Disaster & crisis counseling

Also inside:
• Exploring the potential for posttraumatic growth
• Counselors in the Occupational Outlook Handbook
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A calming presence
By Lynne Shallcross
In a post-9/11 world, disaster response and crisis counseling have become essential areas of knowledge and skill for all professional counselors. But in the immediate aftermath of a tragedy, it is meeting clients’ basic needs and offering a sense of safety and stabilization — not providing therapy — that is paramount.

The transformative power of trauma
By Jonathan Rollins
The treatment of trauma often centers on clients’ impairment and deficits, but the still-emerging concept of posttraumatic growth aligns with counselors’ focus on clients’ strengths, wellness and capacity for positive change.

Occupational Outlook Handbook features new profiles for counselors
By Heather Rudow
For the latest edition of the OOH, the Bureau of Labor Statistics once again asked the American Counseling Association to help it paint an accurate picture of the counseling profession for those exploring career possibilities.

Bringiing mindfulness into your counseling practice
By Andrew Peterson
A casual, lighthearted approach to mindfulness that can be done within the nooks and crannies of everyday life might prove very helpful to clients (and counselors) who struggle to sustain a traditional meditation practice.

Why counselors make poor lovers
By Doug Shirley
Accepted wisdom is that counselors are experts at all things relational, but could being good at the “craft” of counseling actually make it more difficult for counselors to establish intimacy in their personal relationships?

Windham to offer keynote in San Francisco
Craig Windham, who is both a practicing counselor and a newscaster for NPR, will be a featured speaker at the ACA Annual Conference in March.
The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. Throughout the year, Counseling Today will highlight some of the history, milestones and memories that have gone into making ACA the world’s largest association exclusively representing professional counselors in various practice settings.

ACA (then known as the American Personnel and Guidance Association) began publishing The Guidepost (which evolved into Counseling Today) in December 1958. Here are a few news items that The Guidepost highlighted during its first year of publishing:

- “Congress has declared that the nation is losing too much of its human talents because young people have not developed as they should through our education processes. It is known that in schools where there are good programs of guidance, more ... students develop and continue on to education beyond the high school. It is this problem that Title V-A [of the National Defense Education Act] is attacking specifically. It is an expressed belief in the significance of guidance in bringing forth able young people and stimulating them toward education beyond the high school and helping them in their educational and career planning. It is for this reason that in Title V-A the Congress has set up a financial instrument to stimulate the development of guidance programs in schools, to set up testing programs that will help in identifying able students and to provide more adequate state supervisory services in guidance to help develop counseling and testing in the schools. The current shortage of qualified counselors is really in a crisis condition. The Congress has authorized the institutes in Title V-B to train more counselors to carry out the particular work that is specified in the whole of Title V itself.” (December 1958 issue)

- APGA announced the purchase of a new headquarters for the association at 1605 New Hampshire Ave. NW in Washington, D.C. APGA moved into its new home on March 1, 1959. (February 1959 issue)

- Commissioner of Education Lawrence G. Derthick announced that seven Counseling and Guidance Training Institutes were being established at universities and colleges during the 1959-1960 academic year, two for the entire academic year and five for the second semester only. The seven institutes, provided for under Title V of the National Defense Education Act, were in addition to 50 similar institutes conducted during the summer session at various colleges and universities. The emphasis of the newly announced institutes was to train secondary school teachers or counselors who had little counseling experience. (October 1959 issue)
In my columns, I have presented what to me have been some exciting developments and additional recognition for us as professional counselors. As I reflect on those developments and think about the significant progress that our profession has made, I would like to share what I envision as a next step for professional counseling.

In this discussion, I am going to borrow content from an article titled “Doctor of Professional Counseling — The Next Step” that I co-authored with Stephen Southern and Rochelle Cade and that was published in the January 2012 issue of The Family Journal, as well as from a comment column I wrote titled “The Next Step in the Public Recognition/Acceptance of Professional Counselors” for the Mississippi Counseling Association’s Journal of Counseling Research & Practice.

Public acceptance of professional counselors has increased significantly with each additional level of credibility that has been secured. Accreditation, licensure and certification have created a solid base of professionalism that has established a significant role for professional counselors as mental health providers for today and, hopefully, into the future. As training standards have been reviewed and strengthened, professional counselors have seen their skills increased through specified experiences and additional supervised clinical practice. The logical next step is to enhance the clinical skill set of professional counselors at the doctoral level of training.

With licensure in all 50 states, the recognition of licensed professional counselors in the Department of Veterans Affairs’ health care system and the likelihood of LPCs being included in Medicare and the upcoming national health insurance program (due to LPCs competence in practice and affordability of services), it is apparent that LPCs soon may be afforded full privileges to practice in hospitals and other health care settings. The Doctorate of Professional Counseling (DPC) degree that is being proposed represents movement toward high professional standards and parity with other allied health professionals and provides the skills required for progression to that level.

Excellent accredited doctoral programs in counselor education currently train future counselors and advance the profession through research and scholarship. No corresponding doctorate exists, however, for professional counselors who are interested in practice specialization or in attaining the highest levels of clinical competence and recognition. Professional doctorates provide a viable alternative to the research-oriented degrees and offer more experiences relevant to practice. The attainment of the highest clinical standards reflects the natural development of the profession toward public service.

Development of the DPC should enable the profession to respond to public demand for services by producing more and better trained clinicians.

For the concept of a DPC to move toward actuality, it was necessary for an accredited program to undertake its development. Stephen Southern, professor and chair of the Department of Psychology and Counseling at Mississippi College, accepted my challenge as dean of the School of Education to develop an innovative clinical doctorate. Dr. Southern and his department presented the proposal to the university and, in December, the Mississippi College Board of Trustees approved the DPC. The DPC is now a reality, and Mississippi College will begin accepting applications for the degree program for the fall 2012 semester. Dr. Southern and his colleagues will be presenting the DPC concept at the ACA Annual Conference in San Francisco in March.

Lessons learned from the evolution of professional doctorates in allied health professions indicate that counseling is ready to make this next step in professionalization. My colleagues and I recommend the DPC as a viable alternative to research-oriented doctoral programs in counselor education and supervision. The DPC will prepare the next generation of competent counseling professionals who will be needed to respond to the increasing demand for specialized LPC services. The DPC is the next step in meeting the needs of both professional counselors and the clients they serve.
To learn more about the End of Life Care Certificate program at Excelsior College, email admissions@excelsior.edu or go to excelsior.edu/endoflife.

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Executive Director’s Message

Thanks, and a request

For several months now, the American Counseling Association has been fortunate to see our membership numbers grow. At first, the inclusion of professional liability insurance for every master’s-level student member appeared to be the reason for our growth. However, we are now seeing increases in the “Professional” and “New Professional” categories as well. In fact, when we began 2012, we had crossed the 49,000-member mark, and we are hopeful of reaching 50,000 by June 30!

For reaching our current membership level, I absolutely must thank all of you. Your willingness to join or renew your membership in ACA speaks volumes, especially given the current economy. Let’s face it, we all vote with our checkbooks. That may sound crass, but in many ways, today’s consumers are savvier, making purchases and joining organizations that have meaning to them rather than doing something “just because.”

So, to all the members of ACA — whether you have just joined or have been a member for a very long time — thank you so much for your vote of confidence. The staff and I hope to maintain your support as we work to develop the products, services and resources that will make a positive impact on the important work you do.

As we proceed through challenging economic times, ACA will continue to do what it can for our members. Take for example our 30-plus-year effort to see the enactment of counselor licensure in all 50 states, the District of Columbia and U.S. territories. We have also maintained a strong advocacy record at the federal level, as demonstrated by the Department of Defense’s recent announcement allowing licensed professional counselors to practice independently within TRICARE. Although we will continue working on the details of the independent practice regulations, this is a very positive step for those seeking to work with members of the military and their dependents.

We are committed to making your membership in ACA even more valuable. For example, we have been providing you with 12 continuing education credits each year at no additional cost. And, as I mentioned in my previous column, we now make the Journal of Counseling & Development available online and searchable back to Volume 1, Issue 1 as part of your membership.

And now for my request. Our range of products, services and resources continues to improve, but we can remain on that track only with a strong, committed and supportive membership base — a base that needs to keep growing. I am asking that you consider urging a colleague to join ACA at some point this year, preferably sooner rather than later! Or, perhaps you have the means to purchase the “gift of membership” for a graduate student in counselor education.

Why am I asking you to do this? Because there really is “strength in numbers,” and ACA has grown from just over 40,000 members to more than 49,000 members in five years. My sincere hope is that ACA will make its next jump from 50,000 members to 60,000 members in an even shorter period of time. This can be accomplished if we are all working together.

I hope that I can count on you to join with me in finding, recruiting and signing up even more members. This isn’t just a game of numbers. It is our effort to continue to elevate the profession of counseling, to be a diverse and inclusive organization, and to ensure the public that counselors who belong to ACA maintain high standards of practice and abide by the ACA Code of Ethics.

For those attending next month’s ACA Annual Conference & Expo...
An article that takes counselors ‘outside’ the norm

I just wanted to say that I really enjoyed the article by Lynne Shallcross in the December issue regarding the utilization of outdoor activities (“Getting off the couch”). As an avid hiker, I have always used this sport/hobby/pastime for “self-medicating,” namely stress relief and simply unplugging from the world and its demands. I think it’s really interesting to see that providers are now facilitating services via these activities.

Thanks for providing an article that is outside of the norm, allowing us to continue to consider new strategies.

Chad J. Betters, Ph.D., CRC, CDMS, CVE, PVE
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Winston-Salem State University
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I just read Lynne Shallcross’ article called “Getting off the couch” — great stuff! As I was reading it, I had so many questions go through my mind. How do I do this? Where can I get more information? And you answered my questions! In fact, I was beginning to hope that somewhere I would find the contact information for Christopher Old so I could ask him a question about one of the activities he mentioned. And there his contact information was at the end.

I just wanted to say thank you. As a reader, I find this very helpful. I enjoyed not only learning about what other counselors are doing but specifically where I can learn more and how I can contact your sources.

This makes Counseling Today that much better as a resource for counselors. I hope all those who are interviewed by CT will include their contact information in the articles.

Sandy Walker
destinyfreedom.com

More proof needed before touting accredited programs

Heather Rudow’s piece in the November issue, “20/20 delegates pushing toward licensure portability,” touched on many crucial issues in the counseling field, namely the need for increased — if not standardized — licensure portability.

Although I agreed with many of the points presented, my criticism stems not from the overarching argument for portability, but rather from J. Barry Mascari’s comment that “this [problem] loops to … national program accreditation. We have a national standard, CACREP, just as do social work and psychology.” Here, Mascari vastly oversimplifies what is truly a complex and multifaceted issue, a misstep frequently made in today’s counseling world for the same reason physicists search for a Grand Unified Theory: It makes everything else make sense.

Sex addiction and retraumatization

Concerning the article titled “It’s not about sex” (December) by Stacy Notaras Murphy, it was excellent. So many well-intentioned therapists tend to blame and thereby retraumatize the betrayed. This article was spot on in its analysis. Congratulations.

James J. Sanders, LMFT, LPC, NCC, CCMHCC
President, California Association of Marriage and Family Therapists
SandersTherapy.com

The author of “It’s not about sex” left something critical out of the article. Like most addicts, sexual addicts deny and minimize their addictions. The article did not mention this, nor did it offer any therapeutic interventions for the addict who is in treatment because his marriage is about to collapse, he continues to deny he has an addiction or he thinks he is not an addict because he has not used porn for several months.

The article did mention the partner/spouse as having PTSD-like symptoms, which tend to worsen when well-intentioned but ill-informed counselors refer the couple to marital counseling when the addict is still significantly in denial. So, yes, the partner is retraumatized, while the addict continues to deny, minimize and blame.

Myrna Solganick, M.S., LPC
myrnaspaws@aol.com

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Unfortunately, I don’t think it’s that simple. Although the Council for Accreditation of Counseling and Related Educational Programs is aligned with the American Counseling Association, there is no evidence that suggests accredited programs improve counselor proficiency and effectiveness. The continuing accreditation discussion, usually focused on CACREP, has been stymied by disagreement over best practices for counselor education — and here’s the important part — regardless of whether these practices have been reliably and validly proved to be “best.” A quick literature search reveals that research to date has yet to prove that CACREP-accredited programs produce more competent, effective counselors, and data generated is usually interpreted so as to suggest improved counselor capability, despite the lack of any clear, meaningful criterion validity. As seen in the overturn (by a unanimous vote) of a New Jersey regulation restricting licensure privileges only to those who graduate from CACREP-accredited programs, there just isn’t enough convincing data to justify such a sweeping measure.

Mascari pushes CACREP accreditation as a national standard because “the public and students are already confused enough.” I disagree. It’s not that the public and we students are incapable of understanding this issue; it’s simply that everybody’s tired. This is an intricate issue, only made more complicated by pressure from the other mental health professions and policymakers, and it’s understandable that many wish it would resolve itself and be done with already. But we can’t apathetically assume that this is a bane of the profession that is best left for those who have some vested interest in a particular resolution. Our frustration is no reason to passively go along with something that isn’t valid, just and truly for the benefit of all — most important, our clients — simply to be united for unity’s sake. I, for one, am in favor of a national accrediting body, but it must be one that can confidently ensure counselor quality based on quantifiable and definite results.

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DoD releases TRICARE rule on independent practice for counselors

The Department of Defense (DoD) has finally issued regulations allowing licensed professional counselors to practice independently within the TRICARE program, which provides health care coverage to more than 9 million military service members, retirees and their dependents. The agency’s regulations were released in the Federal Register of Dec. 27, 2011, and took effect immediately.

The American Counseling Association has worked for years to establish independent practice authority for counselors within TRICARE, and the new regulation is an important step for the profession. The regulation also establishes a transition period during which more flexible requirements will be in place — something for which ACA has consistently pushed. However, not all LPCs will be eligible for independent practice authority under the new TRICARE regulation, and significant questions and concerns remain about how they will be implemented. ACA will continue working to address these concerns and to push for recognition of all highly qualified LPCs.

During a transition period lasting until Jan. 1, 2015, professional counselors at the independent level of licensure in their state may practice independently under TRICARE if they:

1) Possess a master’s or higher-level degree from a “mental health counseling program of education and training” accredited by the Council for Accreditation of Counseling and Related Educational Programs and have passed the National Counselor Examination (NCMHCE); AND

2) Possess a master’s or higher-level degree from a mental health counseling program of education and training from either a CACREP-accredited or regionally accredited institution and have passed the National Clinical Mental Health Counselor Examination (NCMHCE); AND

3) Have at least two years of post-master’s supervised practice, including a minimum of 3,000 hours of supervised clinical practice and 100 hours of face-to-face supervision. This supervision “must be provided by a mental health counselor who is licensed for independent practice in mental health counseling in the jurisdiction where practicing and must be conducted in a manner that is consistent with the guidelines for supervision of the American Mental Health Counselors Association.”

Beginning Jan. 1, 2015, counselors (referred to as “certified mental health counselors” under the rule) seeking to participate in TRICARE will be required to:

1) Pass the NCMHCE;

2) Possess a master’s or doctoral degree from a mental health counseling program accredited by CACREP; and

3) Meet the supervision hours requirements listed above.

Beginning Jan. 1, 2015, counselors who do not meet these requirements (and who have not already qualified as certified mental health counselors with TRICARE under the transition period rules) will not be allowed to provide services to TRICARE beneficiaries, even under physician referral and supervision.

It is not yet clear how the requirement that degrees be awarded in a “mental health counseling program of education and training” will be interpreted, nor is it clear how DoD will verify that supervision is conducted in a manner that meets AMHCA standards. ACA is seeking clarification on these and other aspects of the regulations and will be submitting comments to DoD prior to the comment deadline of Feb. 27. DoD states that it expects the rule “to encourage greater participation of MHCs [mental health counselors] in the TRICARE network.”

Counselors are encouraged to read the regulations and provide comments as individuals. The regulations are posted online at gpo.gov/80/fdsys/pkg/FR-2011-12-27/pdf/2011-33109.pdf. For follow-up questions, contact Scott Barstow of ACA at 800.347.6647 ext. 234 or sbarstow@counseling.org.

Congress finalizes spending, still working on Medicare

Before going home for the holidays, Congress approved and President Barack Obama signed into law a spending package for the Department of Education and other federal agencies for Fiscal Year 2012. The legislation includes $52.295 million in funding for the Elementary and Secondary School Counseling Program, which represents a victory for ACA and other school counseling advocates. Funding for the program had been in serious jeopardy because it was zeroed out under previous versions of the legislation developed by the House of Representatives. According to staff with the Department of Education, a new round of grant applications for FY 2012 is likely to be solicited within weeks. ACA will share information on grant announcements on its website and through email.

The spending bill maintained the Pell Grant maximum level at $5,550 but made significant eligibility changes. Students must now have a GED certificate or high school diploma to be eligible, and eligibility is limited to 12 semesters, which is down from 18 semesters.

Although spending decisions for the fiscal year have been made (even if only weeks before the next budget cycle begins), other big issues remain unresolved, including billions of dollars in pending cuts to physician payment rates under Medicare. Although legislators failed to agree on a long-term package in December, the House ultimately approved a bipartisan Senate bill extending current Medicare physician payment rates and including other major tax provisions through the end of February. Congress is again facing a looming deadline for action on these issues. Significantly, the Medicare portion of the temporary extension did not include Medicare coverage of counselors or many other benefit improvements.
Walden University is accredited by The Higher Learning Commission and a member of the North Central Association, www.ncahlc.org; 1-312-263-0456. Walden University's M.S. in Mental Health Counseling is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), a specialized accrediting body recognized by the Council for Higher Education Accreditation (CHEA), which is a requirement for licensure in many states. The M.S. in Mental Health Counseling program is designed to prepare graduates to qualify to sit for licensing exams and to meet the academic licensure requirements of many state counseling boards. Walden enrollment advisors can provide guidance on licensure issues, state-by-state educational requirements, and internship and practicum requirements; however, it remains the student's responsibility to understand and meet the licensure requirements for the state in which he or she intends to practice. At Walden, an accredited institution with more than 40 years of experience in distance education, we believe the best use of knowledge is to serve the greater good. Take the next step toward making a greater difference. Call or visit us online to learn more.

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Find information on costs, occupation types, completion rates, and median loan debt for these programs at www.WaldenU.edu/programdata.

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Empowering clients who have hearing loss

Recently, I was speaking with students from Gallaudet University, and they asked me about jobs available for graduate students and new professionals who are deaf or hard of hearing.

Days later, I received a letter from Shannon Ruane, a licensed professional counselor and certified rehabilitation counselor. She identified herself as a private practitioner fluent in American Sign Language who had experienced her own hearing loss. She was interested in becoming a blogger for the American Counseling Association. After vetting her, I knew she would add something important to the ACA blog project. Here is Shannon’s career story.

**Rebecca Daniel-Burke:** What is your current counseling position?

**Shannon Ruane:** After working for a state rehabilitation agency as a rehabilitation counselor for the deaf and hard of hearing for six years and then as a supervisor for almost three years, I’m currently doing mental health and career counseling in private practice.

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

**SR:** I received my master’s degree in rehabilitation psychology and counseling in 2001, right before 9/11 and a significant drop in the job market. I was in the process of trying to find a counseling job and had hearing loss — it was challenging. When a position was posted to assist deaf and hard-of-hearing individuals to find work through a state vocational rehabilitation agency, I jumped at the opportunity. It was at the height of my own employment struggle that I was empowered to help others.

