Getting a global perspective

A glimpse of the counseling profession in 27 countries

COMPILED BY JONATHAN ROLLINS

Counseling Today contacted American Counseling Association members from all around the world and asked them to share their perspectives on counseling as it is practiced in their respective countries. Participants were asked the following questions:

- How is counseling viewed in your country? How is that changing over time?
- In what ways can counselors have a positive impact in your country?
- What are the strengths of the counseling profession in your country? What areas need improvement?
- What challenges do you face?
- Why is it important for counselors to understand how counseling is practiced elsewhere in the world?

What follows are the responses from counselors on six continents and in 27 countries in their own words (Note: In most instances, variances in spelling — for example, “counselling” versus “counseling” — were retained).

Margaret Rukuni, counseling program leader, Faculty of Arts Education and Humanities, Dept. of Social Sciences, Zimbabwe Open University

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Counselors without borders

Students, faculty volunteer their services for hurricane relief

BY ANGELA KENNEDY

Answering the need for continued mental health services in the devastated Gulf Coast region, 14 George Mason University graduate students and two counselor educators recently spent a week counseling and consoling Hurricane Katrina victims in Mississippi. The trip was initiated through the university pilot project Counselors Without Borders to provide counseling services by supervised graduate students.

“I was continually hearing about the mental health needs on the Gulf Coast,” said Fred Bemak, a counselor educator at George Mason, located in Fairfax, Va. “I’ve been watching the system that was set up to bring in people, and they required licensure and two-week minimum stays. I was getting increasingly mixed messages that the needs were not being met because they were far greater than the mental health resources being deployed.” Bemak, along with his colleague and wife, Rita Chi-Ying Chung, decided to escort and supervise a group of their own students on a mission to assist those still traumatized by the hurricane.

Bemak asked his students if they would be willing to help those affected by the hurricane.

“I told them, ‘I have a license, and I’ll supervise you,’” he said. “It’s no different than supervising a practicum or internship.” He added that he believes counseling graduate students have the resources and ability to help communities affected by Hurricane Katrina in a professional capacity greater than simply handing out food or bottles of water. “We can offer our services to help this underserved population,” he said.

No funding was provided for the trip. Initially, 35 students

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School mental health services are subject of national survey

One-fifth of students receive some type of school-supported mental health services during the school year, according to a national survey released at the end of November by the Substance Abuse and Mental Health Services Administration. Elementary, middle and high schools all cite social, interpersonal or family problems as the most frequent mental health problems faced by students.

Mental health problems are broadly defined in the new publication, School Mental Health Services in the United States, 2002-2003. They cover a spectrum of concerns, ranging from relatively mild, commonly seen problems such as difficulty adjusting to a new school, to more significant behavior problems such as bullying, to serious psychiatric and developmental disorders. Mental health services were defined as those services and supports delivered to individual students who have been referred and identified as having psychosocial or mental health problems.

Taking action to address childhood mental health problems now can save lives, especially when school personnel work with parents to identify children and intervene appropriately before they develop significant problems, said SAMHSA Administrator Charles Curie.

Topics in the report include:

- Mental health problems encountered in school settings
- Types of mental health services schools are delivering
- Numbers and qualifications of school staff providing mental health services
- Types of arrangements for delivering mental health services in schools, including collaboration with community-based providers
- Major sources of funding for school mental health services

The report provides the first national survey of mental health services in a representative sample of approximately 83,000 public elementary, middle and high schools and their associated school districts in the United States.

Free copies of the report are available by calling SAMHSA’s National Mental Health Information Center at 800.789.2647 or by going online to http://store.mentalhealth.org/cmsh/ManagedCare/pubs.aspx.

The Last Word

“Libby (Zinman-Schwartz) is trying to take what works in an Eastern culture and combine it with what might work from the West.”

— Patricia Stevens

(See “When East meets West” on page 25)

By the Numbers: Mental Health in Britain

According to Mind, the leading mental health charity in England and Wales, evidence suggests that one in four people with a mental health problem have not contacted a professional for help. Research indicates that people initially seek help from their general practitioner rather than going to a mental health professional. Not everyone who experiences mental distress will come into contact with a service, as the above figures show: (A) 300 people out of 1,000 will experience mental health problems in their lifetime; (B) 230 of these people will visit a general practitioner/physician; (C) 102 will be diagnosed as having a mental health problem; (D) 24 will be referred to a specialist psychiatric service; and (E) six will become inpatients in psychiatric hospitals.

ACA in Action

ACA debuts enhanced website

The American Counseling Association launched its new and improved website on Dec. 1, 2005. Located at the same address — www.counseling.org — the website was redesigned to make it easier for members and the general public to find information in a more timely and efficient manner.

"Over the years the old site had become more and more difficult to navigate," said ACA Executive Director Richard Yep, "so we started with a clean sheet of paper to figure out our members' needs. We utilized the latest in web technology and design to fill those needs and to benefit all of our members and other helping professionals.

A team of ACA staff members and an outside consultant worked on development of the enhanced website for several months before its launch. The site’s new layout, tools and options will allow for a more user-friendly experience.

"It’s really dynamically driven by content," Yep said. "The whole idea is to predict what you want to see by looking at where you have been previously on the website." He explained that content will change to fit the visitor based on membership profile information, purchases and previously viewed pages.

The web development team expects the site to be much easier to navigate for all visitors and to serve as more of a resource. "It’s cleaner and better designed," Yep said. "We have taken some of the important and popular items from the old site and incorporated those with new, up-to-date articles, tools and items."

Noted changes

As part of the remodeling, ACA has changed where some items were located. Also, some sections were renamed based on input from users and potential users of the site. Additionally, visitors will notice that the search function has been upgraded, again in an effort to make the site easier to navigate. The web team encourages members to explore the new site and to share suggestions for further improvements.

The login feature has also been revamped. Unlike the prior login prompt, ACA members have the option of setting their own password. The login feature should be a tremendous benefit to members in the near future, as they will no longer have to fill out address forms and other personal information when purchasing materials. The information will be taken directly from the membership database. With that in mind, this would be a good time for members to update and verify their e-mail addresses and other personal data. To do so, call ACA Member Services at 800.347.6647 ext. 222.

Suggestions

The new website can be described as a "living document." ACA will be consistently providing updated and timely information to members and the general public.

"We knew at the launch that this would be an ongoing project, and we will be working on it in the next several months," Yep said. "We are looking forward to receiving input and suggestions from our members. It’s their site, and we want to hear what they have to say. This is a team effort, and it won’t be as successful without input from our users."

For questions regarding the website or to make a suggestion, send an e-mail either to webmaster@counseling.org or to rype@counseling.org.

ACA past president honored

ACA’s immediate past president, Samuel T. Gladding, was inducted by the University of Alabama at Birmingham’s counselor education program into its Hall of Fame. Gladding, who taught at UAB from 1984 to 1990, is the first inductee. Inclusion in the hall will be awarded to UAB professors and students who distinguish themselves in the counseling profession.
Counselors should be on the lookout for OCD’s ‘cousin’

Thank you for Angela Kennedy’s article on obsessive-compulsive disorder in Counseling Today (see “Young obsession,” December 2005). I have been a board member of the national Obsessive-Compulsive Foundation and started the Western Pennsylvania affiliate here in Pittsburgh. I started the first support group in Pittsburgh in 1989 and am considered an泡沫 first support group in Pittsburgh．Western Pennsylvania affiliate Foundation and started the School counselor says Counseling Today articles keep her connected

I would be remiss if I failed to share how much I’ve benefited from reading the articles in Counseling Today. I look forward to my issue every month!

As a school counselor (especially one who is on maternity leave), it is wonderful to receive a publication that applies to all fields of counseling, as well as counseling in the schools. Your newspaper helps me to feel connected with the rest of the counseling community and helps me to stay up to date with current issues pertaining to the fields of counseling and psychology.

The Journal of Learning Quizzes are also a welcome opportunity to earn continuing education hours for my national certified counselor credentials. Kudos to the Counseling Today staff for a job well done!

Jacquie Nelson
Mammoth Junction, N.J.

Nonetheless, OCD gets much less press. I so would love to write Chris McBee and find out where he is.

It was with great interest and appreciation that I read Jonathan Rollins’ article, “A campaign for counselor wellness,” in the October 2005 issue of Counseling Today. I tend to agree that quite often as counselors we hold off harmony and effective balancing as “there is too much to do with so very little time.” Other facets of my life, including school, family, hobbies and interpersonal relationships, used to be placed on hold with the never-ending intention of addressing them at a later time. Stress, burnout and vicarious trauma are real concepts that affect counselors’ productivity and effectiveness not only in the work environment but also in personal growth.

In my experience as a clinician working in rehabilitation programs with victims of sexual, physical and emotional abuse, as well as with survivors of domestic violence, I have come to acknowledge that vicarious trauma may gradually lead to counselors becoming more susceptible and reactive to clients’ experiences and stories.

In addition to the strategies listed in the article to promote counselor wellness (e.g., establishing a mentor-mentee relationship and peer supervision), other strategies may include physical activity, involvement in recreational activity and hobbies, personal counseling, meditation, sense of spirituality and development of a supportive social network.

I have found that using a few of these interventions has helped to reduce stress and burnout for me as well as contributed to my enthusiasm for work and social environments. My overall sense of harmony and balance has also improved.

Mildred Nti
mildrednti@earthlink.net

Reducing stress, burnout with sound strategies for counselor wellness

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Jacquie Nelson
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Counseling/Counselling around the world: Personal and professional perspectives

Growing up in an immigrant city meant that most of the residents who were my parents’ age also were born in another country. In this city outside of Cleveland, most immigrant families were of Eastern European or Mexican heritage. Puerto Ricans, though U.S. citizens, were still viewed as foreigners because they spoke English as their second language. In fact, Hungarian, Slovenian, Polish, Greek, Russian and Spanish were languages commonly heard at the A&P grocery store, at the annual international festival or at the bowling alley where we visited with my father.

I was fortunate to have spent the first 17 years of my life in a truly multicultural environment, one that celebrated culture-specific festivals, had ethnic Catholic and Protestant churches (a Jewish temple was not in our part of town) and had ethnic barrios (neighborhoods). Knowledge about world geography and a healthy curiosity were helpful in learning about cultural customs and rituals. Thanks to Greek neighbors and school friends, my attendance at a Slovenian Catholic school for grades 1-8 and visits to the first Puerto Rican parish with my abuela (grandmother), I learned about norms for adult and child interactions, how people decorated their homes and different ways of using music to celebrate mass.

After a rather solemn Sunday mass at our Slovenian parish, I was often given permission to visit my abuela. On the corner lot, across from my abuela’s home, was an African-American church. I believe it was Baptist. The sounds of loud singing and a powerful organ filled the air. It always sounded so joyous and festive. Not unlike the Latin Catholic masses at that time that went for an hour or more, the African-American church services were typically two hours long. When weather permitted, I would sit on my abuela’s porch swing, watching families emerge after services. The enthusiasm spilled onto the sidewalks as these impeccably and stylishly dressed adults and children greeted one another and made plans for the afternoon. In Lorain, Ohio, I was introduced to people with different cultural heritage and roots from around the world.

The meaning, application of counseling practices

I was introduced to the concept of *ho'oponopono*, a Native Hawaiian healing ritual, in 1978 in an article that appeared in the Personnel and Guidance Journal (now the Journal of Counseling & Development). This ceremony typically occurs among family members and is meant to restore harmony and positive relationships within the family by calling on spiritual forces. Subsequently, I have learned about *limpiezas*, or cleansings, done by healers in Latin American countries.

The concept of counseling as we mean it does not easily translate into all languages. When I looked up translations for counseling from English to French, I could only find the term "counselor," but it was more specific to an advocate or attorney. In other English-speaking countries, counseling is spelled "counselling" (with two l’s), and in many Spanish-speaking countries, psychotherapy is more commonly used, not counseling.

The role of counseling around the world also varies, but in his studies about indigenous healing, Courtland Lee found that universal shamanic traditions — centuries-old practices that involve community healers — are still practiced in New Zealand and African countries. We all have much to learn and appreciate about the ways that counseling can be practiced across the world, particularly from indigenous worldviews.

Courses in multicultural counseling provide a glimpse into non-Western ways of counseling, but these are just soundbites. In these courses, we also learn about cultural worldviews held by individuals of American Indian, Asian, African, Latino, Middle Eastern and Pacific Island heritage. It’s not surprising that these chapters or first-person accounts are both broad and idiosyncratic. For me, this means that what I’ve learned about counseling from different parts of the world, culture-specific counseling practices and indigenous healing is just the tip (la puntita) of the iceberg. What

Continued on page 16
Executive Director’s Message – BY RICHARD YEP

Supporting, remembering those who counsel

This special issue of Counseling Today is the result of numerous hours spent by our writers and editors researching, interviewing and writing about counseling around the world. While no one publication could hope to cover even a small portion of such a diverse and broad topic area, it is our hope that you will find the articles both interesting and thought-provoking.

Given that the American Counseling Association will be partnering with the Canadian Counselling Association for our first “jointly sponsored” convention in just a few months, this special issue of Counseling Today seems especially timely. Counseling certainly encompasses a “world community,” and for this reason helping professionals must have the ability to access tools and resources that will allow them to do the best they can for their clients and students. At ACA, we recognize that our role is to support those of you doing such important work with millions of children, adolescents, adults and families each and every day. Our job is to listen to what you need.

I am pleased that last month we launched the latest generation of the ACA website at www.counseling.org. The new site features a cleaner design that includes easier navigation. This effort was the culmination of many months of research and feedback from our members and staff. I thank all who were part of making this important communication vehicle a reality.

In a previous column, I commented on the Counselors Care Fund, a project of the ACA Foundation. The fund was designed to help our members who were impacted by the ravages of the hurricanes in the Gulf Coast region last fall. When it comes to helping others, counselors are the best. With the outpouring of donations to the Counselors Care Fund, I witnessed that same level of caring for your colleagues who suffered through such devastating events.

At the end of December, the Counselors Care Fund had received donations of more than $15,000. As you may remember, the ACA Foundation matches each dollar, resulting in a fund of more than $30,000. The heart-wrenching stories of our members and branches affected by the hurricanes reinforce to me that the ACA Foundation trustees made the right decision in organizing this important effort. Your donations are being put to good use, and I appreciate your compassion.

This column not only acknowledges those of you currently doing such good work, but also recognizes those who made their mark and are no longer with us. At the end of 2005, we lost two people who made significant contributions to the counseling profession, each in their own unique and talented way.

Roger Herring was a fine author and compassionate educator and was well known for his positions on issues relative to multicultural issues in counseling. When he passed away, he had already authored and edited numerous articles and texts that are continually cited and referenced by others. Perhaps more importantly, Roger’s passing resulted in many people sharing (via listservs and in print) the impact that he had on their lives.

We also marked the passing of Nancy Pinson-Millburn. She was well regarded in the career development field and on international issues, and was a strong believer in public advocacy on behalf of those less fortunate. Nancy also worked here at ACA headquarters and was my boss in the late 1990s. I came to know her as a superior scholar, excellent communicator and compassionate listener. During her memorial service at the University of Maryland, many people spoke of her spirit, her humor and how she positively impacted their lives. I remember her as someone who could easily move within the worlds of academia and advocacy and still be able to connect with leadership, staff and members.

Two of the counseling profession’s bright lights have gone out, but what they brought to the table, and their dedication to conveying the importance and relevance of counseling in a global community, will continue to live on (see related articles on p. 56 and p. 57, respectively).

As we begin a new calendar year, I want to wish all of you a pleasant, healthy and peaceful 2006. Your work is so incredibly important, and I hope you will continue in your endeavors to help, serve and advocate for your clients and students. I also want you to know that ACA will continue to do what we can to support you in your good work.

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

Thanks and be well.

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Presented by Cynthia J. Osborn and Kent State University

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Balancing passions

“Human life is like a river, constantly passing away, and yet constantly coming on.” This quote resonates in my life right now. I am a counselor in training, a nontraditional student, a mother, wife, friend and citizen. The number of roles I play and hats I wear at any given moment can seem overwhelming. At no time does my life seem still. While I can relate so well to the aforementioned quote, strangely enough, it also offers me comfort. The constant coming and going of life is exhausting at times, but it is life nonetheless.

Being a nontraditional student in a counseling master’s program is a challenge. My daily planner doesn’t just say that I have a test on Friday and a project due next week. It is also an exhausting at times, but it is life nonetheless.

My struggle is not to the future, but I find that if I continue on with school and seek a doctorate. While many of my classmates are counting the days until graduation, I almost drag my feet. I truly enjoy the classes are counting the days until graduation, I almost drag my feet. I truly enjoy the classes that I am almost embarrassed to write it: Take one day at a time. As a counselor in training I should know this, right? But it seems that the wisdom of combining my love of learning with my love of the counseling profession pushes me ever closer to following a path toward a Ph.D. My family is wonderful and supportive. My struggle is not with them; instead, it is an internal struggle.

Learning to live in the moment

The process of developing as a counselor has been an interesting, frustrating, exhilarating and exhausting journey complicated at times by the management of multiple outside responsibilities, but one strategy has made the struggle easier. My approach is so simple that I am almost embarrassed to write it: Take one day at a time. As a counselor in training I know this, right? But it seems that knowing something and putting it into practice are two completely different things.

My thoughts often spin ahead to the future, but I find that if I

Continued on page 29
Embracing Latin America’s nuances

Latin American culture often poses challenges for counselors, but it also provides valuable lessons.

BY STACY NOTARAS MURPHY

A female Latino client visits a counselor for an initial session. She asks direct questions about a specific dilemma and details her plans to seek additional input from her doctor, priest and godparents. The client thanks the therapist, leaves and does not return.

Many counselors might consider this a failure. But according to Esteban Montilla, the client’s Latin American heritage suggests there might be more to the story.

Counselors should not necessarily expect a traditional treatment process to unfold when a Latino client comes seeking help, says Montilla, an American Counseling Association member and director of Clinical Pastoral Education at Driscoll Children’s Hospital in Corpus Christi, Texas. “What I’ve found in the Latino community, both in the U.S. and in Latin America, is what we call ‘intermittent counseling,’” Montilla said. “When you go once, spend two hours with the counselor, you get the idea and then continue to work on that idea with some other member of the community — with physicians, with healers, with family members. One counseling session is very common.”

Montilla advises that the customary counseling theory approaches frequently do not fit the Latino population. He added that counselors working with these clients often would do well to set aside their usual assumptions about human development and therapeutic alliance-building. “We have to be careful with the traditional counseling theories because most were created under a Euro-American perspective and the values are different,” Montilla explained.

For example, he said, from the perspective of conventional counseling theories, a person’s healthy development relates to self-actualization. “With [developmental psychologist Erik] Erikson’s movement toward autonomy, you demonstrate that you have developed well when you are autonomous,” he said. “But in the Latino community, you demonstrate that you have developed well when you can live with the others, when you can respect the family members, when you can relate within a community and respect its authority. It’s a whole different view of development.”

On the topic of building a strong therapeutic alliance, Montilla recommends being more action-oriented with Latino clients. “In terms of counseling technique, certainly it is important to include the listening, understanding, validating,” he said. “But you need more than that. You need a little bit of action. You need the Rogerian approach, but if you stay there, the consultee might think you don’t know very much about his problem. You need to offer ideas and work together. It needs to be a more collaborative process.”

An ACA action item

Not enough counselors understand the nuances of counseling in Latin America or working with Latino clients, but ACA President Patricia Arredondo hopes to change that by focusing on the region during her tenure.

“The largest population of new immigrants to the United States is coming from Latin America,” she said. “We need to better understand places of origin and what that means for those who are preparing counselors who are going to work with a really multicultural and diverse population of people.”

Specifically, Arredondo noted the growing trend of partnerships between U.S. and Latin American counselor training programs. “Quite often individuals who are becoming leaders in [Latin American counselor training] programs have some connection to ACA or have had some training in counseling in the United States and want to bring these programs to the population,” she explained.

In order to potentially cultivate these partnerships, Arredondo commissioned the Task Force to Explore Opportunities for ACA in Latin America. Still in the fact-finding stages, the task force members are compiling data for a report to be released later this year.

“Without raising expectations that these things can be done, the next step very possibly would be to see if there are places where we can engage in more partnerships,” Arredondo said. “Maybe we can find potential new ACA members in training programs in, say, Argentina and Chile. Maybe there’s an association of counselors in Latin America that we could somehow sign on as a branch. Maybe the training programs have needs and we could partner with them to use some of our existing materials. Maybe someone would want to write a counseling theory book in Spanish. There are so many possibilities.”

Task Force Chair Andrés Consoli, an associate professor at San Francisco State University and president-elect of the Interamerican Society of Psychology, noted that the group’s first step is simply to get an account of the numerous programs already in operation. “It’s my sense that there are many efforts throughout Latin America,” he said, “but they’re not necessarily knowing of each other or coming together in any fashion, which is always a real challenge. It’s a huge geographical area with millions of people, which makes it really difficult to know what is going on. Part of the hope of the task force is to get enough of a sense of what is going on so that ACA can begin to think of building bridges and networks.”

Lost in translations

To that end, Consoli’s task force is networking to gather information about various
training programs and counseling associations in Latin America, as well as seeking out books, articles and websites about counseling in the region. As he explained, simply compiling a list of Latin American counseling terms has become a major task.

"Part of the challenge in Latin America is: 'What word would people use in Spanish to capture the concept of counseling?'" Consoli said. "There's really no easy translation." He added that one of the task force's first initiatives invited counselors to identify how they define counseling. "In some countries, the word counseling translates as consejeria, but that is really a direct translation of English and is not necessarily understood as what we mean by counseling. Another translation for counselor could be consejero, but consejero is really more along the lines of an 'adviser,'" he said.

Some of the confusion comes from the fact that, depending on the locale, Latin America offers numerous approaches to counseling specialization and qualification. On the whole, mental health work in the region has taken place either in a professional, psychoanalytic environment or via a collection of community-based operations, including schools, religious organizations and government programs.

"Psychology has been much more popular in Latin America than has been counseling," Arredondo noted. "The focus on counseling has come principally by European-trained psychologists. Psychology is considered a science, and that fit in with psychology becoming a discipline of study in Latin America, but with a greater focus on psychoanalysis as the modality of treatment."

Psychology degree graduates traditionally have conducted vocational counseling in schools in countries such as Argentina, Chile and Uruguay. While a number of new counselor training programs have launched in Latin America during the last 15 years, these graduates must compete against career "coaches" and consultants when building their practices. Consoli said that by building educational partnerships in Latin America, ACA can support counselors while also learning new ways to apply counseling principles in other areas.

"We are seeking to be respectful of what already is happening in those countries and to see to what extent that can dovetail with some of the things that are being done here," Consoli said. "It's not like we're going to take this to Latin America or we're going to bring from Latin America what's there. There will be overlap, but we also know there are significant differences from which we all can learn." For example, he noted that family therapy and group therapy conventionally have been valued interventions in Latin America, with some of the groundbreaking work being done by Latino counselors who have taught their skills in the United States.

Strength from the family

"There are very significant strengths in Latin America, things we can learn from here," Consoli said, "especially along the lines of values. For example, family and friendship are very significant values in Latin America. The family is not only defined as the nuclear unit but by the extended family, and that has been a very significant buffer to the other challenges people face in these countries. Even though people may not have jobs because unemployment is high, people have learned how to share limited resources. Even though the financial resources are limited compared to those in the U.S., I would say that human capital in Latin America is phenomenal. The richness of human contact is immeasurable."

Consoli's own education was made possible through the...
The end of ‘clear and imminent danger’

Editor’s note: American Counseling Association members received the 2005 ACA Code of Ethics bundled with the December 2005 issue of Counseling Today. (It is also available online at www.counseling.org/ethics.) Completed over a three-year period, this revision of the ethical code is the first in a decade and includes major updates in areas such as confidentiality, dual relationships, the use of technology in counseling, selecting interventions, record keeping, end-of-life issues and cultural sensitivity.

All ACA members are required to abide by the ACA Code of Ethics, and 22 state licensing boards use it as the basis for adjudicating complaints of ethical violations. As a service to members, Counseling Today is publishing a monthly column focused on new or updated aspects of the ACA Code of Ethics. ACA Chief Professional Officer David Kaplan conducted the following interview with ACA Code Revision Task Force Chair Michael Kocet.

David Kaplan: For many, many years the Code of Ethics stated that confidentiality was to be broken if there was “clear and imminent danger.” The 2005 code now states in Section B.2.a. that confidentiality is broken when there is “serious and foreseeable harm.” Could you tell ACA members why the task force changed the wording from “clear and imminent danger” to “serious and foreseeable harm”?

Michael Kocet: The task force felt that there were broader circumstances that needed to be brought into account. Also, the legal language of the Tarasoff ruling had an impact in terms of duty to warn and duty to protect and who is the foreseeable victim or if foreseeable harm can be identified.

DK: So the word “foreseeable” actually came from the Tarasoff case?

MK: That is my understanding.

DK: How would you suggest that professional counselors think differently and make the shift from “clear and imminent danger” to “serious and foreseeable harm” when considering the need to break confidentiality?

MK: I still see the essence of breaking confidentiality revolving around “clear and imminent danger,” but what “serious and foreseeable harm” does is to allow a broader scope of other circumstances where counselors need to seek consultation and seek ethical advice when considering the breaking of confidentiality.

DK: So “serious and foreseeable harm” is broader than “clear and imminent danger”?

MK: I think so. It recognizes that in some cultural and contextual situations clients may not have the need to maintain traditional confidentiality. For example, the client may ask that you automatically consult a member of his or her spiritual or religious community. I’ve also used the example of a counselor who is seeing a client who has a terminal illness, has exhausted all medical options, is psychologically healthy and lucid and rational with no substance abuse or major depression, and says, “I want to explore ending my life. I want your counseling and support through this process.” Since “serious and foreseeable harm” can be contextual, the counselor has the option of working with this client.

DK: Is “serious and foreseeable harm” always contextual?

MK: No. As an example, if a client says, “I am going to go home and shoot my partner,” that is objectively foreseeable harm.

DK: If we can focus on the word “foreseeable” for a moment, under the old 1995 code a client who told us that a crime was committed in the past had that information kept confidential because it occurred in the past and there wasn’t any clear danger in the present. Does this also apply under the 2005 code?

MK: I would agree. There is no foreseeable harm to an event that occurred in the past.

DK: A focus of the 2005 code seems to be an emphasis on consulting with other professional counselors if you are considering breaking confidentiality.

MK: The task force supported a team approach. Consulting with other professionals when faced with an ethical situation is always a good step and helps you to think about different options. The bottom line is that two (or three or four) heads are better than one. Of course, you still have an obligation to only reveal information germane to the consultation.

DK: The focus of the 2005 code on the importance of consulting with colleagues is in keeping with court rulings that have come out since 1995 indicating that in order to maintain minimal standards of care, a reasonable counselor will consult with other professional counselors when breaking confidentiality.

MK: Sure, and it also matches most, if not all, of the ethical decision-making models that are in texts and the literature. And in my opinion, consultation can be an ethics textbook, a journal article or a telephone conversation in addition to a face-to-face office visit.

DK: That is really interesting. I hadn’t thought of that. Being a baby boomer, I usually think of face-to-face consultation. Section B.2.a of the new Code of Ethics specifies that counselors consult with other professionals when in doubt as to the validity of an exception. Does that mean that if a counselor does not consult when breaking confidentiality that they have been unethical? In other words, are we at the point in the profession where we are saying that if you are about to break confidentiality, we know you have to consult and it is unethical not to do so?

MK: The key phrase is “when in doubt.” Let’s go back to the example of the client who says, “I have a gun, and I’m going to go home and shoot my partner.” To me, in that moment, that does not raise doubt about breaking confidentiality. But, for example, when we talk about something like HIV and AIDS, it does become grayer. For example, a client who says they just found out that they are HIV positive, are angry and upset, and are going to have unprotected sex with their partner and neighbor is a situation that I would run by a colleague to get some consultation and feedback.

Letter to the editor:

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Counseling Today • January 2006
Counselor travels to Russia to make cultural connections

Comrades in compassion
Counselor travels to Russia to make cultural connections

BY STACY NOTARAS MURPHY

When Rebecca Sears started presenting on Imago Relationship Therapy in St. Petersburg, Russia, five years ago, she assumed her translator knew what she meant when she said counseling could help couples “connect.” Soon, however, the confused faces of her students hinted that something wasn’t quite making the transition from English to Russian.

“I eventually found out that they were translating the word ‘connect’ into a word that has something to do with legs being chained together,” said Sears, a Washington, D.C.-based therapist, American Counseling Association member and faculty member of the Imago International Institute. “It had a real negative connotation, something more like being burdened, held back or held down. I was thinking there must be something really powerful about this work because, even with that translation, they still wanted to hear more.”

Language translation is just one of the many challenges Sears has learned to negotiate while presenting on the Imago approach each of the last five years at an annual conflict-resolution conference in St. Petersburg. The six-day conference, co-sponsored by the American Common Bond Institute and the Russian Harmony Institute, explores how conflict transforms all kinds of relationships, from the interpersonal to the international.

