build cohesion. I bring in different colors. They get to choose, blow them up and tie them up.” She then directs the women to balance their balloons in the air without letting them touch the ground.

“Then they pair off, and the two of them have to work as a team, which is something they’ve not been allowed to do (in their abusive relationships) — have meaningful relationships and partnerships with other women,” Johnson says. “About 10 seconds in, you start to hear them laugh. They’re not as intent as they were before. Some laugh so hard they cry. Some have not laughed in so long they don’t remember what it’s like. Later I ask, ‘What did you see?’ And I say, ‘I saw a room of happy women.’ We talk about the last time they were a part of that kind of thing, and you hear stories about how they weren’t allowed to laugh at home.

That’s when the support group becomes therapeutic for them.”

While the balloons in this instance serve as a simple ice-breaking exercise to accelerate the bonding process, they also demonstrate how play therapy techniques can enhance counseling work with adult clients. “Every program I’ve worked in has been about empowering the client to move forward with her own agenda,” Johnson says. “I’m very person-centered and eclectic and found myself asking, ‘What can work in short order?’ If I have someone who has not been able to communicate — a woman, a child, an adolescent boy — how do I get them to a point of building rapport quickly and building trust? That’s where I came to play (techniques).”

Fun (and therapeutic) for all ages

“Although play therapy is frequently conceptualized as a treatment approach for children, there is growing support for the use of play therapy across the life span,” says Sueann Kenney-Noziska, president of Play Therapy Corner in La Mesa, N.M. “Play therapy provides some of the same benefits to adults. If incorporated into a solid, clinically grounded treatment approach, play therapy can provide an adult with an appropriate avenue to safely examine their thoughts, feelings and issues.”

Kenney-Noziska notes the Association for Play Therapy, a professional organization for play therapists headquartered in Clovis, Calif., recommends that university programs address the application of play therapy with adults and the elderly. The 2009 APT conference featured a workshop titled “Play Therapy Across the Life Span.” Counselors who want to incorporate these techniques into their work should pursue educational opportunities to develop this expertise.

“Since play therapy is an area of specialization, training is imperative. Without adequate and appropriate training, a therapist should not utilize play therapy with adults,” Kenney-Noziska says.
Play therapy techniques may be appropriate for treatment of grief and loss, mood disorders, anxiety disorders, post-traumatic stress disorder, obsessive-compulsive disorder and attention-deficit/hyperactivity disorder. Some say play techniques that involve metaphor and other imagination-based approaches are not recommended for those suffering from delusions or hallucinations.

Distancing, mastery and projection are examples of the benefits adults may derive from play therapy, according to Kenney-Noziska. “Play therapy approaches often create a sense of safety from which some adults may be more comfortable approaching threatening issues or topics,” she says.

Johnson describes a drawing exercise called “The House That Is Me” that helps domestic violence survivors in her groups pinpoint their feelings at an exact moment in time. “I ask them to draw what the world would see if they each were a house — what color it would be, are there trees in the yard, what is happening on the inside. Many of the houses have a plain outside look. Many of my women have dealt with isolation, power and control. They don’t have their own things, (so) they draw boring, plain-looking little houses. But when you open the doors, there is more to the story. One woman who is not very verbal in the group drew a bunch of little black circles inside her house. She said that she feels empty and has nothing inside. This was a breakthrough for her.”

Creative play techniques often cut through the more “adult” characteristics of guardedness and rationalization, helping the counselor understand the client’s issues at a deeper level. “Play therapy allows the adult to return to a slower, unrushed pace that is more conducive to the opening of the psyche to a greater arena of options for the client,” notes Pamela Coleman, an ACA member in Yuma, Ariz. “People talk when they are relaxed, and I pose that their subconscious self may ‘peek out’ in play … allowing for a better knowing of one’s self and, thus, having a greater range from which to draw in meeting their treatment goals.”

Coleman was trained in play therapy at Arizona’s Children Association and learned to use play during family counseling work. At Arizona’s Children Association, she supervises counseling interns. Techniques such as drawing or puppets help his supervisees explore how their own styles of life are reflected in their interaction skills for the adults with their children during play, she adds. “All involved — child, adolescent and parent — seem to relax and are able to come further in therapy, as all become more open when having fun and learning about one another.”

At play in supervision
Just as play therapy techniques offer alternative paths to deeper meaning in counseling sessions, they also can be used to enhance counselor supervision experiences. Kenneth McCurdy, an ACA member and associate professor of community counseling at Gannon University in Erie, Pa., finds that play techniques such as drawing or puppets help his supervisees explore how their own styles of life are reflected in their counseling work.

For example, McCurdy has asked supervisees to re-create a client case using

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a sand tray. “The supervisee is asked to identify all of the contributing factors to the client’s case — people, places, things, feelings, issues, etc. — and re-create the whole conceptualization of the case in the sand. Next, the supervisee selects miniatures that best represent each of the contributing factors,” he says, noting that the first miniature placed in the sand is the client and the last is the supervisee.

“We then process the whole sand world re-creation. I share observations about the creation, the miniatures and my feedback about the process of the supervisee selecting the miniatures and creating the sand world. This process often results in the supervisee seeing perspectives of the case and issues with the client that were previously unknown or not as easily identified.”

While using sand tray in his supervision of counseling students, McCurdy is also training supervisees to utilize the technique in their own counseling practices. “Not many other supervisory techniques can be applied as easily in both sides — both in supervision and in clinical practice,” he says. Meanwhile, McCurdy is researching the actual impact of play techniques in clinical supervision. “I have found that some supervisors establish a stronger supervisory working alliance when they use the sand tray as compared to when the same supervisor uses traditional didactic supervision,” he says.

McCurdy admits the biggest challenge may be convincing supervisees to “buy into” the use of toys in supervision. “Often, I use the toys from the first supervisory session as we are getting to know each other,” he says. “I usually give them a toy during the first session to show my appreciation for their willingness to participate in supervision — a Matchbox car, a figurine, a finger puppet, etc. Very often, that spurs them to explore using toys in their counseling practice if they do not already use them.”

**Facing the resistance**

Understandably, some adults may feel embarrassed if asked to use a puppet or play a game during a therapy session. Here, a strong counseling alliance built on trust can be the key to reaching that next level of therapeutic insight.

“I try to just be open and honest when I’m doing these things with my (battered women’s) groups,” Johnson says. “I ask them to trust me. You are always going to have some resistant adults who are not going to want to participate but, hopefully, like any other play therapy session, the potential to enjoy themselves can draw the client in. Even participate yourself if that’s what gets them engaged.”

Coleman notes the counselor must consider the client’s personality and interests before applying a play technique. “I realize that play therapy does not lend itself well to adults who do not prefer a creative approach … due to their logical, dominant side of the brain,” she says.