**RDB:** When you start with a client, what assessment tools might you use?

**SR:** I, for quite some time now, have foregone the traditional clipboard and paper assessment and have found more benefit in getting to know the person, in a person-centered approach, to learn their strengths and weaknesses that can be applied to the job market. I also often give clients homework assignments geared at self-assessment and apply those findings in sessions.

**RDB:** How do those tools and that assessment help you plan a strategy for career counseling?

**SR:** Generally, by the third or fourth session, we have developed a game plan — in the client’s own words — of their personal goals and a strategy for me to assist them in not only achieving the goals but preparing to sustain them in the long term. What can be looked at as a mental health treatment plan can be applied for career counseling — short- and long-term objectives apply with measurable goals for both the client and therapist working together as a team.

**RDB:** Is there one theoretical orientation that you gravitate toward more than others?

**SR:** I’ve always been a fan of the existential approach to counseling — accepting the past but applying the time and energy into the here and now and the future. This approach bodes well with career counseling because the majority of the times, clients are focused on wanting immediate results and moving forward with their goal attainment as fast as possible. It also helps deal with the anxiety and vulnerability associated with putting yourself out there in the labor market.

**RDB:** What do we counselors need to know about counseling deaf and hard-of-hearing clients?

**SR:** Communication is everything. If you’re not able to communicate at a level your client is comfortable with, the time and effort should be spent in finding a better counseling match for the client. Counseling should be a comfortable, safe and accommodating environment for clients, not an additional frustration to add to what they’re already dealing with in the hearing world. My biggest pet peeve is finding out counselors are misrepresenting themselves, saying they are fluent in American Sign Language when they are not.

**RDB:** That would be frustrating.

**SR:** It definitely is frustrating.

**RDB:** As you look back on your career in counseling, what was your favorite position? Why was that?

**SR:** Working as a rehabilitation counselor for the deaf and hard of hearing was a tremendous experience for me. I really enjoyed working with high school students transitioning into college and work environments who were dealing not only with trying to figure out what career path was right for them, but also the dilemma of whether or not to attend schools that had programs for students with hearing loss. There were so many different scenarios, so many different levels of hearing loss and family support. I learned so much from the amazing clients I worked with and enjoyed watching them succeed in their careers while overcoming obstacles.

**RDB:** Was there someone in your life who saw something special in you early on and valued you as a unique individual?

**SR:** Interestingly, I can think of so many people who were amazingly supportive of me, such as my family, that it’s hard to isolate just one. When I think of a driving force that kept me going over the past several years, I remember a professor who actually wasn’t supportive. She encouraged me to be realistic and keep my career path limited and work only with the deaf, as that would be the only arena where I could hope to find work. She said she was saving me from years of disappointment. Little did she know that I [was] intent to prove her wrong. (Laughs)

**RDB:** That is fascinating that a negative experience like that made you so resilient. Studying counseling can transform us. Has studying counseling been transformational for you?
SR: Definitely! When I enrolled in graduate school, I had wanted to work with brain injury rehabilitation. I haphazardly found my way into career counseling and have grown so much on both the personal and professional levels.

RDB: What mistakes have you made along your career path? And more important, what lessons have you learned from those mistakes?

SR: I sometimes had a hard time separating the emotional and professional aspects of working in career counseling. Sometimes the unique challenges and disappointments my clients were faced with would hit home for me. The more I was able to channel my own feelings into improving the services I provided for them, the better the outcome was for both of us.

RDB: Is there a saying, a book or a quote that inspires you regarding your work? What do you try to think about or remember when the going gets tough?

SR: In college, I read *The Autobiography of Malcolm X* and was asked to write a paper on Malcolm X. The objective was to understand his anger and relate it to something in our own lives. There was a quote from Malcolm X — he was discussing violence and firearms — that I’ve always liked because of the truth in it: “If we don’t stand for something, we may fall for anything.” Working in rehabilitation and career counseling often means advocating and empowering not only for clients but for ourselves. There are times when I really needed to dig my heels in and stand firm for what I believed in.

RDB: It sounds as though you have done just that.

SR: I try!

RDB: If you could invite any three people in the world, living or dead, to your own personal party, who would you invite and why?

SR: What a great question. I’d have to pick Freud, Madonna and maybe one of the Muppets — as they have a new movie out! I doubt we’d run out of interesting topics to discuss over dinner.

RDB: Your work is intense at times. What ways do you find to take care of yourself and to fill yourself back up?

SR: I can be a chatterbox and love spending time with people. My biggest stress reliever is spending time with family and friends, [so] I am really enjoying the holiday season. It helps recharge my batteries. I’m also a big fan of lounging on the couch with a great movie or book.

RDB: What else would you like readers to know about you and your work?

SR: I’m getting more involved in the social media aspect of counselor networking. I’m writing a blog for ACA and have my private practice on Facebook, Twitter and LinkedIn. I’m hoping to be able to connect with more counselors, read their blogs and follow their posts online so that we can all continue to support one another — from the other side of the couch! ♦

Rebecca Daniel-Burke is the director of professional projects and career services at the American Counseling Association. Contact her at rdanielburke@counseling.org.

Letters to the editor: ct@counseling.org
I admit there are times in session when I catch myself thinking: “OMG! This person really needs to go see a therapist.” Then it dawns on me: I am the therapist. Furthermore, I have absolutely no idea what to say. My habit has been that when words won’t come out of my mouth, in goes my foot. Open wide, it’s toe-sucking time.

Perhaps fellow fledglings in the field can relate. Some might find relief: “Hey, I’m not the only one!” At the very least, the foible-filled stories I share may spark cathartic laughter. Or finger-wagging disapproval. Have at it. If there’s one thing I’ve learned from my clients so far, it’s that shame blocks growth. Platitude or no, I’ve learned from my clients so far, it’s that mistakes are the beginning of discovery. Perhaps fellow fledglings in the field can relate. Some might find relief: “Hey, I’m not the only one!” At the very least, the foible-filled stories I share may spark cathartic laughter. Or finger-wagging disapproval. Have at it. If there’s one thing I’ve learned from my clients so far, it’s that shame blocks growth. Platitude or no, I’ve learned from my clients so far, it’s that mistakes are the beginning of discovery.

1) Show up. Being the accommodating clinician that I am, I offered to come into work an hour earlier than usual for Client, who had a scheduling conflict the following week and couldn’t make her usual 12 o’clock standing. I made the adjustment on my appointment calendar and didn’t give it another thought. Until six days, 23 hours and 20 minutes later.

Cellphone rings. It’s Agency Gatekeeper: “Uh, Suze, where the hell are you?”

(Gatekeeper sits behind soundproof glass for a reason, and it’s not only because of HIPAA.)

Me: “I don’t come in on Wednesdays till noon. Why do you ask?”

Gatekeeper: “Your 11 o’clock is here.”

Me: “(Insert Expletive Here)”

Of course, the one time this happens is with the client whose major mistaken core belief is “No one is ever here for me.”

2) Glance up from the legal pad and look at Client every once in a while during the interview. I’m breezing through a bio-psycho-social intake with New Client, a bubbly young woman in her early 30s who appears to be no more than 21. Though she never has had therapy before, Client says she decided to try it because she recently began experiencing intense anxiety symptoms, including panic attacks, racing thoughts and persistent insomnia. As the interview continues, Client divulges a litany of horrific abuse, beginning with sexual molestation and physical and verbal abuse in childhood, and continuing through adulthood with substance abuse, alcohol dependence and a pattern of relationships in which she has been victimized and abandoned. I probe and probe and probe, single-mindedly focusing on my case conceptualization. Blinded by my zeal for this case, I failed to notice that Client had morphed from Bubbly to Bambi. As in “deer in the headlights.”

We scheduled an appointment to begin counseling a week later. No show. Follow-up call. No answer. Leave encouraging voice mail inviting Client to reschedule. No call back. Follow-up call again in a week. No answer. Encouraging voice mail redux. Another week passes. Follow-up call numero tres. “This number is no longer in service. Please check the number and dial again.” Supervisor advises me, “Wait one month, and if Client has not responded, close the file. We cannot force someone to come for help.”

Long story short: A month later — to the day — I hold Vanishing Client’s file in my hand, poised to thread the closing paperwork through the brass prongs in her chart, when my phone extension rings. It’s Bambi, asking if I’m still willing to be her therapist. Apparently, my relentless probing at our first meeting had spooked her, big-time. “I left the appointment and went on a three-day drinking binge and blacked out,” Client shared. “I woke up in a parking lot under a tree, soaking wet because it must have rained the night before. I don’t know how long I had been there. I was so scared that I realized I have to do something about this or I’m going to die.” Bambi isn’t the only one who got a wake-up call that day.

3) Don’t conduct relaxation exercises with a client high on narcotics. Seems like a no-brainer, eh? In this case, I was so naive about substance abuse that I didn’t realize how naive I was. Client, a 50-something-year-old business executive, endures constant debilitating pain due to advancing spinal stenosis. He presented for therapy ostensibly to address anxiety issues. Attendance is spotty because chronically ill Client is constantly in and out of hospitals to treat his physical issues. At one of his rare appearances, I notice as we walk down the corridor to my office that he bumps from wall to wall, bouncing like a pinball in slo-mo. He doesn’t crumple to the floor only because of the support from my hand cupping his elbow.

“You seem out of it,” I say. “Maybe we should skip today’s session and reschedule so you can get some rest.”

“No, no, no,” Client says. “I’m just tired cause I was in the hospital for three days and you know how the nurses are always waking you up every 15 minutes so I haven’t had any sleep. I’ll be ho-kay.”

“OK,” I coo in my most compassionate voice. “Maybe we’ll just do some relaxation exercises today since you seem to need some rest.”

Can you say “Clueless”?

After a few minutes of guided imagery, I notice Client has fallen “ashleep,” as he might have described it, in what I did.
not yet realize was a drug-addled state. In fact, Client wasn’t snoozing; he had lost consciousness. Lucky for me I regained mine in time to notice that his respiration rate had lowered significantly. I clocked it, counting only five breaths per minute. His pulse had plummeted as well. I was working at that time at a facility with on-site psychiatrists. I summoned Doc. We roused Client. Doc assessed and evaluated to make sure Client was medically stable. Upon further questioning and subsequent confirmation from Hospital Pharmacist, it became clear that Client had been abusing his pain meds. Ultimately, we sent him home, instructing Caregiver who had driven him to the appointment to put Client to bed and monitor him regularly to make sure he was breathing. Call 911 otherwise. We would address the substance abuse and possible suicidality as soon as it was appropriate to do so.

Psychiatrist: “What were you doing with him?”

Me: He was complaining of lack of sleep from his recent hospital stay, so …” (blah, blah, blah)

Psychiatrist: (Deadpan expression, arms folded officiously across the front of her white lab coat) “Perhaps relaxation exercises were not the best choice under these circumstances.”

Duly noted.

4) Check ego at the door.

My theoretical predisposition is psychodynamic. Insight therapy is my default. Yet there are times when Client is not ready to hear what I have deftly intuited. So impressed was I with one such stroke of insight that I blurted it out to Client, fairly leaping from my chair in excitement. She shriveled in her seat, covering her face with her hands and peeked at me through her fingers.

“I really nailed you on that one, didn’t I?” I said, smiling a dazzling smile. I think one of my front teeth might even have twinkled. Tling!

Client laughed a silent laugh, turning her head slowly from side to side.

“Oh, good, I thought to myself. She really gets it. We are having a moment! She is having a breakthrough! This is great. I am great! Yay for meeeeee!"

Fast forward to the following week:

Me: (Expectantly) “So, how have you been since our last session?”

Client: “I had the most awful week. I was spinning after what we talked about. I could not function. I’m just not ready to go there.”

Pop! That’s the sound of the helium leaking from my balloon. ShhhhhShhhhhShhhhh. That’s the sound of rain on my parade. Pop! That’s the sound of my bubble bursting. ZzzhhhhZzzhhhh. That’s the sound of me backpedaling. I’m lucky Client bothered to come back.

5) Don’t laugh unless you’re absolutely, positively sure that Client is in on the joke. In this next scenario, Client must have been Belgian, because he spent the entire session waffling.

Me: “I’m noticing you’re really struggling with indecisiveness today.”

Client: “Weeeeeeeeeeeell, yes and no.”

Me: (Throwing head back and grabbing belly) “Ba ha ha! Ba ha ha haaaaaaaaaaaaaah!”

Client: (Blank stare)

Me: (Bambi)

Client: (Grin, then soft chuckle)

My spontaneous laughter was not a textbook intervention by any stretch. It was a mistake that allowed Client to see me as human. My gaffe empowered him to make a choice, to laugh “with” rather than to be laughed “at.” In that moment, Client stopped taking himself so seriously. And I did the same. After all, you can’t learn from a mistake you’ve never made.

Note: “Learning Curve” columns use some illustrations from the lives of real clients. However, to protect confidentiality, these illustrations generally are composites or have been fictionalized to a degree so that the original model for the story cannot be traced. In some instances, clients have given signed consent for their cases to be discussed.

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Letters to the editor: ct@counseling.org
Conference close-up for students and new professionals

Thousands of counselors will head to the West Coast March 21-25 for the American Counseling Association 2012 Conference & Expo in San Francisco. Counseling professionals are eager for the conference’s big kickoff, but some students and new professionals might be hesitant, feeling too small for this big event. In this annual “conference prep” issue of “New Perspectives,” a current student and a recent graduate discuss their prior conference experiences, and ACA’s conference director also weighs in. We spoke with:

- Stephanie A. Crockett, the recipient of ACA’s 2011 Glen E. Hubele National Graduate Student Award, a Chi Sigma Iota 2011 leadership fellow and treasurer for the Association for Assessment in Counseling and Education. She received her doctorate in counselor education from Old Dominion University in 2011 and is an assistant professor in the counseling department at Oakland University. She has attended the past three ACA Annual Conferences.

- Panagiotis Markopoulos, an international student with a master’s degree in social theology who is currently pursuing a master’s in mental health counseling from Eastern Kentucky University. Markopoulos is a member of the ACA Graduate Student Committee (2011-2014) and attended the ACA Conference in 2011.

- Robin Hayes, ACA’s director of conference and meeting services.

What does the ACA Conference & Expo offer students and new professionals?

**Stephanie A. Crockett:** It offers the opportunity to network with counselors and counselor educators from across the country. In the three years I attended the ACA Conference, I had numerous occasions to meet people in the counseling field through educational sessions, branch organization meetings and social mixers. I also received several opportunities to become involved in national service opportunities directly through ACA and its branch organizations. In fact, the connections that I made at the conference allowed me to serve as both a member of the Professional Development Committee for the American College Counseling Association and current treasurer for AACE.

**Robin Hayes:** During this year’s conference, there will be special programs and events for graduate students and new professionals. The “For Graduate Students and New Professionals Only” series brings highly regarded professionals in counseling to speak on topics that graduate students and new professionals have identified as critical to success. The series will be presented by some of the best-known names in the counseling profession, such as Gerald Corey, Marcheta Evans, Rebecca Daniel-Burke and Marty Jencius. Also of interest to students and new professionals are the First-Timers Orientation and Mentoring Luncheon (which costs $40), ACA Career Center, the Graduate Student Center and the International Student Panel and Reception. These events are well attended by students and new professionals and included in the registration fee.

What is your most memorable experience from attending the ACA Conference?

**Stephanie A. Crockett:** I have many fond memories, but the most memorable experience involved presenting at a poster session two years ago. I was presenting on a research project regarding international students’ career development. As a doctoral student and fairly new presenter, I was nervous about sharing my research and whether my topic would be relevant to conference attendees. Much to my surprise, several practicing counselors and counselor educators stopped by my display and were eager to discuss my ongoing research with international students. I received encouragement and a lot of helpful tips concerning the publication of my study and directions for future research. I was truly touched by their warmth and desire to help.

**Panagiotis Markopoulos:** My most memorable experience happened during the 2011 conference in New Orleans. I was an invited panelist at the International Student Panel with the theme “Mental Health Counseling Around the World.” I was honored to have the opportunity to listen to my colleagues’ concerns — Ph.D. and master’s-level students — regarding how mental health professionals, and counseling in general, are viewed by their respective countries. We also discussed areas possibly needing improvement in order to develop global cooperation of U.S. mental health counselors supporting and educating our fellow counselors in these countries and building a stronger professional identity worldwide.

For students and new professionals, attending a national conference for the first time can feel confusing. What advice would you give on making the experience both beneficial and fun?

**Robin Hayes:** This year, ACA will have a lounge near the registration area for first-time attendees and new members. First-time attendees, new members and students will be able to meet up and connect with other professional counselors and learn how to get the most out of the conference. Plus, as in previous years, for an additional $40 I recommend attending the ACA First-Timers Mentoring Luncheon to learn the best way to navigate through the conference. Students should also visit the ACA Student Center in the Exhibit Hall. They can mingle there with other students.
Don’t miss this

Look for these special events and activities that will be particularly helpful to students and new professionals at the ACA 2012 Conference & Expo in San Francisco.

■ The “For Graduate Students and New Professionals Only” series

Among the series sessions:
“Do Ask, Do Tell: Current LGBTQ Issues in Counseling for Graduate Students and New Professionals”
“Becoming a Professional Counselor”
“Insider Tips: Landing That First Counseling Job”

■ First-Timers Orientation and Mentoring Luncheon

Network with first-time and seasoned conference attendees, while learning how to get the most out of your experience.

■ Graduate Student and New Professional Center

Located in the expo hall, this is a space where students and new professionals can mingle with others who are starting out in their counseling careers and also meet the ACA president and other leaders.

■ International Student Panel

Graduate students from various countries will discuss their perceptions of counseling on the basis of their cultural contexts and educational experiences in U.S. graduate programs.

■ ACA Career Center

Interview with employers, discuss employer contacts, have your résumé reviewed and consult with experts on career search strategies, private practice tips, and ethics and professional standards. Watch ACAeNews and the conference website (counseling.org/conference) for information on scheduling these consults.

and meet the ACA president and other leaders and new professionals.

**Stephanie A. Crockett:** ACA’s conference is large and offers numerous professional activities and educational sessions. The conference program guide is typically over 200 pages. It can be overwhelming if you do not take the time to plan your conference. I recommend mapping out your game plan before arriving. An electronic copy of the conference program is on the ACA website (counseling.org/conference) in advance. I also recommend local sightseeing. Conference locations are often in large metropolitan cities that have a lot to offer in terms of touring, dining and entertainment.

**Panagiotis Markopoulos:** I also suggest making plans beforehand. Try to find others who are attending the conference by sending an email on counseling listservs that are on the ACA website. You can request ideas and tips about what to do when you arrive at the conference. In addition, utilizing search engines such as Google, Yahoo [and others] can help you find alternative activities in San Francisco. Also, before you attend the conference, try to build professional networks with other professionals, your classmates or faculty. They can give you feedback on their experiences participating at the ACA Conference and what they recommend doing when you arrive there so you will enjoy every minute of your stay. Last but not least, do not be shy. When you arrive, be “brave” and ask ACA volunteers for help and tips.

**What tips would you give for professional networking?**

**Robin Hayes:** We encourage attendees to find someone from their state and strike up a conversation. That information can be found on the conference badge, along with their name and affiliation. There are many scheduled receptions on Friday and Saturday (March 23-24), in addition to the ACA Opening Party (March 23). One ticket is included with each full registration. All social events are a great way to connect and network.

**Stephanie A. Crockett:** Here are my tips.

■ Always carry business cards.

■ Attend the ACA branch organization mixers and social events that are of interest to you.

■ Be bold and approach people.

For example, strike up a casual conversation with presenters after educational sessions.

■ Attend networking events with a professor or senior colleague who has established connections. They can introduce you to new people.

■ Know what you want from professional networking, clarify your goals for networking and be able to articulate them to others.