The Imago model helps couples connect more consciously by using intentional dialogue to initiate safe communication. In Russia, Sears applies these principles to multiple scenarios for conflict resolution. By mirroring, validating, and empathizing, conversation partners avoid seeing one another as their own projections and instead deepen their understanding for the other’s point of view. Sears’ 2001 workshop on transforming conflict into compassion was so popular that the conference organizers continue inviting her back each year.

Counseling as a new language

During her workshops, Sears teaches the theory and then requests volunteers for dialogue demonstrations. In the United States, most of the workshop participants are couples, but in Russia, most attendees are sponsored by their employers and rarely know each other. Despite both this unfamiliarity and the language barrier, Sears hasn’t experienced a shortage of volunteers. “They just can’t wait,” she said. “You ask for volunteers, and everybody wants to be the guinea pig.”

Sears also appreciates what she described as the Russian willingness to approach education with a spirit of companionship. “The entire conference group really becomes like a little family,” she explained. “We’re all in residence together, 24 hours a day. It’s totally unlike an American conference. (In Russia) we’re all going to the sauna at night together and eating and drinking together. It’s very intimate.”

Imago emphasizes the relational interactions between people. As such, it demands that the therapist step out of the “expert” role and act as a facilitator. Sears said this difference is particularly challenging in Russia, where the counselor often is considered an authority figure. “I’ve even observed some difficulty in dealing with group dynamics at the conference,” Sears said, describing a roundtable discussion. “It was challenging for them to move from a cognitive level into a more personal discussion. The Westerners seemed to do it more easily, most likely because we’ve had more practice.”

Complicating matters is the fact that few Russian counselors have had their own personal experience of therapy. “Some of the students have done counseling with the faculty in their own programs,” Sears said. “It’s a total luxury to be able to do that. No one thinks about the conflict of interest because it’s so rare an opportunity.”

Sears faces the same imbalance between the number of female and male students in Russia that many counseling programs experience in the United States. Last May, she hosted a post-conference training session in which women outnumbered men by a ratio of 4-to-1. She hopes that introducing the material at an academic level will invite equal participation between the sexes in the long run. “My experience is that the men at the daylong workshop appreciate it as much as the women,” she said. “What we know about all of this relationship stuff is that if something’s not working for one person, it’s not working for the other. If it’s not working for her, it’s not working for him; it’s just a defense.”

Participation in Sears’ workshop is not limited to counselors and psychotherapists. Attendees also include academics, educators and civil servants, each of whom take Imago’s communication principles back to his or her own work environment. The conferences have even inspired Sears’ translator, a foreign language expert, to return to school to study counseling.

The enthusiasm of the information exchange has become one of the highlights of Sears’ experience in Russia. She related the story of a Chechen journalist who was reporting on the workshop. He took Sears aside during a break and implored her...
“Russians don’t do therapy like we do,” she said, “and what is being done is on a very small scale. Transportation and money to pay for such services simply do not exist. The psychologists there want to train in therapy and want it to occur, but most have jobs at schools or universities.” She added that government corruption and cultural stigmas continue to make mental health services difficult to obtain. Alcoholism and spousal abuse are major issues for the Russian people, Sears explained, so she has been inspired to introduce the relational approach of Imago therapy as a way of improving quality of life. “Just like everywhere in the world, being in an intimate relationship is the hardest thing you’ll ever do,” Sears said. “But because we’re relational creatures, we all long for it. Russia is a very difficult country to live in. The people are very connected, but they’re very alone.”

Sears has found consistent interest in the potential of the Imago approach to change Russia’s political landscape by helping people see another perspective. “Russian history offers some fascinating examples of how the spirit rallies itself to be hopeful over and over again,” Sears said. “At the conferences they say, ‘Come back and help us,’ and they just...

**Continued on page 22**

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Counselor as diplomat

With all the red tape involved in teaching halfway around the world, plus the continuing instability of the Russian economy, Sears’ commitment to teaching counseling abroad is very much a labor of love. From navigating political waters to ensure her visa to importing appropriate study materials, she has invested her own time and money to make connections between cultures. Despite the costs involved, Sears said the mutual benefits created by her work in Russia inspire her to raise the necessary funds to return each time. Her workshop has grown annually, with the number of new participants matching the number of returning attendees. Sears is struck by how her relatively simple discussions about communication skills have garnered such interest.

“They really love this material. Under communism, they really couldn’t have any such thing as a personal problem,” Sears explained. “Psychology was just an academic subject, because everything else was collective and about the group. The individual was not important. Even the training programs today are still very academic. Cognitively, they know a lot of the theory and are very academically minded, but clinically, there is much learning left to be done.”

Part of this lack of clinical awareness, Sears noted, relates to the narrow demand for counseling services due to political and economic factors.
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The rainbow dog: A postmodern fable

Finding my way in the world of DSM diagnosis has been a struggle at best. By the time I finished my doctorate in 1980, I had been told many times that one of the important differences between counselors and other mental health professionals was that "we do not label people."

From 1980-1994, I worked as a university administrator and had little contact with the counseling profession. I returned to counseling in 1994, when I took a faculty position teaching counseling in 1994, when I took a faculty position teaching counseling. I was surprised at how much things had changed. I quickly discovered that counselors not only label people, but we often mislabel people to receive insurance payments. We do research on "upcoding" and "downcoding," but those are just academic terms for lying. We still maintain a holier-than-thou attitude by blaming it on managed care and the DSM. Diagnostic and Statistical Manual of Mental Disorders diagnosis, but do we play the game. We lobbied hard for our right to be included in third-party payments and gladly accepted the check. I questioned if we had sold our souls for money.

I soon realized I was the one out of step with the times and even took a couple of courses so I, too, could diagnose (label) people. Actually, I am rather good at it. Last semester I taught our doctorate level course on diagnosis and mental health interventions. I find that DSM diagnosis is a helpful way of conceptualizing clients' problems, plus it gives us a common language to communicate with other mental health professionals, insurance companies and clients.

It is hard to imagine developing a treatment plan without some system for conceptualization of the presenting problem. Yet, I still wonder if there wasn't wisdom in our antiquated position of not labeling people. One colleague explained to me that we still do not label people; we label the disorder. Sounds like hypocritical semantics to me. Of course other mental health professionals make the same claim. The DSM actually makes that point itself. It is a very important distinction. However, I fear that the client and society often miss the point. Just as patients suffering from epilepsy quickly become epileptics, people suffering from schizophrenia quickly become schizophrenics. Many of us also contend that we do not adhere to the medical model. I guess we didn't read the DSM manual very carefully. I still don't know my exact position on DSM diagnosis, but I do know it is a double-edged sword. The following fable reflects some of my concerns.

Once upon a time …

Once upon a time there lived a puppy named Postty. Postty was full of life. He loved to run, jump and play, and he appreciated all of God's creation. He was very curious and continually explored his world in search of truth. One day after a rainstorm, Postty found a rainbow. He had always been afraid of rainstorms but was fascinated by the perfect curve of the rainbow. He wondered where the bottom half of the rainbow was. He studied the gentle changes of colors. With great delight and a sense of accomplishment, Postty returned to his village to share his wonderful discovery. He talked at length about the rainbow and its many fascinating colors. Since dogs are colorblind, none of his friends had ever seen a rainbow. But full of excitement, Postty continued to talk incessantly about his rainbow.

Thinking Postty was boasting and being pretentious, the other dogs began to laugh and make fun of him. They called Postty a puppy, but he got the chance. Those in charge eventually prohibited him from talking about it at puppy school. The adult dogs became very concerned and wouldn't let their puppies play with Postty. When Postty did play with the other puppies, they treated him differently than before. He knew they were talking behind his back, and they often made fun of him to his face.

During the months to come, almost everyone in doggy world heard of Postty and his rainbow. Postty told the story every time he got the chance. Those in charge eventually prohibited him from talking about it at puppy school. The adult dogs became very concerned and wouldn't let their puppies play with Postty. When Postty did play with the other puppies, they treated him differently than before. He knew they were talking behind his back, and they often made fun of him to his face.

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Counseling Today • January 2006
I don’t know is vast, but I endeavor to learn from others. I believe the American Counseling Association can be a vehicle for all of us to learn about how counseling is practiced in other parts of the world.

Learning through professional partnerships

ACA has members throughout the world, and counseling associations are alive and well in Britain, Puerto Rico, Venezuela, Hong Kong, New Zealand and so on. ACA member Rita Chung of George Mason University is originally from New Zealand. She reports that the New Zealand Association of Counsellors is very progressive in establishing ethics. The British Association for Counselling and Psychotherapy has an annual presence at the ACA Convention, as do members of the International Association of Counseling. The ACA International Committee is designed to foster relations among counselors from different parts of the world, facilitating inclusion, respect and learning across cultures. At the ACA/Canadian Counselling Association Convention in Montreal, March 30-April 3, International Committee Co-Chairs Mary Alice Bruce and Daya Sandhu will host a session. Presenters will include counseling leaders from Africa and Latin America.

In the past few years, counselors from Latin American have organized annual conferences to exchange information about counselor training initiatives in Mexico as well as Central and South American countries. The most recent conference was in Venezuela at the end of November. In recognition of the increased interest in counseling in Latin America, I appointed the Task Force to Explore Opportunities for ACA in Latin America. An article by Task Force Chair Andrés Consoli appeared in the November issue of Counseling Today. Members of this task force are located in Guatemala, Puerto Rico and Mexico.

ACA member Dan Bush Bhusumane reports that a number of countries in Africa have national counseling associations. These include the Botswana Guidance and Counseling Association, the Counseling Association of Nigeria, the Kenyan Association of Professional Counsellors, the National Guidance and Counseling Association of Zambia and the Ugandan Counseling Association. In addition, the African Association for Guidance and Counseling continues to encourage and support counselors in forming associations.

There are also counselor training programs in Korea, Guatemala, Germany, South Africa, the Virgin Islands, Guaman and other countries too numerous to mention. With many of these programs, ACA and ACA leaders have played a supportive role. For example, at the Universidad del Valle in Guatemala, program director and ACA member Leda, Maria del Pilar Graciozo Rodriguez has designed a 60-credit-hour counselor training program modeled after CACREP standards. Many ACA members, including myself, have gone there to teach. Many of us teach in Spanish, which is quite an adventure but also an opportunity to stretch our linguistic skills.

Your ACA leadership also recognizes that the United States is a microcosm of individuals and cultures from around the world. Immigrants from Mexico and other parts of Latin America are the most numerous new arrivals. With this in mind, the ACA Publications Committee has produced its first Spanish language counselor training DVD, complete with English subtitles and closed captioning for the deaf. This product will be valuable to practitioners and counselor educators, and can serve as a career awareness tool with bilingual students. The DVD will premiere at the national convention in Montreal.

Cross-cultural learning

I have always been cautious about imposing Western- or U.S.-created counseling models on other countries. However, since counseling as a profession is still fairly new in some countries, a lot of borrowing occurs. Our counseling texts are translated and used to prepare future counselors in Korea, Brazil, Puerto Rico and other countries. My hope is that in the years ahead, ACA will be able to support country-specific counselor educators to develop more culturally appropriate counseling models and publications. I am reminded of the work of anthropologist Edward Hall, who was most instructive about nonverbal communication and proxemics or the study of the use of interpersonal space. His research indicated that the meaning of communication behavior is varied; what is respectful in one cultural context may be insulting in another. In counseling courses, we teach about the value of the YAVIS client—one who is young, attractive, highly verbal, intelligent and socially oriented. But is this concept valued cross-culturally? The answer is a definite “no.” We have so much to share and learn from counseling across the world. Context and cultural difference do matter.

As we move into yet another “new year,” I hope you will seek out opportunities to learn about counseling in another country as well. In the short term, we will have the opportunity to participate in the first ACA conference in Montreal. I encourage you to sit in on French and Spanish language sessions. Pay attention to the nonverbal behavior as well as to other communication nuances—tone, use of space and body movement. In the spirit of the conference theme, I believe that culture-centered and diversity counseling empowers all counseling professionals. Vive le difference.

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EB-ACA, BACP: Counseling with a European ‘flavor’

BY ANGELA KENNEDY

The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession and using the profession and practice of counseling as tools to promote respect for human dignity and diversity. But as evidenced by the European Branch of ACA, as well as efforts to develop ties with multiple foreign professional counseling associations, ACA doesn’t view its mission as being confined to the boundaries of the United States.

Here is a glimpse at the inner workings, goals and achievements of EB-ACA and ACA’s British counterpart, the British Association for Counselling and Psychotherapy.

EB-ACA

EB-ACA is a voluntary, nonprofit professional organization dedicated to the support of English-speaking counselors living and working in Europe. Charles Latimer established EB-ACA nearly 50 years ago, and today the organization has more than 200 members.

Like ACA, the European Branch is managed by a Board of Governors, a body of 10-12 volunteers dedicated to maintaining the organization’s existence and professional activities. The current Board of Governors is composed of counselors from various backgrounds, including school counseling, addictions and substance abuse counseling, counselor education, medical/wellness counseling, mental health counseling, social work counseling, and marriage and family therapy. EB-ACA provides its members with an award-winning quarterly scholarly newsletter, Neues Perspektive für den Europäischen Berater, which covers issues and trends in the field of counseling as well as information regarding training/continuing education opportunities.

Being true to its motto of “Stay Connected,” EB-ACA also publishes and distributes a membership directory to encourage members to network with each other. “We feel we provide a sort of home base for English-speaking counselors living and working in countries where English is not the main spoken language,” said Board of Governors member Rebecca Brickwedde.

Modeled after ACA’s organizational structure, EB-ACA elects a president each year. But the EB-ACA president also commits to representing the association the year prior to and the year after taking office. The organization’s current president is Frankie Nielsen, a middle school counselor with the Department of Defense. Active with EB-ACA since 1969, Nielsen holds a doctorate in counseling psychology and has lived in Europe for the past 36 years.

“It’s been a pretty exciting adventure for me,” Nielsen said. “The European Branch has my heart. We have a fantastic board, and we are really in good shape and keep busy with Learning Institutes throughout the year, as well as a number of other services, including our newsletter and our website.”

Like Nielsen, the majority of EB-ACA members are Americans, many of whom work directly or indirectly with U.S. military forces serving overseas or with American universities in Europe. EB-ACA also has many members who have private counseling practices or who work in other European agencies that serve the English-speaking community. “We also have American members living in the United States, many of whom once lived here in Europe or came to present a training (session) for us and wanted to stay connected to their overseas counseling friends,” Brickwedde said. She noted an average of approximately 20 percent of the branch’s membership base is made up of foreign nationals who maintain membership to stay abreast of the newest trends and techniques in the field of American counseling.

The EB-ACA Ethics Committee, as well as its other standing committees, maintains a liaison with the corresponding ACA committee. EB-ACA implements the ACA Code of Ethics and has the same ethical standards as ACA. The organization also provides contact hours of continuing education and training for the maintenance of members’ counseling certifications.

Learning Institutes and conventions

EB-ACA is one of the few organizations in Europe that offers a wide variety of accredited continuing education opportunities for counseling in English. “We offer three Learning Institutes during the year, in addition to our Annual Conference with its minisessions and Learning Institutes,” Nielsen said. “We are now also able to offer many of our professional development programs for graduate credit through San Diego State University.”

EB-ACA held its 46th Annual Conference in November 2005 in Mannheim, Germany, in the elegant Steigenberger Mannheimer Hof Hotel. “The conference was a great success, with 160 counseling professionals and students from eight different countries attending the 41 minisessions and three Learning Institutes,” Brickwedde said.

“This year’s theme was ‘The Professional Counselor: Promoting Wellness Throughout the Life Span.’ The focus of the conference involved understanding how helping professionals can contribute to the overall mental health and well-being of our clients, as this is a task which is ongoing throughout the life span.”

Included were sessions to help counselors promote client wellness through guided imagery, meditation, creativity and the creative arts, laughter and self-esteem enhancement. The impact of stress on wellness was addressed as well, helping coun-
selors to better understand the biology of the mind-body connection. “Also presented were sessions designed specifically to aid the counselor in taking care of themselves, refilling their own ‘well of wellness’ and understanding compassion fatigue,” Brickwedde said.

The conference program also highlighted issues such as substance abuse, HIV/AIDS, computer and computer gaming addiction, trauma and traumatic stress, professional ethics, distance counseling, marital issues, children and adolescents, bullying and aggression, shame and client assessment. In addition, multicultural content included sessions on wellness counseling in Turkey as well as counseling refugees.

ACA Past President Samuel T. Gladding provided the keynote address, “Promoting Wellness Through Creativity in Counseling,” at the conference’s candlelight evening banquet. Gladding, who also keynoted the conference in 1997, noted that EB-ACA is being challenged by the closing of military bases, where most of its members are employed, as well as by political pressure from other helping professions. “Nevertheless, EB-ACA appears to be strong,” he said. “The membership is dedicated. The conferences are stellar and offer diverse content sessions. Members come from all parts of Europe — England, France, Germany, Greece, the Netherlands, Belgium, Italy, etc. The EB-ACA Conference is truly an international meeting, with much that is pragmatic and germane to the profession of counseling being presented and discussed.”

The minisessions with the best attendance at this year’s EB-ACA Conference included:
- “Addressing Post-Deployment Marital Issues in Military Families,” presented by Brian Canfield, Nicole Young and Ashley Bordelon
- “Guided Imagery: Strategies for Insight and Behavior Change” and “Inventories, Surveys, Assessments and Forms,” presented by Dean Owen
- “Implementing Trauma Treatment in Alcohol Substance Abuse Program Counseling,” presented by Nancy Bernardy
- “Professional Ethics,” presented by Richard Nongard

The Learning Institute with the largest number of attendees was “Counseling Aggressive and Addicted Men,” presented by David Jolliff and Arthur Horne, followed by “Coping With Compassion Fatigue,” presented by Robert Bollett and Santiago Fallon. In addition, graduate students from the University of Maryland Europe-Bowie State University Counseling Program presented poster sessions that were very well-attended.

As with ACA, multiculturalism and diversity are hot topics among EB-ACA members. “Living in a multicultural society here in Europe, multiculturalism plays an important role,” Brickwedde said. “We try to include multicultural topics in all our conferences, as well as incorporate the need for multicultural aspects in all programs.” For example, in February 2005, EB-ACA sponsored a two-day Learning Institute on “Counseling With Gay, Lesbian, Bisexual and Transgendered Clients.” The Learning Institute was presented by Brian Dew and Kris Vargas, leaders in the Association for Gay, Lesbian and Bisexual Issues in Counseling, a division of ACA.

“American youth growing up in Europe face cultural identity questions as well as special issues of loss and transition,” Brickwedde said. In addition, she said, they face issues similar to those encountered by young people living in the United States. Many of these topics will be addressed at the 47th EB-ACA Annual Conference in Bad Herrenalb, Germany, Nov. 9-12, 2006. Visit the EB-ACA website at www.online-infos.de/eb-aca/main.htm for updates, the call for proposals and proposal forms. “We encourage our members, as well as the members of ACA, to submit presentation proposals for conference minisessions and Learning Institutes,” Brickwedde said.

For the future

“Even with the downsizing of the American presence in Europe, we see an ongoing role for EB-ACA in Europe,” Nielsen said. “As long as there are Americans and other English-speaking people in Europe, there will be a need to provide quality counseling and counselor training in English. Our goal in the future is to continue the strong cooperation and networking among counselors, marriage and family therapists, social workers, psychologists, substance abuse professionals, counselor educators and the graduate students of the European community as we expand our membership to include even more professionals from these varied fields.”

BACP

The British Association for Counselling and Psychotherapy is a not-for-profit organization and professional membership association. BACP serves as the voice of counseling and psychotherapy throughout the United Kingdom (England, Wales, Scotland and Northern Ireland). The organization has more than 25,000 individual members, including 6,000 who are accredited counselors or psychotherapists. The majority of BACP members are private practitioners.

Founded in 1977, BACP is an umbrella organization with members from a wide range of theoretical backgrounds. Its members share a commitment to high professional standards and are held accountable using an ethical framework, much like ACA. Legislators, national and international organizations, and the British public recognize the association as the professional body and leading voice for counseling and psychotherapy in the United Kingdom. The association runs an active and successful program of media briefings and campaigns, which means that BACP is featured regularly on TV and radio and in the press at both the local and national level.

Structured similarly to ACA, the BACP has a Board of Governors elected by and from the membership. The association includes key professional subcommittees for professional conduct and professional standards. BACP supports a variety of special interest groups, which are similar to ACA’s divisions. These interest groups include the Association for Counselling at Work, the Association for Pastoral and Spiritual Care and Counselling, the Association for University and College Counselling, the Association of Independent Practitioners and the Faculty of Health for Counselors and Psychotherapists Ltd. Chief Executive Jan Watson

Continued on page 33

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Developing Your Theoretical Orientation in Counseling and Psychotherapy


In the preface of their book, Duane Halbur and Kimberly Vess Halbur express the hope that readers will find their book both refreshing and meaningful. By book’s end, the authors make good on that modest hope and deliver much more. Their treatment of theory development — the perennial challenge to every student counselor — is insightful, practical and thought-provoking.

The authors make a compelling case for jettisoning the formal and sometimes incoherent approaches found in eclectic styles of counseling. They argue that the marketplace, ethical practice and responsible care require a professional accountability that is easier to verify if a counselor follows the blueprint and insight provided by a theoretical perspective.

The authors believe the first step toward developing a theoretical orientation is for nascent counselors to know themselves. To this end, they provide structured writing exercises, objective personality assessments and guided reflections. The second step is to know the major, proven theories. The authors have identified 15 theoretical models, delineating each by its philosophical, goals of therapy and models, which include psychological, humanistic, behavioral, humanistic, pragmatic and contemporary.

The contrasting tasks of introspection (know yourself) and exploration (know the theory) come together in the most innovative offering of this text, the Selective Theory Sorter (STS). The sorter is a simple, self-scored tool that will shape and define the often nebulous and ambivalent thoughts counseling students have regarding theoretical orientation. When presented as just “another tool for self-exploration,” STS is clearly the keystone of this endeavor. It is in the STS experience where the beginning counselor’s values and self-expression are given form in a theoretical orientation.

A number of counselors shy away from developing a dominant theoretical orientation. Perhaps they view the choice of a theory as subscribing to a type of constricting orthodoxy, believing for instance that if “I am psychodynamic, I cannot be pragmatic” or “If I am pragmatic, I cannot be humanistic.” Eclecticism prosbers because counselors want to keep all options of therapy open for themselves and their clients, using whatever techniques are believed to work in a given situation. This is a respectable idea, but as these authors warn, it may come at the price of efficacy, ethics and professional identity.

Reviewed by Stephen G. Saiz, associate professor and counseling services clinic director, Counseling Education Department at SUNY Plattsburgh.

Unattended Sorrow: Recovering From Loss and Revising the Heart


The impact of grief and loss is evident in every area of our lives. No emotion is more common to our daily experience. Stephen Levine, who began his work with Elisabeth Kubler-Ross and authored the classic Who Dies?, helps readers explore in detail the emotional impact of unresolved grief. He writes that long after the initial loss has passed and the “period of grieving” has ended, unattended sorrow lingers, accounting for a host of physical, emotional and spiritual maladies. It is not uncommon for those with unresolved grief to lean toward addictions or self-destructive behaviors. Levine offers exquisitely sensitive insights into the process of grieving, covering it from a psychological as well as physiological perspective, and uses an existential perspective to reveal meaning beyond suffering. He provides a profoundly compassionate book that offers deep healing.

Early in the book, Levine outlines the dimensions of grief, describing how acute loss can become entangled with chronic grief, magnifying our sorrow. He defines two kinds of chronic grief. The first is incomplete or interrupted grief from earlier loss. The second is inherent, ordinary grief that results from unsatisfied desire, lost promises and impermanence in the world around us, such as natural disasters, famine and war. Our chronic grief or “unattended sorrow” contains everything we have lost and all we will never have. The work described in the book helps to process grief and, before it produces such emotions as anxiety, fear or anger.

Levine states that feelings of loss do not go away; they go deeper, causing hard contractions in the mind and body “suffering.” Sorrow causes a physical “hardening of the heart.” He offers specific methods for tracking sorrow through the body, paying particular attention to using the breath to soften the pain and to let life flow back into the body. Methods to open the heart and soften the belly are also described, such as singing, forgiveness and overcoming perfection.

The final chapters address confronting our sorrows with mercy and self-acceptance to smooth the path to healing the heart. Using a Buddhist approach, Levine describes a method of cultivating mercy and loving-kindness for ourselves. By observing our attachment to desires or expectations, we can become mindful of the causes of suffering. Mindfulness allows us to move through fear and loss, becoming aware of the present moment and expanding the continued opening of the heart. As the heart revives, finding meaning beneath the sorrow is possible, and returning to a sense of gratitude for all that has been learned may arise.

Levine gives us the sense there is meaning to the journey toward our deepest healing as we are able to go beyond what we know into the unknown, where all growth occurs.

Levine provides an exceptional resource with practical applications in a reader-friendly style. Through its pages, he communicates deep and genuine compassion for the reality of the grieving process. His years of experience working with death and dying enable him to offer profound and intense wisdom on the meaning of death. This is an excellent book for clients who are experiencing loss. Counselors will find its content helpful in expanding their awareness of the emotional impact of unresolved grief and useful in its clinical methods to relieve suffering.

Reviewed by Bobbie Birdwell, associate professor and counselor education coordinator, school counseling, at Boise State University.

Solution-Focused Counseling in Middle and High Schools


Having worked as a school psychologist for 13 years, John Murphy is all too familiar with the challenges of working in a school setting. He understands that time is limited and resources and com prehends the need to seize every opportunity, even if it is in the hallway, lunchroom or parking lot. In this three-part book, he presents an easy-to-follow format for incorporating solution-focused counseling in other areas of the reader’s professional life. He also offers several resources in the appendix, including surveys, articles and letters that can be reproduced.

The amount of detail and explanation, in combination with the case studies, makes this book ideal for new school professionals, for professionals looking for a new approach or for counselors in training.

Reviewed by Christine McMeekin-Hemmingstad, a certified school counselor at Elk Point Jefferson School and a doctoral student of counselor education at the University of South Dakota.
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CounselingToday Quiz — January 2006
As you are reading the following article you should be able to answer the questions below. This is an "open book" exam. Use this program as a reference. Fill in the blanks by passing down half and completely filling in one circle per question. Then mail it with a $15 payment to the address below. Please do not enclose cash.

A. Academic Without Borders
1. Who provided funding for Brunsell’s trip? a. the university b. the government c. the volunteers d. all of the above
2. Zornick used all of the following skills EXCEPT: a. to help differentiate women and their thoughts of 
   a. dieting b. conflict resolution c. summarizing d. deep breathing
3. According to Montilla, what is one counseling skill common with Latinos? a. they continue to work with another member of the community b. they are allowed by their therapists’ lack of self-disclosure 
   c. they limit the process too early d. they expect instant results
B. Motivational Interviewing
4. Most clients indicate that ____ should be a key goal in counseling Latino clients: a. “making the process enjoyable” b. “reconsidering autonomy” c. “becoming part of the family” d. “winning up”
5. “Control in Conflict”
   a. in Russia, most of Seiss’ workshops attended are: a. clients b. sponsored by employers 
      c. managers d. academics
   b. Seiss challenges other counselors to: a. work for peace b. make presentations at international conferences 
      c. investigate issues d. stop outside their comfort zones
C. What It Means Week
7. Zimm-Rajta discovered that for emotional disorders and for treatment of things like schizophrenia or depression, there is a treatment in Vietnam: a. very little b. unique c. traditional d. no
8. Vietnamese clients are often receptive to new approaches to their problems and constructive suggestions because: a. their culture treats authority and education so respectfully b. their counselor values encourage them to seek help 
   c. they are interested by Vietnamese ideas d. all of the above

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Counseling Today® January 2006
Despite the obstacles of language and political pressure, Sears made several friends with whom she has remained close over the years. She visited Russia six more times, taking high school students with her and making presentations on Russian life when she returned to the United States.

After becoming a counselor, Sears began studying the Imago model of relationship therapy. One of her new colleagues told her about the Russian conflict-resolution conference. She submitted a proposal and attended her first conference in 2001.

“The Russians have really invited me on this whole journey of really trying to understand life,” she said, “starting all the way back with the question of what existed in this world to create those kinds of barriers between people,” she said. “I totally did not understand it, and it really captivated me.”

In college, Sears studied political science and Russian history. She was teaching high school students in Atlanta when she first visited the country in 1972. “Going there under the Soviet regime, we were followed everywhere,” she remembered. “People were afraid to talk with us, but everyone wanted to talk with us. It was the most fascinating time.”

Despite the obstacles of language and political pressure, Sears made several friends with whom she has remained close over the years. She visited Russia six more times, taking high school students with her and making presentations on Russian life when she returned to the United States.

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“The Russians have really invited me on this whole journey of really trying to understand life,” she said, “starting all the way back with the question of what existed in this world to create those kinds of barriers between people, and a desire to understand that. But being able to go back and train in Imago, that invitation and that welcome in some way feels like it has brought my life full circle. While I have always gotten a lot ofripples from historical training, friendships and interesting vacations — it’s like I am able to give back. That’s brought fullness to my life.”

