Counselor wellness

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- Women and ADHD
- Counseling globally
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Cover Story

**Taking care of yourself as a counselor**
By Lynne Shallcross
Counselors commonly preach the gospel of self-care to clients, but even veteran practitioners admit they are not always good about heeding their own advice.

Features

**Underdiagnosed and overwhelmed**
By Stacy Notaras Murphy
So strongly is ADHD associated with boys, hyperactivity and obvious distractibility that girls with the disorder often grow up misdiagnosed and medicated for other issues.

**It's a small world**
By Lynne Shallcross
ACA members demonstrate their passion for thinking and acting globally.

**Reader Viewpoint**
**Grieving the ultimate grief**
By Steve Bain
A counselor shares tips for running a grief group for parents who have lost a child.

**Reader Viewpoint**
**Coping with the death of a child**
By Mike Hovancsek
A therapist who specializes in grief confronts the aftermath of his own personal tragedy.

**Special Series: DSM-5**
**Major changes to substance-related disorders**
By K. Dayle Jones

**VISTAS provides invaluable perspective**
By Garry R. Walz and Jeanne C. Bleuer
ACA's online database is a rapidly expanding, ever-evolving resource for counselors.

Extras

**Guide to 2010 feature articles & special items**
Mental health in America

One in five Americans experienced some form of mental illness in 2009, according to a new government study, and 11 million individuals were afflicted with a serious mental illness. Researchers from the Substance Abuse and Mental Health Services Administration found a 19.5 percent increase in the rate of mental illness in 2009 compared with figures from 2008, partially due to an uptick in depression, particularly among those who were unemployed.

Among the study’s other findings:

- Only 37.9 percent of those with a mental illness in the past year had received mental health services.
- 23.8 percent of women experienced some form of mental illness, compared with 15.6 percent of men.
- Mental illness was highest among young adults ages 18 to 25 (30 percent) and lowest among those 50 and older (13.7 percent).
- Nearly 20 percent of adults with mental illness also had a substance use disorder.
- 27.7 percent of unemployed adults had experienced mental illness, compared with 17.1 percent of those who were employed full time.
- 8.4 million adults had serious thoughts of suicide.
What is a resolution? When you think about it, what does it really mean to you? As we begin another new year, I have been reflecting on the many resolutions I have made in past years. They have centered on my physical, mental and spiritual health, my family, how I viewed my job, my leadership role and on and on. The list can seem immeasurable, yet I find myself once again looking at what is ahead of me and contemplating what goals I would like to accomplish for 2011. I must admit, they all seem to have a familiar ring to them from previous years. What about this year will be different from past years? Will I be more successful with some of my health goals? Will I get up every morning, work out and make time for my meditation? I am sure you are asking yourself similar questions as you think about the year ahead.

The cover story in this issue of Counseling Today focuses on how we take care of ourselves as professional counselors. The first thought that came to my mind was, do we take care of ourselves? So many times we find ourselves taking care of the needs and problems of others. Do we heed our own advice and take care of ourselves? I know you are aware of the importance of taking care of yourself. After all, this is what we tell our clients and our students to do. But do you honestly make this a priority as you go about your daily life?

Rarely do people come to see us because their lives are filled with an enormous amount of joy and bliss. Typically, they are coming to us because they need support for a problem or an issue in their life. When you consistently expend energy assisting students or clients in resolving their issues, you must find a way to replenish yourself. As a counselor or educator, I constantly tell my students they are the most important tool they are taking into the counseling relationship. If they are not functioning at full capacity, it will have a direct impact on the quality of services they offer their students or clients.

Over the years, the Wheel of Wellness, developed by Melvin Wittmer, Thomas Sweeney and Jane Myers in 1998, has continued to impress me as a model not only for our clients and students, but also for us as professional counselors. I know the authors have continued to evolve their model, but the version that resonates with me most personally is the one that places spirituality at the center of the wheel, with the spokes representing self-care, stress management, gender identity, cultural identity and sense of worth. Also included are sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition and exercise. If you were to take a personal inventory of your life right now, how well rounded would your wheel be? If you look at the elementary concept of a wheel, you know that it must be balanced all the way around for it to roll effectively. How do you see your wheel rolling? All of the areas must receive adequate attention for you to be properly nourished and effective in your job.

Upon investigating further, I discovered these authors defined wellness in a 2000 Journal of Counseling & Development article as a “way of life oriented toward optimal health and well-being in which body, mind and spirit are integrated by the individual to live more fully within the human and natural community.” This may seem a little too touchy-feely for some, but when I ponder the definition is congruent with my philosophy of living. Whether you agree or not, I encourage you to consider how well you are taking care of yourself. If you find you are lacking in any area, I urge you to do whatever it takes to make a change. If you have found that resolutions work for you, go for it. If not, find a model that is effective for you.

I attended a seminar once where the presenter gave me a “tuit.” I looked at it and wondered, “What is this?” After a brief explanation, the presenter informed us that we now possessed “a round tuit,” which basically meant there were no further excuses for not getting things done. You don’t have to wait until you get around to it. I am giving you “a round tuit” to focus on yourself right now!
Learn the Latest Theory and Techniques With These New Texts From ACA!


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This straightforward guide emphasizes effective skill development for supervision in a variety of settings. Topics covered include the roles and responsibilities of supervisors, the supervisory relationship, models and methods of supervision, becoming a multiculturally competent supervisor, ethical and legal issues in supervision, managing crisis situations, and evaluation in supervision. User-friendly tips, case examples, sample forms, questions for reflection, and group activities are included throughout the text, as are contributing supervisors’ Voices From the Field and the authors’ Personal Perspectives—making this an interactive learning tool that is sure to keep readers engaged. 2010 • 304 pgs
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"Giving back to the community" is much more than a catchphrase within ACA. As I look back through the years, I am amazed at the volunteerism and generosity of ACA members. Your strong desire to lend a hand to those in need — wherever they may be — is exemplary. In fact, it is truly one of the reasons that I enjoy my job as your executive director.

This past year at the ACA Conference & Exposition in Pittsburgh, the Association for Multicultural Counseling and Development, an ACA division, organized a very successful community service day that provided counseling services to Pittsburgh’s diverse communities. AMCD launched this service day concept at the 2009 ACA Conference in Charlotte, N.C., where it reached out to local at-risk adolescents to address issues such as anger, gangs and low self-esteem.

Also in Charlotte, Counselors for Social Justice, another ACA division, donated $1,000 to Pat’s Place Children’s Advocacy Center, an organization that connects children who have been sexually abused to area resources. And yet another ACA division, the Counseling Association for Humanistic Education and Development, has sponsored the Empty Plate Project for many years, collected donations for A Children’s Place, a Charlotte charity that provides support to homeless children.

In addition to these incredible acts of kindness in support of our host cities, conference attendees have developed special programs to address multicultural and social justice leadership competencies that contribute to exemplary practice in dealing with the many injustices that exist in our world.

In March, ACA returns to New Orleans, a city that has surely experienced its share of agony, grief, injustice and incredible loss. Once again, ACA will reach out to the local population to lend its services wherever they are needed — at homeless shelters, in community cleanup and revitalization projects, at social service agencies and in school recovery efforts. The experience will not end after we complete our outreach to the community, however. When conference attendees return to the Ernest N. Morial Convention Center, they will be invited to participate in afternoon workshops on topics of economic and social injustice, marginalized populations and other issues that impact those of you who have dedicated your lives to the helping professions.

If you are attending the ACA Conference, I encourage you to join your colleagues for the 2011 ACA New Orleans Project: Giving Back to the Community. All conference attendees are invited! Details had yet to be finalized at press time, but the community outreach will occur the morning of Thursday, March 24, and the program portion will take place that afternoon.

ACA members have much to offer communities, whether during the ACA Conference or at other times. Members volunteered their time offering disaster mental health services after Hurricanes Katrina and Rita and have been involved in other more recent disaster relief efforts as well. For example, within days of the tragic earthquake in Haiti, ACA developed and posted a 48-minute podcast to help Haitian Americans cope with the disaster that was unfolding in their homeland, set up donation programs through the ACA Foundation and consulted with the Red Cross.

Speaking of disaster mental health, here’s another sign that volunteerism is surging through the ACA membership. The continuing education courses have dedicated their courses to the needs of those affected by Hurricane Katrina and Rita and have been involved in other more recent disaster relief efforts as well.

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Advocacy efforts open doors to counselors

The Washington Update article titled “Veterans Affairs establishes new counselor position standards” (November 2010) gave me a clear notion of hope as a first-year master’s counseling student. From the time we attend orientation, we are encouraged to explore the field of counseling and assured that the possibilities are endless. Some of us come into the program knowing the population, theory or setting for which we have a passion. Others of us float along, hoping that at some point in our period of course work we, too, will find a passion.

I was fortunate enough to find my passion in regard to counseling and its connection to the military. As both a counseling student and the friend and acquaintance of many soldiers in the military, I could not help but relate the two. I quickly became interested in studies and treatments of post-traumatic stress disorder (PTSD). When it was brought to my attention that the military relied heavily on the debriefing process, I felt compelled to do something to help go beyond that.

I feel very strongly about PTSD and the need for its treatment. Upon hearing of the success of the American Counseling Association’s advocacy to the Department of Veterans Affairs for recognizing the licensure of professional mental health counselors, I was overjoyed.

The offering of GS-9 through GS-14 positions for counselors gives me an uplifting sense of purpose. I can now take my passion to a new level because I will be able to serve and advance in a position that perfectly suits what I want my career to be.

The success of this advocacy will inspire me to advocate further throughout the remainder of my course work as well as throughout my career. I hope that, one day, advocacy will be successful yet again in expanding the reach of licensed professional counselors in the treatment of our military’s mental health, perhaps even focusing on specific areas such as attaching to a deployable unit and providing mental health care.

Here’s to a hopeful future in the counseling profession.

Dominique M. Boyce
Master’s Student
University of North Carolina at Greensboro
Counseling and Educational Development

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

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The midterm elections gave control of the House of Representatives to Republicans, who will have a 242-192 majority (with one race still unresolved as of Dec. 6). For the next two years, control of the government will be split between the two political parties, with Democrats retaining their majority in the Senate. Although some observers contend that divided government may be exactly what is needed to encourage compromise, most analysts are predicting a bumpy ride, and some are already forecasting a government shutdown. Senate Minority Leader Mitch McConnell (R-Ky.), speaking shortly after the election, said, “The single most important thing we want to achieve is for President Obama to be a one-term president.”

With this policy agenda, it will be hard to find common ground with the Obama administration. The American Counseling Association’s major policy objectives are not likely to be partisan or contentious — we’ve worked hard to keep them that way — but we will be affected by the larger policy and political tides.

The new landscape in the 112th Congress might make it more difficult to establish Medicare coverage of licensed professional counselors. Many incoming House members aren’t predisposed to supporting increased Medicare spending, even by as little as the $100 million over five years that counselor coverage would cost. Nevertheless, there are compelling reasons to increase beneficiaries’ access to outpatient mental health services. For example, older Americans are disproportionately likely to commit suicide, and untreated depression can increase treatment costs for comorbid conditions such as diabetes.

Medicare coverage of counselors is a bipartisan issue. The Senate twice approved coverage of counselors under Republican control, and the House passed it twice when Democrats were in the majority. Congress definitely will take up Medicare legislation in the coming year to address physician payment issues, giving us a vehicle for our provision. ACA is working closely with other counselor and marriage and family therapist organizations to identify champions for our legislation who sit on key committees.

The coming year should also see reauthorization of the Elementary and Secondary Education Act, which will affect school counselors nationwide. Education policy might be one of the few areas on which both parties can find common ground, including increasing support for charter schools, providing vouchers for students to attend private schools and increasing local flexibility in using federal dollars. A limited reauthorization focusing on these topics could leave school counseling issues unaddressed, however. ACA will continue working with members of both parties in Congress to promote increased access to high-quality school counseling services.

Bipartisan support exists for improving access to counselors’ services for members of the military. It is unclear whether the 111th Congress will approve defense spending authorization legislation, but if it does, the legislation should include language to help establish independent practice authority for counselors within the TRICARE program. ACA is working closely with other counseling organizations to push such language, and our discussions with committee staff in both the House and the Senate have been promising. Although we may need further legislative work on TRICARE this year, the changes in Congress should not complicate matters.

ACA represents counselors at VA mental health meeting

ACA was asked to represent professional counselors at a semiannual meeting called by the Department of Veterans Affairs (VA) Office of Mental Health Services to discuss mental and addictive disorder service issues for
veterans. The meeting, held Dec. 1 at the VA’s Washington headquarters, involved representatives of other mental health service organizations, veterans service organizations and advocacy groups.

Although the discussion was wide ranging, the primary focus was on improving substance abuse treatment for veterans. High-level VA mental health office staff provided an update of current activities. ACA raised the issue of a lack of interest among VA facilities in hiring counselors under the newly established “licensed professional mental health counselor” occupational standards and emphasized the need for ongoing collaboration with the VA to use the standards.

ACA, the American Mental Health Counselors Association and the National Board for Certified Counselors are working closely to engage VA staff on implementation issues. Our organizations have written jointly to VA Secretary Eric Shinseki advocating for improvements in the standards and urging the VA to promote the standards to administrators. Adoption of the counselor standards by the VA central office represents only the beginning of our work.

For more information, contact Scott Barstow with ACA at sbarstow@counseling.org.

Congress passes child nutrition bill

On Dec. 2, Congress passed the first significant improvement in school lunch programs in 30 years, clearing the bill for the president’s signature into law. The House passed the Healthy, Hunger-Free Kids Act by a 264-157 vote, reauthorizing the National School Lunch Program and the Special Supplemental Nutrition Program for Women, Infants and Children (also known as WIC). The law will authorize funding increases of $4.5 billion over 10 years for child nutrition programs, require schools to apply nutritional standards to school meals and eliminate junk food sold a la carte or in vending machines. The legislation also makes it easier for qualified children to receive free school meals and extends after-school meals to a greater number of at-risk children. ◆
Typically, this column focuses on a “seasoned” counselor — someone who has been around the field for a long time. But then I met Matt Wolff, regional district director and mental health policy adviser for a state senator in Texas. He is also a counseling student. Although he is new to the counseling field, he has a strong voice. Here is his story.

Rebecca Daniel-Burke: You are a counselor-in-training at Texas A&M University and also a mental health policy adviser for a state senator in Texas. What led you down this path?

Matt Wolff: I spent my 20s and early 30s in an almost stereotypically Generation X fashion, rootless and aimless. Finally, I focused on a central interest in politics, broke into that field and landed a job in government. I fell into psychology and at the end of that road made a right turn into counseling.

To make some sense of this, I quote the late Harold Lasswell, who defined politics as “who gets what, when and how.” My first college career resulted in my earning slightly more than half a bachelor’s degree in political science before fizzling out. During my studies, I learned a great deal about those four interrogatives: who, what, when and how. But when I actually found myself in the thick of the workings of a state legislature, I realized that a much more interesting question — one largely overlooked in the course of my studies — was “why?”

It’s no secret that members of the American political class can be exceedingly interesting objects for personality study. To get an inkling on that why thing, I began to read a lot in the field of political psychology. Among the more interesting books I came across was Lasswell’s 1930 volume, Psychopathology and Politics. There were plenty of ideas about the why in that volume.

Eventually, I realized I needed a bachelor’s degree to move up to the next tier at work. Finally, I got around to finishing up that long-delayed detail. Like many working adults, I looked for a good online program. However, I could find none in political science. So I resorted back to my old minor, psychology. At the time, this was little more than a means to an end. Since I had to get a degree in something, I thought it best to study an area I was at least likely to find interesting. It turned out to be extremely interesting.

I chugged along happily in the program for a while with no thought of further schooling and no particular interest in mental health policy. Then one day while driving to a meeting, I happened to hear Pete Earley on the radio talking about a book he had just written. For those not familiar with Mr. Earley, he is a well-known investigative journalist who was prompted to write the book Crazy to explore his son’s struggles with mental illness … and [he] began to explore America’s mental health system.

I read the book and found it very stimulating. It was stimulating enough that I began to delve into mental health policy. My boss, a medical doctor, was on the board of the local mental health authority before entering the state senate, so I was able to research this topic with his blessing. I began to consider actually entering one of the helping professions. Sunny Hansen’s career theory says that “finding work that needs doing” is one of the keys to successful work and life. Mental health certainly fulfills that definition for me. All that remained was choosing which field would allow me to receive the best training and, at the same time, get to work helping others. Professional counseling filled the bill quite nicely for me.