**Are there opportunities to save money while attending the conference?**

**Stephanie A. Crockett:** There are many ways that you can save money. ACA often offers students the opportunity to volunteer at the conference in exchange for a reduced conference registration fee. (Note: The deadline to apply as a conference volunteer in San Francisco has passed; keep this option in mind and be on the lookout for the next call to volunteer at the 2013 ACA Conference in Cincinnati.) Additionally, many ACA branches offer emerging leader programs for students and new professionals that cover conference registration fees and provide leadership training at the...
These programs are an excellent opportunity to not only save money but also to hone your leadership skills. Last, I always stay with a roommate. It reduces hotel costs!

Panagiotis Markopoulos: I send emails on counseling listservs asking students if they want to share hotel fees. The ACA website also offers reduced prices on various things, from hotels, to restaurants, to rental cars, etc. Also, do not forget to print online coupons. There are many online coupons that you can find using search engines, and you can save a lot of money on restaurants, hotels and many activities.

Robin Hayes: There are many food outlets in the Union Square area that have different price points. Attendees will be able to take advantage of a meal for $10 or more. Additionally, students can join a counseling email list for students and perhaps find a roommate at counseling.org/PressRoom/NewsReleases.aspx?AGuid=209556aa-9ad2-48df-ba27-55d8c71aa8d6. These email lists are not managed by ACA, and ACA will not be held responsible for the connection of roommates. We are just providing the information.

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

Panagiotis Markopoulos: Attending the ACA Conference is a priceless experience. Besides the pedagogical aspect, it helps you to build a strong professional identity and become a strong advocate for our counseling profession. In addition, you network with other individuals and develop new friends and long-term professional relationships.

Donjanea L. Fletcher is a student affairs counselor at the University of West Georgia. If you would like to submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, email dfletche@westga.edu.
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Suicide prevention resources for college counselors

As a new resident director on a college campus, I (Christina) learned quickly that one of my responsibilities entailed “overnight duty,” an opportunity to carry the beloved “duty phone” and answer phone calls when the office staff went home for the evening. In preparation for this, I was told, “Don’t worry … the phone never rings, and when it does ring, it is never anything serious.” Much to my surprise, I received my first call on the duty phone at 2 a.m. with a report that a campus resident had overdosed on prescription medication in a suicide attempt. As a licensed counselor, I immediately went into crisis counseling mode, ensuring the care and safety of the student who had attempted suicide as we waited for a medical response team to take over. Fortunately, the student’s attempt at suicide was unsuccessful, but the incident raised a very important question. What resources are available to assist with suicide prevention for college students?

Similar to Christina’s experience, I (Kristin) spent many years working on a college campus, both on the prevention and treatment side. A large part of my job as coordinator of suicide prevention was to raise awareness and provide knowledge for different mental health concerns. I quickly learned that a large number of people on campus who worked directly with students on a daily basis lacked awareness and knowledge of how much information could be accessed 24 hours a day, seven days a week, as long as they had access to the Internet. Whether I was guest lecturing to students in the classroom, working with clients in the counseling center or speaking with faculty, staff and fellow counselors, every individual seemed to appreciate receiving information on resources that were readily available to them.

These two experiences highlight a couple of things. First, those who work with the college population want to provide optimal care and resources to students who are suicidal. Second, a strong need exists for counselors to know what resources are available so they can effectively counsel students and empower staff and faculty to assist in suicide prevention. Various resources are available online that can empower those who provide counseling services and assist gatekeepers in any community with noticing warning signs, receiving education and even implementing programs that can increase awareness and enhance suicide prevention.

Emerging adulthood

It is important to understand characteristics associated with the stage of life that college students are in. Although you will hear alternatives, “emerging adulthood” is the prevalent term used to describe individuals who are in the developmental stage between adolescence and young adulthood. This is the stage that describes the majority of students in college. By better understanding this stage, counselors can gain discernment concerning whether client concerns suggest risk for suicide or are instead normal struggles associated with emerging adulthood. The following websites explore the definition of emerging adulthood and highlight a variety of characteristics associated with this stage of development.

- Minnesota State University Mankato Counseling Center on emerging adulthood: tinyurl.com/84b52f3
- “Who Are Emerging Adults” (Changing Spirituality of Emerging Adults Project): tinyurl.com/3hduuy
- The Network on Transitions to Adulthood: tinyurl.com/cc5gd7f
- Alan Reifman’s Emerging Adulthood Page: tinyurl.com/86tmuw-4b
- Becoming Adult blog (Psychology Today): tinyurl.com/7ffjmK8
- 30, the New 20? Commentary: tinyurl.com/7k8h46

Warning signs of suicide

Along with emerging adulthood, it is also important to recognize and explore the risk factors and warning signs associated with suicide. Although there are some general warning signs related to suicide, various risk factors are unique to the college population. The following are excellent websites that help to outline and conceptualize the warning signs of suicide.

- SAVE (Suicide Awareness Voices of Education): save.org
- Suicide.org Suicide Prevention, Awareness and Support: suicide.org
- “Recognizing the Warning Signs of Suicide” (WebMD): tinyurl.com/y8u2f3k
- American Foundation for Suicide Prevention: tinyurl.com/n7efyl
- National Suicide Prevention Lifeline: tinyurl.com/bjy7x59q
- American Association of Suicidology: tinyurl.com/pldn99

Risk and protective factors

Beyond being aware of initial signs, clinicians might be wondering how to look at a more comprehensive way of assessing risk. This can be accomplished by reviewing a client’s risk and protective factors. The following organizations provide information on these factors.

- Centers for Disease Control and Prevention: tinyurl.com/chjnu
- American Foundation for Suicide Prevention: tinyurl.com/452ym3
- Suicide Prevention Resource Center: tinyurl.com/dcbuy59q
- National Institute of Mental Health: tinyurl.com/c2ywy
- Western Michigan University Suicide Prevention Program: tinyurl.com/7v9kzut
- Florida Statewide Office of Suicide Prevention: tinyurl.com/bq3waka

National organizations

Various national organizations provide educational resources that can be helpful...
to college counselors and other counselors who provide services to clients who are suicidal.

- American Association of Suicidology: suicidology.org
- American Foundation for Suicide Prevention: afsp.org
- Suicide Prevention Resource Center: sprc.org
- SAVE: save.org
- The Jed Foundation: jedfoundation.org

Where to find free resources (pamphlets, posters, magnets, etc.)

- Suicide Prevention Lifeline: tinyurl.com/7xdcjfh
- Suicide Prevention Resource Center: tinyurl.com/7sa4s6t
- The Ohio State University Suicide Prevention Program: suicideprevention.osu.edu
- The Campus Suicide Prevention Center of Virginia: tinyurl.com/6s4rp5h
- Developing a Campus Program (Suicide Prevention Resource Center): tinyurl.com/7vme6lb
- Wyoming Chemical Abuse Research Foundation Suicide Prevention Program: tinyurl.com/cn6l9kl

Training for suicide prevention and intervention

- LivingWorks: livingworks.net
- Suicide Prevention Resource Center (online training): training.sprc.org
- QPR (Question, Persuade and Refer) Institute: aprinstitute.com

Campus suicide prevention programs

Many campuses may not know where to begin when thinking of creating or implementing a campuswide suicide prevention program. Fortunately, a few colleges have posted their prevention programs online. We have also included websites that provide information on developing guidelines for campus suicide prevention programs.

- The Ohio State University Suicide Prevention Program: suicideprevention.osu.edu
- The Campus Suicide Prevention Center of Virginia: tinyurl.com/6s4rp5h
- Developing a Campus Program (Suicide Prevention Resource Center): tinyurl.com/7vme6lb
- Wyoming Chemical Abuse Research Foundation Suicide Prevention Program: tinyurl.com/cn6l9kl

Because of our past experiences, we firmly believe that spreading the word and encouraging awareness of these resources is an important step. Our hope is that these resources are passed on to your counseling colleagues, to the gatekeepers on your campuses and to the students or other clients with whom you are working. As we all know, knowledge is power, and we encourage you to use the power (and resources) available in ways that promote awareness, increase resources and enhance client well-being. In doing so, we believe counselors can play a significant role in promoting suicide prevention efforts on college campuses.

You can find these and other links on “The Digital Psyway” companion site at digitalpsyway.net. Did we miss a good resource link? Submit your suggestions to column editor Marty Jencius at mjencius@kent.edu.

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Letters to the editor: ct@counseling.org

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A question counselors often ask me is whether they should specialize. That is, should they focus their counseling practice in a specific area? It's a hard question to answer because even successful business people disagree. In this column, I'll describe four ways that counselors can specialize and offer some insights into how specializing can help (or hurt) a counseling practice.

There are four areas in which counseling practices can specialize:

- Populations served
- Problems treated
- Treatment methods used
- Business practices

**Populations served**

Children, couples, firefighters, Mormons, Texans. Specializing in a client population means limiting one's practice to serving a group with an identifying characteristic other than the presenting problem.

This type of specialization is most successful when members of the particular client population are known to limit their search for counselors to those who work specifically with their population. For example, many Christians will refuse to see a counselor who does not identify himself or herself as a “Christian counselor.” Similarly, executives; lesbian, gay, bisexual and transgender clients; and many ethnic groups will seek out therapists with specific expertise in helping persons in their population.

The downside of specializing in a specific population is that you limit your potential client base. A colleague of mine had a website with a header that read, “The Child and Adolescent Experts.” Although the specialization helped the practice win both school and court contracts (working with delinquent adolescents), the practice still struggled because the local demand for child therapy was too small. As soon as the practice expanded to encompass families and couples, its business grew.

Broadening (or diluting) its specialization worked for this practice. However, it also weakened the practice’s grip on the child and adolescent market. Because the practice no longer markets itself as “the child and adolescent experts,” other practices in town are more able to compete for those clients.

**Problems treated**

From social anxiety disorder to substance abuse, there is no shortage of psychological problems and life issues in which to specialize.

Specializing in a specific problem means more than simply adding an item to a practice’s menu of disorders treated. It takes commitment to limit one’s practice to a specific problem, and both clients and colleagues tend to respect counselors who are willing to focus in this manner. Moreover, if you choose a problem that the average clinician finds difficult or undesirable to treat — severe mental illnesses, autism spectrum disorders or high-risk clients, for example — the specialization should help to encourage peer referrals.

Alternatively, if you brand your practice more commonly as “the depression specialist,” peer referrals will likely be sparse. Still, you will gain the attention of potential clients with depression, who might look favorably on a practice built specifically for their presenting problem.

**Treatment methods used**

Treatment methods can include psychoanalysis, eye-movement desensitization and reprocessing (EMDR), dialectical behavior therapy, positive psychology and many more. Specializing in a method of treatment is a good way to recruit savvy clients who know the type of treatment they want. The average client, however, is rarely focused on treatment method.

I often see counselors excited about their EMDR certifications, but less often do I see those certifications become the genesis of a thriving practice. Conversely, I have known a tight-knit community of psychoanalysts who refer within their circle and seem to have a loyal following of psychoanalysis-seeking clients.

In my own clinical work, rarely do clients seek me out because of my counseling methodology. Hence, from a business perspective, although there often isn’t a big upside to specializing in a treatment method, there probably isn’t a huge downside either.

**Business practices**

Walk-in appointments, phone or video sessions, at-home therapy, 24-hour customer service, high prices, low prices. The business decisions that make up a practice’s unique brand identity are limited only by the founder’s imagination (and resources).

But can business practices really be a specialization? Yes! If every session is $600 and you offer caviar to your clients, your practice specializes in providing a high-priced, first-class counseling experience (OK, that’s debatable, but you get the point). If sessions are $40 and lack frills, you specialize in providing an economic counseling option, much like...
Southwest provides low-cost airfares. Which identity to choose? Customer service is in demand right now, with recent polls showing that most consumers are willing to pay more for goods and services in exchange for a great buying experience. Also, some business practices are “evergreen,” such as affordability and convenience (no one is ever going to say, “I wish this service cost more and was harder to use”). Still, to really set your practice apart, clients need an experience that is delightful, memorable and unique.

**Specialization tips**

The seven tips that follow are based on my experience working with counselors starting new practices.

1) **Don't specialize in group therapy.** Some counselors starting out think that offering group therapy will help them build a caseload. Nothing could be further from the truth. Instead, groups tend to work best when a practice has an overabundance of incoming clients who want help. For example, a group is a good option if your practice is receiving a never-ending influx of clients who are mandated by the court system to receive anger management.

2) **Avoid creating a holistic health program.** A counselor starting a private practice might get the idea to establish a holistic health program. These programs usually combine counseling with some number of ancillary services such as yoga, exercise, nutrition, meditation, massage or other options. In addition, they often require the client to make some type of up-front commitment to participate. The idea is that by taking a “whole health” approach to care, the practice will become differentiated in the marketplace, while also being more helpful to clients than if it offered psychotherapy alone. However, such programs create a barrier for building a practice because most prospective clients don’t want to sign up for a program; they just want to try out a normal counseling session.

3) **Consider demand.** Before selecting a specialty, try to determine if there is enough demand for what you are offering. Tony Hsieh, CEO of the online shoe retailer Zappos.com, says, “In business, one of the most important decisions for an entrepreneur or a CEO to make is what business to be in. It doesn’t matter how flawlessly a business is executed if it’s the wrong business or if it’s in too small a market. Imagine if you were the most efficient manufacturer of seven-fingered gloves. You offer the best selection, the best service and the best prices for seven-fingered gloves, but if there isn’t a big enough market for what you sell, you won’t get very far.”

4) **Stay consistent.** Don’t jump ship on an idea that’s working. In *The 22 Immutable Laws of Branding*, authors Al Ries and Laura Ries write, “Consistency built the Little Caesars brand, and lack of consistency is in the process of destroying the Little Caesars brand. ‘Pizza! Pizza!’ became the chain’s rallying cry. Where else could you get two pizzas for the price of one? The power of this branding program made Little Caesars the second-largest pizza chain in America. ‘Why should we limit ourselves to take-out pizza only?’ the bored executives asked. So Little Caesars introduced ‘Delivery. Delivery.’ And promptly fell to third place in sales, after Pizza Hut and Domino’s Pizza.

“‘It gets worse. In order to turn the chain around, Little Caesars went big. The small pizza became a medium-size pizza. The medium-size pizza became a large pizza. And the large pizza became an extra-large pizza. Talk about confusion. ‘I’d like to order a medium-size pizza, please.’

“‘Do you want a Pizza Hut medium, which is actually our small size? Or do you want a Little Caesars medium, which is actually a Pizza Hut large?’

“‘Uh … do I still get two pizzas for the price of one?’

“‘Pizza! Pizza? No, we don’t do that anymore.’

“A pity. Little Caesars had one of the best brands in the pizza category. The only brand focused on takeout. The only brand with an identity and a message. (Pizza! Pizza!) And now it has nothing.”

5) **Be the best in the world.** To have a truly great practice, you need to be the best in the world. Sound overwhelming? Don’t worry. This can be both highly focused and location-specific. For example, you could be the best at “providing counseling to single mothers in central Virginia” or “providing cognitive behavior therapy to undergraduate students attending Virginia Tech.” When potential clients are looking for a counselor, they are looking for the best option in their world — which might mean the best counselor within a few miles, under their budget, who has openings on Thursdays or Saturdays. Jim Collins, author of *Good to Great* and other books, elaborates: “We confront the brutal facts of what we can — and equally cannot — become the best in the world at, and we do not allow bravado to obscure the truth.” At what can you be the best in the world? At what can you not?

6) **Take a flier.** If you have a new, creative idea for your practice but are not sure if it will work, give it a try! Don’t bet the farm on the idea, but don’t play the game so safe that you never take any chances. When starting a practice, a lot of what you do is going to be like throwing handfuls of grass into the air and seeing if it catches the wind. Most will just fall to the ground, but every once in awhile, something will catch air — and take off!

7) **Specialization can work in a small town, too.** I used to think that to succeed in a small city or town, a counseling practice would need to offer broad and general services. This isn’t always the case, however. Although there are fewer people in small markets, there are also likely to be fewer clinicians. This past year, I spent a lot of time in a small city. Residents are paying big city prices to meet with the few counselors known to be good at couples therapy or eating disorders.

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

Letters to the editor:
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Barbara Temaner Brodley was an icon within the person-centered therapy community, and through her Rogerian scholarly pursuits, she created a thorough collection of articles depicting the many intricacies of person-centered theory and practice. Practicing Client-Centered Therapy: Selected Writings of Barbara Temaner Brodley provides readers with a plethora of content (30 chapters) describing the tenets and meaning of person-centered counseling concepts, concise examples of Carl Rogers’ clinical abilities and transcripts of Rogers conducting therapy. Perhaps the most powerful and influential aspect of this book is Brodley’s comparison of the current practice of person-centered therapy with what Carl Rogers had intended. As a counselor educator, it was fascinating to discover how much counseling, as a field, has deviated from Rogers’ initial intentions.

Brodley’s writing depicts a contrast between what Rogers promoted and wrote about, and the current practice of many person-centered therapists. For example, in Chapter 8, she describes how a misinterpretation of what empathic responding entails has caused many therapists and educators to inaccurately promote the sole use of feeling words in empathic responses. Brodley cites research indicating that an examination of Rogers’ own transcribed interviews revealed that only 24 percent of his empathic responses actually used feeling words. Rather, 90 percent of his empathic responses used certain feeling and non-feeling words to depict the client’s feelings, dispositions, evaluations and volitions. In addition to offering a detailed clarification of what is technically included in an empathic response, Brodley describes what Rogers meant by his concepts of empathic response, congruence, unconditional positive regard and the implementation of a non-directive attitude.

Of particular importance is the overarching person-centered ethic of the utilization of a non-directive attitude. In Chapter 5, Brodley conceptualizes the non-directive attitude as an ethical foundation of person-centered counseling and a force that is meant to be both implicit and explicit within the counseling process. Brodley poignantly describes the guiding motivation of person-centered practitioners as a “drive to understand” their clients empathically and accurately without intervening with the client’s process. Indeed, protecting the client’s self-determined process is discussed as being essential for the client’s empowerment and actualizing tendency.

Throughout the book, Brodley enhances her detailed descriptions of philosophical concepts with practical examples of person-centered therapy in action. She clarifies an individual’s actualizing tendency as a meta-motivation that subsumes all other human motivations, concisely describing this process as a basic assumption about all organisms and a central source of energy aimed at organismic perfection. She then demonstrates the complexity of the concept by describing it as being both unique to individuals and the motivating tendency in all organisms. The theme of describing processes clearly and concisely and then following those descriptions with a more complex philosophical position is present throughout the book.

Brodley’s pragmatic and philosophical interpretation of Carl Rogers’ theory demonstrates her mastery of the material and will undoubtedly inspire readers to fully implement and utilize the person-centered method of helping. Written in a clear, concise style, this book is a helpful guide for any counselor or educator learning about Rogers, person-centered therapy and humanistic tenets. The book’s easy-to-navigate format allows access to specific topics, transcriptions, case studies and other related person-centered experiences. Providing an excellent base of knowledge on the subject of person-centered therapy, this book is an invaluable reference to anyone exploring this particular counseling style.

Reviewed by Stephen Flynn, column editor for “Resource Reviews.”

Interview Answers in a Flash: More Than 200 Flash Card-Style Questions and Answers to Prepare You for That All-Important Job Interview!, Second Edition

Although this guide is compact
Because job interviews cause some level of anxiety for most prospective employees, the book’s “Before the Interview” section is exceptionally helpful. The section is full of tips on getting properly prepared for the interview, including doing your “homework,” practicing with friends and family, utilizing a professional voice mail and allotting the needed time for the interview. These and many other suggestions allow the reader to approach the interview feeling better prepared and less stressed.