From teacher to trainer

After getting her feet wet as a presenter at the annual conference, Sears is about to embark on a new project this year — training Russian therapists for Imago certification. While her conference workshop took place just one day each year, Sears’ new endeavor will require three separate four-day training sessions. Making location arrangements, translating materials and recruiting participants have proved arduous.

“Maybe a few more than half the people have e-mail addresses, and not all the computers accept English,” she said. “I can’t get Russian on my own computer, and even if I could, I couldn’t read it. Even typing is difficult. All the training materials must be translated.”

Sears also is working toward a business license to allow her to accept payment for the training program. “One of the reasons Russia is still struggling is that it’s not friendly to Western businesses,” she said. “Russian currency is not accepted anywhere, so they’re going to have to pay me in dollars, and arranging that part of it is still pretty complicated.”

But the hardships are outweighed by the joy Sears has found in exploring Russia’s approach to healing. “When I started to get a hold of moving not only my work but my life from an individual paradigm to a relational paradigm, the question for me became: ‘How can I not go and share when I’ve got information that really improves and benefits all of us?’” Sears explained. “It’s important to note that most counselors are not trained that way, but it’s really a spiritual journey, it’s just as personal as it is professional. There’s really no difference after awhile.”

“The peace implications with this kind of work are vast because Imago is really not just a form of therapy, it’s a social movement about helping us see the other,” she said. “What better place than the former Soviet Union, a place that is still so split, with so many factions? To ever think when I grew up and was standing at that Berlin Wall, and now here I am … sharing how to stay connected and heal and repair one another — it’s miraculous. Of all the places I could have kept returning to in the world, I chose one of the hardest because there’s a deep well of connection there.”

Sears challenges each of her colleagues in the counseling profession to give presentations at international conferences. “Even when you are traveling, go and visit organizations where counseling is being taught and make these kinds of connections,” she advised. “In most cases you’re met with open arms, and there’s a chance to learn from them and also to share. This really is the way to continue to build peace, making these kinds of connections. Go and meet people doing this work around the world. What starts to happen is a wonderful ripple effect of invitations.”

Stacy Notaras Murphy, a candidate for a master of science degree in pastoral counseling at Loyola College in Maryland, is a counseling intern at PC&CC in Washington, D.C. She may be contacted at snmurphy@verizon.net.

Letters to the editor: cct@counseling.org

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of the budget reconciliation bills would be shelved until early next year.

The American Counseling Association has been working hard, in coordination with the American Mental Health Counselors Association and the American Association for Marriage and Family Therapy, to generate grass-roots support in key congressional districts for adopting the Senate-passed language establishing Medicare education appropriations bill Congress adjourned before passing a large budget-cutting package, a continued grass-roots push will be needed through January and perhaps beyond.

As is often the case, the Labor-Health and Human Services-Education appropriations bill has been among the most difficult to pass. On Nov. 18, the House unexpectedly defeated the conference report on the Fiscal Year 2006 Labor-HHS-Education appropriations bill (H.R. 3010). Twenty-two Republicans crossed party lines to join the Democrats in voting no on the spending bill, which the Democrats charged would shortchange critical health and school programs. At present, it was still unclear whether the Senate and Labor-HHS-Education appropriations bills for FY 2006 would be passed together in an omnibus bill, passed individually or funded at last year’s levels through a continuing resolution. Members are considering an across-the-board cut of 1 percent to 2 percent to fit under budget restrictions.

Legislation to authorize defense spending was expected to pass by year’s end. At press time, the House and Senate were preparing to consider a conference report on such legislation, including possible language giving counselors independent practice authority under TRICARE. The Senate’s defense authorization bill, passed on Nov. 15, includes problematic language establishing independent practice authority for counselors within the TRICARE program only in areas where there is a shortage of health professionals. The House-passed defense authorization bill would grant independent practice authority for counselors in all parts of the country.

Continued updates on Medicare, TRICARE and other counselor provisions will be posted to both the ACA website (www.counseling.org/publicleg) and the government relations e-mail list.

**Efforts under way to increase visibility of school-employed mental health professionals**

Recent natural disasters in the United States have alerted members of Congress and the media to the need for quality school-based mental health services. Presented with an opportunity to teach policymakers about the professionals providing these services, ACA is working with other organizations to explain the vital role of school counselors, school social workers and school psychologists. This effort is especially critical now because a number of bills are being drafted to enhance mental health services in schools. However, these bills do not appropriately distinguish between school-employed professionals and community-based providers.

The lobbying campaign began by contacting congressional support for school counseling and student services such as Sens. Tom Harkin (D-Iowa) and Christopher Dodd (D-Conn.), and Reps. Patrick Kennedy (D-R.I.) and Grace Napolitano (D-Calif.). Although members of Congress have proven track records on mental health issues, we have sought to ensure that their respective staffs know who school-employed providers are, what they do and how valuable they are to students, their families and their schools.

In the coming months, we will devote our efforts to educating members of the House Congressional Mental Health Caucus. This bipartisan, informal group of Representatives interested in mental health issues is co-chaired by Napolitano and Tim Murphy (R-Pa.).

To date, the Congressional Mental Health Caucus has focused primarily on community mental health services.

**Campbell selected to serve on CEF Board**

ACA is pleased to announce that Government Relations Representative Chris Campbell was selected in December to serve on the board of the Committee for Education Funding for 2006. CEF is a coalition of 104 education advocacy organizations working to increase the federal government’s investment in education. ACA is a proud member of CEF.

Questions regarding CEF and its work can be directed to Representative Chris Campbell at cccampbell@counseling.org.
Postty felt depressed and became agitated. He often cried. Yet he was obsessed with the wonderful rainbow and felt a compulsion to share the story with anyone who would listen. He often dreamed about the rainbow and constantly counted the colors. He just wanted to make sure they were all there. Postty eventually got suspended from school, but he didn’t care. The teachers didn’t understand truth anyway, and this gave him more free time to look for rainbows. Apparently, there was more than one. He very seldom found an actual rainbow and never found one when someone was with him. Truth is so allusive.

In a nearby community lived a wise old counselor named Dickey Dog. Fortunately, Dr. Dickey Dog was widely respected for his rational thinking and his understanding of the complexities of life’s truths. He had helped many dogs identify their problem behavior and correct their faulty thinking. At the urging of several friends, Fem took Postty to see if Dr. Dickey Dog could help him, too.

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Postty eagerly told Dr. Dickey Dog about the rainbow. Dr. Dickey Dog became very concerned and asked Postty if anyone else had seen the rainbow. Depressively, Postty said no. Dr. Dickey Dog then asked Postty what kind of rainbow it was. Postty explained that the miracle of a rainbow was too marvelous to classify. The doctor next asked Postty about his relationship with his friends and how he was doing in school. Postty became embarrassed and quit talking. He did not like Dr. Dickey Dog very much. Rumor had it that Dr. Dickey Dog had never found one when someone was with him. Truth is so allusive.

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When East meets West

In the course of her quest to uncover traditional healing techniques, Libby Zinman-Schwartz has also introduced Vietnam to a new approach to counseling.

BY JIM PATERSON

The startlingly tall, thin young Vietnamese man was standing naked in the middle of a busy city street talking to himself as motorcycles and bicycles whizzed by him. Perhaps even more peculiar was the reaction from others — there was none.

Libby Zinman-Schwartz was watching the man out the window of the old French villa in Vietnam’s Ho Chi Minh City where she was staying during one of her several visits to better understand the country’s traditional healing techniques. The experienced American therapist and counselor was surprised by the reaction from the other people on the busy street. And when she called the authorities, she got a similar response.

“The police and the local hospital just told me, ‘he is not harming anyone. Leave him alone.’ No one felt they should be involved. That incident became part of my mission to bring psychotherapy to this country.”

What Zinman-Schwartz found in that event was the culture’s avoidance of certain serious mental illnesses. It spurred an effort by her that was contrary to — and conveniently connected with — her first mission, which had been to learn and put to use Vietnamese methods of helping people with emotional pain. Now she was beginning to realize that this culture, which had for so long treated emotional distress with its mixture of Confucianism and Buddhism, was being turned upside down by the influence of Western culture.

Ironically, perhaps, the treatments she revered and came to study were not enough.

“Traditional methods for the health of the mind and the body that stress things like rest and comfort to others — are what I wanted to learn,” she said. “They are secrets that have been passed along through generations, and they work so beautifully. However, for emotional disorders and for treatment of things like schizophrenia or depression, there is no Vietnamese frame of reference. There is no treatment in this country that really addresses these problems.”

So Zinman-Schwartz moved permanently to this Southeast Asian nation that shares a strained and sad history with the United States and began the process of introducing certain Western therapeutic techniques that she thought would help. She spoke to the health community and opened a free clinic where the first therapy of this type could be practiced in Vietnam. Gradually, her voice began to penetrate deeper into the culture.

Where it began

In contrast to the subdued people of Vietnam whom she so warmly describes, Zinman-Schwartz is intense and excitable. She is passionate about the things she holds dear — most notably her work and the people of this “amazing” culture. She rattles out sentences vigorously in rapid fire, skipping from topic to topic and hardly catching her breath. There is little doubt that her advocacy would benefit her chosen cause.

Zinman-Schwartz received her undergraduate degree and master’s in literature in the early 1960s. She earned her doctorate in education and her master’s in psychology in 1982. She was also interested in traditional forms of healing and how they might be used to deal with emotional distress. She visited other nations to learn more about their use, spending time in several Central American countries and in Mexico. In 1996 she went to Vietnam and immediately was drawn to the people.

“I fell in love with them,” she said. “This is the most support, warm and caring culture I’ve seen in all my travels. They are artistically gifted and have a high level of emotional intelligence. There is so much that is so interesting and attractive about these people.”

While on that first visit she found that there was much to learn, and as she spent more time in Vietnam, she began to sense the nation’s need for other therapeutic techniques. She also discovered that the Vietnamese culture was perhaps not ready for her message or for the guidance she wanted to offer.

In one situation, she asked a group she thought was well-versed in modern therapy techniques who Freud was — but she got no response. In other cases, segments of the mental health industry were combative.

“No one was really ready to talk about counseling in Vietnam,” Stevens said, “and convenient connected with — her first mission, which had been to learn and put to use Vietnamese methods of helping people with emotional pain. Now she was beginning to realize that this culture, which had for so long treated emotional distress with its mixture of Confucianism and Buddhism, was being turned upside down by the influence of Western culture.

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“No one was really ready to hear what I had to say. But there was beginning to be an interest,” she said. “Some people saw the value in new ways of doing things.”

That interest in her ideas grew as she continued to visit Vietnam. In 2001, when she finally moved to Vietnam, she was gaining attention both there and in the West. American Counseling Association member Patricia Stevens, then chair of the Counseling Department at Eastern Kentucky University, was one of several experts who heard Zinman-Schwartz’s message, saw her clinic in travels to Vietnam, or learned about her through press coverage and the books and articles she was writing. “When we visited Vietnam for an International Counseling Conference in Ho Chi Minh City,” Stevens said, “she asked us to come see her clinic. I was incredibly impressed with what she was trying to do. We then asked her to come to the conference to talk about counseling in Vietnam.”

Stevens knew that other cultures faced similar pressures, but Vietnam — rocked by the war and the ensuing U.S. economic embargo — was now rapidly being thrust into a new age.

“They are so quickly faced with all the issues we have dealt with for 50 to 60 years,” Stevens said. “We’ve sort of come full circle in how we handle things — looking toward traditional techniques. They understand those techniques but probably need more. Libby is trying to take what works in an Eastern culture and combine it with what might work from the West.”

Stevens said it is both fascinating and challenging work, noting that Zinman-Schwartz faces the same opposition to new therapy techniques or approaches in this culture as counselors in Western cultures have faced for ages.

Continued on page 23
AACE holds conference; seeks officer nominations
Submitted by Brad Erford berford@loyola.edu

The Association for Assessment in Counseling and Education held a very successful Third Annual National Assessment Conference at the University of Georgia in Athens. Thomas Harrington and William Sedlacek keynoted the event, speaking on important issues in career assessment and noncognitive college admissions assessment, respectively. Final arrangements are under way to hold the next annual conference in Fall 2006 (date and location to be announced).

AACE members are encouraged to attend the annual awards breakfast, receptions and business meeting at the American Counseling Association/Canadian Counseling Association Convention in Montreal (March 30-April 3). Tickets for the breakfast can be purchased at the ACA website (www.counseling.org) or through mail-in conference registration.

Nominations for AACE officers are being sought for the following positions: president-elect, treasurer (two years), member-at-large for publications (three years), officers must be approved by at-large for public policy and continuing education, graduate student representation, and five-year term. Duties include the presidency and two terms on the Executive Council positions we have included information for the membership to begin thinking about the future of our organization. Look in your hearts and see whether it is your time to step up and serve your profession through your national organization. You are an exciting Executive Council member and your past president that leadership in this organization is a lot of fun. The people serving for you are marvelous, and we are all very passionate about the future of college counseling. Look at some of your colleagues; perhaps you might tap their shoulder and ask them to serve as well. This is your opportunity to shape the direction of college counseling on the national level. We are a vital and strong organization with ample resources to influence the field of college counseling. We have a great vision to serve our membership, enhance professional development, continuing education, graduate student development, state chapters, networking, conferences, resources and job prospects.

The exciting Executive Council positions we have available for nomination and election to serve ACCA in 2007 are: president-elect, treasurer, Governing Council representative and member-at-large for public policy and advocacy. Consider nominating someone you think would serve ACCA very well, or perhaps you might even choose to nominate yourself for service. Please submit your nominations to: Mark S. Freeman, Past President ACCA, Rollins College, 1000 Holt Ave., Campus Box 2637, Winter Park, FL 32789. Phone: 407.628.6350; e-mail: mfreeman@rollins.edu.

If you have any questions or if you would like to make a donation to help fund the conference, please contact President-Elect Brian Dew at bdev@gsu.edu or President Joyce Whitten at jwhitman@depaul.edu.

AGLIC is hiring a wedding organizer and officiant in Montreal who will handle all legal paperwork for couples, including the filing of all marriage applications in Canada. Couples will be mailed a short questionnaire to complete and will need to provide the wedding organizer with the required information for the paperwork. Couples are not required to arrive early to meet with legal officials. Although AGLIC cannot afford to pay for each couple’s paperwork and the officiant, it will be funding the wedding reception and ceremony (e.g., music, decorations and location). The cost for each couple will depend on the number of couples who participate in the ceremony. If five to 10 couples participate, the cost will be $400 Canadian dollars (approximately $345 in U.S. currency); if less than five couples participate, the cost per couple will be $450 Canadian dollars (approximately $388 in U.S. currency). Taxes are not included in this price. This cost may seem somewhat expensive. However, if a couple went directly to the courthouse in Montreal, it would cost them nearly $275, which would not include the paperwork submission, finding an officiant and meeting early with legal officials.

ACCA members are reminded and strongly encouraged to check the ACCA website (www.counseling.org) frequently for additional information about our association’s activities. You will also find instructions there for joining the ACCA listserv, which is an important part of our communication with you.

ARCA currently seeking representative to CRCC
Submitted by Betty Hedgeman bhedge@gsu.edu

The American Rehabilitation Counseling Association is seeking candidates for the position of representative to the Commission on Rehabilitation Counselor Certification effective July 1, 2006. Interested members must have a CRCC and be willing to serve a five-year term. Duties include reporting to and communicating with ARCA’s Executive Council. The selection process requires attending all meetings and serving on CRCC committees. Most meetings are conducted by telephone or e-mail. Nominations should be sent to ARCA President Jan La Forge. Application is a letter of intent and resume or curriculum vitae.

Now is also the time to consider future nominations for national office. Vacancies include the presidency and two Executive Council positions. Nominees should be members of ACA as well as ARCA. Terms of office are for three years. Anyone interested should contact Betty Hedge- man for additional information. More details will follow at a future date.

The speaker for ARCA’s Luncheon in Montreal is David Shannon. He is an attorney from Thunder Bay, Ontario, who works in disability human rights. Shannon has a master’s degree in law from the London School of Economics and a bachelor’s degree in drama. He is a member of the United Nations Commission on Human Rights for people with disabilities and has written several position papers. About 10 years ago, he took his electric wheelchair across Canada to raise money for spinal cord injury awareness and research. Please plan to attend the brunch and hear him. He has a video of his cross-country trip. More information on the ACA/CCA Convention will be provided in future issues.
The Counseling Association for Humanistic Education and Development has long been a voice within the counseling profession for the promulgation and preservation of the humanistic values and practices that are the foundation upon which modern counseling science rests. In counseling, humanistic approaches seek to understand more fully what it means to be human and explore ways in which this understanding can better the quality of human life. Humanistic counselors place great value on the dignity and worth of all humans and the full breadth of human potential. They represent a holistic understanding of humanity and encourage the utilization of the fullest breadth of human capacity.

The attraction of counselors to a wellness orientation evolves quite naturally from the humanistic roots that have served as an important foundation for modern counseling approaches and initiatives. A wellness mindset establishes the common ground between client and counselor as each traverses the highs and lows that are part of the human experience. Neither is immune to struggles, nor are they exempt from the joys of success. Human pathways are many, and each path is laden with twists and turns. Humanistic counselors embrace not only the final destination but also the journey itself. The C-AHEAD Wellness Corner is dedicated to the wellness of the counselor and to the resiliency of those who help others along the way.

C-AHEAD would like to invite you to celebrate the humanity of the counselor with your 500-word submissions to the C-AHEAD Wellness Corner. The Wellness Corner will offer self-care strategies for counselors, news of important resources for maintaining personal wellness and reports from counselors in the field who are employing unique strategies for promoting wellness in the counseling community. Your contributions are welcomed. Please send your submissions electronically to lleech@gw.mp.sc.edu.
suite from 5-6:30 for individuals interest-
ed in learning more about the offices, committees and other leadership opportu-
nities available in C-AHEAD. New mem-
ers, past leaders and students considering getting involved in the business end of the organization are invited to attend.

EB-ACA provides review of conference Learning Institute
Submitted by Peggy Krauss
peggy.krauss@us.army.mil

The majority of us attending the Learn-
ing Institute on “Counseling Aggres-
sive and Addicted Men” at the annual confer-
ce of the European Branch of ACA on Nov. 5-6, 2005, nodded our heads in affirm-
ation that we are seeing many clients with ineffective coping skills for anger. Nearly 30 Learning Institute attendees bettered their understanding of anger dynamics, or what co-presenter Dave Jol-
iff called the “ego-driven power struggle.” We heard many examples of how our community appears to be expressing its aggression. We compared similar stor-
ies and expressed our concerns about the increase of serious substance abuse by soldiers returning to the battlefield for a second time. We also discussed strategies for helping clients reframe their cognitive distortions and examine their own rela-
tionships and early influences.

According to our presenters, a male child’s very first interaction kick-starts the process of environmental assimilation. In co-presenter Andy Horne’s research, he proposes a model to explain male transi-
tion points and the major influences at this stage of environmental assimilation. In-
cluding risk factors that appear to be at the core of the individual’s personality development:

- Initiators — With societal emphasis on “initiations” into manhood, such as glu-
ification of binge drinking or antisocial behavior as seen in gang identification, the risk increases for failure to develop appropriate internal controls.
- Mentors — Failure to accept a guiding hand to learn how to appropriately cope with success, as well as disappointment, can result in development of stress. Young adults express such frustration through anger, further distancing them-
selves from others.
- Elders — Men who are unable to suc-
cessfully internalize the knowledge and wisdom gained from others at this stage may become self-centered. This quality is often translated into perfectionism. Anger develops when the person is faced with an incongruent reality.
- Jolliff reminded attendees that “claim-
ing the emotion is secondary to external-
izing the cause” for angry men. The pre-
senter provided additional models to suc-
cessfully teach angry and addicted men how to recognize their feelings and to avoid the trap of blaming others.

Our presenters explained that anger is also a cover for unhappiness. They rea-
soned that men often hide their depression and dissatisfaction while easily express-
ing their anger. Violence becomes the magnification of the tension released from these hidden emotions. A reward cycle develops after the energy is expended, which becomes self-reinforcing. Inter-
rupting this cycle by holding our clients responsible for their feelings is integral to the healing process to begin.

The 47th EB-ACA Annual Conference will be held in Bad Herrenalb, Germany, Nov. 9-12. See the EB-ACA website at www.online-infos.de/eb-aca/main.htm for updates, the call for proposals and propos-
al forms.

Celebrate 2006 with new initiatives from NCDA
Submitted by Deneen Pennington
dpennington@ncda.org

The National Career Development Association begins 2006 with the upcoming launch of new programs and resources. Check the www.ncda.org website for details, locations and dates.

Career Development Facilitator (CDF) E-Learning Curriculum — This new program allows trainees to complete most of the CDF training at their own computers. This self-paced course is ideal for those working in the career development field!

Decision Time: A Guide for Career Enhancement has been released. This brilliant guide shares insider secrets to help you identify opportunities and real-
ize career goals. Member price is $15; nonmember price, $20.

Choosing a Vocation has also been released. This 1913 reprint was the orig-
inal work of Frank Parsons, a key founder of NCDA. Member price is $15; nonmember price, $25.

“Honoring Community: Creativity and Collaboration,” the Annual NCDA Glob-
al Conference, will be held July 6-9, in Chicago. Registration is now open.

NCDA will co-host an ACA Learning Institute titled “Theory to Practice: Effic-
cy Elements That Make Career Coun-
seling Work” in Montreal on Friday, March 31.

NCDA state divisions are hosting spring conferences around the nation. NCDA is offering numerous ways to help you identify opportunities and real-
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NECA planning to showcase workforce development issues
Submitted by Kay T. Brawley
kbrawley@mindspring.com

Mark your calendar now for the National Employment Counseling Asso-
ciation Annual Professional Develop-
ment Workshop in Montreal on March 30-31. President Cheryl West and Work-
shop Professional Development Chair and Past President Kay Brawley have arranged an exciting international work-
force development summit to be held prior to the ACA/CAC Convention in Montreal. The workshop theme is “Fac-
ing the Challenges of Workforce Issues in the Global Economy.”

Keynoters include Phil Jarvis, well known on the international scene for his latest research, “From Vocational Choice to Career Management: Shifting Paradigms”; Maurice Boisvert, assistant deputy minister of the Canadian Depart-
ment of Employment (Emploi Québec), who will address “Challenges of Work-
force Development in the Canadian as Well as Global Economy”; and Robert Chepe, professor of counseling at San Francisco State University, who will present “Enhancing Employment Coun-
seling With a Social Justice Perspec-
tive.” He will also be sharing informa-
tion on his 2005-2006 learning experi-
ence in China and other remote parts of the world.

Other creme de la creme speakers will include Janet Wall, president of Sage Solutions, who will address interactive web tools and issues covered in her soon-to-be-released book Job Seekers Goldmine: Tools You Can Use — A Step-
by-Step Guidebook of Government and No-Cost Webtools. Michael Lazarich, director of the Burlington, N.J., One Stop Career Center; Bill Fenson of the University of Texas-Arlington and author of A World at Work: 21st Century Shifts to Telecommuting; and NECA President-Elect Rita Freeborough from Edinboro University in Pennsylvania will be panelists on “A Nation at Work 2006: The Latest, Best Facts on Change in the Workforce and Workplace.”

Rutgers University Heldrich Center for Workforce Development master instructor Kay Brawley will share the latest initiatives on the Working Ahead Global Career Development Facilitator Instructor Training and the new Interna-
tional CDF Competencies certification available through the National Board for Certified Counselors.

NECA Trustee Carolyn Kilal and NECA Treasurer Lisa Fulton, a Pennsyl-
vania school counselor, will present “Assessments That Work: Smart Op-
tions” and Kilal’s “Follow Your True Col-
ors to the Work You Love!” Participants will learn how to use the Smart Options assessment tool is based on Howard Gardner’s work with multiple intelligence theory and how the True Colors assessment cor-
relates with the Myers-Briggs personali-
ty types. Be sure to check out the out-
standing list of additional presenters list-
ed on the workshop program at the NECA website.

Harvey Schmelter-Davis will offer an intensive training opportunity for the dis-
tance counselor credential. Participants will learn how to adapt traditional coun-
seling best practices for delivery to clients via distance/online means. The DCC permits counselors in a variety of venues (career, school, clinical) to reach a greater number of clients who need help. Register online via ReadyMinds.
.com for the DCC training March 30-31 in Montreal.

The registration form for the 2006 NECA Professional Workshop can be downloaded now from the NECA web-
site at www.employmentcounseling.org.

Take advantage of the Super Saver discount rate for the workshop through Jan. 31.
I can’t do it all. Some days moment means recognizing that priorities, because living in the moment isn’t always easy. I’ve learned to prioritize tasks and to-do lists so that they are continuously beckoning for me to do them. I’m by no means advocating not doing your homework, but I have found that I must continually thought that living in the present was a good and realistic example for my children.

I used to believe that once your passion in life was found, the hard part was over. But that has not proved true. The more passions you add to your life’s equation, the more complicated it becomes. My life wouldn’t be the same without my family, and I will be a better counselor and hopefully a better counselor educator because of them. They encourage me to strive for the “golden ring” yet help me to remember what is ultimately important at the end of the day. Yes, the constant comings and goings of a passionate life can be exhausting, but just as water refreshes, this movement of life also energizes me — as long as I remember to live in the present.

Living in the moment has kept both of my passions alive, but I’ve found that I must consistently choose to live in the present. And that is the final key element — choice. Actively living in the moment through the choices I make is what quiets the internal struggle between my passions. This is a new way of thinking for me. It demands recognition that living in the moment meant not evaluating or effectively planning for the future. What I have actually found is that living in the moment helps me balance my professional journey by thinking about the future and acting in the present. There were many times previously when I had been so lost in the future that I missed out on what I could learn about myself and the field I love. Journaling has helped me in keeping those things in perspective. Now as thoughts arise during the day, I journal, and leave the thoughts on paper. This process helps me to act rather than to ruminate and allows me to be present for the people and life that I love at the end of the day.

Living in the moment has been enormously helpful in the process of thinking for me. It demands an adventure each day. The moment is to get out and have touch with what I can do in the here and now to deal with them. The process has helped me be present for my husband, children and dog instead of exhaustively ruminating in the future. Journaling has provided a haven, a place for me to go and do all my worrying so I can get on with life in the present.

There was a time when I mistakenly thought that living in the moment meant not evaluating or effectively planning for the future. What I have actually found is that living in the moment helps me balance my professional journey by thinking about the future and acting in the present. There were many times previously when I had been so lost in the future that I missed out on what I could learn about myself and the field I love. Journaling has aided me in keeping those things in perspective. Now as thoughts arise during the day, I journal, and leave the thoughts on paper. This process helps me to act rather than to ruminate and allows me to be present for the people and life that I love at the end of the day.

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volunteered, knowing they would have to pay their own expenses. Bemak contacted Walter Frazier, president of the Mississippi Branch of the American Mental Health Counselors Association, a division of the American Counseling Association, to collaborate on the trip’s logistics. They decided to limit the trip to seven days, reasoning that a two-week time commitment was too difficult, especially given that the trip was to take place in the middle of the semester and most participants were part-time students with jobs and family obligations.

“Our idea was to do a national pilot to see if this would work and perhaps open the door for other teams from other universities,” Bemak said. “We all wanted to see if this was something that was viable.” Bemak also coordinated with the Mississippi Department of Mental Health and the State Substance Abuse and Mental Health Services Administration team.

After the dates were finally nailed down, 14 of the 35 students who had originally expressed interest committed to go. Bemak and Chung held an orientation on disaster work to inform the students about what they might encounter. Afterward, they gave the students the option of changing their mind about the trip, given that the work would be both mentally and physically taxing. All 14 students stuck by their commitment. The two supervising faculty members and the students went to their computer room and purchased their airline tickets online that day.

“What was very interesting was that the other students in our program, because of our social justice mission, were very willing to support this,” Bemak said, adding that a number contributed money and volunteered to pet or house-sit while their fellow students were away. Several pitched in by driving their peers to the airport in Baltimore or loaning digital cameras and video camcorders to those going on the mission. Bemak and Chung spoke to their fellow faculty members, determining the logistics were flexible with deadlines and tests for the students who were volunteering. Again, the response was positive. “We had a whole graduate program community of caring,” he said. “Everyone jumped in to support it. Even a very well-known faculty member in the psychology department offered to buy us T-shirts to show who we were.” The T-shirts helped identify the students among the hundreds of aid and relief workers in the centers and shelters.

Before leaving, team members met again for intense training in disaster relief counseling, using materials from ACA, SAMHSA and the American Red Cross in addition to the experiences of their two supervisors.

The deployment

The Mississippi Department of Health, which hadn’t originally been a part of the General University program, arrived at the airport upon their arrival in Mississipi and drove them to the coast.

“That, to us, symbolized that there was a great need that they are not able to serve with the resources they have,” Bemak said. “They welcomed this team, even though the students were not licensed. It was a very special moment they created because we were not the traditional, licensed, two-week team.”