RDB: How does your graduate work affect your work as an advocate and vice versa?

MW: Well, I end up wearing a lot of hats during any given week. As my county’s representative on a regional mental health authority, I see both consumers’ and providers’ needs for more funding. Working in the legislature of a state facing something on the order of a $25 billion budget deficit, I understand that even maintaining present levels in the face of expanding need is going to be a considerable challenge. With mental health parity legislation coupled with health care reform in general, finding the most cost-effective delivery methods is going to be critical. Considering the nature of medical economics, I think that master’s-prepared professional counselors are going to be seen as ideally suited for this role.

RDB: As you begin moving through school, is there one theoretical orientation you are gravitating toward more than others?
MW: I am drawn largely to Albert Ellis’ REBT (rational emotive behavior therapy) and Viktor Frankl’s logotherapy. I find them complementary. I would say my ideal theoretical goal is something along the lines of logotherapy-enhanced REBT.

RDB: You are in a study group. How is that group helpful to a new counseling student?

MW: It is a group created by two very dynamic young women here in the North Texas area, Stephanie Adams and Diana Pitaru [whom some might recognize as ACA bloggers]. Membership in our group is pretty diverse, with new students like me, others at the intern stage and “old pros” who have been in independent practice for years. We are a relatively new group, but I think it will prove to be a rewarding experience for all. Those of us at the infancy stage in counseling can really appreciate the wisdom and experience of the folks who have gone before us. And the old pros gain some satisfaction in the opportunity to mentor future practitioners.

RDB: Have you determined what area of counseling you are passionate about?

MW: I am leaning toward child and adolescent counseling at this time. However, this may simply be because I have a 1-year-old and a 3-and-a-half-year-old whose cognitive workings — and occasional apparent lack thereof — really fascinate me.

RDB: Was there someone who saw something special in you early on? Who valued you as a unique individual? Who are your heroes?

MW: I have been fortunate to have many people over the course of my life see potential in me that, at times, I did not recognize in myself. However, I would say it was a supervisor I had a few years ago who cajoled me into finishing my undergrad degree that may have been among the most significant influences. Finishing my degree seems to have jump-started so much positive activity and growth for me over the last half decade. My heroes are, among others, Pete Earley and Viktor Frankl.

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RDB: Has studying counseling been transformational for you?

MW: I may still be too early in my training to definitively answer that question. Although, I can confidently say that I seem to be growing as a person as a result of my studies, and I am pretty confident that good counseling skills are also good human-being skills.

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

MW: The greatest mistake I feel that I have made is getting such a late start on my professional path. I wish I had begun the process in my 20s. However, I also recognize that I had not attained a sufficient level of maturity by then to have made a good counselor. Perhaps, all things considered, it wasn’t a mistake after all.

RDB: Is there a saying, a book or a quote that you think about when you need to be inspired?

MW: There is one quote by Viktor Frankl that remains very meaningful for me: “Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.”

RDB: Working and going to school is an intense situation. What ways do you find to take care of yourself?

MW: Largely, I adhere to Satchel Paige’s famed guidance: “Don’t look back. Something might be gaining on you.” In actuality though, just stopping and putting school, work or whatever responsibility aside and playing with my kids really has proved to be the best curative for what ails me. Also, I like to lose myself in a good bookstore. ♦

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

Letters to the editor: ct@counseling.org
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March will usher in a big moment for counselors nationwide. That’s when the 2011 American Counseling Association Annual Conference & Exposition will come to New Orleans (March 23-27). Although established counseling professionals are eager for the kick-off of the conference, some students and new professionals might feel too “small” for such a big event. So this month, we asked both a current student and a recent graduate to discuss their prior conference experiences, and ACA Conference Director Robin Hayes also weighs in.

Terra Howell is a doctoral student in counselor education and supervision at the University of Akron. She served as a conference volunteer in 2009.

Kelly Emelianchik-Key, a licensed professional counselor, is a part-time faculty member in Walden University’s mental health counseling program for master’s students after graduating with her doctorate in counselor education and supervision from Old Dominion University. She attended the ACA Conference in 2007, 2009 and 2010 and received the ACA Glen E. Hubele National Graduate Student Award in 2010.

Robin Hayes has served as ACA’s director of conference and meeting services since 2002.

What does the ACA Conference offer students and new professionals?

Terra Howell: The conference offered me a way to meet and network with professionals in the field. It also offered wonderful learning opportunities — volunteering, presenting, attending sessions, the exposition area.

Robin Hayes: To learn what the conference offers, I suggest that students and new professionals check out page 6 of the Advance Registration Brochure on the ACA Conference webpage at counseling.org/conference/.

What is your most memorable experience from the ACA Conference?

Kelly Emelianchik-Key: My most memorable experience was my first conference in 2007 as a master’s-level student. I was a bit hesitant about going, but excited. I was eager to actually meet and see many of the famous names in counseling. During the conference, these distinguished counselors and educators became more than experts who had developed theories, wrote textbooks and journal articles and starred in counseling videos. They were some of the most engaging, inviting and welcoming people who took the time to speak with me, a student. My nerves quickly dissolved, and I engaged in all conference opportunities and thoroughly enjoyed the conference.

TH: I enjoyed listening to Judy Shepard in 2009. She is a wonderful woman, working hard to increase awareness about equality for everyone. I even met her, and she was easy to talk to — a fabulous woman. Another experience I will always remember is meeting leading people in the counseling field — Sam Gladding, Gerald Corey, etc. I tried to meet as many people as possible and am thankful these leaders were very approachable!

When students or new professionals attend a national conference for the first time, they often feel confused about how to make it beneficial and fun. What advice would you give them?

RH: A PowerPoint slide show will be available online to help in navigating the conference at counseling.org/conference/. They also can attend the First-Timers Orientation & Mentoring Lunch.

KEK: Make sure you review the conference guide and map out things that are of interest to you. Also, get out there and don’t be afraid to connect with divisions, committees and interest networks that you might want to get involved in or gather more information about. Most important, no matter how tired you might be from the day, don’t miss out on the conference social gatherings! They are a tremendous amount of fun and a great way to interact with other professionals.

Continued on page 18

“One word best describes my experiences for the past two years at the American Counseling Association Conferences: community. Throughout my two years in graduate school, I have attended close to 10 professional conferences. However, while they were all beneficial, informative and granted the opportunity to meet many professionals in the counseling field, ACA feels like home!”

— Meghan Godorov, master’s student, Kutztown University of Pennsylvania
Don’t miss this

The following events and activities have been scheduled for counseling students and new professionals during the 2011 ACA Annual Conference & Exposition, March 23-27, in New Orleans.

The “For Graduate Students and New Professionals Only” series
- “Finding a Meaningful Life After Graduate School”
- “Office Politics 101”
- “What Graduate Students and New Professionals Need to Know About Navigating the Profession Through Service Leadership”
- “Get a Job! Finding a Counseling Job in This Lousy Economy”
- “Got Spirit? Our Clients Do”

Other Education Sessions focused on graduate students
- “Applying, Surviving and Thriving in Graduate School”
- “Practical Tips for Master’s and Doctoral Students”
- “Award-Winning Words: Winners of the ACA Foundation Graduate Student Essay Contest Share Their Thoughts and Strategies for Writing”
- “Calling All Master’s Students: Finding Your Way Post-Graduation”
- “Disaster Relief Kit: A Reflection of Hope for Black/African American Female Graduate Students”

First-Timers Orientation and Mentoring Luncheon
Network with both first-time and seasoned conference attendees and learn how to get the most from your experience.

Graduate Student and New Professional Center

International Student Panel
Graduate students from various countries discuss perceptions of counseling based on their cultural contexts and educational experiences in U.S. graduate programs.

ACA Career Center
Interview with employers, discuss employer contacts, review your résumé and consult with experts on career search strategies, private practice pointers, and ethics and professional standards. After registering for the conference, e-mail rdanielburke@counseling.org for more information on the Career Center.

For additional conference information, check out the Advance Registration Brochure at counseling.org/conference.
What tips would you give for professional networking?

RH: Attend social events such as the First-Timers Luncheon and division events. If you are new to the conference, talk with attendees everywhere, whether you are in line or seated next to someone. Also, attend the ACA Opening Party and look at attendee badges. Try to identify others from your home state and strike up a conversation.

KEK: The best advice that I ever received — don’t be shy! If you attend a presentation that you enjoyed, introduce yourself to the presenter(s). Get out there and meet new people. ACA is one of the best conferences to meet people with similar interests worldwide. Also, don’t forget to always have your professional information on you — namely, business cards. It makes it easier to exchange contact information with others.

Are there opportunities to save money while attending the conference?

TH: I was able to save money by sharing a hotel room with three other people. I responded to a request on a Listserv looking for a roommate and was paired with three women I didn’t know. But it was a wonderful experience. I also saved money through being a conference volunteer. ACA covered half of my conference fee. (Note: The deadline to volunteer for this year’s conference was November 2010.)

RH: Yes, visit the exhibit hall starting on Thursday evening (March 24) from 4:30 to 7 for the Welcome Reception. On Friday (March 25), there will be a snack lunch, and a closing social will take place on Saturday (March 26) around 3 p.m. Also, come prepared to register for the 2012 conference, and you will save money. We offer the lowest possible rate only to current-year attendees. You can also buy books at the on-site ACA bookstore and save on shipping fees. Finally, get free samples and products from ACA exhibitors.

KEK: You can also plan your flights around similar times as other colleagues so that you can share costs to and from the airport.

Kelly and Terra, you’ve previously presented at a conference. Tell us about the submission process. What advice do you have for those wanting to present in the future?

KEK: I have presented at several ACA Conferences and loved it. The submission process was surprisingly user friendly. There are several things that are required to submit a presentation, so examining the requirements and finding out what information is needed in advance was helpful to me. It was also beneficial that I submitted my first presentation with another colleague. We collaborated and made sure that our presentation proposal was thorough. When it was accepted, having a co-presenter made my experience less overwhelming.

TH: I presented in Charlotte, N.C., for IAAOC (the International Association of Addictions and Offender Counselors), an ACA division. I did a poster presentation with other graduate students. I applied for a scholarship from IAAOC. Once awarded the scholarship, I was asked to present. So, I am unable to speak about the submission process. However, I would encourage everyone to do as many presentations as possible. This is not only helpful for others in the field but also for the presenter because it is a great opportunity to offer research and significant information to others.

What was your biggest challenge when you first attended the ACA Conference, and how did you deal with it?

TH: My biggest challenge was not knowing anyone. I am a fairly shy person but was able to deal with this challenge by opening myself to the experience. I set out to meet as many people as possible. By getting out of my comfort level, I was able to have a great experience.

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

KEK: Book your conference registration as soon as possible so you can get lower rates. Once you are locked in, you won’t be able to make excuses for not going. You will never find out if ACA Conferences are the right fit for you if you don’t go and try one out!

TH: I recommend attending the conference. It is a great opportunity. I am glad I chose to attend as a graduate student. I would also recommend being a volunteer. It allows you to meet other volunteers from around the country and save money.

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

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Selling or buying a practice

This month, we are revisiting a question that we first addressed in this column approximately two years ago. Since that time, we have received several additional questions related to selling and buying a private practice, so we think guidance on the topic bears repeating.

Q: I am a 48-year-old licensed marriage and family therapist in private practice in California. I have been in practice for 20 years and have a solid reputation in the community. I average 35 to 43 patients per week with a payor mix that includes managed care patients as well as cash-pay patients. I am on virtually every managed care panel and get a steady stream of referrals from those contracts. My reputation in the community often leads to cash-pay referrals.

I envision myself working another 20 to 25 years and would like to prepare myself now for retirement. I am looking for help in establishing a practice that will be sellable when I retire. … I am open to listening to different ideas and feel a need to do something new to prepare myself for the future.

A: Mental health clinicians have succeeded in establishing thriving practices. Counselors now have licensure in all 50 states, and in most states, they also have good working relationships with managed care and insurance companies. The hard work of counselors’ organizations at state and national levels has put the licensed counselor on equal footing with other mental health professionals, and the American public is more likely to seek counseling today than ever before.

Many counselors have enjoyed helping clients while reaping the economic benefits from their profession for a number of years. Now, the baby boomer demographic is bringing the reality of retirement to many private practice clinicians. They are ready to enjoy the fruits of their work and, in many cases, are beginning to look at the possibility of selling their practices.

Another interesting trend is the emergence of the baby boomers’ children. As private practice consultants, we have found that hundreds — even thousands — of these younger licensed counselors are very interested in private practice. As such, we can see the potential for a mutually beneficial partnership if retiring clinicians and beginning clinicians work together.

The parallels to the real estate market are obvious. Retiring homeowners and young families have collaborated in much the same way. Just as an individual must plan ahead when selling or buying real estate, a counselor must plan well ahead when thinking about selling or buying a practice. It would not be to the seller’s advantage to attempt to sell a home within a time frame of one or two months. Likewise, trying to buy a home in two or three weeks’ time would not get the buyer the best deal and might lead to disappointment or even disaster down the road.

Taking time and planning well ahead is the ticket for selling a private practice, too. With the advice that follows, we want to help both the therapist wishing to sell a practice and the therapist who desires to buy a good practice.

Take the following steps to get ready.

Two years ahead of projected sale date

- Establish a group name so the practice won’t only be associated with you personally (example: The Counseling Group of Wilton or BB Josephs and Associates).
- Arrange all of your managed care and employee assistance contracts as a group or corporate practice. This makes your practice more attractive because a potential buyer can inherit these contracts without having to establish them anew.
- In many instances, managed care and employee assistance programs (EAPs) have closed their panels to new clinicians.
- Magellan Behavioral Health, one of the nation’s largest managed care contractors, has been very helpful in providing information on establishing or changing contracts that will be identified as group or corporate contracts. Call Magellan provider relations at 800.788.4005 or 800.430.0535 ext. 4 or visit magellanhealth.com to begin this process.
- Many other managed care companies offer this change as well. My practice (Bob Walsh) has several contracts that are considered group or corporate contracts, including United Behavioral Health, Managed Health Network, Health Maintenance Corporation and Aetna. See the list of managed care companies on the American Counseling Association website (counseling.org) under “Private Practice Pointers” for a comprehensive provider relations contact list.

- Register as a corporation and obtain a corporate tax ID.
- Incorporate by your tax ID or new tax ID. Obtain W-9 forms for each employee, or do so when you add new employees. Maintain the potential to pay them as group employees. They will receive a W-2 form for each tax year.
- Send a letter to each of your managed care companies and EAPs changing your status from that of an individual provider to a group. Be specific. You can add members later and expand with new partners.
- Make sure you obtain both group and individual National Provider Identifier numbers.
- Write or obtain employee contracts, and be specific about their relationship to your group and future group if you sell the practice.
- Make sure your equipment is of high quality. Good accounting software and an
excellent billing program are essential so that a potential purchaser can review your records. Remember to always protect the confidentiality of your clients.

- Consult a lawyer and an accountant.
- Consider the use of a valuation professional to appraise your practice.

One year ahead of target sale date

- Test the market and begin to advertise:
  - Place ads in counseling newsletters and newspapers.
  - Market at annual conventions.
  - Direct call to local large groups/psychiatrists.
  - See what is being offered for other practices (what will the market bear?).
  - Ask those who’ve bought practices or may want to expand/combine.

- Contract:
  - Once a prospective buyer is serious, present a good contract. Just as when selling or buying real estate, a contract is essential.
  - Make sure some form of noncompeting clause is included.
  - Have payment provisions spelled out.
  - Have a lawyer review the contract.
  - Have an accountant review the contract.

Other considerations:

- Write a letter to all clients, current and past, explaining what is about to take place with your practice. Spell out if you intend to stay involved with the practice. Introduce the new owners and include a short résumé. You may want to include the specific niches of practice and expertise of these individuals.
- Introduce the new owner and members/counselors/employees to all referral sources, either personally or via announcements.
- It may be prudent for the seller to remain in the group in some capacity. The buyer and seller should negotiate the length of time and the capacity to which the past owner stays involved.
- Have the selling price paid in a lump sum or over a specified time period.