McCurdy agrees: “I find that drawing and sand tray seem to be the two play media that adult clients readily respond to. I think it is because these two media do not initially come off as ‘childish.’ Most of the adult clients I counsel have lost touch with their child side, and those who are most successful in counseling are the ones who come back in touch with the joyful/playful experience of childhood.”
Some adults who have experienced trauma may be numb to their feelings or block them out entirely. Reminding these clients of the childhood experience of joyful play can help make feelings safe again, allowing for deeper understanding between the client and counselor.

“I had the privilege of working with a grieving mother whose 4-year-old daughter was killed by a drunk driver. Mom struggled to directly discuss her thoughts and feelings related to her profound loss,” Kenney-Noziska recalls. “Using a cognitive behavioral framework, I began to incorporate play therapy interventions into our clinical work to create a less threatening and more indirect way for the mom to process her thoughts, feelings and issues. Once play therapy was incorporated into her treatment, the mom displayed an improved ability to share and process things on a very deep level. My clinical impression was that incorporating play therapy into the mom’s treatment tapped into mom’s ability to really explore her loss.”

As with any new method, counselors who add play therapy techniques to their work are advised to make room for case consultation and review. “Like any other treatment technique, counselors need to make sure that the play technique is a valid and reliable approach to use with the given client for the given treatment goal,” McCurdy advises. “It is imperative that the treatment goal is reliable and measurable. The counselor must be able to show how the objectives of the goal have been impacted in a verifiable way by the play technique.

“The most important thing is to treat play techniques like any other treatment modality — empty chair, medication, etc. It must fit the client (and) the goal/objective, be assessed in relation to the intended outcome and be reliable and valid as supported in the professional literature.”

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Letters to the editor: ct@counseling.org
Counselors don’t necessarily make good clients

As counselors, we don’t always practice what we preach. Various surveys have shown that 20 to 25 percent of counselors have never sat in the client’s chair. We may be very skilled at helping others, but it is well known that we often don’t take care of our own needs. One aspect of the wellness of counselors is our need to learn to become clients ourselves, and yet, counselors who become good helpers don’t always make good clients.

Some counselors have such unrealistic expectations of their own infallibility that they blame themselves unnecessarily for things over which they have no control. They either try to be the counselors of their own lives or succumb to the pressure that significant others put on them to become the counselors of their family relationships. Counselors need counseling not only when they are impaired but simply because they are not good counselors of their own relationships and of their own lives. To be an effective helper, it is important to seek continued personal growth, and that includes personal counseling. We know that counselors who seek counseling are better at what they do professionally and personally than those counselors who do not seek counseling.

Reluctant clients

Helping professionals in all fields share some common characteristics that make them more vulnerable to impairment: an acute sense of empathy, their feelings of responsibility for the outcome of cases (even when dealing with people who have unsolvable or difficult problems) and, of course, exposure to secondary trauma or vicarious traumatization. Some counselors end up with severe impairment, which compromises client care. Continued involvement with the painful experiences of others does not necessarily lead to impairment, but it may make counselors more vulnerable to difficulties in their personal relationships and in their relationships with clients. Consider the following:

Carol (names have been changed to protect client privacy), a busy single mom who works in a group practice, thinks her relationship with her 14-year-old daughter could use a tune-up. But she wonders, “How can I find the time to seek counseling for the two of us? Besides, my daughter will make fun of me for being a counselor who is in counseling.”

Steve, who works primarily with men struggling with substance abuse issues, has a client who is triggering something in him. He believes this may be related to his relationship with his father, but he also thinks he should be able to figure it out on his own. He says to himself, “I already dealt with the issues about my father during individual and group counseling class when I was in graduate school.”

Sharon, who spends her days in a busy high school counseling office, has not been feeling like herself lately at work and is losing patience with her unmotivated students. She thinks she’s been depressed since her oldest son got divorced. Sharon knows it would be good to figure out what is going on, especially given that her propensity for depression worsens when she does not pay attention to it. Yet she’s worried that if she talks to her friends, colleagues or husband about what is happening, they will think she is not a good counselor.

Roberto, an immigrant from a Latin American country, became a rehabilitation counselor after working as a computer programmer for 20 years. He works with Latino families whose children have severe developmental disabilities. He has been having a difficult time with his wife lately but thinks he should be able to deal with the problem himself rather than consulting a couples counselor. On two occasions in recent weeks, Roberto found himself unable to concentrate as the parents of one of his clients fought in front of him about how best to take care of their child.

Carol, Steve, Sharon and Roberto are reluctant to seek counseling for themselves, even though they would recommend it to others in similar situations. When counselors hold certain beliefs — some of which may be beyond their awareness — barriers to effective self-care can arise. The belief that counselors are immune to struggles of their own or should possess the ability to solve their own problems without outside help because they are skilled at helping others is harmful. If struggling with their spouses, their children or their moods, these beliefs can trick counselors into thinking they are failures professionally.

Recommendations for counselors as reluctant clients

1) Find a “counselor of counselors.” It is important to talk to someone who has experience working with other helpers. Working with counselors is a counseling specialty.

2) Look for authors, conference presenters and teachers you admire who may know a counselor of counselors. Of course, you would be the one who ultimately needs to evaluate the right fit.

3) Be sure to get clinical supervision, not just task supervision. These supervisors can assist counselors in discovering issues within themselves that might be hindering the counselor’s efforts to help clients.

— Sara Schwarzbaum
What prevents us from seeking help?

Less experienced helpers may worry about what their supervisors or spouses will think of them. More experienced helpers may, in turn, worry about finding a counselor appropriate for their level of expertise. Being in counseling/therapy is a sure sign that the counselor is not in control and can become helpless and dependent. The humility needed to go to another colleague for help may turn into shame and trigger feelings of failure, weakness or inadequacy.

Graduate programs in counseling rarely make counseling for their students mandatory, so students often graduate without the experience of personal counseling. Additionally, in busy agencies and schools, many counselors receive only task supervision, not clinical supervision. Good clinical supervision helps counselors identify personal issues that influence their work with clients. It is often in clinical supervision where counselors learn the extent to which their own lenses affect what and how they view situations. Although advocating for mandatory counseling and supervision post-licensure poses its own challenges within a democratic profession, it is important to realize that a lack of clinical supervision and a lack of personal experience as a client can be significant barriers to pursuing personal counseling many years after graduation.

When counselors do not seek personal counseling themselves, the impact on their work depends on a variety of factors, including counselor personality style, current and past life circumstances and the nature of their professional activities. Counselors often compare themselves with their clients and the families with which they work; these comparisons may affect how the counselors view not only themselves but also their clients. Impaired empathy or problems with the fidelity of empathy can also occur, causing counselors to overidentify or to get angry with their clients. Moreover, not having experienced the sense of weakness, vulnerability or dependency that often accompanies being a client makes it harder to understand the nature of such feelings in others who seek the counselor’s help.