This resource breaks interview questions down into categories such as education and training, work background, skills and competencies, personality, values and goals. This structure makes it easy for readers to identify and focus on question areas that they find particularly difficult to answer.

A category is also dedicated to specific questions that interviewers cannot ask of potential employees. Many young professionals may not be aware that certain questions are off-limits. These questions include those that could be used to discriminate because of age, questions covered under the Americans with Disabilities Act and those covered under Title VII.

Interview Answers in a Flash urges readers to review all of the potential interview questions, thus determining which areas may prove most difficult for them. Once these areas are identified, readers can use the tear out flash cards to determine their answers and practice their responses to these difficult questions. The flash cards also provide a space to make notes.

Overall, this is an extremely useful resource for individuals seeking to prepare for an interview. It is not only small and handy but also affordable. Interview Answers in a Flash would be a good book for career counselors to use with a wide range of clients, from those with no interview experience to those seeking a career change.

Reviewed by Carly Heard and Amber Groh, assistant directors of Student Life at the University of South Dakota.
60th Anniversary 60for60 Member-Get-A-Member
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For each new “Professional or Regular” member you recruit, you will strengthen the American Counseling Association (ACA) by broadening our membership base, while expanding your own network of colleagues. And of course, WIN BIG!

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For each new “Professional” or “Regular” member you recruit, your name will be entered into two drawings to win the monthly prize and the Grand Prize. Yes, that’s two chances to win. The more you recruit, the more times your name is entered in the drawing, bettering your chances to win! Definition of an ACA “Professional” member: Individuals who hold a master’s degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation. Definition of an ACA “Regular” member: Individuals whose interests and activities are consistent with those of the Association, but who are not qualified for Professional membership.

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2. Encourage your colleagues to log on to counseling.org and select the “Join ACA” link for instant signup—remind them to add your “ACA membership ID” on the “Were you referred by a current ACA Member?” section to receive credit for your referral; or

3. Have your colleagues contact the ACA Member Services Department at 800-347-6647 x222 or 703-823-9800 x222 (M–F, 8 am–6 pm, ET). Make sure they state your name and/or “ACA Membership ID” as their referral in order to receive credit.

60for60 Double Win fun ends April 30, 2012, so get started now! If you need assistance with recruiting new “Professional” or “Regular” members, please contact Denise Brown, Director of Member Programs, at 800-347-6647 x303, 703-823-9800 x303 or dbrown@counseling.org.

Remember - the more you recruit, the better your chances to win! Let’s start recruiting today.
Career Counseling

Mark L. Savickas proves that sometimes a good book is worth the wait, even if that wait means three decades. Savickas pulls together some of his most profound thinking of the past 30 years in this most remarkable effort, which is part of the Theories of Psychotherapy series edited by Jon Carlson and Matt Englar-Carlson.

Whether familiar with Savickas’ work or not, the reader is treated to a front row seat for paradigm shift as the author underscores the misuse of career development theories as career counseling theories over time in the absence of an actual theory of career counseling. Savickas briefly describes the emergence of his own theory and its transformation into a counseling model rooted in assisting individuals as they construct their careers. He presents Career Construction Theory as pivotal for addressing the needs of workers in the 21st-century world of work, where certainty and clearly visible career paths have long since vanished.

Savickas spends considerable time discussing the concept of self being viewed essentially as a task and in explaining the separate, distinct nature of identity in relation to the self. Detailed explanations of concepts such as narrative identity guide the reader through the building blocks of the theory itself. Savickas cleverly demonstrates the significance of the narrative approach and how “career as story” affects both the construction of self and identity. He then shifts to a more focused discussion of how narrative counseling can assist the mobile, fragmented workers of today in increasing not only their comprehension but also their coherence and continuity. Savickas also emphasizes Career Construction Theory’s focus on mattering and meaning making as opposed to the more traditional pursuit of congruence. Before introducing the structured interview format found in the Career Story Interview (CSI), he ensures that readers are provided with a satisfactory description of the relationship and communication dimensions of his counseling theory.

The CSI consists of questions related to five different areas of an individual’s life: role models, magazines, a favorite book, mottoes and early recollections. These topics were selected and the stimulus questions structured to elicit smaller yet significant stories that eventually can be pulled together into a more encompassing whole.

 Chapters 5 through 8 are devoted to the assessment of the information gathered during the interview. Savickas provides an overview of the goals of the assessment stage and critical pieces of the process. He clearly articulates the eight steps in the assessment process necessary to transform smaller stories into a larger, more encompassing narrative. The significance of early recollections in the discovery of preoccupations is explored quite thoroughly for the reader, as is the connection between role models and solutions to client preoccupations.

Savickas’ years of experience in moving between theory and practice are evident as he explores the significance of settings via information gathered from questions related to favorite TV shows or magazines as an inroad to an individual’s interests. He emphasizes the importance of understanding settings that seem to be attractive to the client. He also clearly demonstrates the significance of scripts such as those reflected in a favorite story or book. Savickas goes as far as helping the reader understand the power of self-advice residing within personal mottoes and its possible impact in helping the client move toward future desirable scenarios. He patiently spells out the necessity of constructing a grand narrative from all of the smaller stories gathered and provides general guidelines for creating a written life portrait of the individual. Keeping with his user-friendly, methodical approach, Savickas devotes the book’s final chapter to client transformation, from intention to action, be it further self-exploration or something more specific such as the choice of an identified occupation.

Review by William C. Bridick, associate professor in the Counseling and Human Resource Development Program at South Dakota State University.

Stephen Flynn is an assistant professor of counselor education and the clinical experiences coordinator at the University of South Dakota in Vermillion. Contact him at Stephen.Flynn@usd.edu.

Letters to the editor:
counseling.org

Executive Director

Continued from page 7

San Francisco (March 21-25), I look forward to seeing you. The complete list of Education Sessions is now online for your planning purposes at counseling.org/Convention/2012/2012_Education_Sessions.pdf. I think you will see that we have quite an array of offerings this year. And with keynote speakers Irvin Yalom and NPR journalist Craig Windham (who holds both a master’s and a doctorate in counseling!), I know you will be in for some compelling and inspiring discussions.

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

Thanks and be well. •
Called to the scene of a fire, Michael Dubi immediately noticed the elderly woman. She stood in place, silently, simply watching as her home and all of her belongings were consumed in flames directly in front of her.

“She could not speak or move,” says Dubi, president of the International Association of Trauma Professionals (IATP) and an associate professor in the School of Behavioral Sciences at Argosy University, Sarasota. “I held her hands and squeezed them gently and alternatively” — a technique known as bilateral stimulation — “until she calmed down and was able to make eye contact and speak to me and cry. We were then able to contact her children, who came to care for her.”

Across the nation and the world, crises happen every day. Some make headlines, such as large-scale natural disasters like the earthquake that devastated Japan this past year or human-caused atrocities like 9/11. But most fly below the national news radar — local fires, floods and car accidents that are smaller in scope but no less devastating to those who feel their impact firsthand.

Counselors who haven’t been trained in traumatology might assume that their role in the immediate aftermath of a disaster or crisis is no different than their traditional counseling role — to provide therapy, Dubi says. That would be a mistake. “You can’t do therapy with someone who’s just been traumatized,” says Dubi, a member of the American Counseling Association who also runs a private practice in Sarasota. “Therapy is [only] part of the process, and it’s not the first part.”

Jane Webber, an associate professor and coordinator of the counseling program at New Jersey City University, echoes Dubi. “Traditional counseling focuses on setting goals and providing interventions for clients for change,” says Webber, a major contributor to the first edition of Terrorism, Trauma and Tragedies: A Counselor’s Guide to Preparing and Responding, published by the ACA Foundation in 2002, and co-editor of the second and third editions, the latter of which was published in 2010. “Disaster mental health counseling is an ecological and solution-focused approach that does not serve to change what is working. It draws on the strengths of individuals and collectively in the community to regroup and return to normal functioning. This is a practical, common-sense approach that is interconnected with the community support. ‘Neighbor helping neighbor’ may be the most effective approach to disaster recovery. Further disaster and crisis counseling serves to prevent the development of PTSD [posttraumatic stress disorder] through safety, stabilization, self-care and coping skills.”

Dubi says the importance of counselors being trained in disaster mental health and traumatology techniques is demonstrated in the sheer number of people who have been or will be traumatized during the course of their lives. He points to research that has shown that the majority of people counselors see have been traumatized. Whether that number is 99 percent or 51 percent of clients, Dubi says, it’s crucial that counselors are fully equipped to help them.

In a world transformed in recent years both by terrorism and a seeming deluge of high-profile natural disasters,
it is especially vital that counselors demonstrate the ability to respond in situations of crisis and disaster, Webber says. "In this new normal in a post-9/11 world, it is important for all professional counselors to understand the role of disaster and trauma in people's lives and to be able to work effectively with clients who have experienced traumatic events," she says. "Disaster response and crisis counseling are essential areas of knowledge and skill for counselors in the 21st century."

Creating safety in the midst of chaos

Whether man-made or natural, disasters are terrifying, life-threatening events, says Webber, a member of ACA. "Both types of traumatizing events can destroy our sense of the world as safe and predictable," she says. "Human-caused mass disasters such as terrorist bombings leave survivors traumatized and vulnerable, propelling us to question our fundamental belief in a safe world." Among survivors of terrorism, Webber says, feelings of sadness and grief are often intertwined with anger, hatred and revenge. "When others destroy our safety, there is something dreadfully fearful that disrupts our inner core. Before healing can occur, counselors must help survivors restore a sense of safety and security and control over their lives."

"After natural disasters such as hurricanes or floods," she continues, "grief, sadness and shock are mixed with resignation and resolve to return to normal, to rebuild homes and neighborhoods, and to restore connections among families and friends. The emphasis is different, and the resolve of the survivors may focus more on recovery without the fear of terrorism."

Since 9/11, Webber says, the counseling profession has become more knowledgeable about how people respond to disaster and traumatic events. "There is a greater understanding of the stages of recovery in the immediate aftermath of a disaster and our role in responding in each stage," she says. "We understand that most disaster survivors are normal people who are responding to an abnormal event, and we avoid pathologizing or viewing people as sick because of their response to the event."

Counselors also now recognize that most survivors of mass disasters will return to normal functioning within a few days or weeks without mental health treatment, Webber says. The majority of survivors will not develop PTSD, she adds, and not everyone exposed to a traumatic event will show distress or become traumatized. "Actively involving and empowering survivors during the first days and weeks after the event speeds the return to normalcy," Webber says. "We know that many people experience psychological growth after experiencing traumatic events, and this awareness transforms our understanding of the power of trauma." (For more on the concept of posttraumatic growth, see "The transformative power of trauma" on page 40.)

Webber points to Judith Herman's triphasic model of trauma recovery as a guide for counselors. "[The elements] are safety and stabilization, remembering and mourning, and reconnecting and healing. In the immediate aftermath of a disaster, providing a safe and secure place, physically and emotionally, is paramount."

Dubi agrees, stressing that the first priority for counselors responding in a disaster or crisis is to help survivors regain a sense of safety. He contends the next most powerful intervention is helping clients with basic needs such as finding a place to sleep, calling their loved ones and similar tasks. "People who are trained in disaster work know enough not to do therapy at the disaster site," he says. "You don't do that — [you] get the people what they need right now." The goal is to try to resolve the day-to-day issues that have been disrupted, Dubi says, and to help clients as much as possible in reestablishing a sense of safety, normalcy and predictability.

Cecile Brennan, an ACA member and coordinator of the counseling program at John Carroll University in University Heights, Ohio, often tells her students that in a disaster situation, a traditional counseling response isn't the right one. And there's a good reason for that. "A person [in a disaster or crisis situation] does not have the sort of mental state to really be reflecting on their emotional state — they're in a response mode," Brennan says. "So to ask the kinds of questions that are more reflective is probably inappropriate."

Disaster Mental Health and Crisis Stabilization for Children

presented by Jennifer Baggerly

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probing, open-ended questions that you might ask in traditional counseling is just not appropriate. They’re in a kind of survival mode, and you don’t want to undermine that process. It may be important for someone working through a crisis not to be feeling things intensely. And we don’t want to undermine that defense mechanism.” The best thing counselors can do for individuals in a disaster or crisis situation is to make sure they’re safe, be supportive and simply listen, she says.

Roxane Dufrene, an associate professor in the counselor education program at the University of New Orleans, has worked with survivors of 9/11 as well as individuals who lived through Hurricane Katrina. She agrees that competently working with survivors of disasters or crises means helping them find ways to meet their basic needs, while also listening with empathy. Dufrene points out that the purpose of crisis intervention work is to stabilize people and return them to where they were before the crisis — not further beyond that.

The hard part for counselors is overcoming the desire to fix the situation or make it better for clients, says Dufrene, a member of ACA. The reality is that counselors can’t fix it, she says, and they certainly should never tell clients that everything is going to be all right.

Helping clients cope
Psychological first aid (PFA) is now considered the accepted evidence-informed practice for postdisaster assistance. Webber says. PFA provides scripts for responders, and from this approach, counselors learn to provide safety, reduce distress, restore stabilization and promote coping skills, she explains. “Like medical first aid, psychological first aid reduces immediate distress as well as the potential for long-term psychological problems such as PTSD,” she says. “Psychological first aid builds upon the individual’s coping skills and social support systems to enhance resiliency and recovery.”

The eight core actions of PFA are contact and engagement; safety and comfort; stabilization; information gathering about current needs and concerns; practical assistance; connection with social supports; information on coping; and linkage with collaborative services. The core actions are not meant to be followed in a set sequence, Webber says. Instead, the order of action should be determined based on the needs of the survivors.

According to Webber, among the most helpful PFA techniques in the aftermath of a crisis are diaphragmatic breathing, relaxation, containment, tapping, anchoring to a safe place, entrainment and grounding. Entrainment involves using your behavior to calm stressed individuals. “This process helps agitated or distressed individuals who are speaking very loudly or rapidly to slowly calm themselves,” Webber says. “I adapt the volume, tone and pace of my voice to be in sync with the individual’s. I then influence the individual’s next response to resonate more with me and to be a little softer or slower.”

“Grounding helps individuals reorient themselves and reduce emotional distress when they appear to be losing touch with their environment, especially in the chaos of moving to a point of distribution or a family center immediately after a traumatic event,” Webber says. “Grounding helps them turn their attention back to the outside world by looking for and naming nondistressing objects that they can see, hear or feel, such as the table, the fans oscillating, [a] blanket, while they breathe slowly.”

STOP and SOLER are two acronyms for crisis intervention strategies that help the responder and the survivor connect, Webber says. STOP stands for Sit, Think, Observe and Plan. This reminds counselors to thoughtfully plan their responses and not to act impulsively, she says. SOLER stands for Sit or Stand Squarely, with Open posture, Lean forward, make Eye contact and Relax.

When working with a client at a disaster site, Webber makes sure her first contact is nonintrusive and respectful, understanding that the person might not want her help at that moment.

She offers an example of how she might approach a client using and adapting PFA scripts: “Hi, I’m Jane, and I’m part of the county volunteer team. I’m checking in with you to see how you are doing and to see if I can help in any way. Is it all right if we talk for a few minutes? Can I ask your name? Can I call you Yolanda, or do you prefer Mrs. Jackson? Before we sit and talk, is there anything you need right now, Mrs. Jackson? Water? Juice? Have you had a chance to eat since you arrived here? Good. Let’s sit for a few minutes and talk.”

“This script is calming and supportive,” Webber says. “My plan would also include current information that they want. Here’s what’s going to happen next. You and your children are going together soon to a shelter with cots, blankets, food and clothing. Stay close by, and I will let you know when it’s time to go. Do you have any questions now? I may begin by walking slowly in the direction of assistance or to chairs, encouraging the person to follow and sit down with me. It is important for me to think out and plan my response with cultural respect and sensitivity, guiding my level of eye contact, touch and personal space by cultural norms.”

Cultural sensitivity is a central element in working with survivors of a disaster or crisis, Webber says. She offers some advice along these lines to her fellow counselors: Avoid generalizations and stereotypes; adapt disaster response models to the cultural, familial, linguistic, political and community context; understand cultural factors that figure into risk, resilience, coping and PTSD diagnosis; and recognize cultural and spiritual distinctions in grief, suffering and mourning.

Preparing for the future
Counselors will generally work in two- or three-week rotations at a disaster site, which means their assistance to survivors is short term. That makes connecting clients to long-term support a key function. Often, Brennan says, the full emotional impact of the disaster or crisis won’t register with survivors until a few months after the fact, so it’s important to provide them with information about where they can go locally to talk with someone if they need help down the road. She says it’s also helpful to prepare survivors for this possibility by telling them that recovering from what they’ve experienced will be a bit of a journey and that people sometimes need assistance along the way.

To effectively set up clients with support, Dufrene says counselors must familiarize themselves with the systems they are working in, whether that means
the responding organization such as the American Red Cross or the community and cultural systems of the clients. Truly understanding those systems will allow counselors to better connect survivors with available resources and support, she says.

Once the immediate aftermath of a crisis or disaster has passed, the hope is that basic safety will be secured and a sense of normalcy will return. At that point, or even further down the road, survivors might seek out counselors for more traditional therapeutic assistance.

Dubi points to cognitive behavior therapy (CBT) as one method of assisting clients. The idea behind CBT, he says, is that what people tell themselves and how they think in turn affects how they feel. “CBT can help identify the negative distorted beliefs and their causes,” he says. “It can then extinguish the negative beliefs and help create new, more adaptive beliefs.”

Neurobiological approaches using eye-movement desensitization and reprocessing (EMDR) and Brainspotting, as well as evidence-based trauma approaches such as emotion-focused trauma therapy, can also be helpful to clients, Webber says. Each approach requires that counselors have training, supervised practice and protocols in place, she emphasizes.

Dubi describes EMDR as a type of exposure technique that helps to desensitize a person or alter how he or she reacts to the traumatic memory. With training, a counselor can guide the client in bringing up the memory, and through repeated bilateral stimulations, the client slowly desensitizes, reducing the level of stress when recalling the memory.

When people go through a crisis, they often operate on autopilot and fail to process their feelings, Brennan says. As time passes, clients might need to tell their story repeatedly until they can fully absorb it into their psyches. With children and some adults, it can be helpful to have them draw what they saw as another way to access those memories, she says.

Webber says counselors still need to broaden their research base to determine which techniques work best. She acknowledges, however, the difficulty in studying the effectiveness of techniques in a relatively uncontrolled and at times chaotic work environment. It can be equally hard to follow up on the effectiveness of techniques after individuals and families have left the disaster area or shelter.

**Caring for kids**

Attending to children and adolescents who have endured a disaster or crisis requires a unique perspective, says Gail Roaten, an assistant professor and coordinator of the school counseling program at Texas State University. Children who survive a crisis are unquestionably affected, but Roaten says new research is indicating that kids who simply observe a crisis, whether in person or on television, internalize more than was previously thought.

The reaction to a crisis might appear different with each individual child, Roaten emphasizes, but general reactions among children can include seeming confused or numb, feeling helpless or hopeless, feeling afraid for their safety, seeming in a fog, seeking to retell the story of the experience, acting out, experiencing headaches or stomachaches, and fearing a recurrence of the event. Many of the same symptoms will show with adolescents, Roaten says, although they may also feel embarrassed by these fears and try to mask them and pretend everything is fine.