The information presented here is a compilation of what we have learned through the years in our own practice management. In no way should it be taken for legal opinion or the opinion of the American Counseling Association. This information may be used as a guide for selling or purchasing a practice but is by no means the only information available on the subject.

Q: I am graduating in May 2011 and will begin with my LPCA (licensed professional counselor associate) until I have completed 3,000 supervised hours of counseling. I want to start a private practice upon graduation. An associate has an LPC-S (licensed professional counselor-supervisor) and wants to work with me part time, as she is employed as a guidance counselor. She is qualified to supervise me. As an LPCA working toward my LPC, are there any limitations to me starting a business? Can I bill for insurance?

A: Yes, there are many limitations to new graduates attempting to enter private practice. We do not encourage new graduates to get their supervised hours leading toward the terminal license in private practice. Our bias is that private independent practice is appropriate only for those LPCs who have the clinical experience necessary to treat clients in this most demanding setting.
Check your state practice laws, which vary from state to state. Most states will not allow you to accrue supervised hours as an independent contractor. Others mandate that you must be a “W-2” employee and that a director of the practice be on-site. Even as an employee, your provisional license status and your supervision need to be documented in the informed consent agreement. This means you cannot bill insurance because no insurance company will cover services provided by a counselor who is not fully licensed. And as we have said many times in this column, you cannot bill under someone else’s name or National Provider Identifier number. That would be considered fraud.

We suggest that you get your supervised hours at a hospital, social service agency, mental health center or some other setting where you will have access to immediate supervision, consultation and peer support. Private practice can be isolating and does not lend itself to the type of experience and supervision you need.

Come join us March 23-27 at the ACA Annual Conference & Exposition in New Orleans. We will be presenting the preconference Learning Institute “Starting, Maintaining and Expanding a Successful Practice: Surviving or Thriving?” on March 23 as well as the Education Session “To Private Practice or Not to Private Practice? That Is the Question” on March 25.

In addition, ACA is sponsoring free private practice consults during the conference by appointment. Schedule your appointment at counseling.org/sub/career/consultations.aspx.

In this inspirational book for graduate students and new counselors, Dr. Corey writes about personal and professional experiences throughout his 50-year career as a counselor, teacher, counselor educator, psychologist, supervisor, and writer. He shares recommendations and lessons he has learned—and is still learning—as a way to mentor other professionals and to promote self-reflection about creating one’s own professional path. In addition, 18 graduate students and new professionals share stories from their journeys, describe challenges they have faced, discuss what was helpful to them in pursuing their career path, and provide recommendations for getting the most from educational experiences.

Topics covered include Dr. Corey’s reflections on and turning points in his journey, how he developed his approach to counseling and group work, the counselor as a person and as a professional, the benefits of being mentored and mentoring others, becoming an ethical counselor, choosing a career path, professional writing, and self-care. 2010  |  232 pgs

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

Letters to the editor: ct@counseling.org
The 2011 ACES Conference will be held October 26-30, 2011 at the Gaylord Resort and Convention Center in Nashville, TN. The Call for Proposals will be available in mid-fall, with the deadline for submissions in January 2011.

The 2011 Conference will have content sessions, a research-mentor preconference, and lots more. Please mark your calendars and plan to attend the ACES Conference in the Music City!

For more information about the Conference, please visit the ACES website at www.acesonline.net or contact Robin Lee, Conference Chair, at aces2011conference@gmail.com.

Also, please visit the Gaylord’s website to learn more about this wonderful environment. It is like no other hotel experience! www.gaylordhotels.com/gaylord-opryland

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School Counseling Principles: Mentoring and Supervising

A trio of school counselor educators has written an extensively researched and thoughtful book on the topic of mentoring and supervising school counselors. This reference could be useful in a preparation class for school counseling students or counselor educators, as well as being a helpful self-improvement tool for current school counselors. Questions and reflection exercises are sprinkled throughout the book, making it a good means of encouraging class discussion and individual journaling.

The school counseling profession has been transformed during the past couple of decades, largely through the development of the ASCA National Model. Authors Felicia L. Wilczenski, Rebecca A. Schumacher and Amy L. Cook assert that mentorship and supervision is essential to the development of novice school counselors who are working in these transformed programs. Readers are reminded that mentorship of new professionals is a way to broach the “disconnect between the role the profession recommends and the actual work of counselors.” In this way, experienced counselors can also act as change agents and influence the counseling profession’s continued transformation.

The book’s first section addresses types of mentoring relationships and personal characteristics of protégés and mentors. Practical information is included detailing the development, stages, pitfalls and rewards of mentorship. Useful questions are posed that can guide mentors and mentees in formulating an effective relationship.

Section II draws attention to supervision as a way of transforming school counseling practices. Because programs have changed, supervision needs to follow suit, which can, in turn, encourage further transformation. The authors suggest that additional work and research should explore the effect of such supervision on school counselor programs and, most important, on the students themselves.

The book continues by considering the role of cross-cultural supervision. Several useful models are outlined, along with their advantages and disadvantages. Frank discussion is encouraged between the participants regarding the impact of culture in supervision. This section ends with a self-inventory to rate assumptions, beliefs, knowledge and awareness in the area of multicultural supervision.

The appendixes provide additional resources such as ASCA’s School Counselor Competencies and Indicators. The state of Florida’s criteria for assessment of these competencies and performance indicators are also included. Another of Florida’s included documents shows an example of a school counselor assessment instrument.

In their conclusion, the authors provide a compelling statement about the importance of this book’s subject. “It is up to school counselors to acquire leadership expertise in mentoring and supervising to … support the professional development of colleagues at all career stages and ensure that school counseling remains integral to the academic mission of schools.” By providing such support to our colleagues and to school counseling as a whole, we also support our own growth as professionals.

Reviewed by Jill Stephen, a certified school counselor who works as a high school counselor in the Aberdeen School District in Aberdeen, S.D.

Mastering the National Counselor Examination and the Counselor Preparation Comprehensive Examination

Paint this picture in your mind. It is 8 o’clock in the morning. The proctor at the front of the room just finished reading the instructional prompts. You have been given the instruction to break the seal on the National Counselor Examination (NCE) booklet lying on the desk in front of you. You open the booklet to the first page, read the first of 200 questions and immediately wonder why you chose not to buy a study guide to prepare for the NCE.

That scenario does not have to be the norm. Many study guides exist to help students and professionals achieve their goal of passing the NCE. However, choosing a resource that suits your learning style is important. Auditory learners may prefer listening to a study guide, while visual learners may lean toward purchasing a book-style study guide. One such resource book is Mastering the National Counselor Examination and the Counselor Preparation Comprehensive Examination.

This study guide offers a review of the eight content areas included in the NCE: professional orientation and ethical practice, social and cultural foundations, human growth and development, career and lifestyle development, helping relationships, group work, appraisal, and research and program development. This book also provides information about the NCE as well as preparation and test-taking strategies.
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As you complete your education and begin your career, there are a few resources you shouldn’t go without. One of the very best decisions you can make in the early stages of your professional life is to join the American Mental Health Counselors Association (AMHCA).

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3. It is the right thing to do for yourself. What can you gain by being a member of AMHCA?

- Professional development
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- Graduate Student Committees
- A nationwide network of students and practicing professionals with unique opportunities to meet and interact with peers
- AMHCA Annual Conference
- Online and print resources: research, clinical studies, critical guidance for counseling practice
- Publications: AMHCA Legislative Alerts, the online Advocate newsletter, and the Journal of Mental Health Counseling

As you begin your career you will find that your work is challenging. There are so many demands on you. One way to prepare for “the real world” is to join AMHCA. Supplement your curriculum with real-world, applied learning opportunities courtesy of AMHCA!

AMHCA exists to help you address all of your professional challenges. You need the benefits designed exclusively for you and offered only by AMHCA — the one association dedicated exclusively to the needs of professional mental health counselors. AMHCA is a division of the American Counseling Association.

We hope you will accept our special invitation.
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Each content area is divided into smaller sections, much like a textbook. However, unlike a textbook, each section contains the main concepts related to the content area instead of detailed explanations. The text provides a more straight-to-the-point reading style than a textbook. At the end of each section, the authors include five multiple-choice review questions and answers to refresh your memory.

The book's design allows for shorter study sessions. A section can be reviewed in 15 minutes. This is advantageous to the busy graduate student or professional who might not have an hour at a time to review human development or careers. This design may also be appreciated when encountering the dryer yet very important content areas of ethics and appraisal that tend to make the eyelids droop after a longer study session.

After the conclusion of the eight content areas, the authors provide a treat: two sample test forms each for the NCE and the Counselor Preparation Comprehensive Examination (CPCE). These tests help acquaint readers with the test format. The sample tests are shorter than the actual tests given for the NCE and CPCE, but they provide questions in each content area in a format similar to the real exams. For those with test anxiety, these sample tests may help alleviate some stress by providing an accurate representation of the content inside the real test booklets.

This review guide does not end with sample tests, however. Instead, the authors graciously provide a complete copy of the American Counseling Association and National Board for Certified Counselors ethical codes as well as an appendix devoted to multicultural counseling competencies. A glossary at the end of the study guide offers the final preparation gift. This may prove helpful if it has been awhile since studying words such as androgyny, ANOVA, skeleton keys and syncretism. The glossary also contains theorists, theories, words associated with each content area and common research studies that may appear on the exams. The comprehensiveness of the glossary might make it a good study resource in itself for the exams.

There are numerous study resources from which to choose to prepare for the NCE. If hearing information suits your learning and lifestyle, perhaps Howard Rosenthal’s review CDs would be best. If reading a question and receiving immediate feedback serves you best, try Rosenthal’s Encyclopedia of Counseling. If a more comprehensive review and explanation fits your style, check out Mastering the National Counselor Examination and the Counselor Preparation Comprehensive Examination. Autumn Good is a master’s counseling student at the University of South Dakota who will graduate in May 2011.

**Practical Wisdom: Positive Rehabilitation Psychology and the Legacy of Beatrice Wright**

By Henry McCarthy, 2009, National Clearinghouse of Rehabilitation Training Materials, DVD plus 54-page supporting document. $27.90

The National Clearinghouse of Rehabilitation Training Materials (NCRTM) has made available a dedicated webpage titled “Practical Wisdom: Positive Rehabilitation Psychology and the Legacy of Beatrice Wright” (ncrtm.org/course/view.php?id=200). Henry McCarthy, one of Wright’s former students, provides a comprehensive examination of Wright’s career and her contributions to enhancing the lives of persons with disabilities. The website provides access to valuable resources for educators, such as a detailed instructional manual and PowerPoint slides. The core of the site is a video that pays well-deserved tribute to Wright and her work.

There are very few times when the life and career of one individual defines such a major directional change in any field as the one initiated by Beatrice Wright in rehabilitation counseling. Now in her 90s, Wright is justifiably respected for her contributions of humanistic philosophy and positive psychology to contemporary rehabilitation values and methodology. In the course of her long career, Wright taught at the University of Kansas and the University of Wisconsin-Madison. With dozens of publications to her credit, she is perhaps best remembered for Physical Disability: A Psychosocial Approach, an acknowledged classic of rehabilitation literature. Wright came to the University of Kansas in 1951 but was prohibited as a woman from serving on the faculty until 1963 and did not become a full professor until 1967. Unquestionably, her personal experience with institutional discrimination sharpened her sensitivity to the needs of marginalized groups. In the course of her extraordinary career, she was honored by the American Psychological Association, the American Rehabilitation Counseling Association and the American Congress of Rehabilitation Medicine, among others.

The film and supporting materials cover four topic areas. Learning activities and supplemental materials for the classroom are also available. In the section titled “Practical Wisdom,” McCarthy interviews Wright concerning her long and influential career. She recounts how her initial examination of rehabilitation literature in the 1950s shocked her because it revealed an overshadowing pessimism and negative prejudice toward people with disabilities. Wright’s focus on abilities and values ushered in a radical shift in rehabilitation thinking, directed toward achievements and positive transitions. Further, her articulation of the importance of the environment as a critical factor added impetus to a movement that led directly to passage of the Americans with Disabilities Act.

In “Discussing Disability Rights and Disability Identity With Advocates,” Wright and McCarthy facilitate a group interaction with participants who live with disabilities such as deafness, mental illness and cerebral palsy. What emerges from the recollections of participants is the realization that facing challenges of access and stigma provided experiences that proved critical to their individual growth and self-definition. It is enjoyable as well as informative to watch Wright’s interpersonal style as she gently guides individuals to deeper insights.

“Beatrice Wright in Retirement: Active, Assertive and Enjoying the Adventure” explores Wright’s personal adjustment to advanced aging and how it has presented her with firsthand experience in coping with significant loss. Her life in a retirement community and her advocacy for the rights of the aged are closely examined. Her views are prescient in light of professional rehabilitation counseling’s
“What I Learned From Kurt Lewin” records the presentation to Wright of the Kurt Lewin Award by the Society of Psychological and Social Issues at the conference of the American Psychological Association in Toronto on Aug. 6, 2009. Wright was a student of Lewin’s and is considered one of the most significant contributors to the field theory tradition. This orientation is covered succinctly in Wright’s acceptance address.

A sad fact concerning the best minds in the history of the counseling profession is that many of their original concepts achieve such widespread acceptance that they are treated as natural facts, while reference to the originator is often overlooked. One wonders how many young students of rehabilitation counseling are familiar with Beatrice Wright and the particulars of her outstanding career. This film and the related materials offer educators a rich opportunity to cover and pay appropriate homage to the life and contributions of a major shaper of contemporary rehabilitation counseling.

Alan Davis is a faculty member at South Dakota State University.

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Letters to the editor: ct@counseling.org

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Written for use in play therapy and child counseling courses, this extraordinarily practical text provides a detailed examination of basic and advanced play therapy concepts and skills and guidance on when and how to use them. Kottman’s multitheoretical approach and wealth of explicit techniques are also helpful for clinicians who want to gain greater insight into children’s minds and enhance therapeutic communication through the power of play.

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American Counseling Association
counseling.org
The term “wellness” is stressed in many disciplines and is frequently used in connection with infomercials, beauty products and exercise regimens — and counseling literature, of course. The wellness construct traces back to ancient Greece and is evident in our counseling classrooms and practices. How often have you — as a counselor, educator or supervisor — related the importance of wellness in its various forms to a client, student or colleague? In your own life, how often do you exercise, rest, utilize humor or spend time with family, friends or a hobby? Your answers to these questions show a predisposition to utilizing wellness concepts in everyday activity.

The tradition of wellness has been expanded today as health paradigms have shifted toward a preventative tone, both in assessment and practice. This shift is demonstrated in how managed care organizations negotiate with their clients when offering wellness programs, including gym memberships, nutrition consultation and, in some cases, psychoeducational programs aimed at preventative care. In the counseling field, this shift is seen as an integration of models and styles that emphasize the core wellness concepts developed by interdisciplinary sources through the years.

Wellness models

In counseling literature, the Adlerian model created from interdisciplinary systems is known as the Wheel of Wellness. This model was the first to address the construct of wellness in counseling and later was developed into a comprehensive multisystemic format by Jane E. Myers, Thomas J. Sweeney and Melvin Witmer. Within a few years, Myers and Sweeney expanded their theory through a research base to the “Indivisible Self: An Evidence-Based Model of Wellness.” These authors also edited the 2005 American Counseling Association publication Counseling For Wellness: Theory, Research and Practice, which explores wellness through utilization in various settings and with specific groups.

- The Wheel of Wellness: tinyurl.com/24xjql
- Indivisible Self model: tinyurl.com/2edpeg9
- Hettler’s model: hettler.com
- Wellness models of the past: tinyurl.com/2da54zy
- Wellness Wheel: tinyurl.com/2capyw

Definitions of wellness

There is not universal agreement on the actual definition of wellness. As Myers and Sweeney acknowledged in Counseling for Wellness, Aristotle once wrote of finding a balance between “excess and deficiency.” Donald Ardell described wellness as “a mind-set, a predisposition to adopt a series of key principles in varied life areas that lead to high levels of well-being and life satisfaction.”

In “The Wheel of Wellness: A Holistic Model for Treatment Planning,” an article published in 2000 in the Journal of Counseling & Development, Myers, Sweeney and Witmer defined wellness as: “A way of life oriented toward optimal health and well-being in which body, mind and spirit are integrated by the individual to live more fully within the human and natural community. Ideally, it is the optimum state of health and well-being that each individual is capable of achieving.”