A different kind of client

Clients regularly tap our vulnerabilities, and it can be a challenge to figure out how these clients affect our lives without the benefit of personal counseling to help us sort it through. Additionally, we risk behaving like counselors in our own relationships or becoming dependent on clients for our own self-esteem regulation. Some counselors may work with clients as a means of avoiding work on their own problems. Cutting out human relationships is not an uncommon tendency for counselors who work with difficult professional situations.

Counselors who eventually become clients might reveal some of the characteristics that initially prevented them from seeking help. For instance, some counselors intellectualize the therapeutic relationship by citing books or theories. Others may worry that their professional abilities are being judged by their personal counselor, which can impact how real they are as clients and how difficult it is for them to shed their counselor persona. Additionally, counselors as clients may compete with their personal counselor and be hypervigilant to the meaning or impact of their counselor’s minor interventions or comments. Again, this may affect how they show vulnerabilities, struggles and inadequacies.

We all need counseling just based on the nature of our work. By the time our personal issues have crossed the boundary and gotten in the way of our work or our lives, things may have gone too far. As challenging as it may be for us as counselors, becoming clients ourselves will help us to live better lives, both personally and professionally.

Note: The author would like to thank Julienne Derichs, professional counselor, for the ideas that led to this article.

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Letters to the editor:
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Feb/2010
Seeing things from the other side

In early June, my oldest daughter married a wonderful man whom we adore and admire. They had a beautiful wedding in our home state of Florida, followed by a nice long honeymoon full of romantic memories. Together, they began an exciting new life in New York City. My younger daughter, who usually comes home from college for the summer, left after the wedding to work in a lodge in the mountains of Montana.

The stressful and all-consuming wedding planning was over, and my husband and I could finally return to life as normal. I caught up on my rest and returned to writing, having lunch with friends and going out to dinner and the movies with my husband. But as the days passed, I noticed a growing feeling of uneasiness. Was I worried about something? Both of the girls were safe and happy. My husband was loving and attentive. I had caught up with acquaintances whom I had missed seeing during the wedding planning, and a dear friend of mine who had suffered an aneurysm weeks before was on the road to recovery.

Nonetheless, each day seemed to bring another layer of sadness. I found it difficult to concentrate on my writing. The movies, regardless of quality or subject broached, left me feeling empty and unsatisfied.

A month passed and Independence Day weekend approached. Both of our girls were far away, and other relatives and friends were consumed with July Fourth activities at various locations, so my husband and I readied the dog and headed for our beach place for a long weekend with some out-of-town friends. My husband and I took walks on the beach, ate in our favorite restaurants and grilled out with our friends Friday evening. Our friends had two of their three children with them, plus their daughter’s boyfriend. Their third child was joining them the next day. Families sat out on their condo patios talking, and children played in the pool and on the lawn between the buildings. It was an idyllic setting. And I felt worse by the minute.

What was wrong with me? I had no reason to feel this way. I went through the checklist: happy childhood, check; great husband, check; great kids and son-in-law, all gainfully employed, check; nice home, check; beach place, check; good friends and family, check; work that I love, check. This was ridiculous. I had nothing to complain about. “Snap out of it,” I said to myself, but saying it didn’t make it so.

I thought of a friend who had lost her 24-year-old son a few years prior. She was still angered when those around her mentioned being sad over something she perceived as trivial in comparison with her own loss — children returning to college, losing a dog, losing a job, marital problems, even having a loved one sent to prison. She denounced being concerned over everyday events such as illness, inappropriate behavior from a family member or money issues. Her argument was always, “At least you still have your loved one. You can still talk to them and see them.” Of course, she was right. Everything else pales in comparison with the loss of a child, except perhaps for a child who loses a parent prematurely.

I had experienced neither of these, but I continued to experience this awful feeling in my gut. Or was it in my heart? They don’t call it heartache for nothing. Maybe the feeling was in my head. After all, I was having difficulty focusing, and my sleep patterns were erratic.

On the morning of July Fourth, the husband of my friend who had suffered the brain aneurysm called. She had experienced another aneurysm during the night. This one was even more massive than the first. She would not recover.

I felt as though I had been kicked in the stomach. Another layer of sadness...
enveloped me. We left the beach and headed home to be with her family. The day was difficult. Hospital personnel worked to keep my friend comfortable while they made preparations to harvest all of her organs except for her brain. The next few days were a blur as we supported her family in any way we could and coordinated food prepared by her many friends for a reception following the memorial service.

After the reception, I returned home and slept deeply, waking only because my dog insisted. I had to return to the beach that evening to get things in order after our hasty exit. Relatives were coming in to borrow the condo, and it wasn’t ready. I didn’t want to go. I didn’t want to be alone. I wanted my husband to ask me to stay at home, need me to stay. But knowing how much I love the beach, he instead encouraged me to go. On the drive over, I questioned my behavior during the previous month. “Children move away, you know. They go to college, they get jobs, they marry. People get sick, they die. It’s all in the cycle of life. A lot of people have it much worse. People are starving, they’re abused, they’re at war, they’re abandoned, they lose their children. Shame on you for being so self-absorbed, so self-centered.”

I recounted clients who suffered from depression. Depression is a difficult thing to tackle. Rationally, it often doesn’t add up. When you hear the client’s perceived predicament as a counselor, you can find yourself thinking, “It could be a lot worse, you know. Snap out of it. That’s life. This too shall pass.”

But it’s difficult to talk someone out of depression. The wisest words of reasoning, the most genuine feelings of empathy, the best use of counseling techniques often fall short. A strange combination of factors, whether monumental or minor, can cause depression. It can be caused by one devastating incident or a multitude of smaller issues working together to create the “perfect storm” of emotions. Whether labeled as heartache, the blues, feeling down in the dumps or severe debilitating depression, it is a terrible feeling.

Fortunately, I rarely have had cause to feel truly sad and depressed, and for this, I consider myself blessed. But I also consider myself blessed to have experienced a glimpse of depression so I can be a better, more compassionate therapist. I received an opportunity to try a taste of my own medicine: exercising, increasing time with friends and family, using positive self-talk, enjoying nature and appreciating all the good things in my life. I know life transitions have left me with a heartache that will lessen with the passing of time. I also know I will emerge with a new resolve to help others mend from their own heartache.

Mary Ann Williams recently earned her doctorate in mental health counseling from the University of Florida Department of Counselor Education. She has a private counseling practice in Gainesville, Fla., and is a National Certified Counselor. Contact her at mawcw@hotmail.com.

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Mary Ann Williams recently earned her doctorate in mental health counseling from the University of Florida Department of Counselor Education. She has a private counseling practice in Gainesville, Fla., and is a National Certified Counselor. Contact her at mawcw@hotmail.com.
We are proud to announce that the American Counseling Association Governing Council unanimously endorsed the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling Competencies for Counseling With Transgender Clients in November. The ALGBTIC Board had approved the competencies on Sept. 18. This is a major accomplishment, with many years of intentional thoughtfulness and preparation having preceded the development of these competencies.