Frazier had arranged for the team to stay in tents outside a local church. However, a freak cold snap sent temperatures plunging into the 30s. The SAMHSA team contacted Bemak while en route to say it was working to find an alternate location for the students to stay. When team members arrived, they were told they could stay in the same location as the SAMHSA team — in a secure treatment facility for male adolescents.

“There was barbed wire and several locks and codes we had to go through to get to our area,” Bemak said. “We had a building to ourselves because the facility was not full.” Still, the quarters were far from comfortable. Bemak slept in an isolation room with little more than a mattress on the floor. The students bunked up in pairs, making the best of the situation and trying to prepare for the events to come.

Katrina fatigue

For the next week, the students were split up and scattered along the Mississippi coast at seven shelters and disaster response centers. Frazier arranged for rental cars so students could drive back and forth to the locations. Cell phones were also donated so students could stay in contact with Bemak and Chung.

Most of the people the team members approached welcomed the invitation to talk. At first, Bemak said, the students were a bit hesitant about just going up and talking to those affected by the hurricane. But by the end of the trip, they had seen 591 clients. Chung and Bemak roamed from facility to facility, navigating piles of debris and nameless streets to make sure their students were all right.

“(The members) worked across ethnicities and races, facilitated dialog among those in different ethnic backgrounds and had mini group sessions — informally — as people and families waited in lines for aid,” Bemak said. “We could have tripled our numbers and still not seen all those who needed help. The stories are profound. The frustration is endless. The mental health issues there are escalating. They call it Katrina fatigue.”

Every night after dinner, the group met for two to three hours to debrief and share their experiences. They discussed victims’ stories that had touched them as well as their own emotions and struggles. The counselor supervisors talked about specific interventions and helpful skills the students could use.

“Every night they cried,” Bemak said. “Every day we moved and pained by the stories, but they grew significantly as counselors.” Many of the students stated that the experience was different from any of their previous training, he said. According to Bemak, every student said they would have agreed to stay through the Thanksgiving holiday if help if they had known the true level of need that still existed months after the hurricane. “They all said that it was a life-changing experience,” he said.

On to Capitol Hill

Since returning, the team has contacted government officials and is scheduled to meet with members of Congress to further focus attention on the need to provide ongoing mental health services to the hurricane victims. The aim is to create a national program with funding for other schools to send teams of counseling students to the Gulf Coast.

“There is so much devastation and everything is destroyed,” Bemak said. “We weren’t aware of how bad it is and how hopeless and hurt a number of the people are. After the experience, we want to bring that awareness back. The situation warrants a major shift in how we approach it. One of those shifts can be led by teams from universities going down there with graduate students and supervisors.”

Counselors in progress

Following are the stories of two of the counseling graduate students who volunteered to go to Mississipi:

Kelly Badger

“I was nervous to make the decision to go down to Mississipi due to us not knowing exactly what our role would be, (but) it was something that I just had to do. You come across opportunities in your life that you make a personal connection with and it just feels right. It was one of those situations. The people down there are in need, and I have the ability to go down and try and make a difference in some way.”

Badger was apprehensive about her ability to provide effective trauma and disaster relief counseling, even with her professors on hand to supervise. “I knew that this would not be the same type of counseling that I have been doing as a practicum student in school counseling, but my apprehensions were in not knowing what this type of counseling looked like. We read articles and met with Dr. Bemak to discuss situations we might come across and how to best handle them, but nothing can make you feel fully prepared. You learn to trust your gut and believe that you have the skills as well as the heart to help these people.”

After speaking to individuals affected by Katrina and hearing their stories, her concerns faded and her professional skills and confidence grew. The most challenging part for her was dealing with the emotions involved in this type of work. “I don’t think you can ever be fully prepared to experience the impact that this devastation has on you, especially when you are working so closely with the individuals that it has impacted. It was crucial that we process what we had experienced together at night back at base camp because we were so busy during the day. I never had a chance to really feel what was impacting me and what effect it would have on me.”

Badger was deeply touched that the individuals she talked to felt comfortable enough to share such private and painful stories with her. “Some individuals would hug you and tell you that you had made a difference to them. With some individuals, you could tell a difference in their demeanor toward the end of our time together. Some I will never know if I made an impact at all, but I am confident that there were people I touched, people that feel reaffirmed and feel heard because of me, and that is the most rewarding gift I have ever received.”

One aspect that Badger said doesn’t get much media coverage is the fact that all the hurricane victims had some sort of personal struggle or issue — no matter how normal or ordinary — before Katrina hit; the storm just exacerbated their pre-existing problems. In addition, she said, life issues that residents dealt with prior to Katrina, such as health care, domestic violence, poverty and discrimination, are still there. People con-
Counselors Without Borders (CWB) is a group of graduate students who work as a team to provide mental health services in the aftermath of natural disasters and conflict zones. CWB is a non-profit organization that provides mental health counseling to those affected by disasters. CWB is a member of the American Psychological Association and is a registered 501(c)(3) non-profit organization.

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Continued on page 32
for that day. I tried to reinforce the personal strengths I heard them express, give them the opportunity to convey their emotions and just simply be there for them in those moments.” She said several FEMA workers, many of whom were from the affected areas and also dealing with loss, relied on the mental health workers and asked them to speak directly with distraught persons.

In one such case, a FEMA worker asked Zometsky to speak with an incredibly anxious and distraught mother and her 14-year-old daughter. “She was in line to learn the status of her travel trailer; her family was currently living in a shelter. I walked up and asked if I could sit next to her. Before I could even finish my sentence asking how she was, she started telling me how worried she was that the shelter they were in would close and that telling me how worried she was that the sentence asking how she was, she started next to her. Before I could even finish my line to learn the status of her travel trailer; her family was currently living in a shelter. I walked up and asked if I could sit next to her. Before I could even finish my sentence asking how she was, she started telling me how worried she was that the shelter they were in would close and that she and her family would literally be living on the street. This wasn’t an unfounded fear, as the previous two shelters they were placed in had closed. This family had lost everything — their home, their belongings and their security. They had no permanent place to live, and she had another child, a son, with Tourette’s syndrome. She was deeply concerned with how a lack of structure and security was affecting her children.”

The woman was so upset, she could hardly breathe at times, Zometsky said. “I gently placed my hand on hers and asked her if we could take a deep breath together. She had so many things to take care of and so much to worry about that everything was overwhelming her. So we walked through each step she would take while at the DRC today. I reflected her feelings and summarized the incredible amount of work that she had already accomplished in such a short time.” To the young counselor’s surprise, the woman replied, “You are right! I have gotten a lot done!”

Zometsky said, “Although she was still distressed, by the time it was her turn to meet with the caseworker, she seemed to be thinking more clearly and could present her information in a coherent manner.” As the mother spoke to the FEMA caseworker, Zometsky sat and talked with the daughter. The mother had referred to the daughter as “resilient,” and Zometsky asked the teen what she thought of this.

“The young woman felt it was not true and began to cry. She was still mourning the loss of her father, who died a year ago. She shared with me how she had lost the only things she had that remained of him. Her friends were now scattered across the country. She didn’t know how to contact them. She felt alone and as if no one, including her mother, understood her. We talked about what was like for her and how she was dealing with all this loss. I told her that she wrote music. I responded that she must be very talented and asked if she wrote about her feelings. She said that she did, but that people did not know they were her feelings. Again, I told her how impressed I was and that she seemed like such a unique and talented young lady.”

Zometsky said that throughout her time with the daughter, she simply reflected the feelings she heard the girl express. That was all the girl needed to continue her story and feel that someone understood what she was going through.

“At one point this young lady asked if I was a counselor. I told her I was a ‘wanna-be’ counselor and that I was in training.” The girl laughed at her joke and told Zometsky she had talked with counselors before but did not like them. However, she liked talking with Zometsky.

“I felt honored that we made a connection, and I shared that with her and thanked her.” Zometsky also gave the daughter a list of hotlines she could call in the future if she wanted to talk to someone. “I was touched by the entire experience with that family. I spoke with this young lady for approximately 45 minutes. During the last 15 minutes, I had noticed that the mother had completed her meeting with the caseworker. However, she sat several rows behind us in order to let her daughter continue talking. ‘I was touched by the entire experience with that family. I spoke with this young lady for approximately 45 minutes. During the last 15 minutes, I had noticed that the mother had completed her meeting with the caseworker. However, she sat several rows behind us in order to let her daughter continue talking.’

Both the mother and daughter hugged Zometsky and thanked her for listening. Though she made them feel better, Zometsky is under no illusion that the stress and anxiety the mother first expressed are permanently gone. However, for the brief time she spent with the mother, Zometsky was able to help her accomplish her tasks at the DRC in a more productive and calm manner.

“Furthermore, this young lady was able to express her sadness and not pretend that everything was OK. She had been feeling like no one cared about her and that she was alone. For a brief time she met with a stranger who allowed her to share how she felt, empathized with her and thought she was important. As a future counselor, I have a new understanding about what it means to be fully present and work in the moment. I have a new appreciation for the basic counseling skills — reflecting, paraphrasing and attending — and the enormous impact they have on the clients and our relationship.”

Like Badger, Zometsky wants counselors and counseling students to be aware that a great need remains for counseling volunteers in the Gulf Coast. “I would also like disaster relief organizations and mental health associations such as the American Counseling Association to know that graduate counseling students are an untapped resource that should be utilized,” Zometsky said.

“The people in the Gulf Coast need our help, and we as counseling trainees should not be excluded when implementing a large-scale mental health crisis-counseling plan. Doing so contributes to a system that has left thousands of the affected without mental health respite. Graduate counseling students can help fill the need. I believe the counseling profession has an obligation to do everything possible to help fill this deficit, and recruiting graduate counseling students is one option. Furthermore, it provides students with the hands-on experience that will make them better counselors and future leaders in the social justice counseling movement.”

Zometsky continued, “We need to fight Katrina fatigue. Do not be fooled into thinking that things are all better. While this may be true for some, and I am grateful for the progress already made, there are thousands and thousands that are still without basic human services and who are fearful for their future. We’ll see the mental health impact of Katrina for years to come.”

For more information on establishing a Counselors Without Borders program with counseling student volunteers, contact Fred Bemak at fbemak@gwu.edu.

To donate to the American Red Cross, go to www.redcross.org. In addition, the American Counseling Association Foundation continues to collect donations for the Counselors Care Fund. For complete details, visit the ACA website at www.counseling.org, or call 800.347.6647 ext. 350 to make a contribution.
leads a team of 82 staff members to manage the association’s daily operations. “BACP offers accreditation for individual counselors and psychotherapists, supervisors and training courses,” said BACP Deputy Chief Executive Alan Jamieson. “Accreditation involves the assessment of practitioner training, supervised practice, professional and personal development, theory and casework. Applicants complete an application form and provide a report from their current supervision. BACP assesses this for the application to proceed. Once submitted, the application is first checked for eligibility, and once this is achieved, at least two assessors conduct a full assessment. BACP has procedures in place for ongoing quality assurance which apply to this process.” He noted that BACP also holds the United Kingdom Register of Counselors. “BACP is very much concerned with standards and with public protection,” Jamieson said. “To this end, BACP is very actively engaged in discussions with the government on plans for the statutory legislation of counseling, psychotherapy and psychologies — commonly called the psychological therapies.”

Hot topics
Regulation and standardized licensure are controversial topics in the United Kingdom as well as in the United States. Another major topic of interest in the United Kingdom is diversity, Jamieson said, which encompasses issues ranging from disability and multiculturalism to gay/lesbian issues and social inclusion/social justice.

“The concept of multiculturalism is to a large extent widely accepted,” he said, “and diverse groups are well catered for in the U.K., especially in relation to counseling.

BACP has disbanded its RACE (Race and Cultural Education) division, given that the work and recommendations of this group have been achieved and become ingrained into everyday practice.”

Trauma counseling is also a high-priority issue in the United Kingdom, due in large part to the terrorist bombings last year in London and to a string of natural disasters around the world, including the Indian Ocean tsunami.

“Another subject is the rights and responsibilities, both legal and moral, of young people,” Jamieson said. “Ageism and mental health is a very big issue in the U.K. at present. Many older people suffer from depression, and the 50-plus age group is one of the high-risk suicide groups. Many mental health services ignore older people’s emotional needs and do not actively treat older people for depression. The public is becoming much more aware of older people’s mental health issues, particularly treatable disorders such as anxiety and depression.”

Another issue that is starting to become widely discussed in both the United States and the United Kingdom is self-harm and self-mutilation. “Self-harm is a very big issue in the U.K. at present,” Jamieson said. “Recent reports suggest that up to one in 10 teenagers self-harm, and it is a very specialized area for counselors. It seems that this worrying trend is on the increase, and it will be necessary for more young counselors to train in this area.”

East meets West
Along with that, she faces a culture steeped in a very different tradition.

But Zinman-Schwartz has made inroads, and her ideas have taken root and gained ground. She has been the only board-certified Western counselor operating privately in Vietnam and has served as a consultant for Western clinics and hospitals. For the first time in the country’s history, she offered training in Western psychotherapy at a local university. She has also gathered research on the relationship between Vietnamese culture and psychological disorders.

In addition, Zinman-Schwartz has become a popular speaker at universities and hospitals and was recently asked to head the Department of Psychotherapy in a new building at the Ho Chi Minh University of Medicine and Pharmacology, one of the nation’s most prestigious schools. Her free clinic, which she operates from her home, has also expanded, with facilities at a military hospital and a pediatric clinic. And more than 200 people attended a two-part conference she sponsored last June.

The approach
Zinman-Schwartz came to understand that the Vietnamese culture might benefit from a new, unique way of counseling. “There was not a psychological approach here,” she said. “They had never seen psychotherapy practices. Some were fascinated by the field, but no one had seen it. There was no infrastructure for it.”

But she also understood that the culture had traditions that were strong. “The family is at the center of Vietnamese life, and they all live together,” she said. “In that environment, children are nurtured in this incredible way. There is nothing better for a child than that sort of nurturing.” She found some aspects of the culture that she didn’t like — a tradition of physical violence against women and children, for instance — but Zinman-Schwartz said the culture’s mix of Buddhism and Confucianism generally creates happy, emotionally healthy people.

However, she also discovered that more difficult issues needed additional attention — for instance, serious mental illnesses such as schizophrenia and depression, as well as issues resulting from the influence of Western culture, including divorce and, among adolescents, drug abuse and suicide. Those problems got Zinman-Schwartz’s attention, but she was determined to treat them with respect for Vietnamese society’s traditions.

“My Vietnamese student counselors and I have learned how to promote Western ideas with a deep and mindful respect for Eastern values,” she said, noting that she often uses and trains her staff in a few simple techniques. Thus far she has trained five student counselors, and three more are in the process of being trained. “There are hundreds waiting,” Zinman-Schwartz said, “but I still do not have the large room I need to train with a one-way mirror and an audio hookup.”

She said clients are often receptive to new approaches to their problems and constructive suggestions because their culture treats authority and education so respectfully. “Vietnamese culture has a level of politeness and generosity I’ve never seen anywhere else,” she said. “When they learn about our approach, without exception, every client agrees.”

That counseling approach is something Zinman-Schwartz stumbled upon, but she now believes it works particularly well in Vietnamese society. She sits in on sessions held by her new counselors, along with other students and interpreters. She often offers comments or seeks information during the sessions so that the new counselors can receive direction and observing students can learn about the counseling process. They can also interject.

While the translators were excellent and I felt that I was well aware of the client-therapist communication process taking place in front of me, eventually I became more impatient and wanted to check what the client had said before the counselor responded,” Zinman-Schwartz said. She began intervening with questions and encouraged other students to do likewise, especially when clients proved comfortable with the practice.

“The (counseling) model fused with the Vietnamese family and cultural life,” she said. “The extended family and trust it engenders is a foundation of Vietnamese life and social security. We simply fit ourselves into that existing cultural construct of tolerance for inclusion of others. The shifting from one counselor to another and the different personality of each prompts clients to react and reveal to us behavior we might not have otherwise noted. What evolved is a process related to ‘team theory’ and other techniques that have been successful in group therapy. It was well suited in Vietnam because of the critical link by individuals to their families.”

Because of those strong ties to family, counselors often must introduce concepts such as countertransference, internalizing and interpreting parental figures and attitudes. Zinman-Schwartz said. Additionally, parents in Vietnamese culture frequently are excessively dependent on their children and overly involved in their development, which can cause distress to both parties.

In addition, Zinman-Schwartz said, the counselors must try to combat one significant cultural problem — an unwillingness to express themselves. The counselors often simply attempt to get clients to be more open with their feelings.

“It is a process of seeing what works from both cultures and putting it to use,” she said. “And our clients are very comfortable with that approach. It works.”

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I became a counselor first as a volunteer trainer for an AIDS service organization, then participated in a research study on motherto-child transmission of HIV wherein I had to pretest and post-test counsel them. I realized how needed counseling services in my country were, particularly by the families of children with the HIV/AIDS pandemic. In Zimbabwe, one in four adults is presumed infected with the HIV virus. I also became the university counselor and later developed a popular bachelor of science counseling program.

Before we stepped in with a baccalaureate counselor program, counseling was something a psychologist, social worker, or the clergy did as an added responsibility. There was very little professional counselor training given. A Tavistock systemic counseling organization offered some training. Otherwise, counseling is largely given in the hands of family members, paraprofessionals and volunteer workers. This has tended to relegate counseling as a garden-variety activity — something anyone can do.

Most people in Zimbabwe do not seek counseling as understood in the West except for HIV/AIDS counseling. Five years ago, those who sought counseling were the elite, but because we have counselor training at all levels of the community, in rural and urban areas, and in schools (peer counseling), the demand for counseling service is on the upswing. We had our first 500 B.S. counseling coordinator in 1996 and have trained by distance learning who are now trying to raise the bar for professional counselor services. We have enrolled over five years at our open and distance learning university, to date, almost 2,500 students — obviously a phenomenal growth with its own challenges. This is our attempt to professionalize counseling and to advocate for a more visible service for all. I am currently collaborating with my former students to establish a professional counselor association that is recognized by our government.

There is a lot that counselors do not do or understand to live in Zimbabwe. The mortality rate, especially of the 15-49 age groups, is so high, the economy at its lowest for various reasons, unemployment is unbelievably high, but not out of living is beyond everyone. I have already mentioned the devastating effects of the HIV/AIDS pandemic, which is worsened by unavailability or shortage of costly drugs. Counseling services are essential given such dismal conditions, which have eroded the coping abilities of most people. The burnout to counseling providers is also high. There is a lack of understanding all round. Our situation easily compares with the U.S. during the Depression years, (but) unfortunately with very limited resources to break the vicious hold on lives. I believe counseling gives many people hope and reinforces their coping resources. I work with rape survivors and HIV/AIDS affected and infected people who have told me how even one session of counseling makes them face the future with courage. In fact, counseling is closely identified with HIV/AIDS in Zimbabwe, probably accounting for the demand for its services here.

The strength of the counseling profession lies with the counselors themselves. They are very dedicated people who have greedily acquired counseling skills and have not been afraid to practice wherever they are needed, even without being paid for their sterling services. Unfortunately, the resources for supervision of practitioners are very limited. There is no accrediting body to oversee practice, but our graduates are heavily inducted into the ethical guides adapted from the U.K. and U.S.A. Counseling strength in my country lies also in how culture-specific it has become because of Christianity, it has evolved to accommodate the needs of the people. Research in counseling practice is still weak. There are many studies on HIV/AIDS counseling that have helped to inform practice. That, I hope, will spill over into other areas of counseling.

The first challenge is to improve on our image of being undervalued as professionals. Many are paid for our services in the same way as a clinical psychologist is. We still have to convince our market that we should be paid at commensurate rates for our services. We have to vigorously lobby for recognition as professionals with our government.

It is important to be part of the global village, including in counseling. We need to participate at international counseling forums where we can share our experiences. I was particularly overwhelmed with awe when I interacted with professional counselors at the last ACA Convention in Atlanta in 2003. I hope we will be able to forge more links between counselors in Zimbabwe and ACA. I believe counseling can only benefit through learning the achievements and challenges faced in other parts of the world. There are cultural and multicultural similarities and differences that need to be understood from various perspectives. But the counseling skills needed are the same — empathy, genuineness, being ethical in practice. The theoretical framework we teach may be American-Euro-centric, although the variables that influence its practice depend on the client and counselor characteristics, cultural context and situation, as well as the presenting problem. In that sense counseling in Zimbabwe is no different from counseling elsewhere. Carl Rogers is as much a counseling icon here as elsewhere. We only need to nurture our own if the counseling profession is to grow.

Rachna Buxani, counseling coordinator, United Arab Emirates

As a resident of the U.A.E., I found that there were not many schools providing school counseling services, thus (they were) not able to cater to the personal, social, and emotional growth of students. Thus, I decided to take one step toward that direction.

There is definitely a stigma attached to seeking help from a counselor. This society believes in dealing with family issues in the family itself and not sharing concerns with others, which might harm the integrity of the family. Thus, people shy away from contacting counselors for help. However, I have seen this changing over time. Things are much better now than they were a few years back. Due to the awareness that professionals in the field are trying to build, more people are becoming open to seeking help. I do think, however, we have a long way to go.

There are very limited and personal issues that the population has to deal with. Due to the awareness that professionals in the field are trying to build, more people are becoming open to seeking help. I do think, however, we have a long way to go. More people are shy away from contacting counselors for help. However, I have seen this changing over time. Things are much better now than they were a few years back. Due to the awareness that professionals in the field are trying to build, more people are becoming open to seeking help. I do think, however, we have a long way to go.

There is a very important note that counseling in the U.A.E. and among most Asian communities is looked upon as solution-focused. I come from a background of training in the Rogerian principles of counseling, which I have found to work less here. In this part of the world, a counselor is looked upon as a doctor who, by the end of the therapy, will have some concrete ways for you to cope with the presenting situation.

That is very different from the Western principle of the profession. The concept of long-term therapies is not accepted. People want brief, solution-focused intervention the majority of the time.

Nuket Atalay, president, Foundation for the Advancement of Counseling in Education (YORET Foundation), Istanbul, Turkey

I am the president of the Foundation for the Advancement of Counseling in Education. This is my 17th year as a full-time volunteer. We promote the counseling profession in Turkey and give training programs when we can afford to do so.

Turkey has a young population. Most of our counselors work with children and youth services. There are 19 universities that give undergraduate counselor training. Our counselors have no difficulty in finding jobs in public and private schools, and sometimes in other institutions. The pay is low, but it is so for most helping professionals. Recently some counselors are going into private practice. They make more money, but there is no mechanism for licensing or monitoring of the quality of their work, nor any attempt to encourage them to take supervision. This can be an ethical issue we are not able to tackle yet.

The number of counselors and psychologists is increasing, and the demand is also growing. The education system has accepted us, and I believe counselors have made some positive impact on reducing school violence, helping families understand adolescent development, helping improve communication, etc. Yet the shortcoming is on social workers. We have only two universities that give social work degrees, and since there are no social workers in the school system, counselors take the role of the social worker. We have many counselors who are willing to work with children and families who have problems. I believe that we need people with more specific skills on crisis management, on lead-

Global perspective

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Counsellors in the country but take somewhat different stances regarding the regulation of counselling. Counselling is being forced to take on an Australian psychology flavour or an American counselling flavour for the sake of regulation versus developing as a unique Australian profession which is growing and changing to suit unique Australian needs and wants — defined by counsellors (not psychologists) and clients/public.

I have been trained in both the USA and Canada and think that knowledge of other professional developments can help us develop to suit our own needs while learning from other’s journeys. I am a member of counselling and psychology groups in North America, the U.K. and Australia for this very reason. I am also a member of the International Association for Counselling and read its journal for this reason. The more knowledge the better! For more information on counselling in Australia, check out the International Journal of Psychology.

Agostinho Almeida, pro-president, Instituto Superior da Maia (ISMAI) and counselor/psychotherapist in private practice at MEDICALIS, Porto, Portugal

Back in my college training years, the 1960s, in Portugal, under (Antonio de Oliveira) Salazar’s rightist authoritarian regime, we were not allowed to study social or behavioral sciences such as psychology, sociology or political science at the college level. This was eventually one of the reasons why I ended up moving to the U.S. to study sociology, psychology, psychoanalysis, anthropology and political science.

Counseling per se does not exist in Portugal. To my knowledge, the only training program in existence in Portugal, both at the undergraduate and postgraduate level, is at ISMAI, my home institution. Both programs were established or revamped with the help of several scholars, of which it is fair to mention the names of Dr. Richard Page (U.S.A.) and Dr. Peter Hawkins (U.K.). Unfortunately, some members of the psychology staff did not welcome our move. It is too soon to know whether our idea is going to make it or not. My hunch is that since the counselling and psychotherapy “paradigm” is spreading all over the world, chances are it will make it in Portugal as well, eventually.

We have a very peculiar situation in Portugal in that there are about 15,000 psychology graduates jobless (since the mid to late eighties, when the first psychology graduates came into the job market, psychology became very trendy). As a result of that, our graduates in (psychosocial) counseling are experiencing a hard time finding a job not only because there are so many psychology graduates out of a job but also because they will get fierce opposition on the part of the psychology establishment. I have no doubt in my mind that if the counseling graduates have a fair share of the job market, they will prove themselves to be as competent as anybody else in the field of human/ personal/professional development and mental health. The problem is how to get there if one is not given a chance. One thing the counseling graduates are doing is getting organized in terms of a professional association that would enable them to be known and defend themselves from prejudices and unfair treatment on the part of some ill-informed people and institutions.

Since (counseling is) so new to the country, what we need to do is to offer proper training to those who want such training and promote counseling, making it more visible through, for instance, well-organized and well-promoted international congresses and workshops.

Challenges: The Portuguese word for counselor (conselheiro) has a special connotation (spiritual or moral counselor), which these (secular) days is not too attractive. I am afraid. Being that Portugal is a

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peripheral power, we tend to be influenced by the bigger powers such as the U.S.A. or the U.K., to name but two. As far as I know counseling is well-estab-lished (and growing) in such countries. Therefore, if we proved to the Portuguese society at large and the Portuguese college establishment that that’s the case, I suspect we would have a chance to turn things around.

Jane Chiu, counselor, Taiwan

I was inspired by my mentor in graduate school. He set an example and let me witness what a counselor was like, and I realized that I might learn to be like him and contribute to society.

We had counselor licensure passed in 2002. The profession is developing. However, it needs a lot of improvement. Many differences among this profession, as well as from other helping fields, need to be clari-fied and respected. The general population cannot accept the idea of seeking help from an outsider and keeps problems or disturbances inside the family unit.

The counselor professionals are striving to popularize the profession and are putting a lot of effort into training programs in academic (arenas) as well as in the communities. The strengths are advocating for minorities for better welfare and treatment, urging the gov-ernment to legalize related laws and emphasize the importance of mental health, attracting more health professionals to get involved in a more united effort, promoting the profes-sion’s public image and recruiting more potential professional helpers to join us. A lot of work is needed for further improve-ment, such as continued educa-tion for professionals and trainees, the splitting and dif-ferences among the related fields and professions, enhancing academic and professional standards, encouraging clinics and academies to engage in research and practice, etc.

The general population is still hesitating to seek professional help due to Chinese tradition on family issues and individual pri-vacy (or liability). We need to know the global trend in this profession and how other col-leagues deal with different issues so we can support and learn from each other.

Maraji Ahmed, International Students Advisory Services, Karachi, Pakistan

I was working as a profes-sional trainer in a large com-mercial bank in Pakistan and used to train newly inducted graduates. I enjoyed discussing with them their career objec-tives and guiding them. I real-ized that there is a great need for career counseling services in Pakistan. This led me to entering into this profession. I left the bank in 2003 and started career counseling services in the name of International Stu-dents Advisory Services.

I can particularly talk about educational and career counselor-ing in Pakistan. Yes, there is a stigma attached with it. Some fake educational counselors have defamed this field to some extent, but still there is a lot to do for genuine counselors in this particular area. People are now realizing the importance of career counseling as the job market is getting more competi-tive in Pakistan, and I can say with great surety that in the near future there would be a great demand of professional counsel-ing services.

Following are the three unusual situations we are fac-ing:

- Restructuring of the commer-cial organizations
- Saturating in the traditional job market, and some new types of jobs emerging
- Difficulties in deciding educa-tional path

With the existence of these problems, professional counsel-ing seems inevitable for the fol-low ing areas: educational counsel-ing, counseling for pro-fessionals and organizational counseling.

Challenges: The profession is not popular among the people because of (a lack of) set rules or any registering body for prac-ticing counselors. There is also a lack of availability of counsel-ing courses or professional training programs for skills development.

In some areas it is needed to know the practice being carried on elsewhere in the world (e.g., educational, career, organiza-tional counseling, etc.). But for the areas like family or marriage counseling, we need to use skills or techniques compatible with the traditions of the fami-lies and their religion.

Eva Faillace, counselor and college adviser, Marymount School, Barranquilla, Colombia

After teaching high school students for over 20 years and having obtained a M.Ed. degree in guidance and counseling, I found there was a great need for a local (as opposed to an import-ed) counselor in the school where I had been teaching, so I was given the position and have been now a counselor for 25 years.