This definition suits counselors and educators because it formulates wellness not as an immovable object but as a progressive change. In a 2007 article for Counselor Education and Supervision, Leila F. Roach and Mark E. Young, noted that nearly all definitions seem to agree that wellness “pervades all aspects of the person.”

- YouTube video of wellness: tinyurl.com/277uvjr
- Definition of Wellness website: definitionofwellness.com
- Additional definitions of wellness: tinyurl.com/l66sij

Utilizing the Indivisible Self model

What follows are some possibilities for counselors, counselor educators and supervisors to implement Myers and Sweeney’s Indivisible Self model (creative, social, physical, coping, essential) with clients, students and colleagues.

Creative self

In working with clients and students who wish to express themselves in more formidable ways, resources might include volunteer opportunities, career development, the gaining of knowledge and exploration of emotional tendencies. For example, specific readings might be assigned for psychoeducational development, or an independent project could be assigned to students who wish to understand a topic in great depth.

- “The Creative Self” (from Psychology Today): tinyurl.com/2e2etxx
- Creative self-expression podcast: tinyurl.com/39zge5
- Discovering your creative self: tinyurl.com/2ctfis
Volunteer opportunities databases: volunteer.org; volunteer.gov/Gov/

Idealist: idealist.org

The Association for Creativity in Counseling: creativecounselor.org

Social self
A common issue many clients face is a lack of social options, resulting in limited social interaction and, potentially, isolation. Referrals to attend specific interest-based social outlets such as bowling leagues, poetry jams and other groups can be beneficial in creating more social opportunities for these clients. Counseling programs’ Chi Sigma Iota (national counseling honor society) branches can be useful in helping students connect with one another through professional events and volunteer opportunities.

- Improving your social self: tinyurl.com/26leq7j
- Improving your social life in three steps: tinyurl.com/2f64jij
- Six ways to improve social skills: tinyurl.com/247zz84
- Things to Do (search tool for social activities): thingstodo.com
- Chi Sigma Iota: csi.org

Physical self
According to Myers and Sweeney, the physical self is often the area of the Indivisible Self model that students and clients most commonly respond to when asked whether they practice “self-care.” In speaking with students and clients, common thoughts expressed included “need to go back to the gym” or “eating better because I know that would help me take better care of myself.” However, the American College Health Association’s 2007 National College Health Assessment showed that only 32 percent of college students exercised “vigorously” for at least 20 minutes three times per week. Taking care of one’s vital physical self could be enhanced through proper nutrition and exercise therapy, both of which can serve as preventative and stress-relieving techniques. In a 2008 article for the Journal of Counseling & Development, Marc B. Schure, John Christopher and Suzanne Christopher suggested that helpful resources could include nutrition referrals, student running groups, timely medical checkups or yoga/mindfulness technique sessions infused into the classroom or workplace.

- American College Health Association:acha.org
- MayoClinic.com exercise benefits: tinyurl.com/29qj85
- YouTube yoga videos: tinyurl.com/36okadd
- Yoga for wellness: tinyurl.com/2fjidfou
- American Society for Nutrition:nutrition.org

Coping
A large component of counselors’ work includes helping clients strengthen their coping skills by learning to manage daily stressors, create space for leisure, address self-image issues and re-create belief structures. The possibilities in this area are numerous. Some examples of techniques include breathing exercises and test-taking strategies for reducing anxiety, confronting irrational beliefs through the use of specific interventions and using visualization exercises to clear the mind of repetitive thoughts.

- Pan American Health Organization’s improving coping skills: tinyurl.com/2abe56f
- Towards Emotional Health: tinyurl.com/2eabba2z
- Breathing exercises videos: tinyurl.com/29h68v3
- Rational emotive behavior therapy videos: tinyurl.com/29k4ja
- Self-image worksheets: tinyurl.com/2gyrmxp

Essential self
Within the scope of the essential self are the elements of spirituality, self-care, gender identity and cultural identity. Each element carries importance to who we are as humans, and each element can be explored to assist in developing self-awareness. Helpful exercises might include reflections, journals, Gestalt techniques for experiencing the “here and now” and cultural/spiritual/gender identity exploration.

- Journaling resources: tinyurl.com/7qdz4z
- Inspired to Journal: inspiredtojournal.net
- Journaling Life: journalinglife.com
- Awareness exercises: tinyurl.com/2ur8txv
- Gestalt awareness development resources: tinyurl.com/2769zns
- Association for the Advancement of Gestalt Therapy: aagt.org
- ACA divisions that promote culture: amcdaca.org/lamed; algbtic.org; asevices.org; counselorsforsocialjustice.com

Wellness is a multifaceted approach to counseling, counselor education and supervision that can be utilized for the betterment of the counseling profession and the care we provide to clients. The wellness construct is particularly suited to the counseling profession as we look for strengths in each person to overcome obstacles to optimal mental health and well-being. Wellness and counseling are closely linked, as clearly shown by the Indivisible Self model’s attributes of social, essential, physical, coping and creative. As we progress in developing the most holistic, appropriate treatment, it is important that we infuse wellness concepts into each session, supervision hour and classroom.

Complete in-text references for this article, in addition to other links, are available on The Digital Psyway companion site at digitalpsyway.net.

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A nyone who has flown on an airplane and listened to the flight attendant before takeoff has been cautioned what to do in the event the oxygen masks fall from the ceiling: Put on your own mask first before trying to help someone else. Counselor wellness experts say that idea has mileage on the ground, too.

Helping yourself first is a principle that applies directly to counseling, says Sandra Rankin, a member of the American Counseling Association who runs a private practice in Austin, Texas. “If you’re gasping for air, you can’t help other people,” says Rankin, who is also earning her doctorate in health psychology from Walden University. “Counselors who neglect their own mental, physical and spiritual self-care eventually run out of ‘oxygen’ and cannot effectively help their clients because all of their energy is going out to the clients and nothing is coming back in to replenish the counselors’ energy.”

Although most counselors are familiar with self-care — even preaching the concept religiously to clients — many find it a challenge to put the concept into practice in their own lives. Wellness experts say as life gets busy, counselors may tend to assume that they can, or even should, handle problems and stress on their own. But, these experts caution, counselors who ignore their own needs will find their outlook on the profession going quickly downhill.

“Wellness is one of the critical factors in being a healthy counselor,” says Stephanie Burns, an adjunct professor of counseling at Heidelberg University in Tiffin, Ohio. “We are asked as professionals to provide a tremendous amount of empathy to our clients. We often listen to very tragic and emotionally difficult stories. We are offering this empathy to the client and offering a place to share these stories, yet our profession is not meant to be a two-way street — the client is not there to provide us empathy. So, somehow, when you do that work on a daily basis, you have to have an outlet to receive things back. Otherwise, you end up depleting yourself and you don’t have anything more to give.”

Elizabeth Venart, a private practitioner in Ambler, Pa., who served on the ACA Task Force on Counselor Wellness and Impairment, says offering empathy is imperative in the profession, but this also opens the counselor up to feeling the client’s pain. “While vital, being emotionally attuned and available to clients increases our vulnerability in the work,” she says. “And, yet, we cannot be effective in our work if we are not emotionally attuned and available. Within the counseling relationship and within the moment-by-moment interplay of each session, this is the ultimate balancing act — finding ways to stay attuned to clients while maintaining a strong and deep connection with our own experience.”

The term “counselor wellness” is commonly alluded to, but genuinely putting the concept into practice can be a challenge even for veteran practitioners.

By Lynne Shallcross
The path to finding that balance begins with recognizing warning signs and not feeling ashamed of them, Venart says. “It is important for counselors to understand that there are risk factors inherent in the work and that noticing signs of stress or distress is a sign of health, not impairment. None of us is immune to the effects of the work. When counselors can view their emotional responses to their work as an expected part of empathic engagement rather than something they are doing wrong, they are more likely to seek support, talk about stress with colleagues and engage in self-care practices to support their overall wellness.”

Wellness is especially important because counselors are one of the primary instruments in their own work, says Gerard Lawson, associate professor of counselor education at Virginia Tech. “It’s impossible to separate who I am as a person from the work I do as a counselor,” says Lawson, who chaired the ACA Task Force on Counselor Wellness and Impairment. “If I’m not well, that’s going to get in the way of me being able to tune into the needs of my clients.”

Venart, who is also founder and director of the Resiliency Center, a community of private practitioners offering healing services, community education programs, professional development trainings for helping professionals and other services, echoes Lawson’s sentiment. “Counseling is a profession dependent upon our ability to be authentic and attune empathically because it is through this process of careful attunement that healing and growth occur,” she says. “Research consistently demonstrates that the quality of the therapeutic relationship is more predictive of counseling outcome than any other factor. Since the self of the counselor is an essential component of effective counseling, it is vital that we nourish our own wellness. When we are well, we are better able to connect with our clients, more attentive and creative in our work, and less likely to make clinical errors or violate boundaries.”

Counselors should make it a priority to walk the talk and model wellness for their clients, Lawson says. “It’s not to say we need to be perfect all the time, but we need to be aware. If you’re telling your clients to do it, do it yourself.”

Venart agrees. “We need to be aware of the messages we teach clients when we honor boundaries or neglect to set them, when we take a day off to nurture our health or come into work sick, or when we model joy and curiosity or unintentionally share the flat affect of our unresolved grief or depression.”

Elizabeth Venart, upper right, finds laughter and friendship at her weekly women’s group.
It's important that counselors make a habit of checking in on themselves, Venart adds. "Because counselor wellness and impairment are on a continuum from well to stressed to distressed to impaired, it is critical that we continually monitor where we are on that continuum and address any early signs of stress so we don't move further down the continuum. We are instruments of healing. If we don't keep our own instrument tuned, we won't be useful in promoting wellness in others."

**A self-checkup**

Determining how "well" you are as a counselor can start with only a few clicks of the mouse, says Burns, an ACA member who has offered wellness workshops for counselors. She points to resources that came out of the Task Force on Counselor Wellness and Impairment, including handouts on risk factors, assessment tools and more, all available on the ACA website at counseling.org under the "Resources" tab. "It can be hard because of our work schedules and the fast pace of life to know how we're doing," Burns says. "All those resources are free, and counselors can download them 24/7. It's a way for counselors to check in with themselves and figure out where they're at."

Leslie Kooyman, an assistant professor in the Counseling and Educational Leadership Department at Montclair State University, says mild feelings of resentment toward certain clients or feeling burdened by certain clients can be a subtle indicator that something isn't right. Other indicators, Kooyman says, particularly for experienced counselors, are regularly feeling lost in terms of what direction to take with clients and sloppy logistics, such as starting sessions late or allowing sessions to go past their scheduled end time.

Unexpected events can throw a schedule off course, but that should be the exception, not the rule, says Kooyman, a member of ACA. "We all have good days and bad days, good sessions and bad sessions. You're not always 100 percent, certainly." But, he cautions, a pattern of such issues might signal the beginning of burnout.

Rankin says other warning signs include feeling irritated about clients, experiencing a low level of energy, having
problems develop at home, viewing the world and the people in it as unsafe and losing your sense of humor. Paying attention to the physical and mental symptoms of stress is important, she says, as is taking action to alleviate those symptoms instead of ignoring them and simply hoping the situation will fix itself. “Unfortunately, many counselors use stress as an indicator of the quality of work they are doing, believing they are being ineffective if they experience even a hint of stress,” she says. “What counselors need to remember is that stress and the accompanying symptoms are indicative of how the work is affecting them.”

One of the ways Rankin keeps her wellness in check is by participating in a peer support group with a handful of other counselors. The group meets at someone’s office or goes out for lunch or coffee roughly once every other week, although group members meet more frequently when they feel the need. They are careful to go someplace neutral so whoever is having the worst week can get away from his or her work environment, Rankin says.

In one instance, a counselor in the group was experiencing explosive growth in her practice and was seeing between 40 and 50 clients per week. Some of these clients were outside of the counselor’s specialty and were not as enjoyable for her to work with. The counselor found herself exhausted and with precious little time left over for herself or her family. “When we as a group confronted her, she said it had happened before she knew it and [she] didn’t know how to get out of it,” Rankin says. “Being counselors, we probed into why she was ‘suddenly’ overwhelmed with clients she did not want and was constantly working. Like our clients, she used every excuse in the book, including the very real ‘If I don’t work, I don’t get paid’ argument.” The group helped her brainstorm options and potential solutions, and after she chose a few, the group gave her deadlines and held her accountable.

“She hired a local company to do her insurance reviews, started referring clients not in her specialty, set boundaries with her existing clients so she was not taking their calls at all hours of the day and night, and went for her own personal counseling to address issues she was using work to avoid,” Rankin says. “It took about a month for all of these changes to be put in place, but by the end of the second month, she was experiencing some relief and returning to her old self. It’s been over a year now, and she actually has more free time than ever.”

Making room for life

When Lawson worked as a counselor in an inpatient setting, he remembers rehashing each day in his mind during the car ride home from work. He would go over the clients he had seen, what he had done well and the things that hadn’t worked. “I was literally taking it home with me,” Lawson recalls.

That winter, Lawson repeatedly found himself getting sick, which previously had been a rare occurrence for him. It took a little while, but he eventually realized stress was taking a toll on him physically, so he determined to make a change. On his drive home, it was necessary for Lawson to cross a river. He decided that crossing the river would signify the end of his work day, at which point he would shut off and leave thoughts of the counseling office behind. “It sounds corny,” he says, “but it was a cleansing moment for me at the end of each day.”

A variety of ways exist to improve self-care, and Venart contends that self-awareness is the first step in creating lasting change. “Create and pay ongoing attention to the balance in your life — balance between work and play, giving and receiving, accomplishing tasks and doing nothing,” she says. “Learn simple strategies to nurture yourself within your day, including nourishing [yourself] with enough water, good nutrition and movement and exercise.”

Among Venart’s other recommendations are venting and problem solving with colleagues, taking a walk, journaling, practicing mindfulness and taking advantage of clinical supervision and peer support groups. Venart keeps herself motivated by maintaining a folder of thank-you notes and success stories from her work with clients. “I refer back to them regularly as a way to remind myself that this work really makes a difference, especially on those difficult days.”

Career-sustaining behaviors are often unrelated to work itself, Lawson points out. Aim for a rich life outside of work, which might include taking vacations or...
Roadblocks to wellness

Burnout, vicarious traumatization, compassion fatigue and impairment are terms often mentioned when discussing counselor wellness and self-care. But what distinguishes one from the other? Counseling Today asked counselor wellness experts to weigh in.

Burnout: Gerard Lawson describes burnout as a slow degradation of a counselor’s ability to empathize with clients over time. Elizabeth Venart says burnout often arises from an accumulation of work-related stress, resulting in feelings of hopelessness and helplessness. “It is typically created or exacerbated by the nature of the work and workplace. As a result, a change in work environment can dramatically improve one’s experience of burnout,” she says.

Vicarious traumatization: The symptoms of vicarious traumatization, or secondary traumatic stress, are much the same as those associated with post-traumatic stress disorder, Sandra Rankin says. Counselors can acquire vicarious traumatization in as little as one interaction when they are affected by the trauma they hear about through clients, Lawson says.

Compassion fatigue: “Charles Figley originally coined the term compassion fatigue [as] an experience in which exposure to the suffering of clients coupled with an inability to rescue them from this suffering results in feelings of depletion, anxiety, depression, resentment and/or emotional withdrawal,” Venart explains. “Counselors experiencing compassion fatigue may deny clients’ traumatic experiences, overdiagnose and pathologize clients, and become increasingly less attuned and empathic.”

Impairment: Venart says the ACA Task Force on Counselor Wellness and Impairment found that impairment “occurs when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client.” Lawson adds that impairment, which doesn’t always equate to unethical behavior, can lead counselors to tend to their own issues at the expense of clients’ issue. For example, a counselor with grief issues might steer clients away from their own grief or loss issues because the counselor can’t handle talking about them.

“Staycations,” spending time with family or a significant other and making time to meditate or pray. Lawson sometimes asks counselors what they do for leisure outside of work, and he routinely hears responses such as volunteering with the American Red Cross or hospice care. “Those are wonderful things to do but very similar to the rest of their professional lives,” he says. “At some point, you need to do something with another part of your brain, not something where you’re caring for others or putting others’ needs ahead of your own.”