A Transgender Task Force was formed within ALGBTIC five years ago to begin an organizational assessment of the levels of attention and importance placed on both transgender counseling concerns and responsiveness to our division’s transgender members. Members of the Transgender Task Force wanted to ensure that the “T” was not merely added to the division name, but that ALGBTIC was prepared as a division to take a transgender-positive and affirmative approach to counseling concerns and with its members. In this preparation, the Transgender Task Force wrote articles for Counseling Today, worked with our division’s multicultural consultant, sought input from transgender and transgender ally members, and communicated information about transgender concerns in counseling to the ALGBTIC Board. Two years ago, the Transgender Task Force became a formal standing committee in ALGBTIC to begin work on developing counseling competencies with transgender people.

The need for counseling competencies with transgender clients is clear because transgender people often interact with counseling and mental health systems that are uneducated or misinformed about their counseling needs. In addition, transgender clients do not have the employment and health care rights and protections that others in the United States and around the world enjoy. Most important, counselors bring significant strengths from their training to the counseling process — including values of multiculturalism, advocacy and wellness — that can be leveraged to create transgender-positive counseling spaces. These competencies not only are grounded in strength-based, wellness, multicultural, feminist and social justice principles but also recognize the resilience that transgender clients possess in the face of systems of oppression that influence their well-being.

A significant component of creating these competencies is the process by which members of ALGBTIC ensured that the competencies met the high standards within the counseling profession. The competencies were created using a team of ALGBTIC members with expertise in transgender concerns in counseling: four counselor educators, three practitioners and one counseling student who convened a series of monthly conference calls over the course of 15 months. The team divided the eight domains of the CACREP Standards between themselves (one domain per team member),
with each identifying areas of knowledge, attitudes and skills that counselors working with transgender clients would need to know in their respective domain. The team then processed these domains as a group and gave one another feedback; each team member incorporated this feedback into a series of competencies for each domain. Each team member then sent her or his respective domain to the other team members, and domains were processed one at a time during monthly calls. Feedback was provided to the domain's writer, who edited the domain accordingly.

The competencies are posted on the ALGBTIC website (algbtic.org) for initial dissemination and will be included in a lead article in the December 2010 Journal of LGBT Issues in Counseling special issue on counseling with transgender clients. Members of the Transgender Committee will also present on the competencies on March 20 during the ALGBTIC Day of Learning at the ACA Annual Conference & Exposition in Pittsburgh.

We also encourage ACA members to help circulate the PDF document from our division’s website to peers, coworkers, practitioners, counseling students, trainees and counselor educators. It is important to note that the competencies do not replace the World Professional Association of Transgender Health Standards of Care (formerly titled the Harry Benjamin Standards of Care), but rather provide counseling competencies to guide counseling researchers, practitioners and educators in building counseling spaces in which transgender clients can empower themselves to make positive and healthy decisions about their well-being.

Members of the ALGBTIC Transgender Committee are Theodore R. Burns (chair), Anneliese A. Singh (presidential initiative), Amney Harper, Denise W. Pickering, Sean Moudas, Thomas Scofield, Will Maxon and Brandon Harper. Alex Roan and Julia Hosea are committee members emeriti. The following experts reviewed the competencies: Lore M. Dickey, Dara Hoffman, Joanne Keatley, Arlene Lev, Vel S. McKleroy, Jesse McNulty and Stacey Reicherzer.

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Letters to the editor: ct@counseling.org

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As the counseling profession continues to evolve, perhaps its most recognizable grounding is in the knowledge, skills and practices that define its core and fundamental nature. In addition, each of the professional practice emphases defined by the 2009 CACREP Standards (addiction counseling; career counseling; clinical mental health counseling; marriage, couple and family counseling; school counseling; and student affairs and college counseling) has grown to align strategically with a common template of focused education and training within the respective domains. These include foundations; counseling, prevention and intervention; diversity and advocacy; assessment; and research and evaluation. Additional specialty domains are included for addiction, career, clinical mental health and school counseling emphases.

Through significant discussion, debate and collaboration among counselor educators and practitioners representing and supporting CACREP and its accredited programs, each set of professional practice standards has been refined to more fully address and enhance the role and mission of each training specialty.

2009 CACREP Standards

A welcome change in the revised standards, applauded by many in the counselor education and student affairs fields, is the re-merging of the Student Affairs Programs Standards with the College Counseling Standards. Prior to 2001, these two sets of standards were together as one. However, with the adoption of the 2001 Standards, they were separated into two distinct program areas.

The thinking behind the separation was that students would be better served with a defined emphasis for each area. Thus, graduate students who desired to work in clinical or personal counseling roles with college counseling centers would be most effective when trained under the College Counseling Standards, while those who preferred to work with college students in a wider range of student services would benefit most through training with the Student Affairs Programs Standards. Although the intent of this effort seemed well founded at the time, we now realize the benefit and necessity of training graduate students for higher education settings comprehensively with both components.

Student mental health needs on campus

College counselors and other student services professionals widely recognize that college students’ mental health and emotional needs have increased significantly in recent years. Students have presented with a range of issues through the years. However, increased college enrollment nationwide by students representing diverse backgrounds and needs relative to culture, disability, ethnicity, first-generation challenges, race, sexual orientation and unique life experiences has expanded these issues into realms that were often less common or recognizable in previous decades. Essentially, our campus population profiles have become more characteristically diverse with a broader range of personal and emotional needs.

Historically, a majority of students meeting with college counselors shared emotional challenges emerging from homesickness, personal relationships, roommate conflicts and adjustment to college life. Today’s students are visiting college counseling centers with a more expansive range of issues. These include, but are not limited to, addiction, family stress, financial concerns, mental and psychiatric disorders, suicidal tendencies and trauma. This is documented not only through a range of searchable articles in The Chronicle of Higher Education, the Journal of College Counseling and the Journal of College Student Development, but in personal commentaries and observations offered by college counselors and student services professionals across our campuses. Addressing these challenges clearly requires that college counselors be trained professionally and at a high level of competency to ethically and responsibly work with clients in campus counseling centers.

Student affairs competencies

At the same time the educational and clinical training requirements of college counselors have expanded, professionals who represent a broad range of related student affairs programs and services have come to recognize the necessity and benefit of advanced education and training in their specialties. These may include, but are not limited to, academic advising, admissions, career services, disability services, financial aid, Greek affairs, intercollegiate athletics, multicultural education centers, residence life, student health-recreation-wellness, student leadership and organizations, student support services, student unions and veterans services. Specific competencies identified include advising, assessment and evaluation, community building, conflict management, consulting, leadership development, and multicultural awareness and integration, to name a few. Notably, what is just as important is that counseling is included in the range of competencies student affairs professionals recognize as essential to their skills and responsibilities.