Counseling as seen in the United States does not exist in Colombia. Schools have psychol-ogists on their staff. No stigma is attached to counseling since the profession as such does not exist.

Counselors can definitely make a difference since a school counselor focuses more on advising and orienta-tion. In Colombia, only schools that fol-low the American (besides the local) system of education have counselors on their staff. The Colombian schools will have psychologists trying to help parents and teachers understand the role of a counselor on the school staff is probably the only real challenge.

Anne Kellihier, private practitioner and director of services, Kerry Counselling Centre, Tralee, County Kerry, Ireland

In general, (counseling in Ireland) is now seen as another form of support. There is, of course, resistance to it in some circles, both professional and otherwise. (Counselors can impact lives in Ireland) by sup-porting clients to grow in awareness and break patterns that are unhealthy, addictive, abusive, etc. (Also) by having counselors who are socially aware and so include a wider context in their counselling space, and by having counsel-lors who are trained to be aware of the spiritual core of their clients and so support clients who may wish to look at issues in a deeper manner.

We have excellent general theoretical and skills compo-nents to most accredited cours-es. There is room for research improvement. Only one general course that has been accredited has a spiritual component to its content. This takes place at Kerry Counselling Centre.

Challenges: The rapid social and economic changes in the country and the ensuing chal-lenges. The Church scandals, mainly in the area of abuse, and mainly in the Catholic Church, and how this is affecting a popula-tion that was heavily church-go-ing. The multicultural chal-lenges that are facing our profes-sion due to peoples from many races and cultures entering the country in huge numbers.

I believe it is important for counsellors to know how people practise elsewhere and to learn from that, especially where we can learn about minority group-ings, culturally, sexually, reli-giously and what has been shown to be best practice. Per-haps counselling is still different in (Ireland) in that it is dominat-ed by a white, middle-class grouping, mainly women, and mainly Catholic in name if not in practice.

Gatis Lidums, private practitioner in Riga, Latvia, and part-time lecturer at the University of Latvia (pastoral counseling and psychology of religion)

Currently in Latvia, there is some stigma attached to how counseling is viewed. In my view it has to do with two main reasons:

- There really is no adequate term in Latvian for counseling. A couple of terms are used (especially in the context of the current Christian discourse), yet those terms are not really widely accepted. All counseling in-evitably falls under the broad category of psychotherapy.

- In the Soviet era, if one went to therapy, it was most likely because the person was diagn-osed as mentally ill (the only exceptions to this rule were alcoholics and people with sexu-al dysfunction). Therapy under the Soviet regime was only prac-ticed by a handful of psychia-trists and was considered a part of the larger psychiatric treat-ment plan. Once mentally ill, the individual was almost without exception labeled “crazy.” Hence, the stigma.

It has changed drastically over the last five to six years. Therapy has become increas-ingly popular, especially among young professionals, families with “problem children” and persons who have suffered some form of abuse.

Counselors can have an impact in Latvia in several ways. The one that stands out in my view is helping people to move and less have to deal with the fast pace of life and to deal with the effects of the “shock therapy” invoked by the forceful change from a socialist to a market economy. It also helps people to learn new/dif-ferent adaptive ways of relating to other people in the fast-changing world.

Most counselors I know are very well versed in different “schools” of psychotherapy and able to use a wide spectrum of interventions. Improvement is needed in the area of national legislation that regulates the sta-tus of the counseling profession. The challenge that I myself feel from time to time is the uncertainty of my professional future because of the absence of regulatory instruments in the Latvian legislation. The Law of Psychotherapy is currently being debated for the third or fourth consecutive year. The debate is long and hard because two different groups are lobby-ing two different approaches to the particular law. One group embraces the view that only medical doctors with specialized training are allowed to practice psychotherapy. The other group advances the view that psychotherapy (counseling) is a free profession and can be practiced by any person with adequate training and awareness of their background. At this point it is still hard to tell which side will win the debate.

It is absolutely important, and even essential, for counselors to know how counseling is prac-ticed elsewhere in the world.
The world is growing smaller virtually every minute, and in the global world of the 21st century, an effective counselor can no longer afford to be monolingual, monocultural, mono-theory-based. Counseling is both an art and a science. As for the art part of it, by being exposed to various ways of doing counseling elsewhere, one’s own “art” can only become richer and more powerful. Most Latvian counselors/therapists I know are either bicultural or even tricultural. I myself counsel people in three languages, and I feel equally at home with all three language groups’ cultures.

Andreea Szilagyi, associate professor at Politehnica University of Bucharest, Romania and director, NBCC-Romania/NBCC-Europe

In 1995, in the last semester of my university program (Faculty of Sociology, Psychology and Sciences of Education), a professor created for the first time in Romania a class called “School Counseling.” I had the feeling that counseling would be something that I would really like to practice. I tried to find a way to study the discipline more, but in Romania there were no master’s or doctoral programs or even counseling literature at that time. Fortunately, I found a professor who agreed to be my chair for an independent study and creative combination of official course offerings for a Ph.D. program. As a result, I was the first counseling doctoral student and graduate in Romania in 1996.

Counseling is not a recognized profession per se in Romania, although we have a long tradition of vocational and educational guidance. Counseling is still an occupation or a vocation, open mainly to psychologists, sociologists, social workers and education specialists (for school counseling). However, there is an Education Law (1995) that recognizes school counselors, and we have a Ministry of Labor network of career offices within the labor market.

Because counseling is not a government or society recognized profession yet, it does not have the power to promote itself. Therefore, we experience role confusion in relationship with some other helping professions (psychology, social work) and also in relationship with our clients (in schools: teachers and parents; within the labor market: unemployed, employers, companies). As the population gains more independent thinking, counseling will be more of an accepted process in our society. Just as counseling was viewed with skepticism in the U.S. a few decades ago, we know that we will have those hurdles to pass over.

It is difficult to describe how counselors impact lives in Romania, in that our practice is not well-established. However, I believe that one good measure for counseling is the missing link between the schools/universities and the communities in Romania. I also think both school counselors and career counselors could offer a different perspective on the educational and economic difficulties we face in a society marked by the transition from the communist regime to democracy. Poverty, unemployment, social integration and strong educational programs are, in my opinion, just a few of the problems counselors could solve.

Strengths:
- We have (began) improving counselors’ attitudes toward their own professionalization
- Some very good educational programs (master’s level)
- A Code of Ethics and Quality Standards in Career Counseling (published by the Institute of Educational Sciences)
- A better organizational structure. There is no established national association for counselors (however, I am seeking to begin one)
- A Code of Ethics good for all practicing counselors
- Supervision and supervision of supervision
- Counseling publications
- More research on counseling in Romania

Sometimes the academic community and some other colleagues (education specialists, psychologists) do not accept me as being a counselor or a counselor educator. I identify myself. I think that this reaction is quite normal due to the facts I presented above and because we are an emerging profession.

I believe that especially in Romania, where counseling is struggling to be a profession, it is crucial that our specialists are open and interested in how counseling is viewed and practiced around the world. Why? Because I think that our society needs this type of service and there is no time to reinvent the wheel. I do not say that “importing” ready-made foreign counseling models is the solution, but adapting them to the country-specific needs and, later on, creating a pure Romanian counseling system if it is possible and necessary.

I think there are also basic professional issues that can be addressed by what we plan to do here in Romania. That is to create standards of practice and training that allow us to use models like NBCC and CASEP to create our own models for our own professionalization. I have been fortunate to be able to learn much from the NBCC and CASEP boards and staff that I can use here. I am also grateful for the useful involvement from NBCC-International in assisting us to create our own credentialing structure.

Dan Guilfoyle, private practitioner, Sydney, Australia

In recent years counselling has become more broadly known in Australian society because of its prominence in many news of natural disaster, where trauma counselling gets a mention in the news bulletins. Prior to, say, the last decade, psychiatry and psychology were indistinguishable to the vast majority; the disrespectful term “shrink” was applied to both. Thanks to the emergence of counselling, all of these disciplines have become more visibly perceived as less clinical and more “hands-on” in the community. As a consequence, there is broad acceptance and diminishing stigma. I have observed a major shift over time as prominent celebrities get media exposure for “coming out” with depression and the growth in awareness that the “stigma” of mental disorder is exposed as a disorder in its own right.

Counsellors can make a difference to the lives of Australians if they demonstrate professionalism and do not lose the momentum of the growing awareness. Tactics such as encouraging suffering people to “go public” on their needs via talk-back radio and other media is one of the most powerful. There are many powerful. Most Latvian counselors/therapists I know are either bicultural or even tricultural. I myself counsel people in three languages, and I feel equally at home with all three language groups’ cultures.

Kay A. Crookendale, counselor, Barbados

Though there is still some stigma, there is a growing acceptance of counseling in Barbados, especially among younger people, who benefited from interaction with guidance counselors in secondary schools. TV programs like Dr. Phil seem to be contributing to greater awareness and acceptability of the idea of counseling.

Barbadians experience the same pressures of modern life as others — family and relationship breakdown, job and financial stress in the global environment, etc. Problems are also becoming much more complex because of social change in the society. Systems of support through extended family or religious are less available, and professional counselors have become more and more necessary and are more often sought out to help people negotiate through crises and transitions.

There are more people entering the field and seeking professional training, as opposed to functioning as informal helpers. However, the biggest need is for proper regulation of the profession (and the establishment of professional associations with the power to enforce agreed ethical standards. Counselors also need to undertake culture-specific research and work to increase public education about the counseling process.

The counseling process is still largely misunderstood in Barbados. People tend to look for advice, a quick fix. It is often difficult to encourage clients to stick with the process until change is established. “Paying to talk” is sometimes not seen as value for money.

No part of the world exists in isolation, and trends affecting one culture sooner or later impact on the rest of the global village. This is especially true of small island states like Barbados. The small size needs to be a consideration, if not a basis, for our own counseling. Counseling theories, etc., must be adapted to be relevant and effective in our reality. Caribbean culture is to some extent a hybrid between individualism and collectivism. Our unique social and economic history and small geographic
size have produced a people who are intensely private. Establishing a counselor-client relationship of openness and honesty, which will allow shar-
ing at the deep emotional level, is therefore more difficult and more time-consuming.

Capt. Awang Rusli Bujang, head of Research and Training Branch, RBAF (Armed Forces) Counseling Center, Brunei Darussalam

Generally, counseling is so-

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Continued from page 37

circally well-accepted and recog-
nized at the national level. It is be-

ing more and more pop-

ular among our younger-

ners. They are willing to talk over a radio talk show on counseling matters. A senior government officer from time to time will make remarks on the impor-

tance of counseling for the schools, societies and govern-

dment departments.

The potential stigma would be that counseling is meant for people with problems who can’t manage their life proper-

ly. At the end of the day, there are people who restrain them-

selves from seeing a counselor to avoid being labeled as “problem people.” I believe this is due to misunderstanding, or perhaps the counseling prac-
thomers themselves don’t real-

ly do enough to make the gen-

eral public understand better.

Being willing to help is one thing, but doing it right is a totally different thing. The societies here are rather conser-

vative in their belief, and reli-

gion has taught them well on con-

cepts of how to handle con-

licts, hardship and everyday issues, but it was mostly con-

ceptual. Our approaches, which are proven practical, objective, effective and systematic, are appealing to them.

There is a general belief that counseling really can help today’s illness, and the policy-

makers seem favorable to this idea. It can be seen with the establish-

ment of counseling centers within government de-

partments, as well as formation of nonprofit organizations deal-

ing with social issues who are

offering counseling services. But we really need to work hard on promoting the true practice of counseling.

To my knowledge, there are still very few military organiza-
tions that let their own service-

men (army, navy, etc.) handle counseling professionally. Even in the U.S., counseling is done by civilians (qualified counselors) who are not mili-

tary personnel. Being an army officer myself, we better under-

stand the problems faced by our men. On the other hand, the establishment of counseling within the military setting is also a positive step toward inte-

grating the human approach into the regimental or military approach.

As a relatively new profes-

sion here, the challenge would be to make people understand what counseling is really about and to meet their expectation of so-called successful help given. Being a small country and a small population but with big responsibility (too often hold-

ning one job with multiple roles), every counselor has to be good at juggling between their primary job, secondary job and lots of other responsi-

bility.

Certainly it’s important to understand how counseling is practiced in other parts of the world. It helps us to under-

stand, learn and appreciate each other. How can we help to make a difference when we don’t know the difference? Bruneians, as new practition-

ers, can learn from Americans who are far ahead of us.

But there are some aspects which are “too American” to us, which are not really applic-
able here. Most us here see good social relationships, be it within the family or society at large, as fundamental. In other words, there’s no way we would jeopardize the relation-

ship for individual sake, for example. With those values, person-centered theories or those emphasizing reflective approach too often don’t really work here. Apart from that, cul-

ture and religion play an impor-
tant role in our life. So we can’t afford to only be knowledge-

able in counseling, but to know and understand both culture (including the value system) and religion.

Audrey M. Pottinger, lecturer and consultant clinical psychologist, Department of Child Health, University of the West Indies, Mona, Kingston, Jamaica

Whilst counselling as provid-
ed by elders and spiritual advis-
ers has always been an integral part of traditional Jamaica, this service has become increasingly more professionalized over the past decade. This has been espe-
cially attributed to the advent of an undergraduate degree pro-

gramme in psychology in the early nineties at one of the main universities in Jamaica. Not-

withstanding, there is still a stig-

ma attached to mental health counselling in Jamaica and the Caribbean. In my experience, however, a gradual acceptance of counselling is being seen among professionals and the more educated from within the middle income and above catego-
y. There is still a gender divide among this group, with women being more willing to seek out counselling.

Grief counseling relevant to traumat-
ic loss is being increasingly requested by a wide cross sec-
tion of the Jamaican population regardless of socioeconomic status.

One of the ways counsellors can make a difference in Jamaica is by striving to main-
stream their services. They can work with the school systems to implement programmes that can be executed by teachers and school counsellors (and) work in the health care systems, includ-

ing primary care facilities and health centres, with the aim of integrating mental health ser-

vices in the existing services. This should result in reducing resistance to treatment as well as educating practitioners from other disciplines about mental health care. They can also use the media to educate the public about professional services and standards as well as self-care from a mental health perspec-
tive. This could also involve informing media practitioners how to be more sensitive in con-
ducting interviews with victims of violent crimes.

The small number of profes-
sional counsellors (in Jamaica) allows for those in the profes-
sion to know each other. This facilitates an effective referral system among the professionals. It also allows us to better support each other. Whilst the small numbers provide an advantage, the lack of a larger pool of qual-

ified persons can result in an increased demand on the coun-

selors themselves and their ser-

vice. There is also a need for licensing and accreditation to regulate the quality of services offered to the public. Also, as counselling is not covered by insurance, this service can be quite expensive for clients.

It is important for counsellors to not only liaise with their local peers but also work collabora-
tively at the international level. This provides an excellent op-

portunity for exchange of ideas, beliefs and best practices in the pluralistic world we now exist in. Multiculturalism exists in most societies, and Jamaicans are known to be nomadic. Many reside and/or acquire their ter-
iety education outside of Ja-

maica, and knowledge of their cultural practices would there-

fore facilitate effective and ap-

propriate counselling responses.

Amos A. Alao, director, Careers and Counseling Services, University of Botswana, Gaborone

Professional counseling (which some would refer to as the Western approach to psy-

chological counseling) is new in Botswana. However, I must state that many Africans believe in traditional counseling and still patronize traditional heal-

ers/counselors who are called “Sangomon” in Botswana, Gaborone (which some would refer to as “Dingaka Tsa Setso.”

While some feel comfortable with traditional counseling, professional counseling is viewed with some suspicion, even among people with formal edu-
cation. For example, in a recent study conducted by the Univer-

sity of Botswana Careers and Counseling Center on the appraisal of its services to uni-

versity students in 2005, the stu-

dents gave a number of reasons why they have not utilized counseling services in the uni-

versity. Out of 841 subjects classified as nonusers of ser-

vices, 34.7 percent felt they could handle their own prob-

lems; 24.1 percent indicated that they seek spiritual intervention to their problems; 30 percent expressed fear of confidentiality of issues discussed. Some sub-

jects indicated that counseling is for people with problems of self-esteem. A high percentage (83.6 percent) of the nonusers indicated that not wanting oth-

ers to see them coming for help has prevented them from seek-

ing help. The cultural belief that one does not talk about his or her problems with strangers was a concern for only 18.8 percent of the nonusers.

Still, the need for counseling has been recognized in Bot-

swana. This has resulted in the availability of counseling pro-

grams in various tertiary institu-
tions in the country. Counselors have a significant role to play on the issues of HIV/AIDS in terms of pre- and post-HIV test coun-

selling and eventual supportive counseling for people who are HIV positive or living with AIDS and the affected. Coun-

sellors can play a significant role in another concern in the country — relationship problems, which sometimes result in the death of one of the partners.

The Botswana government has a laudable policy and pro-

gram for the youth in the coun-

try. The policy addresses major concerns such as unemploy-

ment, alcohol and drug abuse, teenage pregnancy and (drop-

ping out of) school. Counselors have a significant role on issues of youth to enable them to con-

tribute economically and lead a productive life, while limiting their involvement in crime and other negative and anti-social behavior.

There is visible support for the training of counselors in Botswana. There are also short courses in counseling with financial support in terms of attendance from the govern-

ment. There is a need to strengthen counseling as a pro-

fessional association where members could meet at regular intervals to foster their profes-

sional development.

Challenges include making clients see that counseling is a good option of receiving help and correcting misconceptions about counseling that is West-

ern-oriented and not suitable for African clients.
Counseling is viewed here the same as when it first started in the U.S.A. 50 years ago. (That) is changing but very slowly. Still many believe that it is a luxury rather than a necessity.

Counselors can have an impact by believing in their mission as agents of change. Work hard and never give up. In addition, talk about it and persuade as many as possible to believe in what they are doing. There is a lot of misconception about this issue.

Weaknesses are more than strengths at this time and place. However, it sometimes takes two or three to make a difference. For example, as an associate professor in education at Dar Al Hekma College, if the dean and the director believe in change, together we can make a difference. We are thinking of opening a graduate degree program of study next year, which could be the first of its kind in the kingdom of Saudi Arabia. Challenges are many. As I mentioned, the idea of counseling is new. We need awareness campaigns. We lack information concerning who is an ACA member in our area. We need support from ACA professionals to allow us to spread these services in our area well and in no time. Here we have the physical facilities but not enough qualified human resources.

The more we share counseling practices the better will be our services. Counseling in Europe is so different from counseling in China and that in Italy, as the country is facing major changes. The educational programs in counseling education, but the quality of educational curricula is insufficient. Counseling teachers in some universities don’t have sufficient or appropriate clinical experiences, and some didn’t even study counseling in any academic institutions. Moreover, every faculty/university is biased toward a particular faction. It significantly limits students’ skills and knowledge, and this is why Japanese counselors generally use techniques in one discipline only. Each school or faction doesn’t have much interaction with others, so the counselors tend to work within their own very closed society. This problem makes it quite difficult to arrange appropriate referrals and make appropriate counseling plans for diverse clients.

One more problem: The technical terms Japanese counselors use are usually their school/faction-based jargons rather than professional words used in DSM or ICD. Therefore, other professionals such as psychiatrists, nurses and social workers don’t understand what the counselors are saying, which makes it difficult for counselors to share information and work together for giving the best services.

There are neither official licenses nor a compulsory board of counseling in Japan, which means Japanese “counselors” need not hold graduate-level degrees or psychological licenses. They only have unauthorized certificates issued by each faction they belong to. Due to such a messy situation, many clients who want a qualified counseling service, as well as students or professionals who seek an official license of counseling, often get confused and spend unnecessary money and time. Working in these conditions, I always pay extra attention to what other counselors have (e.g., their educational/clinical experiences, the ethical codes they hold, etc.) when I work with them.

The employment status of counselors is not secure in Japan. Most Japanese counselors are hired as part-time workers whose income is generally not sufficient to support their family. And furthermore, we have no insurance for possible risks in our professional activity. This may be one of the reasons why Japanese “counselors” have to do conservative counseling only.

There are almost no counseling specialists in Japan. We have virtually no mental health, addiction or rehabilitation-specialized counselors, and very few facilities have education programs on these special counseling needs. Therefore, counselors are generally reluctant to make clients with serious problems such as drug abuse, suicidal risks or/and mental disorders.

Historically in Japan, Buddhist priests played the role that a counselor plays in modern society. Even now, some people...
choose going to a Buddhist temple to talk with priests or to do Zen meditation rather than asking a counselor for help. Some of these clients tell us that spending their time in the calm, silent environment of a temple is important for healing and encourages personal development. Japanese counseling includes such self-reflection (called Naikan Therapy) in appropriate environmental settings after eliminating any religious tastes.

Israel has such an interesting blend of people who have come from all over the world to live here and are thus different, yet intensely connected, since we are all Jewish. I believe that being an effective counselor in Israel surely requires multicultural competencies, regardless of where or with whom one lives.

Sailaja Menon
Dubai Community Health Centre
(DCHC), United Arab Emirates

Counselors can impact lives in a nonclinical am- bience.” This model gives a great sense of comfort and creates a nonthreatening, nonimidating environment for our clients/community. They are starting to comprehend what counseling and mental health services are and reap the benefits of this process.

DCHC, a licensed clinical center by the Ministry of Health and the Ministry of Education, functions out of a beautiful villa that has been remedodeled and transformed into a professional clinical centre. When you walk onto the premises you will see families lounging, congenial support staff attending to the needs of waiting families, and children watching TV and playing with toys and activity blocks. This centre specializes in counseling, psychology, psychiatry, homeopathy, yoga, Reiki, spiritual needs, school counseling and occupational therapy to name a few. This homey, nonclinical ambiance with a holistic approach to mental health, special needs and alternative therapy has been a key factor in clients returning to the centre for a committed treatment program. The centre’s success has led to a growing demand from clients to open branches in Bahrain, Oman and Abu Dhabi.

Counseling/psychological services are still a new and emerging field in this area. Universities in the region do not offer degrees in this specific field, which has led to a shortage of qualified professionals, especially Arab females. Although we have an Emirate Psychological Association as a regulating body in this field, there is definitely a critical need for continuing education, better awareness and marketing of the counseling program, developing literature and resource materials, well-equipped libraries, university degree programs, conferences and workshops.

I think it is extremely important to know the different models of services provided worldwide. The world is increasingly becoming a global village with people from different cultures/ethnic backgrounds constantly migrating out of their home country to other parts of the world. Getting to know different models of clinical services and therapeutic approaches that work in different parts of the world can be beneficial and can help in incorporating some of the best practices into your model. As the world is moving toward a multicultural environment, it is important that the models of services also have elements that are cross-cultural in nature. This will also create a sense of comfort in clients.

Cathy Morey
Crisis intervention specialist with Mission to the World, living in Honduras

Actually, they don’t know what a “mental health counselor” is here. Anyone who does any counseling is referred to as a psychologist and mostly is used by children. It is rare that an adult will seek help. With the influx of foreigners, that view appears to be changing.

There are many “street children” here and much need for child and teen counseling centers to address drugs, sexual and physical abuse, suicides, etc. I am one of very few who will work with children and teens in particular.

Areas that need improvement? Cross-cultural issues can always be improved (including body language, tone of voice, male-female relationships, etc.). Religion also plays a big part in their worldview here, so it too must be incorporated into multicultural training.

I grew up in Latin America (although I am an American) and so am familiar with what it is like being a minority. We have a host of different cultures in the U.S. Cultural sensitivity plays a big part in counseling techniques. We all have our own style of counseling. However, we must always take into consideration the client’s customs and cultural beliefs so as not to insult them. What is “correct” in our culture is not always “correct” in another! For example, it is accepted in this culture that men have several girlfriends in addition to their wives. Often a woman might come to counseling for depression. Our first “red flag” might be that her husband has a girlfriend, but that’s not necessarily an issue for the wife! We need to be sensitive to what the client thinks might contribute to the problem as well as underlying/unspoken issues.

Also, I think it would be wonderful to allow interns to do some of their hours overseas. As of this minute, they cannot get credit for this even if they are working under a U.S.-licensed mental health professional. I would love to start a multicultural counseling training center here.

Ngozi Osarenren
Associate professor of Counseling, University of Lagos, Nigeria

Counseling in Nigeria is viewed as seeking advice from a “stranger.” The extended family system, the community leaders, religious leaders, etc., are considered the right avenues for discussing whatever problems any individual may be experiencing. It is believed there is no problem anyone will be going through which the elders have not handled previously; therefore, people should take their problems to them and they will get a ready answer. When anyone goes to a counselor, it implies that the person has no respect for family values.

Counseling in Nigeria is seen as being synonymous with advising students on career choice, subject selection and a school-specific programme. The Nigerian National Policy on Education (1998) document recognized counseling thus: “In view of the apparent ignorance of many young people about career prospects, and in view of personal maladjustment among schoolchildren, career officers and counselors will be appointed in post-primary institutions.”

However, this is changing because many people seem to appreciate the work of and the need for professional counselors. The counselor, though still viewed as a “stranger,” is now a friendly, trusted and reliable stranger. Many people go to the counselor whenever they have a need/problem and they are attended to, but (this is done) as a social service rendered by the counselor necessarily—not fee paying. The majority of the clients who patronize counselors do so willingly.

Counselors can impact lives in Nigeria through the provision of rehabilitative counseling services to displaced persons from the different ethnic and religious conflicts in the country. Secondly, involvement in handling

Global perspective

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issues/activities which members of their communities consider important — e.g., the street children, out-of-school youth, the drop in school attendance of the girl child in the northern part and boy child in the eastern part of the country, etc. Thirdly, providing accurate information on the causes of HIV/AIDS and discouraging the current attribution to spiritual and evil attacks.

There is increased awareness of the work of counselors through the activities of the Counseling Association of Nigeria (CASSON), both at the national level and the different state chapters. More people are interested in studying counseling both at the undergraduate and postgraduate levels (counseling is offered as a degree programme in about 25 of the 37 state and federal universities, with over 10,000 registered students in these institutions). In fact, the national president of CASSON or a representative is included as a member of certain committees on educational and allied matters. The government endeavours to employ counselors in some key offices and organizations (the National Drug Law Enforcement Agency, etc.).

However, there is need for improvement in certain areas in terms of the practice of counseling in Nigeria. There is a need to improve the perception of the counselor by the general public (so they will) realize that the counselor is not just someone who is expected to work in the school system alone and give “advice” to students concerning careers and maladjustment problems. In about 30 of the 36 states in the country, counselors still have full teaching loads in addition to performing their functions as counselors. This particular issue has been a very vexing one, creating a series of conflicts between counselors and their school heads, with the majority of the counselors facing constant threats of dismissal. This situation has left many counselors confused and compromised in the face of the increasing rates of inflation and unemployment in the country. Often, counselors are exposed to difficulties of going to their families and professionals without their problems with the counselor, who also doubles as a teacher and the disciplinarian. There is also interference from school heads who insist on being furnished with the details of any counseling interactions between the counselor and the students.

As a counselor educator, it is difficult to teach many students with very limited or near nonexistent resources. I’m regularly confronted by former students who are not able to establish a relationship or congruence between what they were taught and the realities in the field.

Another challenge is the issue of payment of fees for counseling services. At the end of the session, clients feel that “thank you” and prayers are sufficient compensation for the services of the counselor. Clients generally consider it unacceptable to pay fees, and they grumble when you insist on payment. When the issue of fees is raised before the beginning of the session, many of them politely opt out, while others will leave promising to come back, which never happens. It is pertinent to mention that despite all the shortcomings, there are still many individuals who willingly come for counseling and are also ready to pay for the services.

Maria Peristiani, Intercollege Counseling Centre, Nicosia, Cyprus

In the past there was much more intense stigma surrounding counseling in Cyprus, probably linked to a number of reasons, including:

• A clash between the role of a psychologist with the role of confessor (the latter was the job of priests).

• Confusion amongst people about a psychologist’s role (as opposed to) that of a psychiatrist; believing that there was a problem of mental illness if you visited one of the two. It seems that people, mostly women, started visiting psychiatrists with the transition from traditional society to a modern society. Intense social change and urbanization beginning in the 1960s (and especially after the 1974 war) and the accompanying strains pushed clients to psychiatrists initially and subsequently to counselors.

• Traditionally people would not “expose” their “secrets” outside their families.

Cyprus is a small society, and people even today want to retain their “good name” and image. So counselors need to be aware and sensitive to clients’ fears of exposure and to (their wish to) maintain confidentiality.

Today the ignorance and prejudice has declined through the huge expansion of the media and the enhanced information to the public about psychological issues and the role of the counselor. The stigma is also less pronounced, and more people come for therapy with a greater variety of problems, including marital problems, extramarital affairs, learning difficulties, sexual problems, etc.

The counselors in Cyprus can have an impact in empowering women to lead a normal life. It is mostly women who visit counselors or psychiatrists, obviously as a consequence of their inferior status in society and their many tensions. For example, they now have to support children and family, be good housewives but also work and possibly become successful in their career. Although women have undertaken more roles today, the truth is that attitudes and beliefs and values change in a much slower fashion.