Kooymans advocates integrating relaxing activities such as yoga, deep breathing and listening to music after sessions but says counselors should protect their well-being in session, too. “Wellness is also about being able to take care of yourself in the moment,” he says, “and that’s a little more challenging.” He provides the example of counselors being honest about the days they’re available to be in the office instead of stretching to accommodate a particular client.

Another example is setting limits when negotiating fees with clients. Kooymans, who worked in private practice for 10 years, did pro bono work but was also realistic about having to make a living. At times, he says, counselors can be too client-centered and end up giving more than they should. “If we’re not really comfortable with what we’ve decided, it’s going to eat away at us,” he says.

Maintaining boundaries is a crucial element of self-care, Rankin says. “A lack of professional boundaries can create feelings of being overwhelmed, bitter and angry. Too many counselors have not learned what boundaries are, so they meet with or take calls from clients outside of office hours, do not set office hours or work overtime when there is no real need. Basically, they put clients before their own family, friends and self.”

Setting boundaries means taking vacations and holidays, Rankin adds. That can be a tough decision, especially for private practitioners who aren’t bringing in income if they take a day off, but getting away from work is extremely important, she says. “Long or unusual work hours, large caseloads, caseloads with a high amount of trauma, no vacation or off days and no holidays all contribute to counselors becoming unhealthy in mind, body and spirit and therefore impacts the quality of care provided to clients.”

Keeping up with the literature in the field can also promote wellness, Lawson says. When counselors read the latest research and understand new aspects of a concept or problem, it can remind them to view clients as people rather than the problems they represent. Reading the professional literature can also help counselors guard against taking cookie-cutter approaches with clients, Lawson says. Also a proponent of journaling, Lawson says research has shown that people who journal on a regular basis are less susceptible to illness.

Rankin points to research showing that personal therapy and/or clinical supervision can help counselors stay happy and healthy in their work. However, she says, many supervisors are unaware of the importance of self-care, and many counselors don’t seek supervision beyond their internships. “For example, many counselors I have worked with, as well as counselors I have had as clients, do not understand the difference between emotional attachment and empathy. Learning the difference while in clinical supervision would have decreased their risk of compassion fatigue and burnout. Those that were my clients may not have needed therapy had they learned the difference.” If clinical
supervision is not an option, Rankin recommends finding a peer consultation group.

Venart recommends that counselors sort their to-do lists into tasks that are truly essential and those that are not. She recalls a counselor in one of her peer consultation groups who told a story about resenting her husband’s ability to relax and informing him there were no days off in their household. “While believing this assertion wholeheartedly as she was expressing it to him, she had to laugh at herself as she was recounting the story aloud in our group,” Venart says. “She realized it wasn’t OK with her for him to have a ‘day off’ because she had never considered the possibility that she, too, might be entitled to regular downtime. We explored the undercurrent of beliefs that drive so many of us to push hard without resting, to put others before ourselves and to deny our basic needs for rest, nourishment and pleasure. Yes, some of the tasks of work and parenting and taking care of a home are essential, but some are not. Counselor wellness is sustained when we take an ongoing inventory of what’s truly important and make sure we’ve made ourselves a high priority on our running list of things requiring care.”

In the process, Venart adds, don’t forget to appreciate the lighter side. “Infuse a sense of play into your life. A sense of play can help you and your clients remember that life need not always be so serious. I have a playful little wire figure of a girl sticking out her tongue that reminds me that humor is healing. Clients love this little figure and have commented that her silly irreverence inspires them to speak their mind and see the humor in situations.”

Not second nature

If wellness is ingrained in the foundation of counseling, why doesn’t self-care come more naturally to counselors? First and foremost, Lawson says, people who end up in the helping professions are naturally inclined to take care of others. Plus counseling, by design, is a one-way caring relationship. At times, Lawson says, counselors let that work mentality “leak over” into the rest of their lives, allowing every relationship to become a caretaking relationship.

“Those drawn to work in counseling may have learned at an early age to become other-focused rather than self-focused,” Venart confirms. “As a result, they may not feel they need or deserve the same nurturing [that] they accept others need and deserve. They may have exceptionally high standards for themselves and yet be compassionate and forgiving of the shortcomings, mistakes or inconsideration of others.”

There’s also a deeply rooted idea that as Americans, we should be self-sufficient and pull ourselves up by our bootstraps, Lawson says. “I would argue it’s good practice to say, ‘I need help.’ Asking for help isn’t a sign of weakness. It really is a sign of the commitment to the work that we do.”

The work itself can stand in the way of wellness, Rankin says. “Many counselors struggle just to get through the day, so self-care takes a backseat to limited time and fatigue. Plus, some work environments make it difficult for therapists to engage in self-care because of unusual or long work hours, large caseloads and little or no support.”

In addition, like most people, counselors can grow “comfortable” in their discomfort. Even when their work environments are filled with stress, fatigue, anger and resentments, it can still feel “safe” simply because they know what to expect, Rankin says. Trying to

Sandra Rankin relies on reading and listening to music to help her relax.
Getting connected

When counselors are isolated, whether working in rural areas or working as sole private practitioners, maintaining wellness can pose an even bigger challenge. Without other colleagues to learn from, vent with or lean on for support, stress is more likely to build unimpeded. Experts say finding a support system, whether through formal supervision or an informal network of other professionals to meet with for consultation and camaraderie, is vital.

Technology can also help bridge the gap. “With the Internet, e-mail, Facebook and the phone, you can still connect with other people,” says Sandra Rankin, who works in private practice in Austin, Texas. Adds Elizabeth Venart, a private practitioner in Ambler, Pa.: “Post questions and participate in online forums for counselors through sites like LinkedIn and Psychology Today. Join interest networks (electronic mailing lists) through ACA where you can connect with counselors in other geographical areas who share your professional interests.” Find out more about ACA’s interest networks by scrolling to the bottom of counseling.org and clicking on “Interest Networks” under the “Get Involved” tab.

Counselors also recommend checking out local, state, regional and national associations for networking possibilities and attending professional conferences to meet other helping professionals. Leslie Kooyman, an assistant professor at Montclair State University, says counselors also might want to consider consulting. When he worked in private practice, Kooyman split his time between counseling clients and doing consulting work with nonprofit organizations and school systems. Not only does consulting offer a team of people with which to work, he says, but it can also help generate revenue. Research others in your geographic area who are doing similar work, Venart recommends, then contact them and schedule a time to talk in person. “Even if your ‘local’ colleagues end up being three counties or two hours away, they can be a resource for you,” she says. “Perhaps organize quarterly in-person meetings to supplement more regular phone calls and teleconferences. There are several free teleconference services where the only fee is the price of the phone call through your local phone service provider. One I have used successfully in the past is freecconference.com.”

— Lynne Shallcross
Shedding the day

A foundation for wellness should be built before counselors even enter into their professional lives, Lawson says. “In counselor education, we don’t do as good of a job teaching about risks and how to avoid them or manage them if you bump into them,” says Lawson, who makes an extra effort to talk with his students about wellness in the hopes the message will stay with them when they become professionals.

To help establish this mind-set, Lawson encourages his students to change their clothes after they return home from their internships at the end of each day. “You’re [figuratively] shedding the day, and you can move on to the evening with your family,” he says. “It’s a tiny ritual, but it’s those sorts of things that help us separate our professional life from our home life. The ritual becomes a habit and, over time, that habit becomes part of maintaining your own wellness.”

Kooyman, who teaches school and community counselors, often asks his students to make a list of activities they enjoy doing and then to be deliberate about incorporating enough of those activities into their daily lives. Burns also brings up wellness with her students, asking them how they give attention to the many facets of their lives. Creating a supportive atmosphere for counselor wellness in graduate school is crucial, she says. “That’s a good sandbox. If it can be incorporated there, then those skills can be transferred over when they’re working full time as a counselor.”

As a whole, counselor education programs must do more to promote and teach counselor wellness strategies, Venart says. “While current programs or individual professors may discuss the importance of self-care, I believe it is vital that this focus be interwoven throughout graduate training programs and that students and professors alike be challenged to engage in wellness practices and modify behaviors that clearly impair their functioning, including workaholism. I have a friend currently enrolled in a holistic nursing program where practitioner wellness has been integrated into every aspect of their training. The importance of self-care is overtly discussed and modeled by faculty, and the curriculum of each course includes an emphasis on self-assessment and reflection as well as the development and implementation of concrete wellness plans and practices.”

Venart reminds students and professionals alike that although self-care can appear large and looming at times, the process begins with just one step. “As we see with clients, it doesn’t usually require a heroic effort or a complete life makeover to generate really positive results. Sometimes the smallest changes can make the biggest impact. Never underestimate the power of a restful eight hours of sleep, exercise and good nutrition throughout the day. Lunch with a friend can lift our spirits, and taking a Sunday off to rest and play can help us recharge for the week.”

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Picture a fifth-grade classroom. One little boy will not sit still. He constantly interrupts the teacher and gets out of his chair during the lesson. Meanwhile, a little girl sits in the back row and gazes out the window. Ensnared in a daydream, she also has missed the lesson.

Eventually, the school’s counselor is likely to send the boy for evaluation, and his family will begin working with his learning needs. The girl, on the other hand, is likely to be passed on to sixth grade with low academic marks and even lower self-esteem. Both children have attention-deficit/hyperactivity disorder (ADHD), but because it is the boy’s behavior that presents as a “problem,” only he will receive treatment.

Wilma Fellman, a retired licensed professional counselor in West Bloomfield, Mich., and longtime American Counseling Association member, knows this scenario personally. She says she only “woke up” to her own diagnosis during the process of securing help for her son with ADHD 28 years ago. “The specialists decided to look into the parents’ backgrounds, and his father didn’t demonstrate any of the characteristics, but I was the poster child,” Fellman says. “There I was, 30 years old and suddenly putting things together that didn’t make sense to me when I was much younger. I live inside an ADHD body, so I know it’s real. I know the struggle. I also know it’s overdiagnosed and often a catchphrase, but it’s also underdiagnosed, particularly in women, because they don’t cause a problem.”

Kathleen Nadeau, an author, clinical psychologist and director of the Chesapeake ADHD Center in Silver Spring, Md., points to training deficiencies in the mental health field. “We’re so overtrained by the media and by social assumptions that [attention-deficit disorder] has to do with hyperactivity and with tremendously obvious distractibility. We only associate it with kids — [generally] kids who didn’t do well in school — and we associate it with boys. It’s not that women present atypically, [but] I think there’s really inadequate training for psychologists, social workers, counselors and psychiatrists about what adult ADHD looks like.”

Nadeau offers the example of a family she counseled recently. The daughter, who was in first grade, was “utterly charming” despite interrupting Nadeau’s interview. Both of her parents also had ADHD yet presented quite differently from each other. “Dad is bouncing all over the place. It was clear he had some kind of minor business crisis on his hands, but he didn’t want to leave the session,” Nadeau says. “Then there was his wife [who exhibited] much greater self-control but was describing her office as utter chaos. She said, ‘I know where everything is, but I tell my boss that if I don’t see everything, I lose track.’ That’s her ADHD.”

The most common complaint Nadeau hears from women with ADHD is that they are overwhelmed with life: kids, house, work, bills, etc. “Many women can identify the point at which the drowning began,” Nadeau says. “[They might say]...
‘I worked really hard in college and was successful, but my apartment was always a wreck.’ They usually note a point at which the flood came overhead — maybe the second baby was born or they moved into a house with a larger mortgage. They have tremendous problems with lateness, with distractibility. They say, ‘I work all day, every day, and I could not tell you what I accomplished.’ The reason she can’t is she lives her life in reactive mode, with no plan or organization.”

Delayed diagnoses

Women with ADHD are often misdiagnosed and sometimes medicated for other disorders, which can lead to a deep dissatisfaction with the mental health field and an increased sense of isolation, says Ellen Littman, an ADHD specialist in Mt. Kisco, N.Y., who has written extensively on the topic. “Almost all of the women I see have been bouncing around the mental health field for some time, having been misdiagnosed, often on a trial of Zoloft or Prozac. They’ve seen a little relief, but nothing significant.”

ADHD is rarely the first thought when a female client presents with symptoms such as exhaustion, trouble concentrating and feeling different from other people. “It’s missed almost all the time,” Littman says, “so by the time you find a woman in her 40s, struggling on her own for all this time, there are so many other problems that she’s developed as a result. It really impairs her life, and she feels alone.”

Raising awareness in the mental health field is paramount, says Littman, who adds that clinicians need to be sensitive to the history of struggle that each client carries. “It’s astounding the statements that psychopharmacologists make to women who are in such a vulnerable position … but finding a woman psychiatrist who understands all those factors is a needle-in-a-haystack experience,” she says. “Women will come in and say the medication and therapy is helping a little, but with years of being told, ‘There’s nothing wrong with you. Just try harder,’ they’re not good at advocating for themselves when they go to a psychiatrist. And that becomes another cycle perpetuating low self-esteem. You have to create a safe environment where women feel all of their issues are being validated.”

Nadeau advises counselors to listen closely to their clients and carefully consider whether certain symptoms might be connected with ADHD. “It’s really important to help counselors understand that women with ADHD are very likely to have anxiety and depression [at the same time],” Nadeau stresses. “If you think about it, having ADHD is anxiety-provoking. If I’m running late, if I just got something in the mail, these things ratchet up the anxiety. What is rare is for [adult] ADHD to exist without a coexisting condition. So often the anxiety or depression is very readily diagnosed. All mental health professionals know how to diagnose that. [But with ADHD], sometimes it’s like peeling the layers of the onion.”

There are more than 14 typical ADHD symptoms, Fellman notes. “The tricky part is that almost no one has them all. The combination that Female A may have is 1, 3, 7 and 9, while Female B has 2, 6, 11 and 14, and the two don’t operate at all alike. Once counselors realize [ADHD] doesn’t follow the rules, then they are starting from the right place.”

Littman agrees. “In high school, [these clients with undiagnosed ADHD] didn’t fit in anywhere but soon discovered either through substances or through sex that these were ways to be accepted and to bridge the gap that they were not able to bridge another way. They may have had trouble connecting to others, but with those [behaviors] you get blanket acceptance. You find people in their 20s drinking or smoking pot all the time, doing things to slow their brains down. It’s very rare that they don’t have self-medicating behaviors.”

“There are also usually addictive behaviors,” she continues. “They often start with nail-biting, then food becomes the legal addictive item for girls. It’s unusual to find these clients without some sort of eating disorder.”

A counselor’s attitude can exacerbate the problems of women with ADHD. “A lot of therapists who are trained more analytically don’t really buy the whole diagnosis,” Littman says. They assume that “if there are problems, it must be analytical.”

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Great expectations

Cultural expectations about female behavior also make it difficult for women with ADHD to thrive. “Usually, girls and women have the additional issue of the sociocultural role of what a female is supposed to be: organized, together, socially adept and good at cooperative activities,” Littman says. “These women are not feeling good at any of those things. They may just tell the therapist they feel different or that they don’t know how to connect. … She strives to compensate and will do anything to [fit] the appropriate sociocultural role, and she is increasingly overwhelmed.”

Littman has found that women with undiagnosed ADHD experience difficult symptoms that may push them toward counseling during certain life stages. “The first [stage] is when they go to college, leaving home and the extreme structure that’s been imposed by a parent or two where everything was figured out for them — laundry, food, etc. Then they go and try to take on those roles themselves and try to fill in a blank slate of a day for themselves. The first year of college for most kids with ADHD is almost universally a disaster: sleeping, partying, drinking.

“If they’re able to get through that piece of it, then you get to the second [stage]. … Life becomes more difficult when you have a significant other [and you’re] trying to accommodate their needs when you’re not even sure of your own. Girls and women tend to focus on what the other person’s needs are, and their own needs are not addressed, not articulated. They cope like that for a while, but when you get into them having a house or an apartment, the difference is exponential. They cope like that for a while, but when you get into them having a house or an apartment, the difference is exponential.

“The final frontier, if you haven’t seen the client yet, is going to be the second child. There’s just no way [the client with undiagnosed ADHD] can manage. She’s hiding the chaos, but it’s everywhere. It can’t all be done. It’s more likely she will be diagnosed then, but the damage [has already been] done in terms of her self-esteem.”