As the field of student affairs has expanded its services and program offerings to enhance students’ overall growth, development and learning outside the classroom, certain realities have emerged as essential aspects of working with college students. Students seek advising, counseling and mentoring throughout a range of campus programs and services. Examples may include a student meeting with a financial aid adviser for assistance with financial
concerns and presenting with stress about being unable to pay tuition. A freshman or a senior may begin a session with a career services counselor about choosing a major or preparing for a job search, respectively, and simultaneously share related personal challenges that are complicating choices and decision-making. Others may experience conflict in the residence halls and trust that their hall advisers can help them navigate and manage their personal issues.

The critical importance and expanded benefit of having student affairs professionals trained from a counseling foundation and perspective becomes clear. The more knowledgeable, skilled and competent student services professionals are, the better college students’ overall needs, including their emotional and mental well-being, will be served. These abilities are most helpful in the immediate moment when a student becomes overwhelmed with all that is going on in his or her life. At the same time, these professionals are trained to recognize when individual students might need more help than it is in their role to offer and can then make appropriate referrals to the campus counseling center.

Another benefit relates to student affairs professionals with counselor training who supervise graduate students during their internships. Site supervisors regularly note that supervision is more effective and productive in cases in which the intern possesses a solid education and training foundation in counseling knowledge and skills.

**Coming full circle**

For graduate students pursuing careers in college counseling centers, possessing the knowledge and skills to better understand college student development in its range of aspects becomes a tremendous asset in their work. In addition to their training as clinical mental health counselors, there are added advantages to studying college students as their primary population through student affairs courses and emphases.

In personal disclosures to me as a counselor educator, current student affairs students and graduates continue to indicate a clear understanding of the importance of learning about and integrating counseling components into their work. In addition, graduate students in related programs such as educational leadership and higher education administration have enrolled in our student affairs courses and transferred into our program, stating that the counseling training is more in line with their goals of working with college students.

Perhaps most of all, we as counselor educators have an ethical and professional responsibility to our graduate students and, ultimately, to our campus communities as a whole, to provide education and training that best serves all students comprehensively and competently. It is gratifying to know that CACREP’s endorsement of this effort is clear with the 2009 Standards.

M. Alan Saginak is department chair and coordinator of the Student Affairs and College Counseling Program in the University of Wisconsin Oshkosh Department of Professional Counseling. Contact him at saginak@uwosh.edu.

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The goal of the conference is to provide practical information for mental health professionals as well as meaningful experiential activities for integrating spirituality into counseling practice across a variety of settings. Proposals are currently being accepted through Feb. 28 and should address practical, meaningful information for integrating spirituality into counseling. Conference presentations will not be judged on the conference theme but upon the merits of the proposal based on the ability of the presenter to deliver an interesting and informative program that is pertinent to attendees.
Additional information, including conference registration and presentation proposals, can be found on ASERVIC’s website at aservic.org or by contacting Mark Young at meyoung@mail.ucf.edu. Because hotel conference rates will be extended prior to and following the conference, we encourage you to include the conference in your family vacation.

**ASGW making final preparations for conference in New Orleans**

Submitted by Don Ward
dward@pittsstate.edu

The Association for Specialists in Group Work will host its 2010 National Convention February 18-21 at the Doubletree Hotel in New Orleans. ASGW invites colleagues to join together for a wonderful, collegial learning experience focusing on the “Art and Science of Groups.” Preconference begins on Thursday, Feb. 18 with a series of activities, including a service project in New Orleans.

ASGW Fellow Rex Stockton will give the keynote address during the luncheon on Friday afternoon. Jerry and Marianne Corey will present on ethics in group work. A reception featuring poster presentations will be held on Saturday night with local New Orleans musicians providing entertainment for the evening.

Opportunities to learn about the art and science of groups will be offered throughout the conference in 90- and 60-minute skill-building sessions and in panel discussions and poster presentations. There will be scheduled events from 8 a.m. to 8 p.m. Friday and Saturday and until noon on Sunday.

There will also be plenty of time built into the conference schedule to enjoy all the sights, sounds and tastes of New Orleans. Current and former New Orleans residents will provide tips and suggestions for getting the most from your visit and for enjoying all the richness of the Crescent City beyond just the French Quarter. Please go to the ASGW website at asgw.org to register for this exciting conference. Certifications for continuing education will be available.

For hotel reservations, contact the New Orleans Doubletree Hotel directly at 800.HILTONS. Our group is the 2010 ASGW National Conference. Conference room rates are $149 for a single or double room. You may have this room rate from Feb. 14-23, so come early for Mardi Gras and stay late! Note that there is a 13 percent tax and a $2 occupancy charge for each night.

**ALGBTIC seeks editor, hosts inter-spiritual service**

Submitted by Michael Kocet
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The Executive Board of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling is seeking an associate editor for the Journal of LGBT Issues in Counseling (JLGBT). The role of the associate editor is to support the editor in the successful publication of this journal that represents the interests and mission of ALGBTIC. The associate editor of JLGBT:

- Is appointed by the ALGBTIC Executive Board in consultation with the journal editor and is directly responsible to the editor. The appointment is for a three-year term of office and may be repeated nonconsecutively.

- May or may not be a current member of the ALGBTIC board. If a member, any potential conflicts of interest must be clearly identified and considered and, where appropriate, alternative processes delineated.

- Is subject to termination at the request of the ALGBTIC Executive Board in consultation with the journal editor if it is deemed reasonable and appropriate due to non-performance of stated duties. Any non-voluntary termination of the associate editor position will follow appropriate protocols as outlined in the ALGBTIC bylaws.

Preference will be given to individuals with past editorial experience. Interested applicants should submit a letter of interest, a résumé or vita, a description of experience on a journal or previous editorial experience and two to three examples of sample publications. Materials should be submitted via e-mail no later than March 5 to ALGBTIC President Michael M. Kocet at mkocet@yahoo.com.

In other news, ALGBTIC will be holding an LGBT Inter-Spiritual Service during the ACA Conference in Pittsburgh in March. This service is designed to be welcoming and inclusive of beliefs, faiths, traditions and humanistic worldviews affirming of LGBTQ individuals and will serve as a statement of social justice and respect for all. If you are interested in being a part of this service (reciting a poem, playing music, volunteering), contact Jeff Moe (moej@uhv.edu) or Amanda Wolfe (amandawolfe13@gmail.com) for more information. ✦
An open invitation to attend the Multicultural-Social Justice Leadership Development Academy

By Michael D’Andrea

With little more than a month to go before the American Counseling Association convenes its annual conference in Pittsburgh, staffers are putting the finishing touches on their planning efforts, while thousands of counselors are finalizing their travel plans. All of these efforts should result in another inspiring, educational and fun time for the many persons who attend this yearly event.