In the early stages after a crisis or disaster, it is paramount to provide kids with a sense of safety and to meet their basic needs, says Roaten, who is a member of ACA. After that, debriefing groups can sometimes be beneficial, she says, allowing the kids a chance to process what happened and talk about the facts. Debriefing also gives counselors a built-in opportunity to inform kids that what they’re feeling is normal. It’s important that counselors talk about what happened in a developmentally appropriate way but without sugarcoating it or avoiding it, Roaten says. If no one talks about the crisis or offers an explanation, children sometimes come up with far-fetched ideas and might even assume personal responsibility for whatever occurred, she says.

Helping young children cope with crisis sometimes requires techniques other

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Disaster mental health at the ACA Conference

Heading to the ACA Annual Conference in San Francisco in March? Here’s a partial list of the disaster mental health sessions being presented by the experts interviewed for this article.

- Program ID #1207: Essential Skills for Disaster Mental Health and Crisis Counseling (Preconference Learning Institute)
- Program ID #115: Strategies for Disaster Mental Health: Lessons From the Field
- Program ID #264: Tools of the Trade: A Resource-Rich Model for Teaching Disaster and Trauma Skills for Counselors
- Program ID #347: With Crisis Comes Opportunity: Counseling Children & Adolescents in the Aftermath of a Disaster

For a complete listing of sessions covering disaster mental health, crisis response and trauma at the ACA Annual Conference, review the Program Guide given to all conference attendees or visit counseling.org/conference.

Disaster mental health

Counseling Today | February 2012

than talking, Roaten says, because these clients won’t necessarily have the words to accurately convey their feelings. Sand tray therapy, play therapy and art therapy are among the effective options for helping kids work through their experiences, she says. She adds that play therapy supports children in developing new neural pathways, helping their brains to heal.

“Among very young kids, you’ll see a lot of emotional expressions through art,” Roaten says. “Playing with sand is another way for them to express themselves. They can use this as a way to talk about their experiences. A lot of kids and adolescents will react emotionally out of the amygdala,” Roaten says. “Through play, sand tray and art, children work through emotions while the brain processes the trauma through the prefrontal cortex.”

CBT techniques are also useful with older children and adolescents because they encourage kids to first identify the negative thoughts and beliefs and then reframe them, Roaten says. With adolescents, it can sometimes be beneficial to teach breathing and relaxation techniques and then try some exposure therapy, she says.

Family education is also helpful when children and adolescents are involved in a crisis, Roaten says. Counselors can assist the family in understanding how the kids are feeling and how the rest of the family can offer support. This also allows counselors to provide the family with resources for the future.

Even if children and adolescents have only watched a crisis unfold on television, Roaten says it is still important to talk with them about what happened. For example, a school counselor might do some basic work with students on identifying their own coping skills and processing what they might do in a similar crisis situation.

The most important thing to keep in mind, Roaten says, is that children aren’t adults and shouldn’t be treated as such following a crisis. Counselors should validate children’s feelings concerning the crisis or disaster and then help them process those feelings, she says. Roaten also warns against telling children everything is going to be OK. “You don’t want to offer false assurances,” she says. “We tend to do that more with kids than [with] adults.”

For anyone interested in working on disaster mental health with children and adolescents, Roaten points to trainings through the National Institute for Trauma and Loss in Children, as well as the National Organization for Victim Assistance Crisis Response Team training.

Do’s and don’ts from the field

With their experience in disaster and crisis situations, these counselors offer their best advice on what to do — and what not to do — when assisting survivors.

- Do not self-deploy, Webber says. Do connect and train in advance with a disaster mental health response unit or organization, and be ready to be deployed.
- Don’t assume everyone who has experienced a disaster or crisis situation wants or even needs to talk, Dufrene says.
- Don’t assume that all survivors are traumatized after a disaster and need mental health counseling, Webber says.
- Do make yourself visible and available, Dufrene says.
- Do try to lead folks, Brennan says. Instead, let their needs guide you.
- Don’t underestimate the value of promoting safety and support, Webber says.

Continued on page 38
Thursday, March 22 • 5:30 pm – 6:30 pm

♦ Sheri Bauman, Cyberbullying: What Counselors Need to Know
♦ Ellen Cook, Understanding People in Context: The Ecological Perspective in Counseling
♦ Gerald Corey, Robert Haynes, Patrice Moulton, and Michelle Muratori, Clinical Supervision in the Helping Professions, Second Edition
♦ John Murphy, Solution-Focused Counseling in Schools, Second Edition
♦ Joe Pangelinan, Experiential Activities for Teaching Multicultural Competence in Counseling

Friday, March 23 • 4:00 pm – 5:00 pm

♦ Ford Brooks, A Contemporary Approach to Substance Abuse and Addiction Counseling
♦ David Capuzzi, Counseling and Psychotherapy, Fifth Edition and Suicide Prevention in the Schools, Second Edition
♦ Craig Cashwell and J. Scott Young, Integrating Spirituality and Religion Into Counseling, Second Edition
♦ Sari Dworkin and Mark Pope, Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families
♦ Norm Gysbers and Patricia Henderson, Developing & Managing Your School Guidance & Counseling Program, Fifth Edition
♦ Dale-Elizabeth Pehrsson, Counseling Children: A Core Issues Approach
♦ Mark Pope and Angela Coker, Experiential Activities for Teaching Multicultural Competence in Counseling
♦ Jane Webber and J. Barry Mascari, Terrorism, Trauma, and Tragedies, Third Edition
♦ Anne Marie “Nancy” Wheeler and Burt Bertram, The Counselor and the Law, Sixth Edition
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Although counseling and newscasting might not seem very similar at first glance, Craig Windham knows firsthand that both professions afford him the chance to examine human nature up close, effecting change both by telling people’s stories and by listening to them. Windham, who will be a keynote speaker at the American Counseling Association’s Annual Conference & Exposition in San Francisco in March, is both a professional counselor and a daily newscaster for NPR’s *Morning Edition*.

Before NPR, Windham was a national correspondent covering presidential campaigns, hurricanes, earthquakes and the first Persian Gulf War for the Unistar/RKO radio networks. After Unistar/RKO was shut down in the mid-1990s, Windham took the opportunity to delve into some new arenas. He took what was at first a part-time job with NPR and wrote a book, *Reggie Lewis: Quiet Grace*.

“I was also ready for a new challenge,” Windham told the *William & Mary Alumni Magazine* for an article published this past spring. “I decided to take one counseling course at George Washington University (GW). I went to talk to the department head and ended up signing up for the entire program before I left.” Windham, who subsequently earned a master’s and a doctorate in counseling from GW, now works as part of a private counseling practice and teaches graduate counseling courses at GW, in addition to his work at NPR.

Windham, who is a volunteer leader of the youth group at his church, says counseling teenagers spurred the topic for his dissertation and ongoing research, which focuses on the impact of social media and online communication on adolescent social development and academic performance.

Throughout his accomplished career, Windham has earned several honors, including two prestigious Gabriel Awards, the Champion Media Award for Economic Understanding, and Gold Medals for Best Network Anchor/Reporter from the International Radio Festival.

In his interview with the *William & Mary Alumni Magazine*, Windham reflected on how some of his most memorable reporting experiences happened during and after natural disasters. While natural disasters are clearly devastating, Windham told the magazine, the human kindness that follows such devastation is remarkable. “I love seeing how people come together for the better to help one another,” he said. “It shows the resilience in people.”

Influential psychiatrist Irvin D. Yalom, the author of several “teaching novels” popular with counselors and related helping professionals, returns to the ACA Conference to provide the keynote for the Opening General Session on March 23 from 9-10:30 a.m. Craig Windham will offer the keynote on March 24 from 9-10 a.m.
Friday, March 23, 2012

11:00 am – 12:00 pm

The Counselor and the Law: Avoiding the “Dirty Dozen” Legal and Ethics Traps
Anne Marie “Nancy” Wheeler and Burt Bertram

This session will summarize issues covered in the newly revised sixth edition of The Counselor and the Law such as updates to HIPAA (HITECH), client referrals, documentation, and reporting duties. The presenters will also provide an overview of current legal and ethical problems for counselors; tools to help clients achieve their goals while avoiding lawsuits and licensure board complaints; updates on new trends in confidentiality, privilege, privacy, and social media; and a decision-making model.

2:00 pm – 3:30 pm

Techniques to Help Challenging Youth Make Positive Life Changes
John Sommers-Flanagan and Rita Sommers-Flanagan

In this workshop, the authors of Tough Kids, Cool Counseling will focus on three overlapping counseling themes: (a) relationship connection strategies; (b) solution-focused and narrative (constructive) techniques; and (c) using intuition and timing to maximize goodness of fit between client (or student) and counseling interventions. Participants will be provided with an online link to the authors’ counseling resources.

3:45 pm – 4:45 pm

Creating Your Professional Path: Lessons From My Journey
Gerald Corey

This presentation is based on Gerald Corey’s book Creating Your Professional Path. Topics discussed will include turning points in the author’s personal and professional journey, the counselor as person and professional, developing a personal perspective on counseling theory and group work, becoming an ethical counselor, being mentored and mentoring others, creating a career in counseling, becoming a writer, and self-care. Questions and participation from the audience are invited.

5:00 pm – 6:00 pm

Working With LGBT Persons and Their Families
Sari H. Dworkin and Mark Pope

In Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families, Drs. Dworkin and Pope fill the training gap in work with LGBTQI clients. Case studies focusing on what is said and done in actual counseling sessions examine contemporary issues affecting these populations to assist students, practicing counselors, and other mental health professionals in assessment and treatment planning. The presenters will discuss how the cases can be used to train competent counselors.

Saturday, March 24, 2012

10:30 am – 12:00 pm

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

The coauthors of the book Clinical Supervision in the Helping Professions will describe why and how they wrote their book and address the following topics: roles and responsibilities of supervisors, the importance of the supervisory relationship, multicultural competence in supervision, ethical issues in supervision, legal and risk management issues, evaluation in supervision, and becoming an effective supervisor. Questions and participation from the audience will be encouraged.

2:00 pm – 3:30 pm

Perspectives on Comprehensive School Guidance and Counseling Programs
Norman C. Gysbers and Patricia Henderson

Based on the new edition of the authors’ bestselling book Developing & Managing Your School Guidance & Counseling Program, this session will describe the evolution and current status of comprehensive school guidance and counseling programs and offer new perspectives on program development. Participants will learn effective leadership strategies for school counselors and other school staff to meet students’ mental health needs, and for responding to and advocating for diverse student populations.

3:45 pm – 4:45 pm

The Creative Arts in Counseling
Samuel Gladding

This session, based on Dr. Gladding’s new book, will focus on how the creative arts (literature, music, dance/movement, drawing, humor) can be used effectively in a wide variety of settings to help clients gain insight into problems and negotiate solutions to the concerns they bring into counseling.

5:00 pm – 6:00 pm

Cyberbullying: What Can We Do?
Sheri Bauman

This presentation, based on the author’s new book Cyberbullying: What Counselors Need to Know, will provide effective prevention strategies for responding to cyberbullying. Specifically, brief solution-focused counseling, the support group approach, and the Method of Shared Concern will be outlined and features of restorative justice that can be incorporated into these approaches will be discussed. Dr. Bauman will also review recent legislation and court decisions related to cyberbullying.
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March 24, 10:00 am – 4:00 pm

KEYNOTE BOOK SIGNING
Irvin D. Yalom
March 23, 10:30 am – 11:30 am

ACA AUTHOR BOOK SIGNINGS
March 22, 5:30 pm – 6:30 pm
March 23, 4:00 pm – 5:00 pm

New Releases From ACA!

- Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families edited by Sari Dworkin and Mark Pope
- Counseling and Psychotherapy: Theories and Interventions, Fifth Edition edited by David Capuzzi and Douglas Gross
- Counseling Children: A Core Issues Approach by Richard Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen
- The Counselor and the Law, Sixth Edition by Anne Marie “Nancy” Wheeler and Burt Bertram
- The Creative Arts in Counseling, Fourth Edition by Samuel Gladding
- Cyberbullying: What Counselors Need to Know by Sheri Bauman
- Experiential Activities for Teaching Multicultural Competence in Counseling edited by Mark Pope, Joseph Pangelinan, and Angela Coker
- Group Work and Outreach Plans for College Counselors edited by Trey Fitch and Jennifer Marshall
- The Handbook of Counselor Preparation edited and cowritten by Garrett McAuliffe and Karen Eriksen
- Integrating Spirituality and Religion Into Counseling, Second Edition edited by Craig Cashwell and J. Scott Young
- Licensure Requirements for Professional Counselors 2012 by the ACA Office of Professional Affairs
- Play Therapy: Basics and Beyond, Second Edition by Terry Kottman
- Statistical Methods and Validation of Assessment Scale Data in Counseling and Related Fields by Dimiter Dimitrov
- Understanding People in Context: The Ecological Perspective in Counseling edited by Ellen Cook

American Counseling Association, Booth #301
Continued from page 32

- Do prepare yourself that survivors might either avoid you or flood you, Dufrene says.
- Don’t make assumptions about what survivors are experiencing, Dufrene says.
- Don’t try out crisis counseling techniques for the first time after a disaster without training, Webber says, but do practice skills in disaster mental health and crisis counseling training courses.
- Do recognize that many posttraumatic stressors after a mass disaster are normal, expected responses to a highly abnormal event, Webber says. The majority of survivors do not develop PTSD.
- Do remain calm, courteous and helpful, Dufrene says.
- Don’t use traditional mental health counseling approaches that promote personal change, Webber says, but do help those who are affected to feel safe, to cope and to return to normalcy.
- Do remain within your scope of expertise, Dufrene says.
- Don’t label what survivors are going through. Do avoid holding an opinion about how quickly they ought to process what has happened to them, Brennan says.
- Don’t view individuals as victims unable to help themselves, Webber says. Do provide compassionate care to empower survivors to be proactive.
- Don’t bypass local leaders in communities or other cultures or countries when providing services, Webber says. Do follow their direction and appreciate your status as a guest.
- Don’t ask for details, Dufrene says — survivors may share their stories, but counselors shouldn’t probe for additional information.
- Don’t attempt to do therapy with people who have been traumatized unless they request the therapy or unless they have been sent to you for therapy through a formal referral process, Dubi says.
- Don’t speculate or offer inaccurate information, Dufrene says. For example, survivors in a shelter might ask when supplies will be coming. Dufrene says counselors should respond only with information that they’re certain of and tell survivors they will give them additional details as soon as they hear something definitive.
- Do remain sensitive to issues of diversity, Dufrene says.
- Don’t ignore the potential that survivors have for positive experiences and personal growth, Webber says.

Acting locally

Counselors who want to help out in their own backyards in the event of a crisis or disaster might consider seeking out their local Community Emergency Response Team (CERT), says Cecile Brennan, coordinator of the counseling program at John Carroll University.

Brennan, who volunteers with a CERT, says the focus of these groups is to train citizens in local communities to be able to respond in a disaster before first responders are able to arrive or in case they struggle to meet the demand, whether due to the widespread nature of the crisis, communication failures or other factors. For example, Brennan says, if your neighborhood were to get flooded and first responders couldn’t arrive immediately, members of the CERT could manage until the responders were able to get through.

When counselors are part of a CERT, Brennan says the team benefits from an added mental health perspective and a level of psychological expertise. By participating in a CERT, counselors can raise awareness of how to properly manage emotional responses of individuals involved in a disaster.

For more information about CERTs or to find one in your area, visit citizencorps.gov/cert.

— Lynne Shallcross

Being diligent about self-care

Another piece of advice from these experts is that counselors can’t afford to forget about their own well-being, even in the midst of helping others in a crisis or disaster situation. “Training for disaster and trauma work requires counselor self-care and self-regulation because of the impact of vicarious traumatization and compassion fatigue,” Webber says. “Working in disaster response requires balancing self-care and other care in field situations where practicing self-care techniques may be very difficult.”

Self-care takes on even more importance when counselors find themselves in the dual role of being both a caregiver and a survivor who has been touched personally by a traumatic event in his or her community, Webber says. “In New Orleans [with Hurricane Katrina] and at Virginia Tech [with the mass shootings], counselors were not only experiencing the impact of their clients’ trauma, but they were also personally affected by the traumatic event,” she says. “In their community, who takes care of the caregiver when all the caregivers are responding to the needs of others? This concurrent or dual traumatization may dramatically increase the impact on the counselor.”

Among Webber’s recommended self-care activities:
- Identify and rely on your peer-support family.
- List a menu of relaxing activities on an index card so you can refer to it whenever you need an idea of a quick way to reduce your own stress.
- Make a list of the triggers that affect you so you can recognize them and plan ways to reduce their sensory impact.
- Commit to regular physical exercise even when working in the field.
- Monitor self-awareness of somatic stressors.
- Practice diaphragmatic breathing.
- Take time to journal.

Webber says counselors who are both caregivers and survivors can be pulled between dealing with their own emotional reactions and helping others. A good first step, she says, is for counselors to talk with their partners or field supervisors. They also need to work under supervision in the field, guard against overworking and consider taking a step back from the caring function so they can rest temporarily and recover.

Self-care is key to prevention of the negative symptoms of secondary traumatic stress, Dubi says. “These symptoms often resemble PTSD, and they present a real risk to trauma workers who are exposed, over and over, to the horrible stories of their clients’ traumatic
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Since 9/11 and the United States’ subsequent wars in Afghanistan and Iraq, many Americans have grown all too familiar with the term posttraumatic stress disorder (PTSD), which was first popularly applied to veterans of the Vietnam War in the 1970s. Today the term shows up regularly in headlines and in magazine articles, in TV news accounts and on websites. Although some mental health professionals protest that posttraumatic stress is not a “disorder” but rather a normal reaction to extraordinary and disturbing events, the term is widely understood to convey that a person’s ability to cope and function has been significantly impaired.

Another trauma-related term developed in the ’90s is much less familiar to the general public and perhaps even to counselors. But given counselors’ focus on wellness and growth, both Lea Flowers and Gerard Lawson believe this term — posttraumatic growth — should be on the tips of their colleagues’ tongues in the counseling profession.

As defined by Richard Tedeschi and Lawrence Calhoun, psychology professors at the University of North Carolina Charlotte who pioneered the development of research and theory concerning posttraumatic growth (PTG) in the ’90s, PTG is a “positive psychological change experienced as the result of the struggle with highly challenging life circumstances.” To meet the criteria for PTG, the transformation the person goes through must be a by-product of the traumatic experience itself. PTG is not simply a “return to baseline functioning,” which more accurately characterizes resilience.

Lawson, president of the Association for Counselor Education and Supervision, a division of the American Counseling Association, says a general awareness of “adversive growth” spans back to World War I, “but the language was always pretty loose, and the research was not there.” He credits Tedeschi and Calhoun with giving form to the concept of PTG but acknowledges that it has taken some time for the concept to catch on, especially in the face of much greater publicity concerning PTSD.

“We need to focus on the client’s growth and not just the disorder as it relates to trauma,” says Lawson, who chairs the ACA Crisis Response Planning Task Force. “This is right in our wheelhouse as counselors. What are the strengths that this person continues to demonstrate despite [his or her] traumatic experience? We need to be deliberate about highlighting those for our clients.”

Flowers, a licensed professional counselor and ACA member who co-directs the Post-Traumatic Growth Research Team at Georgia State University, agrees. “As counselors, we are positioned to really make this concept come alive,” she says. “Posttraumatic growth really fits with our wellness and growth-oriented perspective. [With PTG] you’re not trying to figure out what’s sick and what’s not working but rather how the person coped and was transformed because of [the traumatic event]. It’s less about identifying symptoms and deficits and more about using the process as a root for growth. We will find that this is where counselors can come alive because we’re facilitators of hope and change. We’re trained to do this. That’s not what...
our cousins in social work and psychology necessarily do.”