Nadeau echoes this sentiment. “One of the gender differences is that very often in a workplace setting, women are more likely to be assigned a job that involves organizing other people — the essence of being an ‘admin person.’ That’s exactly what’s so hard for these women. Even if a woman doesn’t have that kind of a job, much of the family expects her to be the one to figure out what’s for dinner, when is soccer practice and did you get the gifts for the birthday? So they begin to feel they’re just bad at being a female. Even though a man might be impacted in the same way, the world isn’t expecting him to manage his family in addition to doing his job.”

Career myths

In the 28 years since her own informal ADHD diagnosis, Fellman’s counseling career has focused on helping adults find meaningful work, with an emphasis on ADHD support. “I live and breathe the topic. In fact, I’m in graduate school again going for my doctorate because I’m not finished yet,” she says. Her research is focusing on the validity of Myers-Briggs Type Indicator results for women with ADHD and how the test, and other ADHD stereotypes, might lead counselors to reach inaccurate conclusions about their clients.
“I don’t think most counselors understand ADHD,” Fellman says. “When you have a woman who goes to a counselor for career development guidance and the counselor has very passing knowledge of what ADHD is, they often use the myths that are associated with ADHD to guide this person. The myths are that everybody with ADHD is jumpy and can’t sit still, so just find them a job or career that has to do with moving around. That isn’t necessarily true. There are an awful lot of women with ADHD who are hyper-focusers. They can sit in one place for days if they are intensely interested. I have had dozens of accountants who are successful and who have ADHD.”

“Another myth is that all people with ADHD are creative and should probably follow that kind of career path,” she continues. “That isn’t true. Some are creative and others are not — just like the rest of the population. A counselor might believe that all women with ADHD are creative, so you [end up with] a client who feels badly for not completing what she should, then you add another negative feeling because she’s not creative enough either.”

“Not all women with ADHD should be entrepreneurs and work for themselves,” Fellman says. “For some, that’s a magic combo; for others, the kiss of death. They try to wear all hats and just can’t do it all. If organizational skills or time management are issues, they feel badly and say, ‘I’m supposed to be a good entrepreneur. Why can’t I pull this off?’ Then the counselor is guiding the person into creative, entrepreneurial careers: ‘Be your own boss! Find a job that moves around a lot!’ If this doesn’t sound like the client, it’s the last straw, and she says, ‘I just don’t fit anywhere. I still don’t fit the diagnosis.’

**Treatment options**

Sometimes, simply being diagnosed with ADHD is a tremendous relief for women who have struggled for years with no frame of reference for their experiences. “Psychoeducation teaches them that ADHD is about brain chemistry and genetics,” Littman says. “It’s useful to look at [family] history and realize that mom or dad had ADHD, too. [It’s finally] understanding the stories about the family’s ‘black sheep,’ or alcoholic, or person who struggled in school or the one who always changed jobs. It just wasn’t named ADHD in those generations.”

Treatment itself becomes about reframing. “It’s not bad wiring. It’s just different from the linear thinkers of the world,” Littman says. “There’s a way to get people to embrace the way they think rather than constantly denigrating it. Reframing is everything. It’s the lens you see everything through, and it leads to feeling more hopeful.” Littman adds that counselors should change the focus of conversation from what the client can’t handle to becoming more confident in redefining what is really important.

Medication is Littman’s final intervention, but she acknowledges that ADHD requires a multimodal treatment process. “It starts with psychoeducation, reframing, getting supports, changing your caseload, learning shortcuts, and then comes medication,” she says.

Nadeau believes in getting the whole family on board during treatment. She recalls encouraging one client to manage her ADHD in part by adding household help. “But then her mother questioned the expense and said, ‘How can you tell me finances are tight when you are doing that?’ That’s par for the course, whether it’s a spouse saying, ‘Everybody else’s spouse can handle this, why can’t you?’ or something else more critical.”

“The ideal, of course, is to help women with ADHD recognize their strengths and have it become more reciprocal,” Nadeau adds. Educating the family about the condition’s true impact can assist in creating an ADHD-friendly home environment that supports needed lifestyle changes for the client such as getting good rest, exercising regularly and maintaining household routines. Nadeau also recommends that clients find outside support groups, limit exposure to people who don’t understand ADHD, schedule intentional alone time and delegate as many household tasks as possible.

Being encouraged to simplify one’s life is key, Nadeau says. “One of the strongest messages to get across to counselors is that the most destructive thing about living with ADHD is the barrage of criticism you get from others and the imagined criticism that you heap on yourself.”

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Letters to the editor: ct@counseling.org
The distance around the world remains almost 25,000 miles, but it doesn’t always feel that far today. The Internet, ever-evolving technologies, advances in travel and continuous immigration and emigration are making connections with once far-flung cultures a much more common reality.

Marcheta Evans has embraced that “smaller world” mind-set and is emphasizing a need for the counseling profession to focus on globalization and international collaboration. Midway through her term as president of the American Counseling Association, Evans says she is happy to witness the wheels rolling in that direction.

“In my recent travels, I have seen the wonderful work being done by our international colleagues and their interest in working with ACA collaboratively,” says Evans, associate dean of the College of Education and Human Development at the downtown campus of the University of Texas at San Antonio. “So many have asked to network with us as they are developing their own professional counseling identity in their respective countries. I think we can serve as a great resource, and they can learn from our development by taking the best of what we have done. Also, they can avoid some of the potential problem areas we encountered during our growth. We are receiving requests on a regular basis for various international organizations to affiliate with us through the Alliance of Professional Counseling Organizations, and I am hoping to have a strong number of international attendees at the ACA Conference in March.”

Counseling Today recently spoke with four ACA members who have a passion for bridging counseling work across countries and cultures.

Different ways to wellness

Cirecie West-Olatunji knows introductory counseling textbooks include tips such as sitting squarely, leaning forward toward your clients, looking in the eye and asking them to tell you more about a particular problem, challenge or situation. But she also knows important elements those texts don’t include — things such as dancing, singing and storytelling, which are prominent coping mechanisms for certain cultures and communities.

An associate professor and mental health track coordinator in the Counselor Education Program at the University of Florida, West-Olatunji has traveled all over the world to advance the cause of counseling. One message she hears frequently from counselors is that it’s difficult to apply a hard-and-fast Western approach to counseling in other cultures.

“There’s a struggle everywhere I’ve been between what people bring as their lived experiences — about what works in life, about how to live well — and the training they receive through the textbooks and the courses.”

Counselors across the globe believe wholeheartedly in the effectiveness of counseling, West-Olatunji says, but sometimes there are discrepancies, such as when holding a session in an office and sitting squarely in a chair opposite your client doesn’t quite mesh with the client’s environment. Part of the message West-Olatunji imparts on her international trips includes embracing a wider definition
of effective counseling that incorporates a community's lived experiences. “Each society has its own ways of defining wellness and psychological health,” says West-Olatunji, the Association for Multicultural Counseling and Development's representative to the ACA Governing Council. “These approaches to healing are founded upon the historical and sociopolitical contexts of a people.”

For example, she says, the lived experiences of people in Romania are different from those of people in Botswana. “The counselors [she met] in Botswana defined one indigenous intervention as the sharing of stories from their grandmothers and the meaning of ‘passing on the blanket’ as a way to stay grounded when stressors cause uncertainty or disruption,” West-Olatunji says. “Within the Botswana culture, a grandmother is associated with the term ‘small blanket’ [because] she always wears a blanket on her shoulders. When children play outside and one of them is hurt or is feeling cold, they often run to their grandmother, who is happy to comfort and cover the child with her blanket. Thus, the passing of a grandmother’s blanket is a symbol of solace and healing.”

“In Romania,” she continues, “the counselors defined one of their indigenous interventions as dancing in a circle until there was no more unhappiness. In our Western-oriented perspectives on counseling, we often focus on talk-based therapies and the need for insight in order for clients to move toward transformation and change. Neither of these interventions includes a cognitive component to them, a feature salient in our conventional counseling methods.”

In 2010 alone, West-Olatunji traveled to Singapore, the Philippines, Romania, China and India. The two main themes of her work during these travels were disaster counseling training and school counselor training. As counseling attempts to gain a foothold in many countries, it often finds itself competing with psychology and social work. In these instances, West-Olatunji explains, school counseling frequently offers an opening specific to the field of counseling. “For the most part, counseling is being advanced [internationally] within the track of school counseling,” she says.

West-Olatunji travels to Singapore once or twice per year to meet with school counselors, principals and even parents. Solution-focused school counseling and developing cultural competence are always hot topics, she says, as are many issues familiar to schools in the United States, including bullying, underperformance and interpersonal conflicts. School counselors in Singapore often ask her for help in reaching out to parents, dealing with family issues and addressing psychological symptoms that surface in the school setting.

Parents, on the other hand, often want to know what makes up good parenting, West-Olatunji says. “Many of the parents ask about how to manage mainstream perceptions of good parenting versus the parenting that they’re doing, which stems from their own experiences.” She answers those questions with talk about outcomes. If parents want their children to be autonomous, for example, their parenting style might differ from that of parents who want their children to be interdependent.

West-Olatunji’s most recent travels to Thailand and China were focused on disaster-response training both with school and community mental health counselors. In November, she also led an ACA-sponsored People to People delegation in India with a focus on disaster mental health counseling. The delegation met with senior government disaster response officials, heads of psychiatric hospitals and leaders in community-based agencies, such as UNICEF and Save the Children, in the cities of Delhi and Jaipur.

“Mostly, they want to know what to do when a disaster hits,” she says. “They want to be able to, and are expected to, respond. They want to know what some of the best practices are in responding to disasters.” West-Olatunji distributed literature about crisis and disaster counseling, talked about the skills required to work on interdisciplinary teams and shared the model of culture-centered disaster counseling that she has created.

West-Olatunji says she makes good use of her passport because she believes in the value of counseling and its adherence to the wellness model rather than the medical model. “I believe what we do is
meaningful and valuable to people in their everyday lives, so I’m happy to spread that message around the globe.”

**Increasing awareness**

Yegan Pillay points to the recent mining disaster in Chile as a reason U.S. counselors need to think internationally. In the effort to rescue the 33 miners trapped underground, Chile looked to the United States and other nations for help, he says. In a world that’s constantly getting smaller, that’s a sign to counselors that they should be prepared to offer assistance as well, says Pillay, an assistant professor in the Department of Counseling and Higher Education at Ohio University in Athens.

“It’s important for us in the counseling profession to start thinking more broadly. We will be called upon because the U.S. is seen as the global leader,” says Pillay, who chairs ACA’s International Committee. “We’re not adequately prepared at this stage to make a significant impact globally, nor are we as an organization having discourse about advancing the global counseling agenda.” With that as a motivation, Pillay is hard at work within the International Committee trying to expand the global reach and abilities of ACA and U.S. counselors.

For the past few years, the committee has been working to increase awareness of the counseling discipline internationally. Pillay says, because “counseling is in the shadows of psychology in many parts of the world.” One of the committee’s goals is to enhance collaborations with ACA divisions and other ACA committees that have a global agenda. “The objective is to broaden the scope of the globalization of counseling and then to use as many potential resources within ACA and its affiliates as possible,” he says. Another goal is to better utilize the ACA website, perhaps to develop an online international events calendar in the future.

At the upcoming ACA Annual Conference & Exposition in New Orleans, the International Committee is coordinating a panel of experts to talk about ACA’s global agenda. The panel discussion will be held March 26 at 2 p.m. “We hope that what comes out of that would be a white paper that would guide the ACA leadership with regard to the role ACA can play in the advancement of counseling internationally,” Pillay says.

Also planned for the conference (March 25 at 5 p.m.) is a panel of international students who will speak about counseling in their home countries as well as their counseling experiences in the United States. “The objective is to harness the energy of emerging mental health professionals,” says Pillay, adding that counselor educators and practitioners can learn through this forum how to work with international students and become more knowledgeable about issues pertinent to the international community.

Pillay, who grew up in South Africa before coming to the United States to study counseling, directs the HIV/AIDS program at Ohio University. Each year, he takes a group of 15 to 20 students for approximately six weeks of service in Africa. Pillay points out that the number of counseling students involved has increased since he’s been involved in the program. The groups have previously traveled to Botswana each year but will be going to South Africa this coming summer.

The overall goal is to develop counselors who are multicultural in competence. Pillay says, and these trips go far in showing the students a unique environment, taking them outside of their comfort zones and exposing them to strategies they might use in the future. “It provides a different vantage point than they would otherwise be exposed to,” he says.

On one of the trips, two African American students told Pillay through tear-filled eyes that it marked the first time they truly felt as though they belonged. On the flip side, Pillay says, Caucasian students learn firsthand what it feels like to be in the minority. The students’ counseling skills are unquestionably strengthened through the work they do on the trips, Pillay says, but just as important is the effect the experience has on their empathy. “When they go into the professional world and see clients who might be different for many reasons, I believe they will be more sensitive to understanding that experience,” Pillay says.

When it comes to counselors thinking more globally, Pillay insists there’s no substitute for experience. “The only way you can become aware of individual differences is through contact. It’s through contact that we can challenge some of our stereotypes. Learning transcends the boundaries of the classroom.”
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Fred Bemak has spent part of the past two summers in Uganda training staff members of the Invisible Children organization how to help children traumatized by civil war.

Fred Bemak has worked as a counselor in 36 countries — emphasis on worked, not simply traveled to or through.

With a passion for international counseling, Bemak, professor and director of the Diversity Research in Action Center at George Mason University, founded Counselors Without Borders in 2005. The catalyst for the organization’s creation, Bemak says, was witnessing the great underserved need for culturally responsive counseling in the Gulf Coast region in the months after Hurricane Katrina.

When an earthquake devastated Haiti this past year, Bemak immediately recognized that same need. With an invitation from Partners of the Americas and funding from the U.S. Agency for International Development, Bemak mobilized a team of counselors who traveled to the country for two and a half weeks in April. The one thing Bemak says counselors must have before working internationally is an invitation. “You should never go and create more chaos,” he says. “You have to have the infrastructure first.”

Once Bemak’s Counselors Without Borders team, composed of himself and two others, arrived in Port-au-Prince, they began intensive training at a school that remained partially standing. They worked with school administrators and staff members from throughout Port-au-Prince, as well as students and even parents. “One hundred percent of the people in Haiti were affected by the earthquake,” Bemak says. “We heard stories hundreds of times about children who watched a parent, sibling or friend die. People just don’t know how to deal with that kind of trauma.”

Bemak helped school staff members work through their own issues, while also teaching them how to effectively assist the traumatized children. “People had an intuitive sense, but they didn’t have the counseling skills,” he says.

“We had Haitian teachers sit in and observe us running counseling groups with children, followed by debriefing and clinical supervision training meetings with staff after the groups,” Bemak continues. “In one of the groups, we had children draw their most powerful memories of the earthquake and then had them share and discuss the drawings within the group context. The drawings and discussions were powerful, and staff learned how to facilitate painful discussions conducive to healing.”

Bemak and his team also traveled to the town of Jacmel, where they trained psychologists and social workers in trauma counseling. “The emphasis is on building capacity in a culturally responsive way and on helping the people there learn the skills to deal with trauma,” he says. “We don’t want people to become dependent on us; we want to transfer the skills.”

Adds Bemak, “The visit was also to assess for continued work in Haiti, which has led to the development and submission of a major grant that would involve significant Counselors Without Borders teams going to Haiti for the next three years if funded.”

For the past two summers, Bemak has also traveled to Uganda to conduct training for staff members of Invisible Children, an organization that aims both to assist children affected by war and to stop the use of child soldiers. With so many children traumatized by civil war, the staff struggles to deal with the children’s issues, he says. Through a combination of classroom and field training, Bemak trains staff members in trauma counseling, both supervising them and modeling techniques for them.

Bemak says the organization chose the most traumatized youths with whom it was working and asked him to help. Many of the youths were former child soldiers, which is “one of the most horrible things people can be subjected to in the world,” Bemak says. Other children he was asked to help were HIV-positive, rape victims, torture victims, child mothers and orphans. “There’s a tremendous breakdown in the community,” he says. “In the past, the community would have taken care of these children, but now their resources are stretched so thin that they don’t have the capacity to continue family and community traditions.”