As is the case each year, hundreds of educational programs and many social events are scheduled for the ACA Conference. These events are aimed at stimulating the attendees’ professional development in an enjoyable and collegial atmosphere. In addition to these events, this year’s conference will include a unique daylong opportunity for attendees to develop new leadership competencies grounded in the multicultural-social justice counseling and advocacy paradigm. This historic event is free of charge to all interested counselor educators, practitioners, researchers, graduate students and other allied professionals. It also represents an expansion of the Giving Back to the Community projects held at previous ACA conferences.

Expanding the Giving Back to the Community project

The impetus for this historic event came from numerous persons responsible for convening Giving Back to the Community projects at four of the past five ACA conferences. The project is the brainchild of Thomas Parham, a pioneer in the multicultural-social justice counseling movement and a longtime leader in ACA. Several years ago, he suggested counselors would do well to implement an intervention that would “give back” to the communities where ACA conferences were held. This suggestion resulted in numerous multicultural-social justice advocates working with local counselors to offer free workshops for interested persons in the cities that hosted the ACA Conference. These collaborative efforts led to more than 500 counselors participating in professional development workshops held at the ACA conferences in Atlanta (2005), Detroit (2007), Honolulu (2008) and Charlotte, N.C. (2009).

The success of past Giving Back to the Community projects led the organizers to consider how they could better address the needs of the counseling profession by providing additional workshops focusing on various multicultural-social justice counseling and advocacy paradigm. Particular interest was expressed regarding training that would enable participants in future projects to learn about leadership strategies to increase counselors’ effectiveness in promoting multicultural and social justice initiatives in their work settings and communities.

As a result of this feedback, leaders in Counselors for Social Justice initiated outreach efforts with other ACA divisions this past July. These endeavors were aimed at discussing the possibility of expanding the scope and focus of the Giving Back to the Community project at the ACA Conference in Pittsburgh. What resulted from these efforts is a special daylong Multicultural-Social Justice Leadership Development Academy (MSJLDA), which will be held on Friday, March 19, from 8 a.m. to 5 p.m. in the David L. Lawrence Convention Center.

Promoting multicultural-social justice leadership development

The 2010 MSJLDA is designed to serve two main goals. First, it will provide 15 workshops and three plenary sessions that foster participants’ leadership potential and professional development. Experienced counselor educators, practitioners and researchers, as well as past presidents of ACA and several of its divisions, will lead these workshops. The organizers have also made a special effort to include graduate students as workshop facilitators.

Second, the academy is aimed at creating an increased sense of professional unity among counselors and other allied professionals from diverse specialty areas. This will be achieved by developing a collective vision of the different ways counselors can stimulate the healthy development of larger numbers of persons than has been accomplished in the past, while building a more just society in the process.
Many individuals, associations and professional organizations have offered support for this event. These supporters include ACA; CSJ; the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling; the National Institute for Multicultural Competence; the Association for Multicultural Counseling and Development; the ACA Women’s Interest Network; the Association for Specialists in Group Work; the American Rehabilitation Counseling Association; the American College Counseling Association; the Pennsylvania Counseling Association; the Multiracial/Multiethnic Counseling Concerns Interest Network; and the Mount Ararat Choir, directed by Dwayne Fulton.

ACA Executive Director Richard Yep and his staff have been particularly helpful in securing meeting rooms for the MSJLDA workshops and plenary sessions. ACA is also providing free passes to the Opening Session of the ACA Conference for all the persons who participate in the MSJLDA. The Pennsylvania Counseling Association is also providing continuing education units free of charge to those attending the MSJLDA.

Under the direction of Dwayne Fulton, the Mount Ararat Baptist Church Ministry of Music and Fine Arts will present Songs of Celebration and Freedom. This component of the MSJLDA represents a celebration of hope and optimism for our collective society in general and the counseling profession in particular.

We hope you will join us at this historic event. To register for the MSJLDA, please contact Jessica Ebert at jessica.a.ebert@gmail.com.

Michael D’Andrea is the president of Counselors for Social Justice. Contact him at Michael.dandrea@gmail.com.

Counseling Strategies for Loss and Grief
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American Counseling Association
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counseling.org
COMING EVENTS

**Delaware Valley Student Affairs Conference**
Feb. 12
Lafayette Hill, Pa.

“Connecting for Meaningful Engagement” is the theme of the 36th Annual Delaware Valley Student Affairs Conference to be held at the ACE Conference Center. Norah Shultz, associate vice president for undergraduate education and dean of the College of Arts, Humanities and Social Sciences at Arcadia University, will offer the keynote address. For more information, visit gargoyle.arcadia.edu/advoc/index.htm.

**LDA Annual Conference**
Feb. 17-20
Baltimore

The Learning Disabilities Association of America will host its 47th Annual International Conference at the Baltimore Marriott Waterfront. As the largest meeting on learning disabilities in the world, the conference will feature more than 300 workshops and exhibits. Come to discover the latest research, hear from leading experts, network with colleagues, earn continuing education units and much more. For more information, visit ldaamerica.org.

**ASGW Convention**
Feb. 18-21
New Orleans

The Association for Specialists in Group Work will host its 2010 National Convention, themed “Art and Science of Groups,” at the Doubletree Hotel. ASGW Fellow Rex Stockton will give the keynote address during the luncheon on Friday. In addition, Jerry and Marianne Corey will present on ethics in group work, and a reception with poster presentations and live entertainment will be held Saturday night. Opportunities to learn about the art and science of groups will be offered throughout the conference in 90-minute and 60-minute skill-building sessions, as well as in panel discussions and poster presentations.

For more information or to register, visit asgw.org. Certifications for continuing education will be available.

**ADAA Annual Conference**
March 4-7
Baltimore

The Anxiety Disorders Association of America will hold its 30th Annual Conference at the Baltimore Marriott Waterfront. Trisha Meili, author of *I Am the Central Park Jogger*, will deliver the keynote address. Themed “Anxiety Across the Life Span: Practical Integration of Basic and Clinical Approaches,” the conference will offer more than 100 sessions on research and clinical care.

For more information, visit adaa.org.

**ACA Annual Conference & Exposition**
March 18-22
Pittsburgh

Join thousands of your colleagues for the largest conference in the world dedicated to the counseling profession. The American Counseling Association Annual Conference features more than 500 Education Sessions, 40 preconference Learning Institutes, two inspiring keynote speakers and much more. For more information or to register, visit counseling.org/conference or call 800.347.6647 ext. 222.

**FYI**

**Call for proposals**

The Journal of Counseling & Development is seeking proposals for special sections (less than a complete issue) or special issues (an entire issue). We seek special issues or sections addressing current issues and trends within the counseling profession. For proposal guidelines, contact editor Spencer Niles at jc-d@psu.edu.

**Call for submissions**

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for *The Journal of LGBT Issues in Counseling*. The intent of this journal is to publish articles relevant to working with sexual minorities and articles that will be of interest to counselors, counselor educators and other counseling-related professionals who work across diverse fields. Topics include new research, new/innovative practice and theoretical or conceptual pieces, including reviews of literature 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 nfarley@antiochseattle.edu.