**Personal experience**

Both Flowers and Lawson are strong advocates for counselors applying PTG principles in their trauma work with clients. This is due in large part, they acknowledge, to their personal connections to two of the most traumatic events in recent U.S. history — the devastation wrought by Hurricane Katrina in 2005 and the mass shootings by a student on the campus of Virginia Tech in 2007.

Lawson, an associate professor of counselor education at Virginia Tech, was among the key players on what came to be known as the Mental Health Advisory Group, a collaborative panel that met the day after the mass shootings to develop a strategy for providing mental health support to the entire Virginia Tech community. In the near-term aftermath of the shootings, Lawson recalls, “there was lots of exposure to PTSD, and the focus — both in the media and within the university community — was very much on that. But as the situation evolved, our counseling program decided that we had to advocate for a focus on resilience and posttraumatic growth. We started asking, ‘How do we tell how our campus is doing?’ If you focus on the negative, you’re going to see the negative.”

While Lawson witnessed and helped facilitate PTG on the Virginia Tech campus, Flowers had an even more personal brush with PTG. She was in the final stages of securing her doctorate at the University of New Orleans (UNO) when Hurricane Katrina bore down on the city. Like thousands of others, she was forced to evacuate. Tuning in to coverage of the natural disaster on CNN, she was astonished to see police officers and Coast Guard personnel in a boat, cruising down the street where her home was located.

Flowers stayed with family members and lived in hotels while completing her doctorate at UNO. “I remember defending my dissertation and guttering my house in the same day,” she says. “I lost everything I owned. I lost my whole city. Everything I had was gone except for my dissertation. … What I was experiencing, what my community was experiencing, what my family was experiencing was PTSD.

“But when I started talking to people, I noticed their strength. There was a shift, in our life perspective. It was a collective experience. Up until that date [when Hurricane Katrina struck], my datebook had really mattered to me. After Katrina, I was just focused on the present moment. That was a huge transformation for me.”

Flowers recalled that most of the trauma studies and training she had been exposed to previously had been focused from a crisis perspective. Recognizing that she and others she knew had been transformed in positive ways in the wake of a traumatic event, Flowers began searching for an alternative perspective and uncovered information on PTG. “I didn’t find that counselors were gravitating to trauma work, so I was excited when I discovered there was a place in trauma where I could be comfortable. Posttraumatic growth resonated with my training and who I was as a counselor. It still speaks to me today, both as a person and a professional.”

A former assistant professor at Georgia State and clinical supervisor of counselors-in-training, Flowers now owns Chrysalis Counseling and Consulting, a private practice through which she offers consulting services to organizations and professionals and provides growth-oriented counseling services for women. The mission of the practice is explained on its website: “To help facilitate a transformative process for our clients building upon her inner strengths and resilience.”

**Domains of change**

It is important for counselors to understand the distinction between resilience and PTG, Flowers says. While resilience implies a resistance to the negative impact of trauma, PTG implies a significant and positive change in the person. Another way to put it: “Resilience is how we get through the trauma using our coping skills,” Flowers says. “Posttraumatic growth is how we are transformed because of the trauma.”

She uses the organization Mothers Against Drunk Driving (MADD) and the TV show America’s Most Wanted as recognizable examples of PTG in action. In both instances, parents who experienced the loss of children to tragic and disturbing circumstances were transformed by the experience and took action to create positive change as a result.

Flowers also points to Steve Jobs, the visionary co-founder, chair and CEO of Apple Inc., who in a commencement address at Stanford University in 2005 described getting fired in a public and humiliating way at age 30 from the very company he had helped to build from the ground up.

“I didn’t see it then, but it turned out that getting fired from Apple was the best thing that could have ever happened to me,” Jobs told the audience. “The heaviness of being successful was replaced by the lightness of being a beginner again, less sure about everything. It freed me to enter one of the most creative periods of my life.

“During the next five years, I started a company named NeXT, another company named Pixar and fell in love with an amazing woman who would become my wife. Pixar went on to create the world’s first computer-animated feature film, Toy Story, and is now the most successful animation studio in the world. In a remarkable turn of events, Apple bought NeXT, I returned to Apple, and the technology we developed at NeXT is at the heart of Apple’s current renaissance. … I’m pretty sure none of this would have happened if I hadn’t been fired from Apple. It was awful tasting medicine, but I guess the patient needed it.”

“When I read this,” Flowers says, “I thought, ‘This is PTG. This is PTG in a big way.’

At the same time, Flowers cautions that all individuals who experience major life crisis will not necessarily experience PTG, and if they do, it may not show itself in a grand public manner. “Transformation is personal,” she says. “Everyone will not do something with large public impact as a result of posttraumatic growth.” What is important, she adds, is that the transformation is personally meaningful and recognizable to the client, which is where counselors can be of great assistance.

In their research, Tedeschi and Calhoun identified five domains in which positive changes take place in the PTG process:

- Greater appreciation of life and a changed sense of priorities. This suggests that clients have faced their mortality and no longer take life for granted, Lawson says. Flowers adds that this domain represents a change in philosophy concerning what really matters in life.
■ Greater sense of personal strength. In this domain, clients have discovered they are able to overcome challenges they might not have thought possible before, Lawson says. At heart, Flowers says, this represents a change in perception of self — “If I could get through this, I can get through anything.”

■ Warmer, more intimate relationships with others. This most often manifests itself as an ability to relate to others in a deeper, more meaningful way, Lawson says. Flowers says PTG in this area might also lead to reconciling relationships with others or bonding with another individual or group because of a shared experience.

■ Recognition of new possibilities or paths for one’s life. “They begin to see life with a broader view, perhaps because they learned something about themselves through the traumatic experience,” Lawson says.

■ Spiritual development. Both Lawson and Flowers point out that this domain is not necessarily about an increase in religious behavior, such as attending religious services more frequently, but rather feeling a stronger connection to God or another spiritual power. In many instances, this spiritual development helps those who have gone through a traumatic event to make meaning of the experience or to make meaning in other areas of their life where it had been absent previously.

Windows of opportunity

The possibility that client growth can potentially be cultivated out of a traumatic experience will be a revelation to some counselors. But Lawson says the fresh thinking shouldn’t stop there. “Counselors really need to expand the way they think about traumatic events in general,” he says.

This includes having an understanding that trauma isn’t limited to large-scale natural disasters, terrorist attacks and other instances of mass violence, or war-related experiences. According to the current version of the Diagnostic and Statistical Manual of Mental Disorders, an event can be considered potentially traumatic if 1) “The person experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” or 2) “The person’s response involved intense fear, helplessness or horror.”

More than 80 percent of people will be exposed to a traumatic event in their lifetime, Lawson says, and most of these events, such as instances of bullying or domestic violence, will never make the news. “The work we do these days as counselors puts us in direct contact more often than we may recognize with clients who have been traumatized,” Lawson says. “Given the numbers of people exposed to trauma, we need to not focus solely on the negative side of the trauma equation.”

In trying to implement the PTG concept in their work with clients, counselors should keep several important points in mind.

First, says Flowers, PTG is not an intervention but rather a way of conceptualizing the client and the treatment plan. “Posttraumatic growth is more of a perspective or a process that you integrate into whatever approach you are using with the client,” she says, adding that it weaves particularly well into existential, narrative and cognitive-based interventions.

Second, PTG is not a given with every client. “Just because there has been a traumatic experience does not mean there will be a growth experience,” Flowers says, “or that there will be a growth experience soon.”

Lawson adds that clients who were closer to healthy functioning before exposure to a traumatic event generally are also better positioned to experience PTG than clients who were already struggling to function before the trauma. This also aligns with the literature regarding which individuals are more susceptible to experiencing PTSD, he says.

Third, PTG should never be forced on or demanded of the client. “In embracing postraumatic growth in our work, we have to be careful that we don’t come off as Pollyanna when the person just lost their house,” Lawson says. “We have to be sure that we are patient with the process of grieving and allowing clients to work through issues that are completely normal after a traumatic event. We don’t want to rush them to look better, feel better, function better. But at the same time, through the normal course of conversation, we want to highlight ways that the client may be moving [through the five domains of change]. We begin talking about it with the client in terms of, ‘And where will this take you?’”

Although there is no prescribed timetable dictating exactly when to incorporate the PTG concept into treatment with traumatized clients, Lawson says the “immediate noise from the trauma begins to calm down” three to six months after the event. “In that window especially, we begin to look at opportunities for growth,” he says. “We don’t want to be there immediately [after the traumatic event] to pounce on them, but we want to be able to be there to offer support when they need support and before their trauma membrane fills back over. It’s much harder to go back in after the fact.”

“Posttraumatic growth is not something to consider when clients are in crisis,” Flowers adds. “Growth is further down the line for these clients because we first have to help manage the initial crisis, then after things have stabilized, help facilitate them through a more reflective process. ... Timing is a huge part of [the PTG process]. Counselors may have terminated their work with these clients when growth finally happens. We may just be there to plant seeds. Likewise, the client’s transformation might be very incremental instead of dramatic.” She also points out that distress from the trauma might continue even as growth is happening, meaning the two are not mutually exclusive.

The role of the counselor

No special training is needed to integrate the PTG process into counseling work, Lawson says, but a certain skill set is required to support PTG properly. “Counselors need to be comfortable doing postraumatic work and tuned in to the factors for postraumatic growth,” he says. “You also have to be willing to sit with clients’ grief and loss and capable of identifying their strengths. Then you need to encourage them to answer some questions: How are you going to be able to see the world in a broader way? Where are we going to focus our energy? What are we going to pay attention to?”

Flowers says counselors have been provided with all the basic tools they need in their training programs to integrate PTG into their work, but she suggests
looking at growth-oriented models and frameworks to grow more comfortable with the PTG process. “Posttraumatic growth will change your clinical mindset,” she asserts.

According to Flowers, the main role of the counselor is to be a facilitator in the PTG process (rather than trying to be the “creator” of growth), to serve as a companion to the “expert” (the client) and to help the client engage in meaning-making concerning what has happened to him or her.

Using a narrative approach with clients works particularly well in identifying and cultivating PTG, Flowers says, although she adds that counselors must exude patience, empathy and a willingness to meet clients where they are at that moment. “You listen to how they story their experience and stay alert to changes in perception they have had since experiencing the trauma,” she explains. “You want to help them restory their narrative from traumatic and distressing to positive and growth-inducing, but you first have to respect the trauma survivor’s struggle. You may listen to their story and assess that they’re not yet ready to restory their experience. But keep in mind that you’re not the expert — they are. You’re coming along as the expert’s companion. You don’t want to lead the client. That can be almost as damaging as the trauma itself because it can sound like you’re diminishing what happened to them.”

Flowers breaks the narrative approach incorporating a PTG focus into simple-to-understand steps: Listen to the client’s story, reflect the story back to the client using his or her own language and then highlight for the client how he or she has emerged from the traumatic experience and been transformed in a positive way. “You’re using very basic counseling skills in this process but helping to facilitate hope,” Flowers says. “Our job is to help clients see those areas of transformation when they’re ready and to help them make meaning of whatever is left. We’re trying to move them from a feeling of hopelessness to a feeling of hopefulness.”

Both Flowers and Lawson view PTG as an exciting and beneficial yet relatively undeveloped frontier in trauma work — a frontier that would seem particularly inviting for counselors to explore and, potentially, to break new ground in.

“Right now,” Flowers comments, “there is nothing that says, ‘These are the proper techniques you use for posttraumatic growth.’ I believe counselors are best positioned to perhaps identify or even develop those techniques.”

Lawson concurs. “This philosophy is so consistent with our approach as counselors that the natural next step is for counselors to take the lead in how clients can maximize posttraumatic growth. We need to be the ones to answer the unanswered questions about posttraumatic growth.”

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No matter their specific area of concentration, all counselors have the same overall goal: to help their clients accomplish their mental health, wellness, education or career-related goals.

Even though the underlying mission of the counseling profession is the same, the fact that there are so many different types of counselors — ranging from school counselors to couples and family counselors to addictions counselors — makes it necessary to provide clarification for those interested in learning more about the vast career opportunities within counseling.

That’s why the American Counseling Association was only too happy to assist when the Bureau of Labor Statistics (BLS) asked for its feedback in updating and expanding the counseling profession’s profile in the 2012-13 edition of the Occupational Outlook Handbook, which is scheduled for release in late March.

Colleen Teixeira Moffat, an economist and occupational analyst in the BLS Office of Occupational Statistics and Employment Projections, says counselors should notice a change in the content related to their profession in the 2012-13 handbook. “The counseling profession used to be covered in one profile, but this time they’ll be covered in four,” says Moffat, who researched and wrote the occupational profiles on counselors. “There’s going to be more space, so I can talk about [each specialty] a lot more. I can jump right to counselor education without having to read about rehabilitation counselors.”

The four profiles will cover 1) addictions counselors, 2) mental health counselors and marriage and family therapists, 3) rehabilitation counselors and 4) school and career counselors.

Moffat says dedicating more space to each type of counselor also allows for differences between the specialties to be explained in greater detail. “There are
different educational requirements for each profession,” she says, “and with each profile, you can skip right to the [one you’re interested in].”

For example, the profile that spotlights rehabilitation counselors will provide greater focus on their work with military personnel and veterans, in part because the number of these clients has increased greatly since the beginning of the wars in Iraq and Afghanistan.

Under the school counselor profile, the roles of school counselors will be further defined, and the differences between elementary school, middle school and high school counselors will be made more distinct than in previous editions. There will also be an additional statement further explaining the multiple roles that school counselors play in the lives of students, says ACA Chief Professional Officer David Kaplan. “The statements in previous [Occupational Outlook Handbooks] typically focused on just the guidance aspect of what these counselors do,” Kaplan says, “but they also directly impact how a student performs in school.”

Kaplan and ACA have been integral in advocating for how counselors are presented in the Occupational Outlook Handbook. “The Bureau of Labor Statistics sees ACA as the organization that represents the counseling profession,” Kaplan says, “and as far back as I can remember, they have asked for our recommendations [for the handbook] … to help keep the profession’s profile current.”

Some of ACA’s previous recommendations for the Occupational Outlook Handbook as it pertains to counselors included changing the reference from “patients” to “clients,” noting that professional counselors can earn a doctorate in addition to a master’s degree, emphasizing multiculturalism as a component that is infused throughout all counseling specialties and identifying the Council for Accreditation of Counseling and Related Educational Programs as the educational accreditation body for counselors.

Keeping the counseling profession’s profile — now profiles — accurate and current in the Occupational Outlook Handbook is just one more way that ACA can advocate for the profession and help move it forward, Kaplan says. “The new OOH edition expands the presence of professional counselors in the national career database by providing an exponential increase in the details of specialties within our profession,” he says.

According to BLS, 2010-2020 employment projections for counseling and other occupations will be released Feb. 1.


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Bringing mindfulness into your counseling practice

Sometimes the easiest tasks can be so difficult to perform.

Mindfulness meditation has always fallen into this category for me. I struggle so much to get myself to sit down and meditate on a regular basis, even though I know from experience that when I sit in meditation for even a few minutes in the morning, my entire day goes better.

The practice itself couldn't be simpler:

1. First, relax your body.
2. Next, draw your full attention to your breath as it moves in and out of your body.
3. When your mind wanders (as it's guaranteed to do within 3.5 seconds), notice that mental activity and give it a name (worrying, planning, lustig, etc.). Then, with compassion, bring your attention back to your breath.
4. Repeat this process for a few minutes. Then go about the rest of your day.

A growing body of research demonstrates that regular meditation practice heightens our immune functioning, improves the quality of our interpersonal relationships and helps reduce subjective states of suffering. And as authors such as Jon Kabat-Zinn and Dan Siegel have documented, mindfulness meditation is a powerful adjunct to counseling because it strengthens the very skills that lead to positive outcomes in psychotherapy: the capacity to observe and attend to our thoughts and feelings, the ability to stay present to those thoughts and feelings even when they're unpleasant and the ability to describe and label our mental activity with words. That's why I teach meditation to nearly every client who comes into my office these days.

But at the same time, I remain puzzled about why I find it so difficult to get myself to sit and meditate in the morning. It makes me feel like a bit of a hypocrite as I persistently encourage my clients to develop a meditation practice of their own. Who am I to be preaching the benefits of meditation when I seem to be the world's worst meditator?

This dilemma was in the back of my mind one morning as I finally managed to sit myself down on my office floor to meditate for a few minutes before my first client arrived. As I turned my attention to my breath, I felt a familiar sense of calm. Then, as inevitably happens, a thought came crashing into my head.

If only I could remember how good this feels, I'd definitely do it every day.

As I knew I was supposed to do, I tried to direct my attention away from this thought and back to my breath. But the thought was persistent.

Why can't I hold on to the way this feels so that I can use this feeling to motivate me to sit down and meditate next time?

I tried once again to direct my attention back to my breath. But the force of my thoughts was more powerful than my will. I found myself barreling headlong into a series of insights that would fundamentally shift the way I worked with mindfulness in both my counseling practice and my personal life.

First, I recognized that I was struggling with the same fundamental issue that I was trying to help my clients with every day: I wanted to change my behavior. But then I found myself asking a question I'd never fully considered before. How was I going about trying to make that change happen?

In contemplating this question, I realized that meditation itself holds the answer. The calm state of equanimity that meditation promotes is the result of detaching from the flow of our internal experience, separating an “observing” part of ourselves from the “experiencing” part. It's this shift in state of mind that allows us to step back and make constructive choices about our behaviors. Without this shift, it's unlikely, if not impossible, to achieve lasting behavioral change.

But a catch remains: How do we get ourselves to engage in the behaviors that lead to a change in state of mind that then allows our behaviors to change?

To put it another way, I still hadn't figured out how to get myself to sit down and meditate!

As I struggled with this question, I began to consider the various ways I'd been able to successfully enter into a self-reflective state of mind in my own life. Not just the times when I literally meditate, but also the times when I'm able to be mindfully present in my everyday life.

It occurred to me that I'd actually developed a highly effective mindfulness practice that I use regularly in my...
everyday life. It's a mental game I play whenever I'm in situations that are inherently boring, repetitive or tedious — standing in line at the DMV, for example, or washing the dishes. I identify a small element of that scenario which I would usually do without awareness — taking a single step forward, for instance, or placing a cup in the dishwasher. Then I ask myself an absurd question. How would I teach this activity to someone who had never done it before? I next come up with simple instructions for performing that activity. Then I follow my own instructions. I try to take a single step as if I were doing so for the first time in my life.

I'm not sure how I developed this habit, but in addition to entertaining me, it never fails to bring me into a focused, present-moment awareness. Try it for yourself right now with whatever materials are at hand. What instructions would you give, for instance, to teach a person how to turn a page in a magazine? Spell out the steps in detail, then try turning the page by following your own instructions. Notice how different this routine experience feels when you do it this way. Notice the shift in your state of mind.

It began to dawn on me that I'd been thinking about mindfulness in much too narrow a way — and I'd been inflicting this narrow view on my clients as well. It occurred to me that a casual, lighthearted approach to mindfulness could be very helpful to my clients who, like me, struggle to sustain a traditional meditation practice. So I set to work writing a series of playful five-step exercises to help others cultivate a mindfulness practice that could be done within the nooks and crannies of their daily lives. Some of these exercises were based on my personal experience, some were based on therapeutic techniques and some evolved during my work with

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clients. In turn, these exercises became the basis for my book, *The Next Ten Minutes: 51 Absurdly Simple Ways to Seize the Moment.*

The best way to describe this process is by giving an example of one of the exercises.

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**The Exercise: Procrastinate**

Make use of the secret technique that all therapists learn on their first day of training: In situations where there is no imminent danger (i.e., nearly all of the time), doing nothing will cause no harm.

**What you’ll need**

A pressing task from your daily life.