The counselors can also help men liberate themselves in accepting their weaknesses and limitations along with their strengths, and also in expressing their emotions. Men are the more privileged sex in Cyprus, but their problem is that they do not learn to express themselves and their feelings, putting up a mask of strength.

Counselors are helping shift the focus from mental illness to personal and interpersonal difficulties and thus minimizing the stigma. Although many counselors are now practicing in Cyprus, they are offering to the community the choice of psychotherapy in addition to pharmacotherapy. Through empowerment, self-awareness and the search for solutions to their problems, people are mobilizing their inner resources and building trust in themselves.

The total lack of regulation of the counseling profession so far has allowed large numbers of graduates in related areas to enter the profession. Despite the adverse conditions, there are counselors who offer quality work and attend conferences abroad to improve their understanding of the counseling profession on the island. The recent joining of Cyprus to the European Union will help raise the standards and create professional associations at a faster pace.

The total lack of regulation means that the profession was swarmed by both good and bad counselors. The challenge is how to make the proper distinctions and establish the proper standards so as to safeguard the credibility of the profession in the long run. Another problem we face is that there are very few trained supervisors, so the counselors feel isolated and degraded and lonely in their work. At the same time, this situation leaves space for malpractice. Generally, there is lack of academic and professional stimuli in the country. Very few conferences, training programs or workshops take place. Regulation and the formation of an association would empower and unite counselors and offer them opportunities for further professional development.

I believe counseling is different in Cyprus than in some other countries is that it is a very small island where almost everybody knows everybody else. So counselors here struggle much harder to keep up with the ethical guidelines of the profession. Personal and professional roles are sometimes unintentionally blurred: i.e., it is not uncommon for counselors to meet clients in restaurants or movies, or to be working with more than one family member or a client’s friends.

Kelly Metcalf, school counselor, Saipan, Northern Mariana Islands

Saipan is technically a U.S. commonwealth, but it’s very separated from the “American culture.” With the strong influence of the local culture and the high Asian tourist population, plus many other cultures that are here, it’s really its own country. As far as how counseling is viewed, to those who have been educated in the States, it is much more accepted. To those who have not been educated in the States, their cultural influence makes a big difference on how they view counseling. Even if you’re in the States, I think the understanding of what general counseling is and how it can help is different from school counseling. I think there’s still a lot of confusion in many schools as to what a counselor can do and how that person fits into the educational setting. Every school in the States seems to have its own definition of school counseling, and that is the same for our here. Bottom line, counseling is accepted, but I would say most people really don’t know what it is.

My goal here was to set up a functioning Comprehensive Guidance Program. I realized though that the things I needed to do that weren’t always in place: a functioning communication system, rules, basic ideas of professionalism, etc. I had to take a step back and say, “This is what I have to work with. How can I help my kids with what I can and cannot change?” Counselors give hope. I see myself as a safe haven for students, teachers and parents. A place where you won’t be judged, disciplined or laughed at (but instead) empowered and relieved. I see myself as a medium between people or as a resource for more information. Coun-
Anne Hyde, master’s level counseling student at Seton Hall University (online program), Kenya

Counseling is a relatively new profession in my country. Because Kenya is a collective society, traditionally, problems have been solved at the family and community level. There is still a lot of stigma attached to seeking a counselor. Counseling is associated with AIDS, serious mental problems or substance abuse problems. There are very few people who will admit to seeking a counselor or even think about seeing one for the sort of problems that people see counselors for in the U.S. However, the stigmatization associated with seeing a counselor is gradually eroding. It is ironic in a sense that the one thing that is doing a lot to publicize counseling is AIDS. There is a lot of stigma attached to AIDS, which prevents a lot of people from disclosing their HIV-positive status for fear of social rejection. Due to the heavy toll of the AIDS pandemic on the population, people are encouraged to take HIV tests as a way to better manage their lives if they are infected and to take precaution if they are virus-free. Counseling is offered in centers established around the country known as Voluntary Counseling Testing Centers. These centers have been popularized by non-governmental organizations through both radio and T.V. advertisements. The need created by the AIDS pandemic has led to a mushrooming of counseling schools. Local universities have also recently started offering degrees in school counseling. Because counseling is a relatively new profession in Kenya, there are so many areas in which counselors can make a difference in people’s lives. Kenya faces a lot of problems arising from poverty, disease, substance abuse and gender violence, among many others. Currently, there are no professional school counselors. This role has traditionally been served by teachers. School counselors can be especially helpful to students, especially with their career decisions. The way the school system is set up, students choose the universities they would like to attend and their careers before taking the final national examination, whose results determine whether students will be accepted in a particular program or not. The result is that some students tend to play it safe, and some wind up choosing careers/programs for which they are overqualified. In addition to this are the usual adolescent concerns such as peer pressure, teen pregnancy, substance abuse, family problems, etc. Where people may not be able to afford individual counseling, group therapy — such as meeting people in church — is being used, albeit very minimally, to address problems that affect people in general. There are many issues facing women and the girl-child in Kenya. Such issues include early childhood forced marriages in some communities, high school dropout rates, female genital mutilation, domestic violence, rape, depression, etc. Nairobi Women’s Hospital was established a few years ago to cater to gender violence such as rape and domestic violence. (This hospital also caters to men who have faced sexual violence.) In addition to treatment, these individuals are offered counseling. Alcoholism is also increasingly becoming a concern in Kenya. Yet, there are very few support groups in operation in the country. In other words, there are so many areas in which counselors could impact people’s lives.

Thom Pannobakker, private practitioner, Maasbracht, Netherlands

Being a professional counselor in the Netherlands is still being in the vanguard. The first pioneer who introduced counseling as a therapy in the Netherlands was Wimie Monsma. He started a private practice and was the founder of the SCN Institute. But nowadays counseling is far more extensive. Currently, there are no professional school counselors. This role has traditionally been served by teachers. School counselors can be especially helpful to students, especially with their career decisions. The way the school system is set up, students choose their courses and careers before taking the final national examination, whose results determine whether students will be accepted in a particular program or not. The result is that some students tend to play it safe, and some wind up choosing careers/programs for which they are overqualified. In addition to this are the usual adolescent concerns such as peer pressure, teen pregnancy, substance abuse, family problems, etc. Where people may not be able to afford individual counseling, group therapy — such as meeting people in church — is being used, albeit very minimally, to address problems that affect people in general. There are many issues facing women and the girl-child in Kenya. Such issues include early childhood forced marriages in some communities, high school dropout rates, female genital mutilation, domestic violence, rape, depression, etc. Nairobi Women’s Hospital was established a few years ago to cater to gender violence such as rape and domestic violence. (This hospital also caters to men who have faced sexual violence.) In addition to treatment, these individuals are offered counseling.

Alcoholism is also increasingly becoming a concern in Kenya. Yet, there are very few support groups in operation in the country. In other words, there are so many areas in which counselors could impact people’s lives.
practiced. With sharing our knowledge and our views worldwide, we come to touch countless experiences of the counselor, from which we select what looks most applicable.

Marie-Dominique Le Bouteiller, counselor and psychotherapist practicing in Divonne-les-Bains (near Geneva, Switzerland) and living in Bourgogne, France

There is no equivalent to a counselor in France. No universities offer the kind of training offered in the U.S. The closest equivalent to a counselor is a psychotherapist. Nonetheless, you should know that in France the profession of psychotherapist is not yet regulated.

There has been a developing interest in counseling/psychotherapy in the past few years, although one still has to consider three very different attitudes in regard to therapy:

- Therapy is part of the course for educated people when they feel it is needed and for people well-established economically. Here one can almost say that in large cities, having a therapist is fashionable. It sounds a bit like a Woody Allen movie, but it is a reality we have to take into account!
- For lightly educated people (high school degree or no degree at all except for specific manual training), psychotherapy is still viewed as reserved for the mentally disturbed. There is definitely a stigma attached to the field of psychology, which is quite often confused with that of psychiatry. Nonetheless, once in a while, we do get clients belonging to this category. Most of the time they are referred by a trusted M.D. Still, they go (to great lengths) so no one knows about their visit to the therapist. Such clients are nonetheless extremely keen at working hard on their therapy and are most often absolutely wonderful and often terribly wounded people who (come) to us after having tried every other possible avenue.
- Last but not least, our strongest opponents and critics are psychiatrists. They also receive strong backup from the very members of the government working on defining the field of psychotherapy today. As a whole, they place counselors at the level of cartomanciennes, or people reading cards. They have no trust and obviously no regard for our training and capacities. Not surprisingly, in France 95 percent (if not more) of psychiatrists are exclusively Freudians. The few who are interested in other forms of mental health care (CBT, Jungian, etc.) have unfortunately kept the very same attitude against counselors.

This being said, psychotherapy is more and more accepted by the general public, and it is hoped that one day it will come to be considered in the same way as it is in countries like Switzerland or the U.S.A. Counselors can make a difference in France by being exceedingly professional and serious. The need for people like us exists. We need to become more visible, talk more about our profession and show the general public what kind of work we do. In other words, we need to demystify the profession. We also need to organize more at the local level. Only then will we be able to have a significant impact on the mental health landscape.

The humanity we bring to the field of mental health is probably our biggest asset. To this I would add the space we give our clients (something psychiatrists here have a hard time offering). Life today is often harsh, even if we do not live in developing countries: Competition, job insecurity, relational problems, the world political and economic climate, isolation, etc., all contribute to the (fragility of) individuals. What most need today is a safe place to unload, be listened to and helped by well-trained professionals who are not “frightening” but warm and compassionate.

It is essential for counselors to understand how counseling is practiced elsewhere. First, because as world citizens we have to accept that multiculturalism is more and more a fact in an ever greater number of countries, and we all have to develop a feeling and understanding for this unique condition. And the best way to understand is to listen to the people who are offering information. Books are good, but nothing is better than first-hand accounts and sharing of experience.

Second, I believe that as counselors we can (contribute) to world peace: When our clients experience feeling better because of the help we have provided, they leave having learned that 1) reaching out is worth it and 2) it is OK to ask for help and it is OK to receive it. When through our services our clients define differently their place within themselves, their family or their community, they also define themselves in a larger context where tolerance and understanding of differences are a plus and not a threat. The best way to achieve points 1 and 2 is to be able to share and understand what is happening elsewhere in the field of mental health practice.

Peter Bean, former lecturer in counselling, now in private practice in Adelaide, South Australia

Counselling is becoming more accepted in Australia. There is an explosion of people training to be counsellors but not the same explosion of people requesting counsellors. However, it is more common (compared with 5-7 years ago) for people to seek counselling and not consider a stigma attached to it, while society has not completely embraced it yet. As society continues to emphasize the individual and rights of the individual, more and more people are looking for connection, which unfortunately they no longer find so easily in family, neighbour-hood, church or local community groups. So some are willing to pay for connection, or at least someone who can help them move along the path of connecting with others. Counsellors can also help people to move beyond the medical model, where experts have the answers or where a magic pill will wash away all troubles.

Strengths include increasing standards of training and the growth of umbrella organizations to represent counsellors. An area that needs improvement would be less political fighting between these umbrella organizations. Government recognition of trained counsellors (apart from psychologists) would also be good.

Challenges include making a living, a willingness of people to pay for services (training and experience). It constantly staggeres me that people will pay $200 to service their car regularly but expect help for relational and emotional issues to be cheap, cheap, cheap.

We can all learn from each other, but there are major cultural differences between countries which are often ignored (even between the U.S.A. and Australia). This often detracts from what could be valuable learning experiences. One of the differences in Australia is that brief therapy is brief (one or two sessions); long-term therapy is slightly longer (two or three sessions).
Embracing the deep structure of multicultural counseling

The multicultural counseling movement has taken center stage in the counseling profession. In doing so, it is transforming the way many persons think about their roles as professional helpers and the types of competencies they need to acquire to foster the healthy development of larger numbers of people from diverse groups and backgrounds. While the movement continues to revolutionize the mental health professions in general and the counseling profession in particular, it is disconcerting to note how many people who view themselves as multicultural advocates have lost sight of or perhaps never really understood the deep structure of the multicultural counseling movement. In this month’s column, we discuss that deep structural revolution of the late 1960s and early 1970s. This was a time of great change in the United States, as many traditional social institutions, policies and practices were challenged by people in oppressed groups, especially African-Americans, who took part in the civil rights movement, and feminists, who supported the women’s rights movement. It was during this time that Black counselors and psychologists, as well as feminist advocates and persons from other oppressed groups, described the many ways in which gender, cultural and racial biases were embedded in all the theories of human development, counseling and psychotherapy. The early multicultural and feminist counseling pioneers provided a strong and consistent voice that protested overuse of these theories by helping professionals. These theories were noted to result in ineffective and even harmful psychological outcomes in many instances when utilized among women and persons of color.

The early multicultural-feminist counseling pioneers underscored two major factors to substantiate their arguments. First, many of these pioneers pointed out that the cultural/racial/gender-biased theories were harmful to persons in oppressed groups. The professional practices reflected a set of values, biases, preferences and worldviews that were in conflict with those held by persons from oppressed groups. Persons from oppressed groups were already psychologically vulnerable because of the stresses they experienced in their everyday lives. By imposing their conflicting cultural/racial/gender biases, it was believed that counselors further undermined the individual and collective strengths that women and culturally/racially different persons brought to the counseling setting. This observation led some of the early multicultural counseling pioneers to refer to counselors who insisted on using culturally and racially biased theories in their professional practices as “tools of oppression” and “handmaidens of the status quo.”

That action underscores a second important observation made by pioneers of the multicultural counseling movement. Many counselors, they noted, seemed most interested in helping clients make personal changes that would enable them to more effectively adjust to the status quo. In so doing, it was thought that individuals would experience more satisfying and productive lives within the context of the existing social order. From a multicultural perspective, there is a problem with this biased approach to helping. Namely, many aspects of the status quo are not just; these aspects continue to perpetuate various forms of racism, sexism and cultural oppression that are antithetical to the mental health and psychological well-being of culturally and racially different persons. The consistent assertion that it is unethical to use culturally and racially biased helping theories to assist people in adapting to a status quo that is fundamentally in opposition to their well-being is a key element of the multicultural counseling movement’s deep structure.

Biases built into society

The deep structure of the multicultural counseling movement is grounded in a clear understanding of the various ways in which racism, sexism and other forms of cultural oppression are built into all the social, educational, professional, economic, religious and political institutions that constitute our contemporary society. These forms of cultural oppression are reflected in:

- Increasing levels of racial segregation in housing and public education
- Disproportionate annual incomes of persons from different racial/ethnic groups
- The continued violence that is imposed on women
- Inaccurate and negative ethnic/racial images in the media
- The disproportionate number of persons of color in our nation’s prison system and on death row
- Significant health disparities among persons in different racial groups

This list contains only a few examples; there are many others. From the inception of the movement to the present time, some multicultural counseling advocates have understood how the previously mentioned issues represent deep structural problems that adversely affect the development of millions of people in our society. These individuals also recognize that an extensive and coordinated effort by large numbers of persons in the counseling profession is required to effectively address these complex problems. This understanding has led some persons in the multicultural counseling movement to acknowledge that these structural problems are maintained by what noted Black psychology scholar Asa Hilliard calls “pillars of dominance.” Hilliard points out that these pillars of dominance continue to negatively impact every institution in our society, including the fields of counseling and psychology.

Pillars of dominance

Contrary to what many people would like to believe, the mental health professions have not made the sort of substantial progress that early multicultural counseling pioneers had hoped would occur during the past 35 years. There is no doubt that progress has been made, both in the mental health professions in general and in the counseling profession in particular. This progress has left many counselors pleased with the accomplishments of what is now commonly referred to as the “diversity counseling movement” (a term many counselors seem more comfortable using than “multicultural counseling movement”). Much of the success of the diversity counseling movement is tied to an increasing awareness of, sensitivity to and respect for human diversity. This includes but is not limited to:

- Helping people gain a better understanding of why it is offensive to use culturally and racially offensive terms in public
- Promoting a better understanding of the types of competencies that counselors
need to acquire to work more effectively with persons in diverse groups.  
- Establishing various activities in schools and communities that affirm the cultural integrity of culturally different persons in our society.  
- The tendency of counseling professionals to overgeneralize research findings that are not representative of persons from culturally and racially diverse groups.

Further embracing the deep structure of the multicultural movement

Recently, the American Counseling Association has made significant progress in acknowledging the pillars of dominance that adversely affect the mental health of millions of culturally different and oppressed persons in our nation. This progress involved the advocacy efforts of leaders in Counselors for Social Justice who successfully secured the formal endorsement of the ACA Governing Council for eight multicultural-social justice resolutions. These resolutions acknowledge the adverse impact that ableism, ageism, racism, classism, sexism, heterosexism, religious bigotry, and war and violence have on healthy human development.

The resolutions also state the important role counselors can play in ameliorating these unhealthy pillars of domination. To accomplish this, counselors will have to address the hegemonic structures that sustain these pillars of dominance and, more fundamentally, the hegemonic thinking that undermines the creation and maintenance of these structures.

In doing so, counselors will more fully realize the deep structure of the multicultural counseling movement and more effectively foster the dignity and development of larger numbers of persons from diverse groups than ever before.

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Securing supervision experience for licensure

Q: I have an M.A. degree in community counseling and would like to sit for licensure. However, I am having an extremely difficult time finding a job that provides me the opportunity to accumulate supervised hours in this area. Most of the jobs out here require a license, which I do not have. I am very anxious to begin working so that I might be able to help the mental health community in which I live. I graduated with a 3.8 GPA. If you have any suggestions or know anyone out there who might be able to assist me, please let me know.

A: Yours is not a unique situation. I hear from many new graduates of counseling programs who are having trouble securing appropriate supervision experiences so they can meet licensure requirements. My best advice is this:

1. Contact the program director and/or other faculty from your graduate program to seek assistance in identifying a supervision experience.
2. Contact your state licensure authority. In many cases, it will have a list of approved supervisors in the state that you can contact.
3. If you develop a supervision experience that is your own, it is good idea to clarify it with the state licensure authority to make certain it meets the standards/expectations for licensure.
4. Don’t be surprised if you have to pay for supervision. (Your faculty should be able to clue you in on prevailing rates in your area.) Volunteer work in exchange for supervision may also be an option.

Q: I am currently a graduate counseling student. I would like to start a job in the field before I begin a practicum. Do you have any suggestions as to the best place to “put my foot in the door”? I currently work in the Department of Veterans Affairs but am not sure I want to stay in the federal government.

A: Personally, I think an administrative position in an agency is great experience. As you’ve noted, the “foot in the door” approach is pretty good when it comes to gaining practicum opportunities. In addition, a licensed clinical side is important for anyone who has goals of management or private practice in his or her future. With your government experience, assuming you’ve learned how to navigate federal programs, you would be an asset to many organizations.

Q: I was reading the September issue of Counseling Today, and I noticed an interesting article under the Career Corner. I am both a member of ACA and a graduate student in a counseling program, and I am interested in subscribing to COUNSGRADS. Would you provide me with some information?

A: COUNSGRADS has been developed to help graduate students from across the country communicate with one another. Students can talk about classes, internships, papers and ideas about the profession. Darcy Haag Granello, a counselor educator at the Ohio State University, is the list owner. Questions regarding the listserv can be sent to her at granello.1@osu.edu. To sign up for the listserv, send an e-mail to listserv@lists.acs.ohio-state.edu with the following in the body of the message: subscribe COUNSGRADS (first name) (last name)

For example: subscribe COUNSGRADS janet smith

If you need to unsubscribe to COUNSGRADS, send an e-mail to listproc@lists.acs.ohio-state.edu.

Q: I am Italian but have been living in London for the past nine years, where I have been studying to become a counselor. My partner is American (he is in the U.S. Army). Would you be so kind as to give me some information about finishing my degree in the U.S.A.

A: I have a couple of suggestions for you. First, if you want a good assessment of how your academic credentials will translate into the U.S. educational system or a counselor license, we recommend a review by World Education Services. This organization evaluates any international list of credentials (for a fee) and lets you know where you stand. Contact information: Maybeth Sowa, World Education Services, 202.331.2928, www.wes.org.

Second, since your partner is an American serviceman, you may want to investigate academic programs that cater to service personnel and their dependents. A number of universities provide such programs to military personnel, particularly overseas. The post’s Education Services Officer should be able to connect you with appropriate programs and information, including Army Knowledge Online.

Amy Reece Connelly is ACA’s manager of Career Services. Contact her at accareers@counseling.org.

Medicare nonpayment and the ‘incident to’ provision for counselors

Q: I have interviewed (for employment) with a medical clinic. They would like to hire me. However, the issue of LCPC (master’s degree licensed counselor) nonpayment for Medicare seems to be the roadblock. They seem to have a large percentage of Medicare clients, and they believe they would lose money hiring an LCPC. Help! This is my last effort to seek employment with this medical group. Do you have any ideas?

A: Medicare rules allow payment to LPCPs if they are employed by a psychiatrist under the “incident to” provision. (The following is taken directly from the policy of Medicare management, Wisconsin Physicians Service.) “Incident to” services are defined as “services or supplies furnished as an integral although incidental part of the physician’s personal professional services” (MCM 2050.1). The “incident to” provision also applies to coverage for psychological services furnished “incident to” the professional services of nonphysician practitioners.

For the complete explanation, go to www.imhsca.org/incident.html. Also, we would advise checking the rules in your state and then presenting this information to the employer as reason to hire you. Good luck.

Q: I have had my own practice for the past five years. Recently a colleague received her MSW, and we are interested in creating a partnership. We are unsure how to go about establishing a partnership with my existing practice. Any information or suggestions you could provide would be helpful.

A: Without knowing how your solo practice is presently set up, we can’t say for sure, but let’s assume you are a sole proprietor (not a subchapter S or PC). The simplest and least expensive method is to set up a “joint venture” with your social worker partner. I have been in private practice for 23 years and we have a joint venture.

As I understand it from my accountant, in this type of partnership you and your partner pool a set amount of money to pay for common/shared expenses. From this pool of funds, which are split 50/50, you pay items such as rent, phone, utilities, office help, etc. These expenses are reported on each of your taxes on schedule C. No other income or revenues generated by you or your new partner are commingled, thus each partner’s income is based on production (number of clients treated and fees collected) and not dependent on the other partner. As always, please consult your accountant. Good luck in your new venture.

Q: I am having a difficult time gaining access to managed care companies if a new client wishes to see me and I am not with the managed care company they have any ideas?

A: Yes, we’ve found this to be an effective way to respond to denials. The clinician is usually listed as an “ad hoc” provider with the assigned new provider number. Many times, the clinician is included in the managed care company’s database as a regular provider. More information, including examples of letters, is available on the American Counseling Association’s website (www.counseling.org). Click on “Counsels,” then “Private Practice Pointers,” then “Managed Care Response Templates.”

Editor’s note: The American Counseling Association has partnered with Robert J. Walsh and Norman C. Dassenbrook, authors of The Complete Guide to Private Practice for Mental Health Professionals (see www.counseling-privatepractice.com) to provide information on private practice issues. ACA members can e-mail their questions to walshgasp@aol.com.

In addition, ACA members can access a series of free bulletins on various private practice topics. From the ACA home page at www.counseling.org, click on “Counselors” and then click on “Private Practice Pointers.”
What Young People Need Today Is A Sense Of Direction.

The Air National Guard experience has a way of changing young adults into mature adults. From the day basic training begins, pride and confidence start to build. In the classrooms and on the job, they learn to become leaders. Serving side-by-side with other members of their community, they see that teamwork is the key to success.

They gain skills that will serve them well in the civilian job world. And they can also get the money they need to pay for college. All for serving part-time. Know someone who could benefit by serving in the Air National Guard? Direct them to our web site. Or call 1-800-TO-GO-ANG.
Matching interventions to motivations of college drinkers

Despite efforts to curtail heavy drinking on college campuses in the United States, the high levels of alcohol consumption by college students appear to remain steady. By some definitions, approximately 60% of college students are heavy alcohol users. Interventions for this behavior usually regulate the times and places for drinking, provide punishments for alcohol-related misbehavior and violations, and mandate psychoeducation for offenders. However, a student’s readiness to change is rarely considered in these efforts, even though it is generally accepted that a client’s attitude toward the problem influences which interventions will be most effective.

In the October 2005 issue of the Journal of Addictions and Offender Counseling (pages 22-37), Todd Lewis investigates several motivations behind college drinking, including perceptions of social norms (what friends and typical students usually drink) and stages of change (current feelings and thoughts about one’s own alcohol use and the desirability of change).

Research showed that more ambivalence about one’s alcohol use, combined with perceptions that close friends drink heavily and experience consequences, is associated with a college student’s intensity of alcohol use and consequences. That is, if students witness their friends drinking heavily — even with bad results — they are also likely to be heavy drinkers.

Lewis explains how these results translate into counseling interventions that target students’ motivations more closely than they currently do.

Understanding perimenopause

Women in the United States between the ages of 45 and 55 experience hormonal changes for up to 10 years before menopause in a separate period of the life cycle called perimenopause. Irritability, depression, and anxiety, as well as feelings of loss brought on by entering the second half of life, often spur women in perimenopause to seek help for the emotional side of these changes. But many of these women don’t understand the physical side.

Andrew Daire and Heidi Fairall summarize this occurrence in “Sexuality and Perimenopause: What Counselors Need to Know” in the Fall 2005 issue of ADULTSPAN Journal (pages 105-115). The authors discuss the interaction of emotional, physical, and cultural factors and provide advice on treatment. Their reference list should prove helpful to counselors whose clients come from this age group.

Does the waiting list have to mean goodbye?

Most university counseling centers deal with the high demand for services by assigning some of their clients to waiting lists after the intake session. Jacob Levy, Kenya Thompson-Leonardelli, Nathan Grant Smith and M. Nicole Coleman performed an archival study of 1,461 client records at a large university counseling center to evaluate three potential characteristics of dropout for clients on waiting lists: waits of less than three weeks for counseling services versus waits of more than three weeks, problem types (educational/vocational versus emotional/social) and client race (African-American and European-American, by self-report).

Most clients (73 percent) did return for counseling after being placed on a waiting list. Clients who waited more than three weeks dropped out more frequently than those who waited less than three weeks for counseling services. African-American clients who waited three weeks or less were more likely than their European-American counterparts to drop out. Problem type was not a significant predictor of attrition.

The researchers speculate on several reasons for the racial difference they found. They also list 12 strategies that might help sustain clients’ connection to the counseling center during the waiting period between intake and first session. The study is reported in the Fall 2005 issue of the Journal of College Counseling (pages 107-117).

Counselor generosity touches lives

First, let me thank the many members of the counseling community for your generosity. Your contributions of both time and money have been exemplary. The American Counseling Association Foundation has asked for donations and you have responded as we continue to raise funds this year for the Counselors Care Fund and our other projects, including the Growing Happy and Confident Kids program.

You have been reading about the Counselors Care Fund in a number of issues of Counseling Today in part because so many of us are deeply committed to helping “our own” directly, as well as helping our colleagues provide assistance to the many people suffering from the recent hurricane disasters. I am pleased to note that at its most recent board meeting, the ACA Foundation trustees approved a motion that established the Counselors Care Fund as a permanent part of our activities. While there will unfortunately be other disasters, the ACA Foundation wants to be in a position to help.

We are delighted to provide funds to the worthy activities I have described, as well as a number of other endeavors that benefit many aspects of our profession. But, of course, we need your continued support to do so. I have been touched by the gifts I have had the privilege of receiving this year on behalf of the ACA Foundation. However, we need lots more. Please check the ACA Foundation website at www.counseling.org/foundation and donate — right now while you are thinking about it. Or send a check made out to ACAF in care of Theresa Holmes at ACA headquarters, 5999 Stevenson Ave., Alexandria, VA 22304.

Let me brief you on some of the ACA Foundation’s other projects. The ACA Foundation supports students in the counseling profession in a number of ways, including scholarships to the annual conference and the first timer’s lunch, a special lounge reserved for students in the exhibit area, and the graduate student essay contest. We support other ACA activities by sponsoring events for the ACA Governing Council, the Council of Presidents and Region Chairs, and at the annual leadership development meet- ings. We also support the ACA awards program.

These are ongoing activities of which we are proud. But last year, under the leadership of Clemmie Solomon and the rest of the board, we began a signature project, Growing Happy and Confident Kids. This emotional literacy project is about to be implemented in more than 25 sites, and we are confident we can raise more money to support more sites if we have applications. So check the ACA Foundation website and, if you meet the guidelines, please apply.

As I write this, I am gazing out at a beautiful winter landscape. I have heat, lights, hot water, food to eat and work to do. I have a loving, supportive family and good friends. I am grateful to be so fortunate. And even though I don’t say so very well, I am healthy emotionally and have been able to find good counselors in times of personal need. There are so many who have lost or who never had what I often take for granted. Please help counselors to help these people.