Call for programs

The Association for Spiritual, Ethical and Religious Values in Counseling is seeking programs for its second national ASERVIC Conference on Spirituality in Counseling: “Navigating the Spiritual Journey of Life,” to be held in Myrtle Beach, S.C., Aug. 1-3. Three categories of presentations will be offered: content sessions, poster sessions and experiential sessions. The conference is open to all counselors, practitioners and educators interested in integrating spirituality and counseling regardless of theoretical orientation, religious/spiritual background or work setting. Proposals should address practical as well as meaningful information for integrating spirituality into counseling across a variety of settings. Session presentation proposals should be submitted to Mark Young (meyoung@mail.ucf.edu) by Feb. 28.

**COMING EVENTS**

February 2010

**Bulletin Board**
Adolescents perceive tobacco as greater risk than illicit drugs

According to a recent report based on a national survey sponsored by the Substance Abuse and Mental Health Services Administration, adolescents across all age groups perceive a greater risk to smoking cigarettes than to the use of alcohol and other substances, including cocaine and LSD. An individual’s perception of risk can be a key factor in deciding whether to refrain from using.

“We are on the right track with cigarette smoking and need to keep raising awareness among teens about the dangers of other substances,” said SAMHSA Administrator Pamela S. Hyde. “Understanding that perception of harm is a strong predictor of potential substance use among young people can help guide the development of substance prevention messages.”

The survey found that although the perception of risk in terms of cigarette smoking remained relatively constant among all adolescent groups, the perception of risk associated with other types of substances varied considerably by gender and age. Among the key findings from the National Survey on Drug Use and Health:

- Nearly 70 percent of adolescents age 12 to 17 perceived great risk from smoking one or more packs of cigarettes per day. This rate was stable across age groups.

- Only 40 percent of adolescents perceived great risk from binge drinking (having five or more drinks of alcohol once or twice a week), and slightly more than one-third (34.2 percent) perceived great risk from smoking marijuana once a month. About half perceived great risk in using cocaine once a month (49.7 percent) or LSD once or twice (50.9 percent).

- Females were more likely than males to perceive great risk from smoking one or more packs of cigarettes per day, from binge drinking and from smoking marijuana once a month. Males were more likely than females to perceive great risk from trying heroin once or twice.

“Perceptions of Risk From Substance Abuse Among Adolescents” is based on the responses of 44,979 adolescents participating in the 2007 and 2008 SAMHSA National Survey on Drug Use and Health. The full report is available online at oas.samhsa.gov/2k9/158/158RiskPerceptions.cfm.

AMCD president named Fulbright-Nehru Senior Research Fellow

Daya Singh Sandhu, president of the Association for Multicultural Counseling and Development, a division of the American Counseling Association, recently began his second appointment as a Fulbright-Nehru Senior Research Fellow. Sandhu is a distinguished professor of research and former chair in the Department of Educational and Counseling Psychology at the University of Louisville.

His Fulbright-Nehru research project, which he began in India in December, is designed to study comparative developmental psychopathology of suicide ideations relating to depressive disorders of American and Asian Indian college students. It is theorized that major differences in suicidal risk factors, rate of incidence, clinical presentations, and precipitating and protective factors are attributed to culturally diverse worldviews, variations in cultural beliefs against suicide and reasons for living. Cultural diversity issues are also recognized as important variables that define and finally decide cultural-specific coping strategies and response styles to effectively address psychopathology and mental afflictions of suicide ideations. For his second Fulbright award, Sandhu will be affiliated with Guru Nanak Dev University, Amritsar, Punjab, India.

Sandhu is one of the few professionals who has twice been awarded a Senior Fulbright Research Award. The first time, in 2002, he was affiliated with his alma mater, Punjab University at Chandigarh and Dev Samaj College of Education for women. During that research project, he conducted cross-cultural studies on depression and reported that mental depression in India was underdiagnosed, citing a need to raise public awareness. His experiences in India were published by Zeeeshan-Ul-Hassan Usmani and Nibir K. Ghosh in Reflections of Indian and U.S. Scholars: Beyond Boundaries.

Graduate student teams tackle ACA ethics case study

The American Counseling Association announced in January that 35 graduate programs submitted essays for the Sixth Annual ACA Graduate Student Ethics Competition. This competition offers graduate students at both the master’s and doctoral levels an opportunity to work in teams to resolve an ethics case study developed by the ACA Ethics Committee. This year, 28 master’s programs and seven doctoral programs entered the contest.

Prizes recognizing the top three master’s-level teams and top three doctoral-level teams will be presented in March at the ACA Annual Conference & Exposition in Pittsburgh during the ACA National Awards Ceremony. Student names and the institutions represented will be published in Counseling Today in a forthcoming issue and posted on the ACA website at counseling.org.

ACA would like to thank each of the 35 programs that submitted essays. ♦
YOUR MEMBER BENEFITS AND SERVICES!

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

Maximize your potential — Professional Development

❖ ACA offers FREE ethics consultation FIVE days a week with a 72-hour inquiry response time by Licensed Professional Counselors with a PERSONAL TOUCH.
❖ ACA Career Services not only provides information about careers in counseling, but it also gives you access to specially-selected counseling jobs through our alliance with Career Builder.
❖ Private Practice Resources - ACA offers a variety of books and online courses specific to private practice.
❖ The ACA Insurance Trust (ACAIT) promotes and administers quality insurance and services at competitive rates. ACA master’s level students now receive liability insurance coverage as part of their membership. In addition, all other ACA professional members with a HPSO liability insurance premium of $100 or more will receive a 10% discount on a new or renewing policy, and ACA new graduate members receive a 50% discount on their liability insurance premium through ACA’s insurance partner Health-care Providers Service Organization (HPSO). Discounts on health, dental and life insurance plans are also available.
❖ The ACA Foundation, the philanthropic arm of the association, supports counselors through the Counselors Care Fund, Foundation publications and programs such as Growing Happy and Confident Kids, and grants and competitions offering awards as well as financial assistance to ACA members.

Stay Ahead of the Learning Curve — Education

❖ ACA members earn one FREE CE credit each month, or 12 per year, a member savings of $216. At the start of each month, ACA sends all members an e-mail identifying an article or book chapter that is featured that month through the ACA Online Learning program.
❖ The ACA Annual Conference & Exposition is an annual event featuring a treasure trove of programs that provide continuing education and ensure your life-long learning.
❖ ACA Online Learning provides professional development courses (post-degree for licensure or certification renewal credit) designed to help you fulfill your ethical responsibility to stay current in the field.
❖ ACA’s monthly magazine, Counseling Today, quarterly journal of counseling research and practical articles, Journal of Counseling & Development; biweekly e-news bulletin, ACAeNews plus four new special focus e-newsletters; website, counseling.org Research Center and Online Library of resources are all designed to expand your knowledge, increase your skills and provide you with up-to-date information on the counseling profession.
❖ The ACA-ACES Syllabus Clearinghouse is a joint project of the American Counseling Association (ACA) and the Association for Counselor Education and Supervision (ACES). This unique resource was developed to help counselor educators discover creative approaches to course development, while also saving time and enriching the profession. The clearinghouse database is updated continually with new syllabi for all counselor educators.