**How to do it**

1) **Choose a task.** Identify whatever feels like the most stressful thing that you should be doing right at this moment. It doesn’t have to be an objectively important task. Ideally, it will be something that you feel external pressure to do, but what matters most is that it is creating stress in your life. It might be an apology you know you need to make. Or bills that need paying.

2) **Focus on the task.** Don’t try to ignore it or put it out of your mind. (That is an advanced step that can come once you’ve mastered the basic technique.) Feel all the pressure that comes with the task and all the emotions that come from not doing it. Imagine your loved ones all around you, looking on with disappointment, clucking their tongues, lovingly scolding you.

3) **Vigorously fail to do the task.**

Refuse to do it.

4) **Pause.** Take a deep, slow breath. Notice whatever thoughts and feelings rush in. Notice what happens in your body. Say to yourself: “I will do it in 10 minutes.” Repeat this phrase as often as necessary, continuing to focus on the task that you aren’t doing.

5) **Go about your business.** It is irrelevant to the success of this exercise whether you return to the task or whether you ever actually get it done.

**Embracing the stress**

Plenty of people out there will tell you that the art of procrastination is an antidote to the stresses and pressures of modern life. In general, the idea is that you should give yourself permission to delay doing things *without guilt,* let yourself indulge fully in a sense of lazy relaxation. This approach to procrastination misses the point. It’s like telling someone who’s depressed that they should just try to be happier. If you are able to truly avoid thinking about things you’re supposed to be doing, then it’s not actually procrastination.

To experience the true benefits of procrastination, you’ve got to really embrace the stress. Because procrastination isn’t about “doing nothing,” it’s about *not doing* “something.” Ten minutes of procrastination is good for you not because it’s relaxing, but because you’re acknowledging the reality of your life and acknowledging your power to act … or not.

**Variations: Other ways to not do things**

Experiment with distractions. The natural impulse when going about our daily, usually unconscious practice of procrastinating is to try to avoid awareness of the thing we’re supposed to be doing. The basic version of this exercise intentionally eliminates distraction to heighten the experience of procrastinating. Once you have mastered
the basic exercise, however, it can be very enlightening to reintroduce distraction. Do the first two steps of the exercise as described above, then at step three, try to force yourself to think about a subject that has nothing to do with the task at hand. Start with easy distractions — food, sex and money. Then move on to more boring, and thus more challenging, distractions. Are you able to distract yourself from an important task by focusing on balancing your checkbook?  

**Use visual aids.** (For advanced practitioners only.) These are the big guns of procrastination, and when we’re trying to put something off, we usually go for them first: computer games, the Internet. Using these things to procrastinate is like taking heroin to cure a headache. They work so effectively that they don’t give us the opportunity to experience the full spectrum of the procrastination experience. Using these sorts of tools to procrastinate will call on all your skills, so make sure to master the basic techniques first.  

**Do it … but only half-heartedly.** A final way to vary this exercise involves harnessing your capacity for passive-aggressive behavior. Don’t procrastinate, but don’t do it well either. We all do this at times, but usually we do it more or less unconsciously. Try bringing full awareness to a task while you’re doing a half-assed job on it. Can you stay focused on your refusal to do the task well even as you are doing it?  

Counselors will undoubtedly recognize the therapeutic strategies embedded within these instructions. I’m using a classic paradoxical intervention — “prescribing the symptom” — to put the reader in a therapeutic double bind so that regardless of whether she continues to procrastinate, she will have been tricked into recognizing that the responsibility for making this choice is hers alone.  

But the point of this exercise is not to help the individual solve the problem of procrastination … any more than the point of meditation is to actually empty your mind. Rather, the point is to slow down our mental activity and observe ourselves in a habitual behavior so that we can use the behavior itself to strengthen our capacity for mindfulness.  

In actual counseling practice, I weave mindfulness practices and techniques into the give-and-take of therapy itself, allowing “exercises” to evolve spontaneously, creatively and collaboratively in the flow of the therapeutic conversation. The target is usually a problematic behavior that the client brings in. But the exercises inevitably direct the client’s attention away from the behavioral concerns themselves and toward a mindfulness practice about the behavior.  

For example, I recently started working with a man who complained that his wife was always asking him to do things for her that she could do perfectly well for herself. He didn’t know why she did this, and it drove him crazy. He knew there were times when it was appropriate for him to say no to her requests, but he just couldn’t make himself do that. Instead, he found himself repeatedly doing things for her that he didn’t want to do.  

Rather than making a plan to try to change (or even to understand) his behavior, I asked him to continue doing exactly what he had been doing, but to experiment with a simple mindfulness exercise as he did.  

“Every time you find yourself in this situation,” I told him, “I want you to notice it. And when you do, I want you to say to yourself: ‘I’m doing something that I don’t want to do.’”  

He looked at me like I was crazy. But he was willing to give it a try. When he came in the next week, something clearly had shifted.  

“You know,” he told me with a smile, “I think I’ve been giving too much of myself away. And I think that isn’t healthy for me in the long run.”  

Over time, he did in fact wind up changing the behaviors that were troubling him. But that change came not from focusing on the behavior itself but rather through the mindful observation of his own thoughts and feelings. Now when he feels a moment of marital stress approaching, he has taught himself to do a quick mindfulness practice that keeps him from becoming overwhelmed and allows him to remain grounded and to assert himself appropriately. He even came up with his own term for this particular form of mindfulness practice. The term reflects his background in business: “just-in-time meditation.”  

I’m convinced our universal task as counselors is not to change our clients’ behavior but rather to help them learn how to change their states of mind. No matter what our theoretical orientation, we all (even the most strict behaviorists) ask our clients to do a version of the same thing: move from an immersion in the flow of their experience to a reflective observation of that experience. It’s this shift in perspective that leads to meaningful behavioral change.  

I still teach the formal technique of mindfulness meditation to nearly every client who walks in my door. But I no longer worry about whether my clients are actually able to sustain a formal meditation practice. In fact, I have more and more compassion for how strangely difficult the “simple” practice of meditation can be.  

At the same time, I’ve become increasingly convinced that just-in-time mindfulness practices — which can be extremely brief, silly or even badly done — can be just as beneficial as an adjunct to counseling as “proper” meditation. Because in the end, the goal is not meditation itself but rather the shift in perspective that meditation facilitates. Mindfulness might be a single destination, but there are innumerable paths leading us toward it.  

**“Knowledge Share” articles are adapted from sessions presented at past ACA Annual Conferences.**  

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Letters to the editor: ct@counseling.org
Counselors are good at relationships, or so they say. As folklore would have it, counselors are the “knowers” of all things relational and, therefore, can and should be “masters” when it comes to their own personal relationships. But is this really the case?

As a counselor, I thought I was good at relationship until I met and married my wife, who is also a counselor. Together, she and I quickly learned that, although we were each quite good at the craft of counseling, neither of us was all that good at establishing intimacy in our personal relationship. Our clinical training had taught us to rely on (if not hide behind) the role of counselor to find stability in the shifting sands of relationship building and maintenance. We had been taught to counsel rather than to relate. Ultimately, I would argue that this is true for far too many counselors.

Within our Western culture, taking on the post of counselor proffers one a certain amount of power, intended or unintended. One such mantle of power pertains to that counselor’s hermeneutic, or the lens through which that counselor sees the world. Just as lenses can come in various forms of tint, so too can hermeneutics be informed by a vast array of contributants. For many counselors, our entry into the field was informed by a quest to heal a past hurt. As counselors, we’ve entered a profession that gives us access to the hurts of others and allows (even requires) us to focus on or name the “stuff” of others. What is more, our profession can grant us a certain measure of (therapeutic) distance in relationships, wherein we can give without necessarily receiving. Add this all together and it is apparent why our relational sight can be encumbered by the tint of our profession-endorsed hermeneutics.

Can you relate? If so, I think you — like me and like many other counselors throughout the profession — are susceptible to a hermeneutic or relational stance that might be prohibitive to the intimacy we seek with the ones we love outside of our counseling offices. It is here that I see Western culture and its introjects informing the images of “counselor” that reside in each of us.

We as counselors end up holding the mixed bag of messages that our culture affords. We sit in and with dissonance. At times we feel great about ourselves and the work we do. At other times it seems as if we’re a receptacle for others to use for their refuse. And so it goes that we bring said dissonance into our personal relationships, trying to get a handle on who we are and how we are to operate in and through these relationships.

What a mess! We can leave our counseling offices and expect to find the same level of acknowledgment at home. When our partners or our children don’t hang on our every word like our clients seem to, we begin to think our family members are the ones with the problem (how could they be so ungrateful?). Or when our partners begin to question us, we may find ourselves prone to interpreting their apparently exhibited defense mechanisms, loading our relational cannons to shoot down the perceived threat that our relational partners represent to us. In this, we learn to use our skills to hide and defend.

Moreover, counselors can become quite sophisticated in terms of their defensive relational frameworks. Our professional training can keep us entrenched in seeing the patterns of thought and behaviors in others (“You seem to do this” or “You seem to think that”). Having been handed the constructs of transference and countertransference, it becomes hard not to see our partners as just one more person looking to work out their own unfinished business on us and our tabula-rasa backs. In other words, we can stop seeing our partners for who they are and begin responding to them and their behaviors as though they are clients coming to us for “care.”

I find it remarkable that although I’ve been practicing and teaching counseling for well over a decade, it is still surprisingly hard at times for me to be open with my wife about what I am feeling. As a counselor, I have become a wordsmith, and I have become very effective at hiding behind my words when I want to. I can add a proviso such as “It seems like …” or “It feels like …” to my sentences to lambast a loved one or to take inventory of them in a way that is ultimately uncaring.

In his text Nonviolent Communication, Marshall Rosenberg reminds us that a phrase such as “I feel like” doesn’t actually serve as an indicator for a feeling to
follow. Such a phrase can be duplicitous in that feelings don’t need warm-up phrases. Hence, a statement made with an opening qualifier ends up being nothing more than an intrusion on my relational partner’s boundaries.

To this end, I would call myself a recovering co-dependent. In fact, many of the counselors I know would fit that category, regardless of whether they espouse such a descriptor. Our profession is one supposedly steeped with boundaries. If clients transgress and cross a boundary, they are called on it, whereas if counselors do so, it is often seen as therapeutic.

For instance, when was the last time you named something in your client? Did you do so with humility and a willingness to be wrong, or was your pronouncement emphatic and delivered with a triumphant edge? If the latter strikes a chord with you as it does for me, then I think we run the risk of taking this type of energy or engagement into relationship with those we love. With our partners, children, friends and other loved ones, we can make pronouncements that we think should garner applause and usher in healing and growth. And I’ll say again, when this doesn’t happen, we’ve been taught to view this dynamic as the other being full of resistance.

Ultimately, I’m trying to speak to my belief that we’ve been set up to fail relationally. So what is a counselor to do? I believe our skills and our attempts at containment, which can seem to get us somewhere in the office, are the very things that can dismantle our interactions with loved ones. We’ve been left with a tool kit of really expensive gadgets that oftentimes have little pertinence to our needed relational repairs. And here’s the kicker: We think we should know better.

I can’t tell you how many times I’ve had the following thoughts when interacting with someone in my personal life: “I should know how to handle this” or “I should know what to do here.” I mean, after all, I am a counselor, right? Aren’t counselors supposed to know how to handle complex relational moments?
**Article: A calming presence**

**Learning Objectives:** Reading this article will help you:
1) Understand the role of a counselor in the aftermath of a disaster or crisis.
2) Examine how counselors can work effectively with clients who have experienced traumatic events.
3) Become familiar with key concepts of disaster mental health.

**Continuing Education Examination**

1) In the immediate aftermath of a disaster, traditional counseling:
   a) Is the first part of the recovery process
   b) Allows the client to focus on goal setting
   c) Allows the counselor to provide interventions for change
   d) None of the above

2) In the immediate aftermath of a disaster, which of the following is paramount?
   a) Resolving day-to-day issues that have been disrupted
   b) Helping clients with basic needs such as finding a place to sleep and calling their loved ones
   c) Helping survivors regain a sense of safety
   d) Asking probing, open-ended questions to help survivors work through the crisis

3) Most survivors of mass disasters return to normal functioning within a few days or weeks without mental health treatment.
   a) True
   b) False

4) When assisting survivors or responding to a disaster or crisis event, counselors should not:
   a) Self-deploy
   b) Underestimate the value of promoting safety and support
   c) Assume that all survivors are traumatized and need mental health counseling
   d) Ignore the potential survivors have for positive experiences and personal growth
   e) All of the above

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

**Rate the following:**

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<th>Strongly agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
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<td>5</td>
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</table>

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

**Profession:**

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February 2012

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I think Carl Rogers was on to something when he claimed it is the personal that is most general (à la *On Becoming a Person*). A dilemma I face as a person is that I don’t often grant myself the luxury of being just that — a person. No, I think because of the work that I do or the degrees on my wall that I should have it all figured out and should offer pristine love and encouragement to all who come in contact with me. When I am unable to fit this bill, I take it out on myself and cower in shame. I choose to disengage rather than staying present in the moment. I retreat, look for cover and hope for a moment wherein I can get back on solid ground.

A helpful reminder: Maybe there is no such thing as solid ground in relationship. Maybe that’s the point of relationship. You’ve probably heard it said that someone can have enough information about something to be dangerous. I think this is true for many counselors and therapists in their personal relationships. We’ve been given diagnostic and interpretive categories, therapeutic skills to hone and a professional frame in which to hold it all. When push comes to shove, however, very little of this plays outside of the counseling office. Outside of my office, I am faced with the same personal struggles that my clients face: to engage openly and honestly with the people I love.

So what’s the take-home message here? Don’t assume your clinical training will serve as an asset in your personal relationships. In fact, anticipate that it might act as a liability at points. Listen to yourself talk, and allow your use of language to inform you of your more deep-seated, hermeneutical leanings. Practice receiving care from others, especially from those who know and love you best. Ask for feedback; our places of work should not be the only avenues by which we engage in “performance review” processes. Seek out entitlement and/or power-laden energies in the ways you carry yourself both personally and professionally, and allow that voice of entitlement lodged within or the power plays you display to point you toward unmet needs of your own that are very much worth stewarding.

And above all, let’s stop taking ourselves so seriously. If we render ourselves “knowers” of the human condition who “should” know what to do, say, think or feel when it comes to our personal relationships, I believe we exponentiate the likelihood that we will promulgate loneliness in those relationships. Let’s allow ourselves to be who we are and where we are and be willing to chuckle at our foibles, our failures and our good-intentioned but ill-advised attempts to get our own needs met. In so doing, we might just become better lovers.

Doug Shirley is a practicing counselor and chair of undergraduate programs at Argosy University, Seattle. Contact him at dshirley@argosy.edu.

Letters to the editor: ct@counseling.org
Revision of CACREP Standards under way

In July 2011, the CACREP Standards Revision Committee (SRC) convened to begin its nearly four-year process of developing the CACREP Standards to be implemented in 2016. Our work is guided by the charges given to us by the CACREP Board. Specifically, we were asked to examine all aspects of the CACREP Standards, seek feedback on all drafts from a broadly defined constituency (including programs, faculty, students, practitioners, counseling consumers, state counseling boards and higher education administrators) and examine the following areas:

a) Professional identity of programs and faculty
b) Process for implementing Student Learning Outcomes for all types of program delivery
c) The utility of some of the program areas
d) The relevance of the standards for use in future years and for future program delivery methodologies
e) The prescriptiveness of the standards
f) Doctoral-level standards, as well as standards for any specializations

In addition to focusing on these areas, the SRC is committed to developing standards that help to promote a unified counselor identity while also recognizing the uniqueness of the specialty areas. We anticipate being able to do this by focusing on simplifying, clarifying and consolidating the existing CACREP Standards. We started our revision process with great respect for the significant amount of time, effort and work that is already represented in the current standards. The 2009 SRC made great strides in moving us forward in many areas, especially regarding more fully articulating professional identity and introducing rigorous, outcome-based assessment. These changes have helped to move the assessment of counselor education programs parallel with those of other professions and more in line with Council for Higher Education Accreditation requirements. As we move forward with the 2016 CACREP Standards, we are confident that the 2009 Standards will serve as a foundation for the further development of both professional identity and outcome-based assessment standards.

Our approach

Consistent with the charge we were given, our plan for the standards revision process is to engage in focused, solution-oriented discussions about how to enhance and refine the CACREP Standards. We also are approaching this standards revision process with an eye toward the future. As a profession, we need to be forward-thinking, and we hope to hear from you regarding how we can ensure that the CACREP Standards are aligned with current as well as anticipated future needs of the counseling profession in an ever-changing global society.

Perhaps the most important question we are asking is: Where do we want to be 20 years from now, and how will the 2016 CACREP Standards help us get there? Other questions we will be asking are: Which standards are working well? Which standards need to be refined or clarified? Which standards are or will be outdated? What content is missing in the standards? How might the organization of the standards be improved?

Our main goal is to engage in dialogue about developing time- and context-sensitive standards for the future.

Our work

Our intent is to solicit feedback from as many constituents as possible in as many ways as possible. To complement that feedback, we will generate ideas for revision based on our examination of the accreditation standards and processes of related professions (education, psychology and so on) and by examining national trends related to outcomes assessment.

To date we have gathered initial feedback through a roundtable session conducted at the Association for Counselor Education and Supervision Conference this past October in Nashville, and we have examined feedback provided directly to CACREP by accredited programs as part of their annual report processes.

We will be working on writing an initial draft of the CACREP Standards throughout the spring and summer. Our plan is to disseminate this first draft sometime in late summer and to solicit feedback both online and in person (at regional ACES conferences, for example) throughout the fall. Our work from that point on will involve a combination of disseminating written materials such as drafts and gathering feedback through electronic/online surveys, at conference sessions (such as at the American Counseling Association and ACES conferences) and at board meetings (for example, at the American Association of State Counseling Boards). We anticipate going through two cycles of draft preparation and feedback solicitation, and our final draft is due to the CACREP Board by its January 2015 meeting.

Final comments

The 2016 SRC is committed to making our standards revision process as open and transparent as possible. Avenues for both hard copy and electronic feedback will be provided. Updates will be shared in CACREP’s biannual newsletter and via the CACREP website. The members of the 2016 SRC are committed to a comprehensive and thorough review process that will develop standards that reflect the excellence of counselor education and provide a professional consensus for many years to come.

Amy Milsom, Sylvia Nassar-McMillan, Verl Pope, Jill Thompson and Derick Williams are members of the CACREP Standards Revision Committee.

Letters to the editor:
ct@counseling.org
The American Academy of Pediatrics has confirmed the validity of neurofeedback.

“This technology does allow a more precise, targeted training process that produces results relatively quickly. Neurofeedback training is a useful and innovative technique and the logical evolution of standard pediatric biofeedback.”

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3-Day Neurofeedback Training*
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Sept 18-20 - Orlando
Oct 4-6 - Australia
Oct 31-Nov 2 - San Francisco

3-Day QEEG Training*
March 26-28 - San Francisco
Sept 25-27 - Orlando
Oct 4-6 - Australia
Oct 31-Nov 2 - San Francisco

1-Day Event-Related Potentials & fQEEG
March 29 - San Francisco

1-Day Neurofeedback & QEEG for ASD & ADHD
June 21 - Chicago

1-Day Neurofeedback & QEEG for mTBI & PTSD
June 21 - Chicago

1-Day Neuroimaging for Psychiatric & Psychological Disorders for Medication Response & Phenotype Predictions
June 21 - Chicago

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Sept 20 - Orlando

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Recent books by ACA members

Married to the Enemy: A Guide to Overcoming the Obstacles to Intimacy When We Are Raised in a Culture That Uses Sexism and Stereotyping to Divide Us
By Dawn Kozarian & Mark James, AuthorHouse

The co-authors expose how gender roles create barriers in relationships and reveal tips to overcoming them in this new self-help book. This resource goes beyond understanding to empower readers to unearth their own destructive and limiting gender beliefs.