Jane Goodman is chair of the ACA Foundation. She also serves as ACA treasurer and is a past president of the association.
Medicare and counselors: Frequently asked questions

BY SCOTT BARSTOW, CHRISTOPHER CAMPBELL AND BRIAN ALTMAN

At pretime, Congress was still considering budget reconcilia-
tion legislation that included-

language establishing Med-

care coverage of state-licensed professional counselors. Amer-

ican Counseling Association members are strongly encour-

aged to check www.counseling.

org/publicpolicy for updates on the status of this legislation and the possible need for grass-

roots support for this provision. This website and the related website at http://capwiz.com.
counseling will include information regarding members of Congress to contact and sug-
gested messages for discussing the issue.

To help familiarize coun-
selors with both Medicare and the legislative process involved in working to gain recognition of counselors under this pro-
gram, ACA’s Office of Public Policy and Legislation offers a list of “frequently asked ques-
tions (and answers!).

For more information, please contact either Brian Altman (800.347.6647 ext. 242; e-mail: baltman@counseling.org) or Scott Barstow (800.347.6647 ext. 234; e-mail: stopwatch@
counseling.org).

Q: What is Medicare? Who are Medicare’s beneficiaries?
A: Medicare is the federally run and financed health insurance program covering an esti-
mated 40 million older Americans (age 65 and older) and Americans with disabilities. Medicare is the single largest health insurance program in the country. It should not be con-
 fused with Medicaid, the health insurance program for low-

income uninsured children and families funded jointly by states and the federal government. States control their Medicaid programs, including eligibility and benefits criteria, within cer-
tain basic federal guidelines. Congress controls Medicare, although the program is admin-
istered in each state by one or more intermediaries.

Q: How do I get a Medicare provider number?
A: Right now, you can’t. Cur-

rently, psychologists and clini-
cal social workers are the only nonphysician mental health pro-

fessionals covered under the program. Congress writes Medicare’s benefit package. At pretime, Congress had yet to pass (and the president had yet to sign) legislation establishing Medicare coverage of licensed professional counselors. The Senate has passed legisla-
tion establishing Medicare coverage of state-licensed profes-

sional counselors and state-

licensed marriage and family therapists, but this is only the first step in the legislative process. Before any legislation can be enacted, it must be approved in exactly the same text and format by three sepa-
rate entities: the House of Rep-
resentatives, the Senate and the president. (The House and Sen-
ate can enact legislation by overriding the president’s veto, but this is a rare occurrence.)

Q: Since Medicare coverage of counselors has passed the Senate, does this mean it’s going to become law in a certain amount of time?
A: No. The Senate has passed legislative language establish-
ing Medicare coverage of coun-
selors before, but without subse-
quent House approval of the same language. Each chamber (the Senate and the House of Representatives) routinely pass-
es legislation that the other chamber chooses not to ap-

prove. Simply because the Sen-
ate has passed something does-
n’t automatically mean it’s going to become law. In this case, the Senate includ-
ed a counselor coverage provi-
sion in its broad budget recon-
ciliation bill, S. 1932. The House budget reconciliation bill does not include this provision. At pretime, a group of House and Senate members was work-
ing together to reconcile differ-
ences between the two bills. As mentioned previously, before a bill becomes law, the same exact language must be passed by both the House and the Sen-
ate and then be signed by the president. The House and Sen-
ate conferences on the budget rec-

onciliation legislation are work-

ing through a long list of con-
tentious issues. ACA is working alongside the American Mental Health Coun-
selors Association and the American Association for Mar-
riage and Family Therapy to see that the counselor/MFT cover-
age provision is retained in the conference report (the name for the compromise version of the legislation written by the House-Senate conferences) devel-
oped on the budget reconciliation legislation.

Q: If the Medicare language passed by the Senate on coun-
selor coverage is enacted, which counselors would be covered?
A: The provision passed by the Senate would establish Medicare coverage of state-
licensed professional counselors who have obtained the highest level of licensure. Thus, the pro-

vision would not apply to any mental health counselors in states without licensure (Califi-

ornia and Nevada). School counselors would receive reim-
bursement for services provided to Medicaid-insured students (or not cover) under state-
licensed or state-licensed professional counselors. Many— if not most — graduate programs in social work give students as much as a full year of credit for bachelor’s level coursework.

Q: If counselor coverage is enacted, when would it go into effect?
A: Most likely sometime in 2007. Under the legislation passed by the Senate, coverage of state-licensed professional counselors would begin Jan. 1, 2007. However, House and Sen-
ate conferences on the measure could change this date. In addi-
tion, the U.S. Department of Health and Human Services and its Centers for Medicare and Medicaid Services will need time to develop regulations implementing this and any other changes in Medicare law. The regulatory process is sometimes painfully slow.

Q: Would getting Medicare coverage affect reimbursement under Medicaid?
A: Only indirectly. As noted above, states control their Med-
icaid programs and have free reign to cover (or not cover) many services and populations. Under federal law, state Medi-
icaid programs must cover physicians’ services, but they are not required to cover psy-
chologists’ services or those of other nonphysician mental health professionals. Recent budget shortfalls have forced nearly all states to cut back on their Medicaid programs. However, Medicare coverage will help demonstrate to state officials that counseling is a legitimate mental health profes-
sion. This, combined with coun-
selers’ cost-effectiveness, may cause more states to establish or expand coverage of counselors for their Medicaid beneficiaries.

Q: How would this affect private health plans?
A: Again, only indirectly. Changing the benefit package of one of the primary public health insurance programs doesn’t mean that private sec-

tor plans have to change any-
thing. However, they will like-
ly be more inclined to recog-
nize and reimburse licensed professional counselors if they know we’re covered under Medicare. Medicare law pro-
hibits “Medicare+ Choice” managed care plans from discriminating against providers on the basis of their type of license.

Q: How much does Medicare pay?
A: Medicare is not known for its generous reimbursement rates, and one of the major pol-

 icy discussions taking place is the extent to which Medicare’s small payments to providers are leading them to stop seeing Medicare clients. Medicare pays for services through a complex fee schedule that takes into account the difficulty of the service provided, the re-
sources necessary to provide the service and geographic cost factors.

Medicare generally pays 80 percent of the cost of outpatient treatment, with the beneficiary responsible for the remaining 20 percent. However, for out-

patient mental health treatment, Medicare pays only 70 percent of the cost, with the beneficiary responsible for the other half. This inequitable copayment requirement remains unchanged in both the House- and Senate-passed bills. The Senate bill would pay state-licensed professional counselors and marriage and family therapists at the same rates as clinical social workers. If and when this provision is enacted into law, counselors can find out what Medicare payment rates are for outpatient mental health services in their area by contacting their state’s Medicare carrier.

Q: Can I do anything to help Medicare coverage of coun-
selors become law?
A: We think so! As stated previously, either check the ACA website at www.
counseling.org/publicpolicy or contact Brian Altman with ACA’s Office of Public Policy and Legislation at 800.347. 6647 ext. 242 or via e-mail at baltman@counseling.org to get an update on the status of this legislation.

If Congress hasn’t already decided on this issue by the time you receive this issue of Counseling Today, we may need you to contact your Rep-
resentative to ask him or her to contact the respective chairs of the House Ways and Means Committee (Rep. Bill Thomas) and Energy and Commerce Committee (Rep. Joe Barton) to express support for Medicare coverage of licensed profes-
sional counselors.

You can find your Represen-
tative through the ACA Internet Legislative Action Center at http://capwiz.com.counseling. Since the Senate has already approved our provision, we need to focus on getting House
American Counseling Association, Canadian Counselling Association

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Phone: 800-347-6647 x222 (M-F 8 a.m. to 7 p.m. ET)

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Come a day or two early and return home with more practical knowledge, strategies and interventions. Reserve your seat early—these sessions are limited to keep class size small and they fill up quickly!

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• Introductory
• Intermediate
• Advanced
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Daytime sessions: 6 CE hours
Evening sessions: 3 CE hours

Separate Registration fee applies to these Pre-Convention Learning Institutes.

For session description please visit the ACA website at www.counseling.org/convention

Thursday, March 30
Daytime Sessions 9:00 am – 4:30 pm
Challenges Facing Group Leaders: Understanding and Working with Resistance, Diversity Issues
06001 ACA – Intermediate
Quality Wellbeing Through a Balanced Lifestyle – A Focus on Making it Happen
06002 ACA – Comprehensive
The Transformational Nature of Anger: Using Angry Feelings to Facilitate Client Change
06003 ACA – Advanced
Preventing Health Risks and Promoting Healthy Outcomes Among Lesbian, Gay, Bisexual and Questioning Youth
06004 ACA – Comprehensive
Sexual Abuse Counseling Interventions with Diverse Client Populations
06005 ACA – Comprehensive

Foundations of Feminist Therapy
06006 ACA – Intermediate
Working with the Wild Child: Dealing With the Difficult, Traumatized Child and Family
06007 ACA – Comprehensive
Assisting Families in Helping Children and Adolescents Who Have Experienced Loss
06008 ACA – Comprehensive

Practical Techniques for Program Evaluation Using No More Than 6th Grade Math
06009 ACA – Introductory
Lack of Power is No Fun: Using Family Reality Therapy with Cross Cultural Conflicts – Principles and Demonstrations
06010 ACA – Comprehensive

ACA Thursday, March 30
Evening Sessions 5:30 pm – 8:45 pm
When Families Have to Decide: The Counselor and Ethics for End-of-Life Decision Making
06014 ACA Comprehensive
Engaging Men in the Process of Counseling
06015 ACA Comprehensive
Suicide Prevention, Assessment, and Treatment: Practical Assistance for Counselors
06016 ACA Comprehensive
Identifying and Managing Anxiety in School Children: An Evidence-Based Approach
06017 ACA Comprehensive

Utilizing Movies to Learn Multicultural Family Counseling
06018 ACA Comprehensive
Reaching the Tough Adolescent Through Expressive Arts Therapy Groups
06019 ACA Comprehensive
Emotional Intelligence at Work
06020 ACA Introductory
Talking to Jeremy: Counseling Potentially Rampage-Violent Youth
06021 ACA Intermediate
Lesbian Couples/Lesbian Widows
06022 ACA Intermediate
Career Counseling with Urban Students of Poverty: Overcoming Stereotypes to Help Students Achieve Career Success
06023 ACA Comprehensive

Friday, March 31
Daytime Sessions 9:00 am – 4:30 pm
Systemic Treatment Planning for Group Work Specialists: An Initial Multicultural Model for Group Counseling and Psychotherapy
06029 ACA Intermediate
Crisis Counseling 101: Strategic, Systemic Approaches to Assessment and Intervention
06030 ACA Comprehensive
Play Therapy: A Universal Language for Understanding and Helping Children from Diverse Cultures with Diverse Needs
06031 ACA Introductory
The Mind-Body Connection: Establishing Therapeutic Presence with Clients
06032 ACA Comprehensive
Journeys to Professional Excellence: A Workshop to Reflect on and Share Your Own Professional Life
06033 ACA Comprehensive
Psychopharmacology for the Non-Medical Mental Health Practitioner
06034 ACA Comprehensive
Spirituality and Counseling: Discernment of Life Mission Within a Developmental Context
06035 ACA Comprehensive
Cross Training Professional Counselors to Work with Individuals with Concurrent/Dual Disorders: Best Practices
06036 ACA Comprehensive
Intergenerational Couples Counseling: An Intersubjective Perspective
06037 ACA Comprehensive

For session description please visit the ACA website at www.counseling.org/convention

Friday, March 31
Evening Sessions 5:30 pm – 8:45 pm
Conducting Adolescent Peer Support Groups: Theory and Practice
06042 ACA Introductory
Promoting Systemic Change Through Advocacy Competence: Application and Understanding of the ACA Advocacy Competencies
06043 ACA Comprehensive
Give Peace a Chance: Developing and Implementing School-Community Based Violence Prevention Programs
06044 ACA Comprehensive
The Counseling Skills Scale: Training the Counselor, Training the Educator
06045 ACA Comprehensive
Midlife Challenges: What Counselors Need to Know
06046 ACA Comprehensive
Electronic Portfolios Are Replacing Resumes: Are You Ready? Who Benefits More—Individual or the Institution?
06047 ACA Comprehensive
Helper Help Thyself: Addressing Burn-Out and Compassion Fatigue by Implementing Meaningful Stress Management Strategies
06048 ACA Introductory
Helping Wounded Young Men to Heal: Culturally Sensitive Family Counseling with Sexually Abused Boys
06049 ACA Intermediate
Diversity in Spirituality: Implications for Counseling and Psychotherapy
06050 ACA Comprehensive
Understanding Domestic Violence: Implications for Practice
06051 ACA Comprehensive
Canadian and U.S.A. Perspectives on Counseling Multiracial Individual and Intercultural Families
06052 ACA Comprehensive

Student $145/$120 $160/$135 $200/$175

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Inclusion of Substance Abuse Education and Ethical, Theoretical, and Cultural Challenges
Change of Perspective: How it Occurs During Empowering Couples and Families: An Exploration of Counselor Trainee Value Orientation: Fostering Professional Development in supervision and Counselor Education

Counselor Education and Supervision Academy

An Evidence-Based Practice Approach to School Counselor Education
Teaching and Learning in Counselor Education: Perspectives of Students and Faculty in a M.Ed. Counseling Program
Gatekeeping and Admissions Practices in Doctoral Counselor Education: Where Are We Now?
Counseling Students' Perceptions and Knowledge of Multi-Media Instruction Including Deaf and Hard of Hearing Students in the Counseling Practicum: A Case Study for Breaking Assumptions
When a Student Fails and Other Personal Perils for Counselor Educators
Professional Counselor Development: Beyond Academia
The Reality of Infusing Diversity into the Curriculum: Creative Approaches to Address the Challenge
Ethical and Culturally Competent Training in Diagnosis
Surviving Comprehensive Exams: Doctoral Students' Perspectives
Exploration of Counselor Trainer Value Orientation: Fostering Professional Development in supervision and Counselor Education

Empowering Couples and Families: An Examination of Premarital Counseling Training in Counselor Education Programs
Senior Faculty Reflect on Best and Most Creative Moments: A Symposium for Faculty, Supervisors, and Students
Real Scenarios: A Classroom Training Approach to Increase Multicultural Competence
Russian and American Counseling Students: How do They Choose a Counseling Theory?
Change of Perspective: How it Occurs During Internship
Stressed Out? A Stress Management Course Outline for Graduate Level Counseling Students
When Beliefs Collide: Using Role Play to Confront the Conservative Christian Values of Counselors-In-Training
Ethical, Theoretical, and Cultural Challenges of Counselors-In-Training Working with Incarcerated Youth and Their Families
Inclusion of Substance Abuse Education and Training in CACREP-Accredited Programs
Integrating Spirituality Into Counselor Education: The State of the Art

Diversity and Multicultural Issues Academy

Can We Talk! Informing Culturally Competent Practice Through Cross Cultural Communication
Ethnic Minority Counselors as Cultural Brokers: Using the Self as an Instrument to Bridge the Gap
Crossing the River with Recent Immigrants to the United States
Mexican and Mexican Americans: Implications for Working with Bi-Cultural Hispanic Families
Intra-Family Multiculturalism: Family-Focused Strategies for Counseling Multicultural Children
The Absence of the Black Father in the Family: Implications on the Daughter
 Differences Between Asian and Western Counselors in Establishing Initial Relationships with Clients
Understanding the Impact of Parental Migration on Children: Lessons for Counselors From the Jamaican Experience
An Introduction to Counseling Native American Students
He Said, She Said: Navigating Intercultural Parenthood
The Art of Madness: Working with the Extraordinarily Creative
Gay Men and the Rise of Body Dissatisfaction and Eating Disorders: Strategies for Assessment and Counseling
Cultural Crossroads: The Impact of Structural Violence on the Counseling Relationship
Chosen Females in America and Taiwan: Pondering Divorce: Counseling Methods Affirming Invisibles Identities in Counseling Multicultural Individuals
Operationalizing the Multicultural Competencies: Culture Centered Work with Arab Americans
A Research-Based Study Using the IDI, an Instrument Measuring People's Basic Orientations Toward Cultural Difference
Cultural Kaleidoscope: Exploring Issues of Bias, Bigness, Racism and Leadership with High School Youth
Diversity in Counseling: Where are the White Ethics?
Refugees, Immigrants, and International Students: Implications and Guidelines for Counselors and Counselor Educators
Counseling West Indian Students: An Overdue Accent on Developing Psycho-educational Groups

Mental Health/Private Practice Academy

Counseling and Delivery Models: Enhancing Rainbow Feelings of Relevance in Times of Crisis
The Impact of Hurricane Stress: An Examination of Cuba's Response to the 2004 Hurricane Season
Self-Injurious Behaviors: What School and Mental Health Counselors Are Saying
Cybersex, An Ugly Part of the Internet
The Client Who Changed Me: Reciprocal Effects in Counseling Relationships
Illness as Journey: What Counselors Should Know
Adlerian Psychotherapy: Brief, Integrative and Effective
Working with Diverse Dissociative Disorders in the Clinic
The Role of Counseling in Helping Soldiers Returning from War and Their Families:
An In-Depth Look at Reintegration Training
The Use of Humor in Counseling and Counselor Education: Positives, Negatives, and How to Make It Work for You
Sand Play Therapy with US Soldiers Diagnosed With PTSD and Their Families
Treatment Planning and the Revised Stage of Change Model
Counseling Victims of Crime Within a Law Enforcement Setting: An Innovative Vic-tims' Course
Creating Healthy Workplaces
Maintaining Career Satisfaction in the Counseling Profession: Through Self Exploration
Telehealth Services: New Hope for People at the “End of the Road”
Short-Term Therapy for Anger Management Beyond the Blunt Individual Strategies for Helping Adolescents Deal with Depression Counseling Soldiers in a Combat Zone: A Summary of Symptoms, Disorders Diagnosed, Treatments, and Utilization
An Uphill Climb: Responding to Intimate Partner Abuse in Rural Communities
Pawtowe Pets: Techniques for Working with Your Pet or Co-Therapy in Counseling
DSM-IV-TR for Counselors: Basics for a Positive Multicultural Approach to Assessment, Case Conceptualization, and Supervision
What Clinicians Should Know About Addiction: The Historical, Symbolic, and Modern Context of Being an Addict
Music and Metaphor in the Counseling Process

Counseling and Supervision Academy

DSM-IV-TR for Counselors: Basics for a Positive Multicultural Approach to Assessment, Case Conceptualization, and Supervision
What Clinicians Should Know About Addiction: The Historical, Symbolic, and Modern Context of Being an Addict
Music and Metaphor in the Counseling Process

Make your hotel reservations now!

The Montreal Housing Bureau will handle all hotel reservations for the 2006 convention. If you call the hotel directly, you will not receive the ACA/CCA discounted rate.

Five ways to reserve your room:
1. Online through ACA Web site: www.counseling.org/convention
Click on Travel and Accommodations
2. Online through Montreal Housing Bureau: www.tourisme-montreal.org/housing/ACA2006
3. E-mail: reservation@tourisme-montreal.org
5. Fax: 514-844-6771

ACA/CCA will be using the following hotels:

**Hotel Name** | **Rate**
--- | ---
Le Centre Sheraton Hotel (ACA headquarters) | $169 CAD
Marriott Chateau Champlain (CCA headquarters) | $165 CAD
Hyatt Regency Montreal Centre | $165 CAD
Hilton Montreal Bonaventure | $165 CAD
Holiday Inn Select Montreal | $165 CAD

The listing above is a representative sample.
The purpose of the American Counseling Association Graduate Student Ethics Case Study Competition is to support the ACA Ethics Committee’s charge to help educate members of the association regarding ethical issues. The competition engages graduate counseling students (master’s and doctoral level) in critically analyzing a potential ethical case and creating an appropriate ethical decision-making plan to respond to the ethical situation.

The ACA Ethics Committee will begin accepting registrations for its second annual virtual case study competition for master’s and doctoral level students in counselor education programs beginning Feb. 1. The registration deadline is noon Eastern time on Feb. 15.

Team structure and rules
Members of the Ethics Committee will create two mock ethical scenarios, one for master’s students and one for doctoral students, with each addressing a current ethical issue facing the counseling profession. Teams may be composed of three to four master’s students or three to four doctoral students enrolled in the same counselor education program. Master’s and doctoral student teams will be judged in two separate categories. Each team must also have a faculty member to serve as an administrative contact person for the institution. Other pertinent information regarding team structure and rules:

1. Each counselor education program will be allowed to enter only one team of master’s level students (i.e., programs may not have two teams of students from different specialty areas) and one team of doctoral level students in the competition.
2. Each team member must currently be enrolled (in good standing) in a master’s or doctoral level program in counselor education and also be enrolled for the spring 2006 term for a minimum of three credits.
3. Each team member must be a member of ACA (team members may submit membership application online when they submit their competition registration forms).
4. Teams should utilize the 2005 ACA Code of Ethics and information from relevant counseling literature for their case study responses.
5. Utilization of outside sources, websites, articles, etc., is encouraged for the case study, but graduate student team members may not consult with anyone outside of their case study team, including their faculty contact or other members of their faculty.

Registration and submissions
Teams must complete an online application by noon Eastern time on Feb. 15. Further information and registration forms will be available after Jan. 27 on ACA’s website at www.counseling.org. Each team will designate a contact person. After teams have registered, the primary contact person listed for each team will receive further instructions on accessing the appropriate case study and submitting responses to the case study. Team members will be able to access the case scenario on Feb. 24. Completed responses to the case study must be submitted by midnight Eastern time on March 22.

Student teams are to present their responses to the case study in a brief paper (maximum of 15 pages) addressing the details of the case. Teams should clearly identify what they believe the dilemma to be, the proposed action they would take in this case (i.e., what they believe are the most ethical actions) and the justification for their proposed action(s), and provide a description of the model used to arrive at that decision. The decision-making model should be one that has been discussed in the professional literature, and team members are to offer a rationale regarding why they chose to apply that model to the case study.

Teams should cite appropriate literature and must give proper credit to the authors of any decision-making models used to analyze the case. Team members are to cite any sections of the 2005 ACA Code of Ethics (and may include other ethical guidelines) that they considered.

The role played by the ACA Ethics Committee
In addition to creating one case study for master’s level teams and one case study for doctoral level teams, ACA Ethics Committee members will serve as judges for the competition. Ethics Committee members may not serve as the faculty contact for teams from their institutions. Furthermore, should an Ethics Committee member be associated with an institution that registers a student team for the competition, that Ethics Committee member will recuse herself or himself from judging that particular project.

Prize awards
Prizes will be awarded to recognize the top two master’s teams and top two doctoral teams. In addition, one master’s team and one doctoral team will receive an honorable mention. The names and institutions of the winning master’s and doctoral teams will be published in Counseling Today and posted online. In addition, the winning responses will be posted online.

First place prize: Each team member will receive a $75 gift certificate to the ACA Bookstore and a framed certificate.
Second place prize: Each team member will receive a $25 gift certificate to the ACA Bookstore and a framed certificate.
Honorable mention: Each team member will receive a certificate.

Timeline
- The deadline for team registration is Feb. 15 (there is no fee to register).
- The cases will be available to teams on Feb. 24.
- The case submission deadline is March 22.
- The judges’ decisions will be made April 24.

If you have questions about the competition, contact ACA Ethics Committee Co-Chairs Harriet L. Glossoff (hglonsoff@virginia.edu) or Samuel Sanabria (ssanabria@argosy.edu). If you have questions regarding technical aspects of the competition (e.g., problems with registering online), contact ACA Ethics Committee staff liaison Larry Freeman at Larry.Freeman@argosy.edu.

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Author and educator Herring dies at age 61

UALR professor wrote extensively on both multicultural, Native American issues

Roger Herring, professor emeritus of counselor education at the University of Arkansas-Little Rock, an American Counseling Association author and a noted authority on multicultural and Native American issues in counseling, died Nov. 8, 2005, in Laumbug, N.C. He was 61. Herring taught at Arkansas-Little Rock from July 1989 until his departure last summer. “The focus of his higher education career was to promote greater awareness of and appreciation for the needs of our ethnically and culturally diverse population with a particular emphasis on Native American Indians, his own cultural background,” said Keith B. Runion, a professor in the Department of Counseling, Adult and Rehabilitation Education at UALR. Runion said Herring was a member of the Catawba tribe.

During his time at UALR, Herring also proved to be a prolific writer. He authored two books for ACA — Multicultural Counseling in Schools: A Synergistic Approach and Career Counseling in Schools: Multicultural and Developmental Perspectives. He was also well-known in counseling circles for authoring two other books, Counseling With Native American Indians and Alaska Natives and Counseling Diverse Ethnic Youth: Synergistic Strategies and Interventions for School Counselors. In addition, he co-authored a book of poetry, Corners of the Heart, with Vada L. Singletary. His love of writing also carried over to journal articles. “To give you a sense of just how productive he was,” Runion said, “he published, by my admittedly incomplete count, at least 66 articles or contributions to edited works. He is having at least one article published posthumously. … One element of all this publishing that Roger was tremendously proud of was how often he was cited by other authors. Once again, by my assuredly incomplete count, this occurred at least 87 times. Many of the authors are principal writers in the field of counseling.” In addition, Herring had previously served as editor of the Journal of Humanistic Counseling, Education and Development, published by the Counseling Association for Humanistic Education and Development, and was a member of the ACA Publications Committee.

“Roger was able to write about things that were meaningful to readers because he wrote about things that were meaningful to him,” said Earl J. Ginter, consulting editor for ACA’s Journal of Counseling & Development. “Early in Roger’s life, he was driven to understand who he was,” which initially led him to seek affiliation with his mother’s Cherokee tribe. At an early age Roger became acutely aware of the profound effects of racial and class discrimination, and as a result dedicated his life to helping adolescents, and others, expected to lose in a conflict because of social or political injustice. Roger is a wonderful example of how looking inward can lead one to discover a reason for writing. These are the types of writers who leave a lasting mark on the professional literature.”

Judy Bryant, a retired Little Rock elementary school counselor and a student in the first class that Herring taught at UALR, offered another perspective. “Writing fulfilled Roger’s intellectual needs, but his interaction with his students was the true highlight of his professional life,” she said. “When Roger lectured in class, he did not speak from prepared notes; he spoke from a depth of wisdom and experience that were unique to his worldview. He engaged each student verbally so that he could encourage us in our needed areas of growth.”

Bryant and her husband later became close friends with Herring and his wife, Cyndi, spending many holidays together and camping together. “Roger was always the consummate teacher,” she said. “His life modeled his message that all people are to be valued for their uniqueness. But most of all he taught me how to be a true friend.”

Herring also took on various leadership roles, including serving as president of the Association for Multicultural Counseling and Development, the Arkansas Association for Multicultural Counseling and the Arkansas Association for Counselor Education and Supervision. He was also instrumental in efforts to establish a Native American vice president within AMCD and went on to serve in that capacity.

“I have known hundreds of ACA members over my 30-plus years with the association, and there is nobody I respected or trusted more than Roger,” said Janet Wind Walker Jones, a former Native American vice president in AMCD. “In my experience, he was a man of deep convictions and very private ways. He lived his beliefs and honored his ancestors and his people every day. He steadfastly walked the path of his people and his convictions, and constantly did things for others without calling attention to himself for it.”

She continued, “Roger gave all that he had within him to his students, his readers, his professional colleagues and his friends. All he asked for in return was honesty and integrity in what others said and did. He was multicultural within himself and very proud of his native ancestry, just as I am. He worked tirelessly for native people, for social justice in the world, and for social justice and multicultural awareness in the counseling profession. … He walked his path true to the end, left much good behind and sits in a seat of great honor with his ancestors.”

John Joseph Peregoy, an assistant professor in the Department of Counseling, Leadership, Adult and Higher Education at Morehead State University, also formed a bond with Herring. “It was in Pittsburgh for the ACA Conference in the 1990s when they first met, Peregoy said. “We both were at an AMCD mixer and just kind of ran into each other, both smoking tobacco. We eyed each other to see if there was any recognition. We introduced ourselves and by course talked Indian issues. But before we got to the topical discussion, and after I introduced myself, he said, ‘Oh, you wrote ‘Stress and the Sheepskin’ (the title of my dissertation). You did a real nice job on it.’ Well, let me tell you, as a new Ph.D. at the time, I was impressed that anybody read it, let alone Roger Herring, a pioneer in championing issues of American Indian mental health and school counseling issues. “Since that time, Roger and I had developed a good working relationship, valuing each other’s opinions on professional issues, issues in Indian country and simply the mundane. I will miss him. I have smoked the pipe and prayed for his spirit’s journey to the other side. He has had an impact on many people in ACA and in AMCD. His legacy will live on.”

Herring was the recipient of numerous awards throughout his career, including the ACA Research Award in 1999 and the Counselors for Social Justice ‘Ohana Award for his efforts in the area of cross-cultural counseling in 1993.

“As you can readily see, Roger was not only a prolific writer,” Runion said. “He was also extensively involved in his teaching, presenting, service to his professional organizations and his academic community, and service to his personal community of Native American Indians. He will be sorely missed not only for his professional contributions but also for all his contributions to his university community, to native-born communities and, most importantly of all, missed as a friend.”