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

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

Proud to be a counseling professional — Credibility

❖ Name recognition: To be recognized as an ACA member brings a wealth of prestige and credibility.
❖ By stating you are a member of ACA on your business and marketing materials assures those you serve that you are committed to the counseling profession, and that you adhere to the ACA Code of Ethics.
❖ Put your membership on display with a frameable membership certificate.

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

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❖ ACA has created partnerships with industry leaders in insurance, credit, travel, identity theft and much more! Membership in ACA saves you time and money; provides you with professional development and continuing education opportunities; helps protect your future through legislative and public policy advocacy; provides prestige and credibility; and increases your personal network. Your endorsement is the best way to introduce other counseling professionals to the resources essential in advancing their success.
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[2] Select Your ACA Membership

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

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

[ ] $89 Student: Individuals who are enrolled at least half-time in a college or university program. Please select current student status:

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CVC Code. AmEx (4 digits above credit card #) ______

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Cardholder’s Name (print) ________________________________________

Daytime Phone __________________________________________ Date __________

Authorized Signature ____________________________________________

**Shipping Address**

Name_________________________Member No. ____________
Address_________________________State______Zip __________
City_________________________Telephone ( ) ____________
Country____________________Telephone ( ) ____________
E-mail Address__________________________

**Credit Card Billing Address** (if different from shipping address)

Name_________________________Member No. ____________
Address_________________________State______Zip __________
City_________________________Telephone ( ) ____________
Country____________________Telephone ( ) ____________
E-mail Address__________________________

Source Code: CPFCT05
ACA is currently seeking a full-time Director, Ethics & Professional Standards to work at our Headquarters office in Alexandria, VA. Responsibilities include serving as ACA’s Ethics Officer and providing ethics consultation on the ACA Code of Ethics, directing and monitoring the ethical adjudication process, advising and assisting the Chair or Co-Chairs of ACA’s Ethics Committee as appropriate, maintaining accurate and appropriate records, serving as the central resource for inquiries related to state licensure and developing materials to assist counselors in the advocacy of the counseling profession. Requirements include a graduate degree in counseling (state license and/or national certification a plus), experience as a practitioner and an identity as a professional counselor. Publications/presentations in the area of ethics and professional standards are a plus.

The ideal candidate will have knowledge of the 2005 ACA Code of Ethics plus knowledge of professional counseling, licensure and reimbursement issues. You will also possess an ability and interest in helping professional counselors from all specialties and have excellent written and verbal skills, along with superior organizational abilities.

Send letter of application, vita, complete contact information of three references and salary history to Cindy Welch, Chief of Staff, ACA, 5999 Stevenson Avenue, Alexandria, VA 22304; cwelch@counseling.org; fax 703-823-0953. Background checks are required. ACA is an AA/EQE organization and encourages minorities and women to apply. The position will be filled when the appropriate candidate is identified.

ARGOSY UNIVERSITY

Argosy University, Washington D.C.’s Counseling program is experiencing incredible growth in part due to our recent CACREP accreditation. In order to keep up with the growing student population, we are currently seeking adjunct faculty members for our Community Counseling master’s program.

Adjunct faculty are needed to teach courses in the following subject areas: Counseling Theory, Counseling Skills, Social and Cultural Diversity, Professional and Ethical Issues, Couples and Family Counseling, Career and Lifestyle, Research and Program Evaluation, and Community Counseling. Most courses are offered on an accelerated schedule in a variety of formats including online, on-campus lecture (weeknight or weekend), and blended online/on-campus lecture (weeknight or weekend). Some full term weekend evening classes are also offered.

Prospective adjunct faculty members must have a doctoral degree in Counseling and strong affiliation with the field of Counseling. Previous classroom instruction experience required; experience with online platforms desired.

To apply, please email letter of intent, CV, and list of three References to dcresseme@argosy.edu, indicating WPOADJ in the subject line. Please visit www.argosy.edu for more information. EOE/M/F/D/V.

DEERFIELD HIGH SCHOOL

College Counselor

Deerfield High School in Deerfield, Illinois seeks applicants for a full-time college counselor position, starting in the 2010-2011 school year. Deerfield High School’s College Counselor’s responsibilities include, but are not limited to:

- Providing leadership, resources and consultation services to students, families, counselors and the community related to the college selection and admission process;
- Providing comprehensive post-high school planning services including but not limited to alternative options to college, financial aid and scholarships and resources for students of color, student athletes and visual and performing arts students;
- Networking with college admissions officials, meeting with college representatives and attending college programs;
- Participating in annual reviews for junior and senior students receiving special education services; Make use of consistent evaluation and assessment of the college and career counseling program, the delivery system and the goals thereof; Counseling students and parents/legal guardians in the use and interpretation of career, vocational, and achievement assessments designed to aid students with their academic and post-high school planning;
- Maintaining accurate and complete records as required by law, district policy and administrative regulations; Attend staff meetings and serve on staff committees assuming a leadership role; College Counselors must have a master’s degree in school counseling or the significant equivalent; Illinois Type 73 Counseling Certification preferred. Interested applicants are asked to apply on-line at www.dist113.org.

INDIANA

VALPARAISO UNIVERSITY

Assistant/Associate Professor

COUNSELING – Valparaiso University has a tenure track position to begin August 2010 at the Assistant or Associate Professor rank. Teach graduate counseling courses from among: Social/Cultural Bases of Counseling, Practicum, or Community Counseling, and possibly undergraduate courses related to applicants’ interests. Seeking candidates from CACREP-accredited counseling education programs. Practicum supervision experience, school counseling certification, or interest in graduate program administration desirable. Candidates should be able to establish a program of research and should be willing to work in a scholarly community committed to Christian higher education in the Lutheran tradition. VU is a top-ranked comprehensive private institution in Northwest Indiana near the Indiana Dunes and one hour from Chicago Loop. Send vita, sample publications and three recommendation letters by March 1 to Dr. Daniel Ardkeel, Chair, Psychology Department, 1001 Campus Drive South, Valparaiso University, Valparaiso, Indiana 46383. EOE/AAE. Women and minorities are especially encouraged to apply.
A counselor’s story…

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

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

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

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

12:00 Grab lunch at desk. Check email. Sign up for CE class on crisis management.

Read an article on lawsuits filed over ‘client confidentiality.’ It is important to know when to protect a client’s privacy and when it’s required by law to report certain behavior.

Just as important as having HPSO!

Make sure your story has a happy ending.

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to pull another hand into the light.”
– Norman B. Rice

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