Invisible Children focuses on helping children succeed in school and eventually become skilled and financially stable individuals. Bemak’s role is training the staff to better understand how to help deeply traumatized children. “We would talk with the students, siblings, parents, caretakers, extended family members, etc., and discuss what was going on in the child’s life,” he says. “The staff would be present and, after each session, we would process the experience and talk about the intervention strategies and how to effectively help traumatized children heal.”

Although Bemak made the past two summer trips alone, he’s pursuing a three-year grant for Counselors Without Borders. “This would involve exchanges by Ugandan staff coming and spending time training with Counselors Without Borders staff here in the U.S. and Counselors Without Borders team members periodically visiting Uganda to provide counseling and training,” he says. “We are now exploring funding
to establish an international prototype for psychosocial support and mental health as a major initiative within nongovernmental organizations."

Even if counselors are working solely within U.S. borders, they still need to expand their worldviews, says Bemak, remarking that one in 10 people living in the United States is foreign-born. “In Haiti, they believe in voodoo. You can’t just say, ‘I don’t believe in that.’ You have to weave it into treatment. I think we have to be more attuned not only to cultural diversity within the U.S., including cultural healing practices and beliefs, but also the impact that globalization has on an international population. What’s going on in other countries is now affecting us in multiple ways, and counseling needs to get on board with that.”

A nation in need
Daya Singh Sandhu, distinguished professor of research and former chair of the Department of Educational and Counseling Psychology at the University of Louisville, spent the first five months of 2010 working on mental health issues in India. As a Fulbright-Nehru senior research scholar, Sandhu traveled to the country where he grew up to survey suicide ideations there.

The title of Sandhu’s project was “The Effects of Cross-Cultural Worldviews and Coping Response Styles on Suicidal Ideations: A Comparative Study of Gender and Cultural Correlates of Risk Factors and Reasons for Living Among Americans, Asian Indians and Indian College Students.” In India, suicide rates have increased nearly 60 percent during the past 35 years, reaching 10.8 deaths per 100,000 people. Between 2006 and 2008, Sandhu says more than 16,000 college students ages 19 to 24 died by suicide. He traveled to India, he says, to “find out what’s going on” by talking to college students.

Sandhu, the immediate past president of AMCD, conducted focus groups with roughly eight students at a time. One of the students cried, Sandhu says, because she was haunted by the suicides of two girls involved in a lesbian relationship whose parents wanted them to marry men. Sandhu says his study led to many other stories involving lovesick students, the daunting aspect of forced marriages and intense academic pressure. After meeting with the students, Sandhu says it became obvious that people are experiencing significant multiple stressors in their lives because of rapid economic and social changes in India.

There is a shortage of mental health professionals available in India to those in need, according to Sandhu. He estimates that 95 percent of India’s universities lack counseling centers, and the number of private mental health practitioners is very low. Those actually able to locate a professional must deal with the prevailing stigma against getting help for mental health issues, Sandhu says. “People will think you are crazy,” he explains, adding that if the community finds out the person is seeking counseling, it can severely damage his or her chances of getting married and obtaining a good job.

While conducting research in India, Sandhu also attempted to make inroads in advancing mental health for the nation as a whole. In May, with the help of Guru Nanak Dev University and the U.S.-India Educational Foundation, New Delhi, Sandhu convened a meeting of mental health scholars from various areas of the country, and the group decided to launch the Association of Mental Health Counselors. As the founding executive director, Sandhu’s hope is that the association will prove successful in increasing the availability of counseling centers and mental health professionals, which now stands at one psychiatrist for every 400,000 people in India. The association has already opened its first counseling center in Punjab, and another is set to open at Guru Nanak Dev University in early 2011.

Another accomplishment was the creation of a postgraduate degree program in mental health counseling at Guru Nanak Dev. Thanks in large part to Sandhu’s efforts, the program began its inaugural semester this past July. The program is the first of its kind in India, but according to Sandhu, at least three other universities are planning to begin offering similar degrees this year.

Increasing globalization brings people with a variety of different cultural backgrounds to counselors’ offices, Sandhu says, and a Eurocentric model of counseling won’t work for all of these clients. “We can benefit by learning what is going on in other countries,” he says. Realizing that certain problems and situations are culturally specific and that addressing them effectively takes a culturally unique approach is imperative, Sandhu says. He believes making that realization will lead to a more inclusive, comprehensive approach to mental health counseling. Says Sandhu, “We have a lot to learn from each other when we are at the global level.”

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Letters to the editor: ct@counseling.org
Standing beside the tiny open grave in a cemetery in north Mississippi, I waited for the small entourage that soon would be arriving. Although I had officiated many funeral services, this would be among the first for me involving the death of a child.

I had received a call the previous night from the local funeral director asking me if I would conduct a small graveside service for a family whose newborn son had just died. I had never met this young family and didn’t know anything about them apart from the information the funeral director had given me, but as a pastor, I felt it was my privilege and calling to help the community as well as my congregation.

Soon, they arrived. The mother and father emerged from the first vehicle. The mother was still wearing her hospital identification band. Her demeanor and forlorn face told the story — her baby was dead. He had lived only a couple of days. The father carried the tiny casket to the graveside himself.

A carpenter by trade, the father had spent the entirety of the previous night building the baby’s casket, which was a beautifully crafted masterpiece. His brother, a concrete finisher, had formed a tiny custom-made concrete vault and pressed his cross necklace into the wet cement of the lid. The family sat in the folding chairs provided by the funeral home and looked to me for words of comfort. I felt woefully inadequate.

I did my best, trying to offer comfort from the old book of my faith and reminding them that they would see their child again. They were gracious and appreciative of my time. As they left, they held each other and talked about the “sweet service” and how they would miss this precious child they had known only two days.

I stood alone in the cemetery, emotionally drained and thinking about how this funeral was unique from any other I had participated in. It forever altered my perspective of grief care as a pastor, counselor and educator toward those who experience the death of a child.

Many consider the loss of a child the ultimate grief one can experience. Whether the loss occurs when the child is a neonate or has reached adulthood, the grieving parents experience an unfathomable level of anguish. In her book When the Bough Breaks: Forever After the Death of a Son or Daughter, Judith Bernstein describes the grieving parents’ feeling that some law of natural order has been violated that they should have to bury their child. As a minister, licensed professional counselor and university professor, I have formed and facilitated numerous grief groups. Yet until the spring of 2010, I had never led a support group with the singular focus of working with parents who had experienced the death of their child. But when two families in my little congregation of 200 persons and one of my counseling clients each lost a child, I knew it was time.

What follows is meant to be a help to caregivers, professionals and parents in determining if and how they can start such a group.

Starting the group
Who will lead? My personal awareness of grieving parents served as the impetus to start this type of group. Others who read this (including individuals who are not counselors) may be thinking, “I am a caregiver, but I haven’t lost a child. Does that disqualify me?” I had never lost a child either, but my experience, education and willingness to help put me in a position to reach out to these parents. If you feel you aren’t the person to serve as the group’s facilitator, then help the group find a leader as you take on the role of support person.

Advertising: I was fortunate to be able to advertise our group for free as a community event on a local TV station. The ABC affiliate interviewed me for one of its early-morning spots. However, word of mouth is best. Parents who have lost children often know others who have experienced the same tragedy. These tragic circumstances serve to magnetize those who are grieving the ultimate loss.

Cost: When we started our group, we decided to charge only for materials, lunch and the books (When the Bough Breaks by Judith Bernstein and The Bereaved Parent by Harriet Sarnoff Schiff). However, you can encourage group members to bring a brown bag lunch and to buy their books individually.

Construct of the group: My initial thought was to place a limit on group size proved valid. Keeping the group at 15 or fewer provides a climate of intimacy and greater opportunities for sharing. I took great care to ensure that this would be a personal group and not a typical psychoeducational approach. Neither did I want the group members to feel they were taking a “course” on grief or that they were lab rats in a study. In fact, this article is a result of group members unanimously encouraging me to help others in forming their own support groups.

Member selection: For this group, the main criterion was having experienced the death of a child. As the group was forming, I did learn that defining “child” has become somewhat complicated in our contemporary society. For example, many blended families exist today, and the loss of a steppchild can be as traumatic for a stepparent as the loss of a biological child. Likewise, a foster parent’s loss of a foster child is still monumental. In addition, more and more grandparents are raising their grandchildren in today’s society. Although no grandparents signed up for our initial group, I’m certain future groups will include grandparents. So if the primary criterion of group membership is having suffered the loss of a child, be prepared to include those who are not necessarily the child’s biological parents.

The first session: During our group’s first session, I focused on three things. First, I introduced myself and the purpose of our group. At this point, I also went over a few simple group rules — confidentiality, acceptance, no advice giving, providing a safe place — and the benefits I hoped the group experience would provide for each member. I also offered a disclaimer that this group was not meant to take the place of individual counseling. Second, I provided a brief overview of the schedule, the topics and the resources we would use. Third, I gave all group members time to introduce
members felt that it needed to be brought up during the preceding week, and a group of them had taken place that needed to be addressed and dealt with further. Sometimes, a topic had been touched on in a previous session that needed to be brought to the group for review and reflection. Some of the most profound discussions centered on emotions (particularly anger and fear), dealing with people who don't understand the loss, giving and receiving forgiveness, changes in relationships, spirituality and attempting to transform the pain into something meaningful.

Our group met for 10 weeks. Moving the group to termination was a constant thought for me as the facilitator. People had gotten close, forged intimate relationships and found others who could relate. I used the final session as a time to memorialize their children and to challenge the group members to embrace the future. We had a short “naming” ceremony during which they could present pictures, videos, articles or other items celebrating the life of their child. It was a powerful transition. In the end, the group members determined to continue meeting on their own once a month in each other's homes.

**The group’s effectual value**

This type of group focuses on the many different aspects of the grief process and bereavement. Participants work together to explore and understand their deep emotions, many of which have not been dealt with up to this point. Members found the following types of support in the group experience.

**Camaraderie:** Grieving parents often struggle with isolation and loneliness in their loss. This group provided a feeling of universality and helped members recognize that they were not alone.

**Cohesiveness:** A group setting helps various members of a particular community bond through their shared tragedy. When parents realize others have endured a similar sorrow and pain, they tend to come together to give and receive encouragement, support, comfort and advice.

**Catharsis:** A group setting allows members to experience and express their feelings while knowing that those present will be able to relate. One of the themes repeated most often by the grieving parents in our group was that family and friends didn’t seem to understand the depth, nature or uniqueness of their loss. Consequently, these parents tended to simply shut down both verbally and emotionally around others. The group allowed these parents a safe environment for expressing their feelings and thoughts.

A grief support group for parents is a powerful therapeutic tool. It presents opportunities for members to work through various stages of bereavement while offering support and encouragement to each other by sharing coping skills or styles that have worked for them. At the same time, the group helps these parents to respect and remember the life of their child. A group such as this can be implemented simultaneously with individual counseling or other mental health services with which participants already may be engaged. Helping these grieving parents can be the ultimate blessing, both for them and for you as a professional.
Coping with the death of a child

Let out a joyful cheer as my son Paul came into the world. My wife had been in labor for several exhausting hours, and it was a relief to see her painful struggle finally come to an end.

Many people had told me I would be hit by an intense wave of love and nurturing when I first saw my child. I can honestly say I was hit by that wave. After years of worrying about whether I would be a good enough father, I looked at my son and thought, “Yeah, I would do anything for this child.”

As I was standing there, however, awash in paternal exuberance, I heard the midwife yell, “Code pink!” In that same instant, my sister-in-law grabbed my wife and started chanting, “Please, God, save this child. Please, God, save this child.” I looked down at my son, who was gray and lifeless on the bed.

A crisis team rushed into the room and began working on our son. They forced oxygen into his lungs and stuck him with needles. I tried desperately to ask the staff questions, but they were too focused on their task to respond. It was an utterly powerless feeling to be nudged out of the way while my child was in crisis.

I started to feel dizzy as a torrent of emotions overtook me. “You have to keep it together for your child,” the midwife said firmly. Taking her advice, I did all I could to summon my strength. I told myself my son simply needed a little help getting his breathing started. I had heard stories of similarly terrifying emergency interventions that took place right after a child’s birth. I reminded myself that all of those stories had a happy ending.

I turned and looked at the table where my son was lying, surrounded by five members of the crisis team. In the tiny gaps between team members, I could see they were massaging his heart. This wasn’t a child who needed a little help breathing; this was a child struggling to stay alive. I looked back at the midwife who had urged me to be strong only minutes before. She was crying. That was when I knew we were in serious trouble.

After the crisis team had worked feverishly for an hour, one of the doctors informed my wife and me that our child had less than a 1 percent chance of surviving the drive to the nearby crisis unit. We had to decide right then and there whether our child should die in an ambulance, surrounded by strangers, or die here, quietly in our arms.

My wife and I had expected to spend the moments after our son’s birth joyfully debating the names we were considering for him. We never imagined that time would be spent determining how he should die. We chose to have our son die with us. He settled into our arms as his tiny life slipped away. A moment after he passed, I turned to one of the nurses and said in a numb voice, “I’m a therapist. I specialize in grief.”

“Oh,” the nurse responded with a relieved look on her face. “Then you’ll be just fine!”

Returning to work

My wife and I joined a very small and unfortunate club that day. According to the CIA World Factbook, 6.22 deaths occurred for every 1,000 babies born in the United States in 2009. It is isolating to experience a loss this unthinkable.

My wife and I returned from the hospital to face a house full of toys and baby clothes. We spent the following days planning a funeral, picking out a gravesite and receiving shipments of various baby-related items we had ordered back when we thought we would be bringing our baby home.

One week after Paul’s funeral, I had to return to work. At the time, I had 125 coworkers, 200 individual clients and around 20 group therapy members. I realized a lot of people were going to want to know about the baby. Shortly before returning to work, I called my supervisor, gave her the basic facts of Paul’s death and asked her to inform all of my coworkers that I would address my grief outside of the workplace. This may have sounded a bit standoffish, but it allowed me to create a healthy set of boundaries around my job.

In the month prior to Paul’s birth, I had alerted clients that I might have to cancel some appointments because my wife would soon be going into labor. This seemed like a nice way to keep them from taking it personally if I had to cancel their sessions on short notice. But when I returned to work and stepped into the waiting room to retrieve my clients, many of them stood up and asked immediately, “So, how is the baby?” I spent months telling my story to one client after another and then dealing with the emotional fallout that each one of them expressed. It was difficult to watch client after client go through a tiny version of my own grief while knowing I had to maintain good professional boundaries and stay within the therapist role.

Other challenges presented themselves in the workplace. For example, I had to work with pregnant clients with whom I had developed rapport by talking excitedly about childbirth in previous sessions. I also faced the supreme irony of finding someone to run my grief group for me once a month so I could attend a grief group in another facility.

Hard lessons

Although I have done a lot of grief work with clients through the years and have experienced losses of my own in the past, I learned a great deal from Paul’s death. For example, some people assumed I would get over this trauma quickly and easily because I am a therapist. My wife pointed out this is like saying a good dentist will...
never get any cavities. As therapists, we are often expected to be healthier and more stable than any human is capable of being. We have to remind ourselves that we are human beings first and therapists second.

I also learned there are gender issues in grief. On a few occasions, friends came to the house, held my wife’s hand, listened to her story and then hugged her goodbye. On their way out the door, they would give me a slap on the back and say, “Hang in there.”

It is a mistake to reinforce gender stereotypes about grief. The danger is that a couple will grieve in different ways, and the dissonance can have a huge impact on their relationship. A 1985 study by Therese Rando published in Social Work concluded that 80 to 90 percent of marriages end within two years of a child loss. The Compassionate Friends organization disputed these results in a 1999 survey that found 72 percent of couples were still together two years after the death of a child. Research published in 2010 by Margarita Bauza at the University of Michigan concluded that “couples who experienced a stillbirth had a 40 percent higher risk of their relationship ending.” It is clear more research needs to be done on this topic, but regardless of the specific numbers, each of these studies found some correlation between child loss and divorce.

Of all the things I learned from Paul’s loss, the biggest lesson was that I am profoundly blessed to have so many wonderful and supportive people in my life, including my wife, my family and my community. People bought us meals, scheduled visits, sent us cards and put on a concert in honor of our son. For years, I have been telling my clients that grief is a form of love, but I never realized how profoundly true that statement was until Paul entered my life.

**Grief therapy techniques**

**Stress management:** It is important to recognize the physical and emotional symptoms of stress and to use relaxation techniques to manage them.