Said Ginter, “I want to end by saying that Roger taught me the importance of perseverance. That embracing a purpose in life and then approaching that purpose with steady persistence enables one to withstand many of the difficulties, discouragements and obstacles associated with being human. And most important, this approach to life can enable us to reveal what has been referred to as the ‘better angels of our nature.’”

Herring’s surviving family members include his wife, Cynthia Maughn Herring; his mother, Willie Mae Herring; a daughter, Cassandra Ford; and a sister, Judy Herring Wallace.
Pinson-Millburn, ACA former assistant executive director, passes away

Made major contributions in areas of career development, counseling education advocacy and counseling legislation

Nancy M. Pinson-Millburn, 78, a nationally known counseling executive and consultant, died of cancer-related complications on Nov. 24, 2005, at the Kline Hospice House in Mount Airy, Md.

Before retiring in 1994, she served as a senior counselor to the Center of Human Services Development at the University of Maryland-College Park, where she worked to recognize and support the growing number of grandparents and other kinship caregivers nationwide who are raising their grandchildren due to parental failure, neglect or illness. Previously, she had served for seven years as an assistant executive director at the American Counseling Association, where she had responsibility for eight professional departments.

Earlier in her career, Pinson-Millburn had worked for the state of Maryland in vocational guidance and research, training counselors and educators in the state’s 24 school systems. Following her 11-year tenure in state government, she worked at the University of Maryland, where she was program director for all U.S. Region III rehabilitation training programs. She held principal responsibility for a major national study of blindness and visual services, with emphasis on affected residents in Pennsylvania. The study’s findings and related reports are still being utilized as baselines for current research with these populations.

Pinson-Millburn came on board at ACA (then the American Personnel and Guidance Association and later the American Association for Counseling and Development) as an Institute for Education and Learning intern under former Executive Director Chuck Lewis. “She had a deep commitment to everything she was doing,” Lewis remembers. “I can’t say it enough, she was exceptionally bright. She was an outstanding person.”

When Joe McDonough became the association’s executive director, he chose Pinson-Millburn as an assistant executive director. “I found her to be a very capable person and one I’m going to miss,” McDonough said. “She was a person who got things done. I think she was very esteemed by her colleagues everywhere that she worked.” That esteem was a result not only of her knowledge and ability, he said, but of the way she treated people. “She cared a lot about the people who worked for her and paid attention to what they said,” McDonough related. “She was an extremely caring person.

That was one of her best attributes. It would be hard to find a person who would say anything negative about her.” Nettie Baldwin, who worked side-by-side with Pinson-Millburn in the early nineties as an assistant executive director at ACA, also remembers how well her former colleague related to others. “Beyond her accomplishment as a scholar and researcher,” Baldwin said, “Nancy had people skills. She had those qualities that reached out to people. She was always accepting, inviting and encouraging. You respected her, and she respected you. That crossed all barriers.”

Baldwin also recalled Pinson-Millburn’s love of dance and the special relationship she shared with her husband, George Millburn. “Nancy had a spirit about her,” Baldwin said. “She seemed to be very happy. She just knew how to live. She also was a person who had the courage to speak out about what she believed, and she took risks.”

Pinson-Millburn coauthored and edited eight books and numerous journal articles about counseling, supervision and career development. She traveled extensively and was active internationally as a spokesperson for responsible and ethical counseling practice. Her advocacy for policy supporting underserved populations led to national legislation ensuring the inclusion of counseling services in many federally funded educational programs. Among the commendations she received were eight awards from her professional colleagues and citations from the U.S. Department of Education, the Public Broadcasting System, Pi Lambda Theta, Who’s Who in the East and the Institute for Educational Leadership.

She was a national board-certified counselor with Maryland licensure and a member of ACA, the American Psychological Association and the National Mental Health Association. She also served on the editorial boards of three American counseling journals and one international journal based in the Netherlands.

Pinson-Millburn, a resident of Frederick, Md., and Venice, Fla., was born on Dec. 17, 1926, in Newtonville, Mass. She graduated from Florida State University before pursuing positions in education, including as a physical education and modern dance teacher at the Washington Cathedral School for Girls. She later earned her master’s and doctorate of philosophy in counseling from the University of Maryland College of Education in 1970 and 1977, respectively. Naturally creative, she was an artist and painter. She loved reading, movies and music, and was an avid swimmer and diver who once was featured in an old-time newsreel film.

Niel Carey came to value Pinson-Millburn as a friend and colleague during his time as the state coordinator of career education in Maryland and later as the first executive director of the National Career Development Association. In particular, he recalled her work as a member of the Maryland State Department of Education’s career education team. Pinson-Millburn played a major role in planning and producing the Maryland TV series Calling Careers, he said, and contributed to several important career education publications, including Career Education: What It Is and How to Do It. “Maryland’s career education program received national recognition,” Carey said, “and Nancy’s diligent and creative work was clearly a major factor in that success.”

“When I became NCDA’s executive director and was given the responsibility for establishing an NCDA office at ACA headquarters,” Carey continued, “Nancy became a constant source of information, encouragement and support. Her door was always open, and her expertise in matters related to legislation, ethics, certification, accreditation or publications was impressive and very helpful. … For me, Nancy Pinson-Millburn will serve as a role model of the dedicated counseling professional whose work and service has had a major positive impact on our profession, on those we serve and on the lives of her friends and colleagues.”

“If it were not for Nancy,” said Lee Richmond, a past president of ACA, “I would never have gotten involved in NCDA, ACA, NBCC, CACREP, etc. She did the same for so many.” Richmond and Pinson-Millburn also teamed up (along with Michael Bender) on the book Careers, Computers and the Handicapped, “Mike and I needed someone who could really edit and really write,” Richmond said. “Nancy was that person.”

“Here is what I know of Nancy,” Richmond continued. “She was not only intelligent, but also sharp. She could be fearless. She enjoyed giving others a leg up, and she loved the counseling profession.”

Pinson-Millburn also treasured her relationships, both personal and professional, said Nancy K. Schlossberg, professor emerita in the Department of Counseling and Personnel Services at the University of Maryland and author of...
I)

Classified Ad: Category: Calendar; Merchandise & Services; Business Opportunities; Educational Programs; Books; Call for Programs/Papers; and others upon request.
Rating: Standard in-column format: $80.00 per line based on 30 characters per line. Five-line minimum ($42.50). Display Classified Ad: $80 per column inch. All rates include listing the ad on C'Tonline. We can create your Display Classified ad with a box and a logo for $40. Classified ads are not commissionable and are billed at a net rate upon publication.

II)

Employment Classified Ad: Categories include Positions Available and Position Wanted. Ads are listed as: International, National by State, then by Institution. Rating: Standard in-column format: $9 per line based on 30 characters per line. Ten-line ($90) minimum. Display Classified Ads: For ads smaller than 1/8 page, a column inch rate of $80 applies. Employed or classified ad with a box and a logo for $40. We can create your Display Classified ad with a box and a logo for $40. Classified ads are not commissionable and are billed at a net rate upon publication.

III)

ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only. Please see the online Career Center to place your resume online at no charge.

IV)

Deadline: Vary per issue. Contact Kathy Maguire at 317.873.1800 or kmaguire@counseling.org for further details.

V)

Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org. Phone: 317.873.1800. Fax: 317.873.1899.

VI)

Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their values or authenticity. The publication of any advertisement in Counseling Today is in no way an endorsement by ACA of the ads or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that an ad or service has been advertised in any ACA publication. ACA reserves the right to edit all ads; editorial documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made neither in advertisements nor for the specific position title or wording of any particular position listed in employment classified ads.
ical & administrative positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Morenci and Douglas for MA, MSW, & CSAC. Call our job line at (800) 841-0590 or email a position at SEABHS, HR Dept., 489 N. Arroyo Blvd., Nogales, AZ 85621; (520) 287-4713 or fax (520) 287-4717.

ARKANSAS

University of Arkansas at Little Rock
Tenure Track Assistant/Associate Professor

The Department of Counseling, Adult and Rehabilitation Education (CARE) invite applications for a tenure-track position in Counselor Education. POSITION DESCRIPTION: This is a full-time position in the Department of Counseling, Adult and Rehabilitation Education (CARE) that will be available, Fall, 2005. Review of applications will begin July 14 with the intent of starting the position fall semester, which begins August 15. Review of applications will continue until the position is filled. The Counseling Education program is NCATE accredited. Responsibilities include teaching graduate courses in the School Counseling master's program. Additional responsibilities include program development and implementation (MA program); demonstration of scholarship; development of university/school partnerships; service to the community, university, and professional organizations. QUALIFICATIONS: Required: Doctorate from an accredited institution in Counselor Education and Supervision or closely related degree with experience as a secondary school counselor. Preferred: Teaching and counseling experience (secondary) in public schools (minimum two years in each area); Graduate from a CACREP program; Membership in ACA and ACES; Experience with ethnically and culturally diverse populations; Licensed or license eligible in Arkansas; Strong interpersonal skills; Experience with current technology; Experience in Community or Mental Health setting; Knowledgeable in national trends. UALR offers a competitive benefits package commensurate with background and experience. The position will remain open until filled.

COLORADO

ADAMS STATE
Assistant/Associate Professor

A tenure-track Assistant/Associate Professor in Counseling in a CACREP program. Start Fall 2006. PhD/EdD in counseling or related field (ABD considered). The Department offers MA's in Community and School Counseling. The successful candidate will be a generalist who can teach a broad range of counseling courses face-to-face and online, supervise Practica/Internships; advise graduate students, develop a research interest, and serve on committees. Experience in the addiction field required. Travel to week ends and week nights required. Review of applications will begin February 14, 2006 and continue until the position is filled. http://www2.adams.edu/administra tion/hr/administrative/administrative.php for more information.

UNIVERSITY OF COLORADO AT DENVER AND HEALTH SCIENCES CENTER SCHOOL COUNSELING

Two Positions

Open-Rank, Tenure Track Positions: the School of Education & Human Development seeks two faculty members with teaching and research expertise in school counseling in urban schools, with leadership responsibilities for the school strand of the Counseling Psychology and Counseling Education program. See http://soe.cudenver.edu and click on Faculty Positions for full position descriptions and application procedures or call 303-556-3041. Application review begins Dec. 5, 2005 and will continue until the position is filled. Positions begin in August 2006. The University of Colorado is committed to diversity among its faculty and staff. Under Colorado law, all applications are subject to disclosure. Persons hired must have proof of legal authority to work in the United States.

UNIVERSITY OF NORTHERN COLORADO

Director of School of Applied Psychology and Counseling Education

The University of Northern Colorado invites applications for a School Director position at the rank of associate or full professor. This 12 month tenure-track position begins July 1, 2006. Applicants must hold a doctorate in counseling psychology, school psychology, or counselor education; must have held a faculty position at the rank of associate or full professor; held a leadership or administrative position in an academic setting; be familiar with CACREP, APA and NASP standards, and be licensed or license eligible in Colorado. The ideal candidate will have an appreciation for working across disciplines, success in obtaining external funds, administrative and budget experience at the rank of chair or higher, and a commitment to diversity. Duties include administration of seven nationally accredited graduate programs, limited graduate level teaching, and working closely with college and university administration. Salary is negotiable. Review of applications will begin January 15, 2006, and will continue until position is filled. For a complete vacancy description go to http://www.ucollege.edu/cebs/news/vacancy_82042.htm . Interested applicants should send a letter of application, three letters of recommendation, curriculum vitae, graduate transcripts, and recently published articles to Search Committee Chair, School of Applied Psychology and Counseling Education, Dean’s Office, College of Education & Behavioral Sciences, McKee Hall 125, Box 106, University of Northern Colorado, Greeley, Colorado 80639. UNC is an Affirmative Action Equal Employment Opportunity Employer and is committed to fostering diversity in its student body, faculty and staff. Additional preferred skills: bilingual, experience with teens/families, psychodynamic orientation. Send resume to: A&S Psych Consulting Attn: Applications, 1101 Lake St, Ste 404, Oak Park, IL 60302

CHICAGO STATE UNIVERSITY
Assistant/Associate Professor

Department of Psychology-Counseling Graduate Program is seeking to fill one tenure track position at the Assistant/Associate Professor level, beginning August 2006. All applicants should have an earned doctorate in Counselor Education or related field. Preference will be given to candidates from a CACREP approved program, individuals with experience in School Counseling and evidence of research/giant writing. Applicants should have experience with students from diverse backgrounds and be actively involved with professional counseling organizations. The position will include teaching graduate courses, course development, involvement in area of specialization and other graduate program support activities. Applications from minorities and women are strongly encouraged. To ensure consideration, applications received by March 7, 2006.

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Group practice seeks licensed psychotherapist (LCPC, LCSW or Psychologist). F/T or P/T. Work in two offices: Oak Park and SW-Side Chicago. Must be experienced with adults. Additional preferred skills: bilingual, experience with teens/families, psychodynamic orientation. Send resume to: A&S Psych Consulting, Attn: Applications, 1101 Lake St, Ste 404, Oak Park, IL 60302

FLORIDA

ARGOSY UNIVERSITY – TAMPA
Program Chair, Counselor Education

Argosy University-Tampa is pleased to announce a position opening for Program Chair of its Counseling program. Responsibilities will include: administrative and academic oversight of the three Master’s degree programs (Mental Health Counseling, Marriage and Family, & School/Guidance) as well as a BA completion program, faculty hiring and evaluation, curriculum development, accreditation, advising, supervising student research, and teaching. Required qualifications include: a Doctorate degree in Counseling or a closely related field, strong professional identity as a Professional Counselor, teaching and administration experience at the graduate level, preferably from a CACREP accredited program, at least six years of postdoctoral experience, and demonstration of leadership experience in counseling. Ability to advance the department’s goals of seeking CACREP accreditation and developing an Ed.D. program are important. Candidates should also be licensed or license eligible in Florida. Salary and rank will depend on the candidate’s qualifications and experience. We are committed to racial, cultural, and gender diversity among our faculty and student body. Minority-group candidates are strongly urged to apply. Review of applications will begin immediately and continue until the position is filled. Please submit a letter of interest including a statement of training philosophy, areas of teaching competence, vita, and three professional references to: Director of Human Resources, Argosy University Tampa, 4400 83rd Avenue, Himes Avenue, Suite 150, Tampa, Florida 33614. Fax: 813-873-2171. e-mail: jwoolsey@edm.coe.fau.edu

FLORIDA ATLANTIC UNIVERSITY
Senior Faculty Position

The Department of Counseling Education is offering a tenure-track Associate/Full Professor position primarily to teach and supervise in its Ph.D. program beginning in August, 2006. The position requires an earned doctorate in counselor education or related field, experience teaching doctoral level courses, and having dissertations. Salary is competitive. Review of applications will begin on January 16, 2006 and continue until the position is filled. Information about the dept. and the Ph.D. program can be found at: www.coe.fau.edu/counsel/default1.htm

FLORIDA

department of psychology

cover letter, vitae, a statement of research and teaching interests and experience with directing dissertations, along with the contact information for three professional references to: The Department of Counseling Education, Florida Atlantic University, 777 Glades Road, P.O. Box 3091, Boca Raton, FL 33431-0991, Attn: Len Sperry or Paul R. Peluso, Search Committee Co-Chairs. Call Len Sperry at (561) 297-4858 or Paul R. Peluso at (561) 297-5968. Position would require the ability to pass security clearance in service area school districts. FAU is an EEO/Equal Opportunity employer.
ACT Summer Internship Program

ACT annually conducts an eight-week summer internship program for outstanding doctoral students interested in careers related to assessment. In 2006, the program will run from June 5 through July 28 at the Associated Colleges of the Twin Cities, Minneapolis, MN. The program is designed to provide interns with opportunities to gain experience and develop professional skills in areas related to counseling and assessment.

The program consists of a 40-hour work week, with interns assigned to one of the three main areas of the United States:

1. Educational & Social Research
2. Industrial/Organizational Psychology
3. Career & Vocational Psychology

Interns will work on projects for the Department of Counseling and receive training in research methods and data analysis.

For more information, please contact Adrienne L. Jorgensen, Ph.D., Senior Psychologist, at (612) 262-5470 or ajorgensen@act.org.

MINNESOTA STATE UNIVERSITY, MANHATTAN
Assistant Professor
The Department of Counseling and Psychology invites applications for the position of Assistant Professor of Counseling, to begin August 2006. The ideal candidate will have a doctorate in counseling psychology or a closely related field and be able to teach in a CACREP-accredited counseling program.

MINNESOTA

MINNESOTA STATE UNIVERSITY, MANHATTAN
Assistant Professor
The Department of Counseling and Psychology invites applications for the position of Assistant Professor of Counseling, to begin August 2006. The ideal candidate will have a doctorate in counseling psychology or a closely related field and be able to teach in a CACREP-accredited counseling program.

NORTH CAROLINA

FAIRLEIGH DICKINSON UNIVERSITY
Assistant Professor
The Department of Psychology invites applications for a tenure-track assistant professor position in Counseling Psychology. The position is available August 2006.

NEW JERSEY

FAIRLEIGH DICKINSON UNIVERSITY
Assistant Professor
The Department of Psychology invites applications for a tenure-track assistant professor position in Counseling Psychology. The position is available August 2006.

KANSAS

PITTSBURG STATE UNIVERSITY
Psychology & Counseling
Pittsburg State University seeks a broad-based, dynamic individual, committed to high-quality teaching for a full-time tenure-earning position in Psychology and Counseling.

MARYLAND

CROSSWAY COMMUNITY
Counselor/group worker
Promote group work concept of enabling members to develop their own program activities through encouragement and leadership. Prepare reports, facilitate meetings, admissions process, resource referrals, assist in program planning and keep records. 2 yr. Experience and Bachelor's in Counseling or related area. Fax resumes to Crossway Community 401-949-4747. Contact person: Kathleen Guinan.
University, Greenville, NC

EAST CAROLINA UNIVERSITY
New Faculty Position: Substance Abuse Counseling

The Department of Rehabilita-

tion Studies at East Carolina University is seeking an addition-
atal tenure-track faculty member to coordinate a distance education certificate program in substance abuse counseling. This position would teach both online and on cam-
pus courses. East Carolina University is a doctoral II institution located in the state of North Carolina. With a student body of over 22,000 students, it is an expanding institution that is the medical center of eastern North Carolina. Medical facil-

ities include a medical school, a large regional hospital, Area Health Education Center as well as a School of Nursing and the School of Allied Health Sciences. With a strong regional and a growing national reputation, the University and Departmental goal is to increase its national presence and reputation. Known as the Emerald City and positioned on the Carolina coastal plain, Greenville is a city of approximately 65,000. Located approximately 20 miles from the Pamlico Sound and 70 miles from the Crystal Coast, the area has gained a national reputation for sailing, boating, fishing, surfing, and water ski-

ing. The Department of Reha-

bilitations Studies is housed in the School of Allied Health Sciences, and has a history of expanding rehabilitation education and growing national respect, as the rehabilitation counseling program is currently rated 15th in the nation by US News & World Report. The Rehabilitation Counseling Masters Degree program was initiated in 1967, the Vocati-
onal Evaluation Masters Degree Program in 1980, and the Sub-

stance Abuse and Clinical Counseling Masters Degree Program in 1989. A BS Degree program in Rehabilitation Services was initiated in 1994. Departmental enrollment includes 58 graduate and 30 undergraduate students. A new PhD Program in Rehabilitation Counseling and Administration was initiated in 1994, which allows the department to meet the need for rehabilitation profes-

sionals at all levels. The department currently has 9 and state funded lines and addi-


tional faculty are needed to support a growing distance education program. The department will be moving to new facilities in the Spring of 2006. To view the progress of the new Health Sciences building that will house our depart-

ment, go to http://150.216.193.13/view/view.shtml. Additional information regarding the department is available at our website www.ecu.edu/rehb.

This is an open level state fund-

eded tenure track position. The ideal candidate will have a doctoral degree in rehabilitation counseling or a closely related field, demonstrated success in research as well as experience and certification in the substance abuse field. Salary is commensurate with qualifications. Position is available July 1, 2006.

Deadline: Review of applica-

tions will begin February 1, 2006, and continue until position is filled. East Carolina University is an affirmative action/equal opportunity institu-

tion. Women and minorities are encouraged to apply. Inter-

ested candidates should submit a letter of application and cur-

riculum vitae. References must be supplied upon request. Proper documentation or identity and employability are required at the time of employment. Send all applica-

tion materials to: Dr. Lloyd Goodwin, Chair, Search Committee, Department of Rehabilitation Studies, SAHS, East Carolina University, Greenville, NC 27858-4353, Ph: (252) 328 4428 Email: goodwinl@mail.ecu.edu

HEIDELBERG COLLEGE
Assistant Professor of Counseling Education

School Counseling, tenure track, beginning fall semester 2006. Heidelberg College is seeking a dynamic teacher and productive scholar to lead the continued development of a master’s degree concentration in school counseling in a tenure track position. The successful candidate will teach graduate courses in counseling and be responsible for school counseling prac-

tica and internships. Normal course load is 9 hours per semester. Doctorate in Counseling Education or Coun-

selling (with a specialization in school counseling) preferred, ABD considered. School counseling experience is preferred. Must have Ohio school counseling certificate or license (or be immediately licensure eligible) and be knowledge-

able of ASCA National Stan-

dards. Applicants should send a cover letter describing their interest in the position and how their qualifications meet the program’s needs, graduate tran-

scripts, curriculum vitae, teach-

ing evaluation summaries, and names of three references to Dr. Jo-Ann Lipford, Search Committee Chair, Gradu-

ate Education, Heidelberg College, 310 E. Market St., Tiffin, OH, 44883. Application review will begin December 1, 2005 and will continue until the position is filled. Heidelberg College founded in 1850 and located in Northwest Ohio, is a private, comprehensive Carnegie Masters’ I institution located an hour south of Tole-

do. Minorities and women are encouraged to apply. Heidel-

berg College is an Affirmative Action/Equal Opportunity Employer.

SAHS, East Carolina University

Department of Psychology

Counselor Educator With a Focus in Either Developmental Psychology or Research Methods:

Southern Oregon University invites application for a tenure-track, teaching position at the Assistant Professor rank beginning September 16, 2006, pending funding approval. Salary is $39,546.00, with terminal degree. Required responsibilities are a three-course teaching load per term which includes General Psychology, Lifespan Develop-

ment, Child and Adolescence Psychology, Adult and Aging, and other courses as needed; or General Psychology, Research Methods/Statistics/Applica-

tions and other courses as need-
ed. Ideally, candidate will have Doctorate in Counseling Educa-

tion, Counseling Psychology or PhD in related field and must be licensed or license eligible in Oregon. Send curriculum vitae, three letters of recom-

mendation, graduate transcripts, sample of application, curriculum vita, and certification in the substance abuse field. Salary is commensurate with qualifica-

tions. Written letter of application, curriculum vita, graduate transcripts, sample of scholarly productivity, and three letters of recommendation are required. Applicants should send letter to Dr. Frank Main, Counseling and Psychology in Education Division Chair (fmain@usd.edu), 605/677-5250 (http://www.usd.edu/ed), TDD 605/677-6389. Applicant screening begins on January 16, 2006. USD is an EOE/AA Employer committed to increasing the diversity of its faculty, staff, administration, and stu-

dents.

MENTAL HEALTH CENTER

DAKOTA

COASTAL CAROLINA UNIVERSITY

Director of Counseling Services

The Counseling Center offers clinical services to individuals and groups, crisis and emerg-

gency services, outreach pro-

grams and consultation ser-

vices, in addition to alcohol and other drug programs. The Director will insure the deliver-

y of high quality clinical ser-

vices and educational pro-

grams; provide leadership to the staff; and set a direction for the Center which is consistent with the University’s mission. The Director works in coopera-

tion with Health Services to provide psychiatric care and specialized educational pro-

grams for students. The Direc-

tor reports to the Vice President for Student Affairs.

To qualify for this position, candidates must have an earned doctorate in counseling psy-

chology, clinical psychology, counselor education or a related
corriculum and experience in the substance abuse field.

CAREER-accorded master’s specializations in school and community agency counseling. The position will include substance abuse and marriage and family counseling. CAREER-accorded Ph.D. in counselor education and super-

vision. Doctorate in Counselor Education or closely related field and demonstrated potential for success in research, publica-

tions, and professional service are required. Applicants from CAREER-approved programs and experience in substance abuse counseling are encouraged to apply. Position is a tenure-track position. The successful candidate will be licensed or license eligible in South Carolina. A minimum of five (5) years of supervisory experience is required, preferably in a campus setting. Preference will be given to candidates who have a demonstrated record of leadership and project management. Candidates should be able to demonstrate excellent commun-

ication skills, experience with diverse populations, organiza-

tional skills which foster col-

laboration, the ability to make difficult decisions under pres-

sure, a proven record of prob-

lem solving and a sense of humor. Coastal Carolina Uni-

versity, a public, predominantly undergraduate liberal arts insti-

tution is located approximately nine miles west of Myrtle Beach, South Carolina, and enrolls approximately 7,500 students. Visit www.coastal.edu/hrco to complete: online application, attach a comprehensive resume and cover letter addressing the characteristics described above, and the names, address-

es and telephone numbers of at least three (3) references. The Spelman & Johnson Group is assisting Coastal Carolina University in the search for a Director of the Counseling Center. Confidential inquiries may be made to 413-529-2895. Review of applications will begin immediately and contin-

ue until the position is filled. Coastal Carolina University is an EEO/AA employer.

Mental Health Center

University of South Dakota

Assistant or Associate Professor of Counselor Education (Tenure Track).

Teach master’s/master’s coun-

celing courses; supervise practicum/internship, advise students and supervise disserta-

tions; pursue research pro-

gram/scholarship; publish in professional journals; and pro-

vide service at all levels.

CAREER-accorded master’s specializations in school and community agency counseling. The position will include substance abuse and marriage and family counseling. CAREER-accorded Ph.D. in counselor education and super-

vision. Doctorate in Counselor Education or closely related field and demonstrated potential for success in research, publica-

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ue until the position is filled. Coastal Carolina University is an EEO/AA employer.

SOUTH DAKOTA

Mental Health Center

University of South Dakota

Two (2) Positions

The Counseling Program in the Department of Educational Leadership and Counseling at
Sam Houston State University is conducting a search for two tenure-track faculty positions to begin August, 2006. Please see the following links for descriptions of the two positions and contact information.

1. Associate or Full Professor of Counseling (# 4186): www.shsu.edu/~hrd/www/emloyment/faculty/HumanResources4186.htm
2. Assistant/Associate/Full Professor Counseling (# 4253): www.shsu.edu/~hrd/www/emloyment/faculty/HumanResources4253.htm

The Counseling Program at Sam Houston State University offers programs in Community Counseling (LPC), Marriage and Family Counseling (LMFT), and School Counseling, and the Ph.D. in Counselor Education. The Counseling Program is housed in the Counselor Education Center (CEC), a stand-alone building that opened in Fall, 2004, and is used solely by Counselor Education. The CEC contains both a state-of-the-art clinical training facility and faculty offices for the Counseling Program. Inquiries regarding the faculty positions should be directed to Richard E. Watts, Ph.D., LPC-S, Professor and Director, Center for Research and Doctoral Study in Counselor Education, Department of Education—Leadership & Counseling, Sam Houston State University, Box 2119, Huntsville, TX 77341-2119; Phone: 936/294-4638; Fax: 936/294-4277; Email: watts@shsu.edu

 Texan Houston State University is an Equal Employment Opportunity/Affirmative Action Plan employer.

Virginia Commonwealth University invites applications for a full-time tenure or tenure-eligible faculty member (rank open). A Ph.D. in Rehabilitation Counseling, Rehabilitation Psychology, Rehabilitation Services or a related field is required. Eligibility for certification as a rehabilitation counselor (CRC) is required. Eligibility for licensure as a professional counselor, psychologist, or other similar credential is desirable. Qualified individuals must demonstrate the potential for excellence in research, teaching and service. The successful candidate must be able to teach graduate level courses, advise students and conduct high quality programmatic research. Capacity for securing extramural research grants is highly desirable, and a proven record of same is required for senior rank. Applicants should send letter of application, current curriculum vitae, reprints or preprints of recent publications, a statement of teaching philosophy and research interests, and three letters of reference to Amy J. Armstrong, Ph.D., Search Committee Chair, Department of Rehabilitation Counseling, PO Box 980330, Richmond, Virginia 23298-0330. Review of applications has begun and will continue until position is filled. Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities, and persons with disabilities are encouraged to apply.

WASHINGTON

CENTRAL WASHINGTON UNIVERSITY
Assistant Professor School Counseling Department of Psychology, Central Washington University. Begins 9/1/06. Responsibilities: Teach counseling-related courses at the graduate level in addition to psychology courses in the undergraduate program; supervise counseling practica and internships, and serve on master’s thesis committees. Screening of applicants will begin January 3, 2006. Additional counseling positions are available. Complete job announcement is available at www.cwu.edu/~psych/or contact Dr. Stephanie Stein, Chair, Department of Psychology, 509-963-2381 or steins@cwu.edu. AA/EOE/Title IX Institution.
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- Kelley Cohoon

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