The Swiss Cheese Theory of Life: How to Get Through Life’s Holes Without Getting Stuck in Them!
By Judy Belmont & Lora Shor, Premier Publishing and Media (PESI)

This whimsical yet informative self-help book is based on the notion that life is not smooth and predictable like American or cream cheese. Rather, life has holes, and it’s how you get through them that counts. The 10 keys to a resilient and happy life are served to readers in a user-friendly style with loads of practical tips, psychological cartoons, case examples, self-tests, inspirational quotes, visualizations, mini-lessons and current psychological research by experts in the field.

The A to Z of School Counseling in New York State, 2011-12 Edition
By Edward A. Mainzer, CreateSpace

This book is designed as a desktop reference for counselors concerned with K-12 education in New York state. It includes brief articles on state regulations, from serving students with disabilities to certifying high school graduates, as well as in-depth entries on hot topics such as best practices in college counseling for undocumented students, tips for school policies to ensure educational opportunities for LGBTQ youth and strategies to work with students from military families. Full bibliographical citations to current professional literature and an extensive list of abbreviations, organizations and websites are also included.

How Do I Help Him? A Practitioner’s Guide to Working With Boys and Men in Therapeutic Settings
By Michael Gurián, Gurián Institute Press

Males are underserved in the helping professions. Boys and men often feel that counselors, therapists and human service professionals are not as well informed or educated in what males need as they should be. Only one in 10 new counselors and social workers is male. This book provides new gender theory, new science-based practical models and outcomes-oriented strategic tools for transforming the counseling profession to work better with boys and men.

Freedom Through Forgiveness: The Power of Forgiveness Can Change Your Life
By Sandy Walker, The Book Patch

The power of forgiveness can release you from feeling afraid or anxious, feeling like you don’t belong, feeling bad about who you are, feeling unable to break free from your past, feeling “stuck” in relationships and much more. This easy-to-read self-help book presents the concept that forgiveness is the power of letting go. It provides unique step-by-step exercises to help individuals work through issues of fear, anxiety, rejection, low self-esteem and relationship conflict through the process of forgiveness.

I Will Remember You: My Catholic Guide Through Grief
By Kimberly B. Schuler (author), Mary Joseph Peterson (illustrator), Pauline Books and Media

Through reflection, prayer and specially designed activities, this book helps children ages 7 to 12 understand death, funeral rituals, the grieving process and what to expect during the first year after the loss of a loved one. It gives a reassuring voice to a child’s feelings of loss and provides a safe space where hopes can be expressed and memories can be treasured.

Beyond Beautiful: A Journey of Hope and Discovery in Photo and Verse
By Valerie Montgomery (poetry), Suzanne Kostelic (photography), Beyond Beautiful LLC

This book, an extension of the author’s counseling support, presents an opportunity for women to be held as they journey through pain with Valerie Montgomery and then amazed as they find the beauty in themselves from the process. Italian photographs set the backdrop for emotional catharsis and renewal. This is a coffee-table-quality book intended for experiencing life thoughtfully and beautifully.

Teddy Tales: The Adventures of a Rescue Puppy and His Friends
By Karen Spruill (author), Mark Wayne Adams (illustrator), Karen Spruill

Designed as a “therapy dog in a book,” this is a collection of stories to be shared with children ages 6 to 10 and their adults. This rescue puppy’s real-life adventures can assist in processing children’s developmental issues and social challenges, plus teach elements of pet care. Discussion questions are added to each chapter to facilitate classroom or adult-to-child interaction.

Sacred Peace: A Journey to Inner Freedom
By Amy Lynn, Millennial Mind Publishing

This creative book of spiritual fiction is designed to help readers visualize and heal from life’s burdens and pain. It challenges the heart and imagination by painting a picture of peace and hope through poetic words and guided imagery. It is filled with ideas and strategies for personal discovery and spiritual growth.
Neurological Reparative Therapy: A Roadmap to Healing, Resiliency and Well Being
By Dave Ziegler, Jasper Mountain
(Note: Neurological reparative therapy is distinct from and has no connection to the controversial approach for attempting to change a person’s sexual preference, known simply as reparative therapy.) This book presents a new integrative model of treatment that incorporates the fields of brain development, attachment, resiliency and trauma recovery and outlines a science-based approach to achieving positive brain change. Developed out of practice-based evidence, neurological reparative therapy has been successfully used with very challenging populations, and this volume is designed to provide full information for the practitioner to use the model.

ACCA to host events in San Francisco and Orlando
Submitted by MJ Raleigh and Sylvia Shortt
mraleigh@smcm.edu
accaorg@mindspring.com

The American College Counseling Association will be hosting its annual open membership meeting on Saturday, March 24, from 7:30-9 a.m. during the American Counseling Association Annual Conference & Exposition. We will be conducting several critical votes, including voting to change the by-laws to allow the hiring of an executive director and allow online voting for future organization business. Please remember to sign up and join us for our productive and always fun breakfast. Our very popular “roundtable” discussions will be held on Friday, March 23, from 4-5 p.m. For members who were unable to attend the College Counseling Day of Learning at the ACA Conference last year, you will have a chance to participate in San Francisco. On Saturday, March 24, the four College Counseling Day of Learning modules will be offered. Upon completion of all four modules, members will receive a certificate of completion indicating that the individual has participated in training for our specialty area of college counseling. Our last event for the conference is the ACCA reception being held on Saturday, March 24, from 5-6:30 p.m. This is our chance to celebrate with ACCA colleagues we don’t get to see often and welcome new members.

On another note, make your plans now to come to the sixth ACCA Conference in Orlando, Fla., Oct. 3-6. We are now accepting room reservations to the Disney Contemporary Hotel on our website at collegecounseling.org/conference. We have a great deal on the rooms; they typically cost much more!

The conference theme is “College Counseling: A Whole New World.” Our past five conferences have been extremely successful, so I encourage you to join us. This is an event you will not want to miss!

Colleen Logan will be our keynote speaker. Logan is a nationally renowned speaker who will speak on the topic of “Stop Bullying in Its Tracks: The Time Is Now.” We also have two preconference workshops for those interested.

Due to Counseling Today’s production schedule, please be advised of the updated deadline for submitting items to “Division, Region & Branch News” for the following issue: April issue: Friday, Feb. 24, at 5 p.m. ET.
COMING EVENTS

ASGW National Convention
Feb. 9-12
Albuquerque, N.M.
The Association for Specialists in Group Work will host its biennial National Convention with the theme “Creating Cultures of Caring: Using Group Work to Heal Ourselves, Our Communities and the World.” Sessions will consist of experiential groups, skill-building and conversation. Lee Man Wah, community therapist and producer and director of several documentaries, including The Color of Fear, will be the keynote speaker and conduct a workshop. His new film will also be premiered at the conference. For more information and/or to register, visit asgw.org.

SCCA Annual Conference
Feb. 23-25
Myrtle Beach, S.C.
The South Carolina Counseling Association will host its 48th annual conference at the Marriott Resort at the Grand Dunes. Themed “South Carolina Counselors: Making the Connections,” the conference will be loaded with great workshops on numerous topics related to mental health. CEUs for workshop attendance will be available. For more information, visit sccounselor.org or contact Mary Jane Anderson-Wiley at manders9@aug.edu.

CCA Annual Conference
March 9-10
Englewood, Colo.
The Colorado Counseling Association will host its 2012 annual conference at the DoubleTree Hotel DTC on March 9 (preconference) and March 10 (conference). This year’s theme is “Imagine: Colorado Counselors Moving Forward, Looking Back.” Preconference workshops include a full day on private practice, a half day on psychopharmacology and a half day on Gestalt techniques. Our conference keynote speaker will be Jon Nachison, co-founder of Stand Down for Homeless Veterans and Their Families, with a presentation titled “Stand Down: A Three-Day Marathon Treatment Program for a Thousand Homeless Veterans and Their Families.” To register online or for more information, visit the CCA website at coloradocounselingassociation.org.

ACA Annual Conference & Exposition
March 21-25
San Francisco
Register now for the largest conference in the world dedicated to the counseling profession. As it celebrates the American Counseling Association’s 60th year as an organization, the 2012 Annual Conference & Expo will also offer hundreds of peer-reviewed sessions, plenty of networking opportunities, engaging social events, tours of the city and keynote speeches by Irvin D. Yalom and NPR’s Craig Windham. For more information or to register, visit counseling.org/conference or call 800.347.6647 ext. 222.

CCA Annual Conference
April 27-28
Danbury, Conn.
Save the date to attend the Connecticut Counseling Association’s Annual Conference, themed “Counseling Connections 2012: Empowering Families and Communities.” ACA President Don Locke will be the opening keynote speaker on Friday. Jo Ann Freiberg, a school climate expert from the Connecticut Department of Education, will speak Saturday on bullying in schools and the workplace. We plan to offer CEUs for counselors and play therapists. The conference usually attracts about 200 attendees. President Locke will join CCA President Karla Troesser in an evening reception that all participants are welcome to attend. For more information, visit ccmain.com or email conference co-chairs Karla Troesser and Gabriel Lomas at ccaconference@hotmail.com.

ASERVIC Conference on Spirituality in Counseling
June 3-5
Santa Fe, N.M.
The Association for Spiritual, Ethical and Religious Values in Counseling will host its third Conference on Spirituality in Counseling at the Inn and Spa at Loretto. The keynote speaker will be William Miller, founder of motivational interviewing. For more information, visit aservic.org.

NCDA Global Career Development Conference
June 21-23
Atlanta
The National Career Development Association Global Career Development Conference will be themed “Building On the Dream.” Take advantage of more than 160 presentations, discussions and workshops, and network with more than 1,000 career practitioners and educators. For more information, visit ncda.org.

ASCA Annual Conference
June 23-26
Minneapolis
The American School Counselor Association Annual Conference will be themed “Be Brilliant: Celebrating ASCA’s Diamond Anniversary.” Dan Savage of the It Gets Better project on YouTube, Stacey Bess and Jamie Vollmer will give keynote addresses. For more information, visit schoolcounselor.org.

FYI
Call for reviewers
The Canadian Journal of Counselling and Psychotherapy, the flagship journal of the Canadian Counselling and Psychotherapy Association (formerly the Canadian Counselling Association) is seeking reviewers from the United States. For further information, visit ejc-rec.ucalgary.ca/index.php/recannouncement.

Bulletin Board submission guidelines
Items for the Counseling Today Bulletin Board must be submitted to liballcross@counseling.org. Limit submissions to 125 words or less. The deadline for submissions is the first of the month at 5 p.m. ET for publication in the following month’s issue. If the first of the month falls on a Saturday or Sunday, the deadline is 5 p.m. ET on Friday. Please note: Due to Counseling Today’s production schedule, be advised of the updated deadline for submitting items to Bulletin Board for the following issue: April issue: Friday, Feb. 24 at 5 p.m. ET.
 Appeals court protects ACA Code of Ethics, GLBTQ nondiscrimination

On Dec. 15, the 11th U.S. Circuit Court of Appeals upheld the Southern District Court of Georgia’s decision to deny a preliminary injunction against Augusta State University (ASU) for expelling Jennifer Keeton, a graduate counseling student who refused to participate in a remediation plan aimed at addressing her views on counseling gay, lesbian, bisexual, transgender and questioning (GLBTQ) clients.

As a graduate student, Keeton openly stated her views to ASU professors and students that she would not be able to counsel GLBTQ clients because of her religious beliefs and that she supported reparative/conversion therapy. To address Keeton’s deficits in becoming a multiculturally competent counselor, faculty in the ASU counseling program created a remediation plan to help her become comfortable counseling the GLBTQ population. Rather than comply with the remediation plan, Keeton opted to file a complaint against ASU in federal court and a motion to preliminarily enjoin ASU from enforcing her expulsion.

The ACA Code of Ethics featured heavily in the appellate court’s decision. In rebutting Keeton’s claim that ASU effectively gave her the ultimatum of “adhering to the Bible or to the ACA Code of Ethics,” Judge Rosemary Barkett of the 11th U.S. Circuit Court of Appeals explained that the code regulates certain types of speech in the interest of requiring counselors to “separate their personal beliefs from their work.”

The American Counseling Association welcomes the decision of the appeals court.

Governing Council changes requirements, nomination process for ACA president-elect

At its October 2011 meeting, the ACA Governing Council adopted a motion changing the requirements and nomination process for candidates for ACA president-elect. Those seeking the office of ACA president-elect for the term beginning July 1, 2013, must meet the following requirements:

1) Be a member of ACA in good standing for a minimum of 10 years
2) Have had no major ethical sanctions for the immediate 10 years prior to nomination
3) Have served in at least two of the following three roles: as president of a national division or an organizational affiliate of ACA, as an ACA region chair or as a representative to the ACA Governing Council
4) Be a member of the branch located in the jurisdiction in which the nominee resides or works, if such branch exists
5) Cannot be a candidate for president-elect of a division or organizational affiliate or chair-elect of a region at the same time the nominee is a candidate for ACA president-elect

Those seeking to be a candidate for ACA president-elect with a term beginning July 1, 2013, must be nominated no later than Feb. 24, 2012. Nominations must be made by a division, organizational affiliate or region of ACA.

Nominations and required documentation must be sent to Holly Clubb, ACA director of leadership services, at American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. The information can also be emailed to hclubb@counseling.org.

After all verifications have been made, candidates will be required to complete an official Candidate Data and Information form provided by the ACA Nominations and Elections Committee. This form is due no later than June 1, 2012. If you have any questions or require additional information, contact either Marcheta Evans, chair of the Nominations and Elections Committee, at marcheta.evans@utsa.edu or Holly Clubb at hclubb@counseling.org.

SAMHSA announces working definition of ‘recovery’

At the end of December, the Substance Abuse and Mental Health Services Administration announced a new working definition of recovery from mental disorders and substance use disorders. The definition is the product of a yearlong effort by SAMHSA and a wide range of partners in the behavioral health care community and other fields to “develop a working definition of recovery that captures the essential, common experiences of those recovering from mental disorders and substance use disorders.” SAMHSA led the effort as part of its Recovery Support Strategic Initiative.

The new working definition of Recovery From Mental Disorders and Substance Use Disorders is as follows: “A process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.”

“Over the years it has become increasingly apparent that a practical, comprehensive working definition of recovery would enable policymakers, providers and others to better design, deliver and measure integrated and holistic services to those in need,” said SAMHSA Administrator Pamela S. Hyde. “By working with all elements of the behavioral health community and others to develop this definition, I believe SAMHSA has achieved a significant milestone in promoting greater public awareness and appreciation for the importance of recovery and widespread support for the services that can make it a reality for millions of Americans.”

Through the Recovery Support Strategic Initiative, SAMHSA also has delineated four major dimensions that support a life in recovery:

- Health: Overcoming or managing one’s disease(s) as well as living in a physically and emotionally healthy way.
- Home: A stable and safe place to live.
- Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking or creative endeavors, and the independence, income and resources to participate in society.
- Community: Relationships and social networks that provide support, friendship, love and hope.
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HENDERSON STATE UNIVERSITY, ARKADELPHIA, AR
Two Positions
Asst. /Assoc. Professor Counselor Education, 9-Month, Tenure Track Position. Two positions available due to retirements. Teaching load consists of the equivalent of 9 credit hours per semester including subjects such as Marriage and Family Therapy, Practicum, Internship, and related areas. Requirements include, but are not limited to, earned terminal degree in Counselor Education or Marriage and Family Therapy; demonstrate strong university teaching, research, service, and strong interpersonal skills.

To guarantee consideration, application materials must be complete and postmarked by February 25, 2012. Candidates should submit a letter of interest addressing position qualifications; teaching philosophy; scholarship activities; current curriculum vita; names, addresses, telephone numbers and email addresses of at least three references; and official transcripts. For details on positions and addresses for submission, visit www.hsu.edu/Affirmative-Action or email mossr@hsu.edu or olsonb@hsu.edu. AA/EOE/ADA

DEPAUL UNIVERSITY
Tenure-track Position, Counselor Education
DePaul University’s College of Education is seeking to fill a full-time tenure track position in Counselor Education. Candidates must hold a doctorate in counselor education or a closely related field. Requirements include work experience in community settings and eligibility for Licensure as
a Professional Counselor in the State of Illinois. The ideal candidate will display demonstrated clinical skills and membership in ACA with potential for leadership in professional organizations. Preferred qualifications include experience in community agencies, experience with counseling and clinical supervision, evidence of effective teaching, research productivity, and experience with a diverse student body. Responsibilities include teaching courses across three concentrations: school, community, and college student development; face-to-face, hybrid and online delivery methods; and advising and supervising of students. DePaul University welcomes applications from diverse candidates and candidates who support diversity.

All application materials must be submitted online at http://facultyopportunities.depaul.edu

Job Posting #0000202; Quick Link: facultyopportunities.depaul.edu/applicants/Central?quickFind=50859

Review of applications will begin on January 13, 2012. The position will remain open until filled.

OKLAHOMA

NORTHEASTERN STATE UNIVERSITY
Assistant Professor of Psychology & Counseling

The College of Education, Dept. of Psychology and Counseling at Northeastern State University, Tahlequah, Oklahoma invites applications for a tenure-track Assistant Professor faculty position for August 2012. Candidates will have an earned doctorate in Psychology and/or Counseling from an accredited institution or can be ABD if degree will be completed within one year. This position requires candidate to teach both graduate and undergraduate courses in psychology and/or counseling and teach on any of the three campuses located in Tahlequah, Broken Arrow, or Muskogee, OK. The department offers an undergraduate degree in General Psychology and master’s degrees in Counseling Psychology, Substance Abuse Counseling, and School Counseling. For details https://nsuok.peopleadmin.com/postings.Northeastern State University is an Affirmative Action/Equal Opportunity Employer.

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REGENT UNIVERSITY
Tenure-track Faculty Position

The Counseling Department in Regent University's School of Psychology and Counseling is accepting applications for tenure-track faculty positions (rank open) commencing with Fall 2012. The department is seeking faculty to teach in both the master's and doctoral-level counseling programs accredited by CACREP. We seek persons who can integrate the Christian faith with the counseling profession in an ethical and competent manner, and the positions balance teaching, research, and service. A doctorate in Counselor Education or closely related field with a clearly established counselor identity is required. Applicants who are licensed or license-eligible, graduates of a CACREP program, and who have clinical counseling experience are highly desired. There is particular interest in hiring a mid-level faculty member with prior experience in academic administration, as well as applicants who can contribute specifically to the enhancement of the school counseling program and/or assist with the anticipated development of programs in addictions and marriage and family counseling. Applicants adding to the diversity of the faculty are encouraged. Faculty application available at: https://www.regent.edu/admin/hr/new_faculty_application.cfm. Forward cover letter and current curriculum vita to Mrs. Lynnette Harris, Academic Services Coordinator, at email address: lynnhar@regent.edu. Selected candidates will be offered a nine-month contract with separate summer contract likely if desired, and these positions will be housed at the main university campus in Virginia Beach, VA. All positions are subject to budgetary approval. Qualified prospective employees will receive consideration without discrimination because of race, color, sex, age, national origin, or disability.
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Also known as “Dr. J,” Dr. Frankel has been preparing candidates for licensing exams for 25 years. After completing her undergraduate degree at the University of California, Berkeley, she earned her Ph.D. in Clinical Psychology. Dr. J has many years of experience as a private practitioner, making her full-time consulting work for AATBS as an Educational Consultant a benefit to participants in our programs.