**Physical exercise:** Exercise burns off stress hormones and is more effective than most antidepressants for managing mood.

**Socialization:** There are many benefits to this, including getting a much-needed break from grief, having a safe outlet to vent and learning from others about helpful resources in the surrounding area.

**Grief traditions:** All cultures and religions have rituals that help people come to terms with loss, come together in their grief and celebrate the life of someone who has passed.

**Personal rituals:** Personal rituals (such as tending a grave, burning a candle or planting a tree in someone’s honor) are powerful and healing. It is ideal when a client can develop a ritual that is especially meaningful to him or to her. For example, one of my clients wrote a message to his deceased wife on a balloon and released it on a trail that they had often hiked together.

**Journaling:** Journaling is a safe way to process thoughts and emotions. Journals can take a wide variety of forms, including keeping a grief diary, creating a blog or writing letters to the loved one who has passed.

**Empty chair:** People are often able to process emotions by facing an empty chair and talking as if a loved one is sitting there. This exercise frequently opens up emotions that are difficult to access otherwise.

**Expressive therapies:** Clients can explore various aspects of their loss through visual imagery, including collage, drawing, painting, video art or creating a memory book.

**Challenge guilty, vengeful, helpless and angry cognitions:** People who experience a loss often get stuck in unproductive modes that distract them from their healing process. These modes need to be challenged with cognitive therapy.

**Share stories:** I have had many clients who abused substances to numb the thoughts and feelings they experienced after a loss. These people remained stuck in their grief for years or even decades. Clients can find safe outlets in individual, group and/or couples counseling. The sharing of stories can also take place with trusted friends and family or in a support group.

**Examine roles assumed in grief:** Unhealthy roles include the Angry Person, the Substance Abuser and the Fixer. These roles can damage a person’s support system and be personally destructive. A healthy role is one in which the person actively engages in the kinds of techniques detailed in this article.

**Recognize that people grieve differently:** Conflicts often arise between people who grieve in different ways. It is important to accept that we can only be responsible for our own grief while allowing other people to find their own path.

**Positive reminiscing:** When some people think about a departed loved one, all they can imagine are the painful final moments. Where there is grief, however, there is also love. As a result, it is good to take time to dwell on fond memories of the person who passed.

**Develop a grief plan:** It can be helpful to develop an individualized plan to move beyond painful emotions.

**Recognize that grief doesn’t end:** In most cases, grief fades gradually, with occasional setbacks. I tell my clients that the true journey is from pain to gratitude. In this, the goal is to think about a lost loved one and to feel grateful that he or she was in our life rather than to think about that person and feel intense pain.

**Recognize that stage theories are imperfect:** A number of stage theories about grief have been promoted, most notably the five stages of grief adapted from Elisabeth Kübler-Ross’ 1969 book On Death and Dying. Recent literature on this subject, including George Bonanno’s 2009 book The Other Side of Sadness: What the New Science of Bereavement Tells Us About Life After Loss, questions whether a distinct set of stages actually exists. This is important for therapists to note because it would be easy to set clients up for disappointment or failure if their experiences varied from the stage models.

Grief, like the people who suffer from it, is complex, unique and hard to predict.

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Letters to the editor: ct@counseling.org
Based on proposed revisions to the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), the current categories of substance abuse and substance dependence will likely be eliminated and replaced with one disorder called substance use disorder.

In practice, the substance dependence diagnosis currently listed in the DSM-IV-TR typically is used for an individual who is addicted, uses heavily and has use-related problems. Specifically, the individual must meet at least three of seven dependence symptoms: tolerance; withdrawal; using larger amounts than intended; unsuccessful attempts to stop or control substance use; spending a great deal of time obtaining, using or recovering from the effects of the substance; giving up or reducing important activities because of substance use; and continued use despite substance-related physical or psychological problems.

In contrast, the substance abuse diagnosis is given to someone who might use a substance and suffer adverse consequences, yet does not show dependence. The focus is primarily on the consequences of substance use. Diagnostically, the individual must meet at least one of the following seven abuse symptoms: failure to fulfill major role obligations at work, home or school; use in physically hazardous situations (for example, drunk driving); substance-related legal problems; and continued use despite recurrent substance-related social or interpersonal problems.

The current separate substance abuse and dependence classifications were theoretically based on the concept of Alcohol Dependence Syndrome (ADS), developed by Griffith Edwards and Milton Gross in 1976. ADS conceptualized alcohol dependence — having the essential feature of impaired control over persistent, heavy drinking — as a process distinct from other alcohol-related consequences, such as social, legal, work or health problems. This conceptualization became known as the biaxial concept of substance use disorders, with dependence constituting one axis or dimension and consequences constituting the other. This distinction between dependence and its consequences guided the separate classifications for substance dependence and abuse both in the DSM-III-R and DSM-IV. The biaxial concept also assumed a hierarchical relationship between the two, with abuse considered a less severe disorder that could be diagnosed only in the absence of dependence.

In the past 20 years, a large body of research has documented numerous problems with the differentiation between the abuse and dependence disorders. Problems between the differentiation became evident early on from reliability and validity studies. Although reliability of the DSM-IV dependence diagnosis was strongly and consistently supported, reliability for abuse was lower and more variable. Furthermore, some questioned whether diagnosing substance abuse as a psychiatric disorder on the basis of one symptom was appropriate, particularly when studies found that more than 70 percent of individuals diagnosed with alcohol abuse met only one criterion: drunk driving.

Another concern voiced by several clinicians and researchers regarding the abuse/dependence division was that of “diagnostic orphans” — individuals who meet one or two criteria for substance dependence yet do not fully meet the criteria for either abuse or dependence. For example, a person might use heavily and be dependent but not have many use-related problems. As such, the person could have a substance use problem at the same level of severity as others with a diagnosis but be left undiagnosed by DSM-IV.

The hierarchical view of dependence and abuse also became problematic. From this perspective, many clinicians assumed that abuse was a prodromal phase of dependence. However, several research studies found this was not correct — abuse did not predict or lead to dependence. Rather, an abuse diagnosis predicts a less persistent, milder disorder that does not usually progress to dependence.

The problems with the division between substance abuse and dependence led to a large body of research studies of the diagnoses in a variety of general population and clinical settings. Evidence from these studies suggests that instead of being distinct disorders, the DSM-IV abuse and dependence criteria represent a unidimensional structure (a single
disorder) with graded severity levels. After reviewing these studies, the *DSM-5* Substance-Related Disorders Work Group concluded that a good rationale didn’t exist for keeping abuse and dependence separate. Instead, the work group recommended eliminating both the substance abuse and dependence disorders and replacing them with substance use disorder.

The proposed criteria for substance use disorder include 11 diagnostic criteria that are very similar to those now used for the substance abuse and dependence disorders in the *DSM-IV-TR*. However, a new diagnostic symptom representing craving has been added. Defined as a strong desire for a substance, craving is a common clinical symptom that typically is present in those with more severe levels of the disorder. In addition, the legal problems criterion (currently found in the abuse diagnosis) will likely be eliminated due to low prevalence relative to other abuse criteria.

To be diagnosed with substance use disorder, an individual would have to meet at least two criteria. In addition, severity will be assessed, gauged on the number of symptoms met. Thus, individuals who meet two or three criteria would receive a moderate severity rating, and those with four or more criteria would receive a severe rating.

In addition to collapsing dependence and abuse into one disorder, the American Psychiatric Association is also considering changing the title of the category to Addiction and Related Disorders (rather than Substance-Related Disorders). This proposed revision is one way of minimizing confusion between the terms dependence and addiction. Dependence is often used as a label for compulsive, out-of-control drug use. This has resulted in individuals who are exhibiting normal tolerance and withdrawal symptoms due to prescribed medications (such as beta-blockers, antidepressants, opioids, anti-anxiety agents and others) being labeled as addicts. Worse, patients suffering from severe pain have been denied adequate doses of opioid medications because of physicians’ fears of “addiction.”

Some professionals are expressing concerns about the proposed changes. One concern is that the new substance use disorder category is too broad and would make determining appropriate treatment or level of care difficult. Furthermore, there is fear that subsuming substance abuse into the substance use disorder might result in stigmatizing individuals whose substance problems are intermittent, temporary or based on environmental and developmental factors.

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Letters to the editor: ct@counseling.org

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**Youth Services**

G4S Youth Services operates 18 Juvenile Residential and Detention Facilities in Florida, Arkansas and Tennessee. We are in business to provide care, custody and treatment for at risk youth who are placed in our care. To do this successfully, we create an environment where we all work together to establish the kind of people culture that enables all of us to give our best.

Our Mission is to provide innovative program solutions responsive to the needs of our customers.

We achieve this through our best people who positively impact the lives of those whose welfare and safety is entrusted to us.

**Clinical Opportunities**

G4S Youth Services is always looking for qualified clinical staff to better service our youth. We hire for all levels of clinical positions from entry level Therapists to LMHC/LCSW to Director level positions. Please see our ads in the classified section of this publication.
The Great Recession has brought with it numerous problems for people of all ages and in all areas of life. The challenges individuals and families are facing as a result of losing their savings, jobs, homes, health care and other assets are often more than anyone can deal with alone. Thus, the need for counseling services in all areas — mental health, family, education, career — has never been greater. To meet the changing needs of clients, today’s counselors need access to a wide range of practical, effective and up-to-date resources.

Unfortunately, this rampant need for counseling services comes at a time when financial support for counseling programs is diminishing. This is where VISTAS can help.

VISTAS is a unique online database devoted exclusively to providing practical information and resources of interest to counselors and counselor educators. In 2003, it became evident that the U.S. Department of Education planned to close the ERIC (Education Resources Information Center) Clearinghouses. Garry Walz, director of the ERIC Clearinghouse on Counseling and Student Services (CASS), realized the future collection and dissemination of counseling resources by ERIC was likely to diminish significantly, so he approached the American Counseling Association with the idea of creating a “mini-ERIC” that would be ACA’s own database of counseling resources.

A series of exploratory discussions ensued. Ultimately, the futuristic vision of ACA Executive Director Richard Yep, the “let’s do it” approach of Howard Smith (then chief professional officer of ACA), the enthusiastic support of David Kaplan (then president of ACA) and Garry’s expertise in creating resource databases combined to launch the concept of VISTAS. Garry and his ERIC/CASS codirector, Jeanne Bleuer, created Counseling Outfitters LLC to partner with ACA in developing the new counseling resource database. The first product of VISTAS was a publication, produced both in print and CD format, containing 33 articles based on programs presented at the 2004 ACA Conference in Kansas City, Mo. Through the years, VISTAS has steadily expanded, evolving into an online database of more than 500 full-text articles written by and for counselors. VISTAS is now partnered with the National Career Development Association, the Association for Counselor Education and Supervision, the American Mental Health Counselors Association, the Association for Spiritual, Ethical and Religious Values in Counseling and the ACA Ethics Committee, with each organization assisting in the solicitation of submissions of papers as well as increased visibility for and use of the database.

In addition to the growth of VISTAS related to its number of articles, empirical data demonstrates clearly that it is also growing in visibility and usage, indicating it is a highly sought out counseling resource. Recent data shows that VISTAS received approximately 40,000 visits this past October and that the number of visits has been growing steadily each month. Vikki Cooper, ACA’s librarian, accesses VISTAS articles regularly to respond to users’ questions.

Among the reasons for VISTAS’ increasing growth and use:

- Articles focus on practical and highly useful programs and practices.
- The turnaround time from submission to publication is quick, ensuring that the information found on VISTAS is timely and up-to-date.
- A peer-review panel approves all articles included on VISTAS to ensure they are of high quality. However, VISTAS editors also work with new and inexperienced authors to assist them in creating articles that are clearly written and substantive. Unlike most professional journals, VISTAS takes pride in its acceptance rate, not its rejection rate.
- VISTAS articles cover an extremely wide range of topics. This is a very important feature for counselors who need resources that address the variety of presenting problems clients now bring to their sessions.
- As a digital publication, VISTAS articles are readily accessible through the ACA website and, as described below, can be retrieved easily using the ACA online library or the VISTAS Online website.
- Authors become part of an expanding cadre of counselors who want to network and share information and ideas.
- VISTAS appeals both to new authors who want to get established in the counseling literature and experienced authors who want to quickly share new ideas and resources they have developed.
- Authors can network face-to-face and be recognized for their contributions at an exclusive “by invitation only” reception at ACA’s annual conferences.

Accessing VISTAS articles

VISTAS articles can be accessed in two ways: by linking to the VISTAS Online website or the ACA library or the VISTAS Online website.
website or by searching for VISTAS articles in the ACA online library. The VISTAS Online database uses a simple menu-driven strategy in which users can search for articles by year of input, beginning with 2004. Within each year, articles can be searched by title, author or category (topic). To access the VISTAS Online database, from ACA's home page (counseling.org), simply click on “Resources” and then scroll down to “VISTAS.”

The second means for accessing VISTAS articles involves a more sophisticated search engine and is accessible only to ACA members. To use this strategy, scroll to the bottom of ACA's home page and click on the “Library” tab. To access the library, you will need to log in with your ACA username and password. When accessing VISTAS articles through the ACA library, you have the advantage of being able to search across all years of VISTAS. In addition, you can search all of the ACA Library holdings or limit your search to VISTAS, ACA Archives, ACA Digests, Counseling Today, ERIC Digests or Special Topic collections.

Contributing to the VISTAS database

Initially, VISTAS was established to capture the resources and information presented in program sessions at ACA’s annual conferences. Over the next few years, VISTAS expanded to include programs presented at the NCDA and ACES conferences as well. It now accepts submissions related to programs presented at any ACA division, region or state conference, as well as nonconference-related research or evaluation reports. Submissions of papers describing practical program and practice approaches to current issues are highly encouraged.

The lead author of all papers submitted for possible inclusion in VISTAS must be an ACA member. Many counselor educators have found that collaborating with their students to develop a paper for submission to VISTAS is an excellent means of helping these counselors-in-training break into professional publishing.

VISTAS is a digital publication produced annually with a submission deadline of Nov. 1. Members of the VISTAS peer-review panel, who are experienced and knowledgeable ACA leaders and scholars, evaluate and rate each paper on five criteria: substance, relevance, innovativeness, practicality and quality of writing. The editors then review the evaluations and select the final set of papers by the end of December to include in the upcoming version of VISTAS.

One unique feature of VISTAS is that reviewers are asked to make suggestions regarding how to improve papers that may be lacking in overall quality but still offer useful and practical information for counselors. If a paper shows promise and the reviewers’ suggested changes appear to be feasible in the time available, VISTAS editors will work with the author to revise the paper and make it acceptable as a professional publication. Guidelines for submitting papers to VISTAS can be accessed at counselingoutfitters.com/outfitters/VISTAS_2011_Guidelines.htm.

What you can do

VISTAS is a valuable ACA member service. To take full advantage of it, members should:

1) Explore the depth, breadth and quality of VISTAS by using one of the search strategies described earlier to access several articles on a topic of interest to you.

2) Contribute to VISTAS by writing an article addressing a significant program or practice that you have developed and/or used successfully. It should involve something you believe is a significant contribution that other counseling professionals will find useful. Have at least one other peer read your article and offer feedback regarding its readability and usefulness. Take their comments seriously!

3) Encourage your students and/or peers to use and contribute to VISTAS.

4) Encourage your ACA division or branch to become a VISTAS partner.

5) Start now. Writing is hard work, but having an article accepted for publication is very rewarding.

Garry R. Walz is professor emeritus of the University of Michigan and CEO of Counseling Outfitters LLC. He is the former director of ERIC/CASS and a past president of ACA. Contact him at grwalz@aol.com.

Jeanne C. Bleuer is CFO of Counseling Outfitters LLC and the former codirector of ERIC/CASS.

Letters to the editor: ct@counseling.org
GUIDE TO 2010 FEATURE ARTICLES

January

Cover story: A voyage of self-discovery
(career counseling)
The working worried
Reconnecting the head with the body
(integrated care models)
Putting a human face on homelessness
Reader Viewpoint: Coping with ADHD's emotional distress syndrome
Reader Viewpoint: Practical guidelines for counseling AOD clients

February

Cover story: A national obsession (eating disorders and body image issues)
Managing resistant clients
Remembering play (play therapy with adult populations)
Reader Viewpoint: Counselors don't necessarily make good clients
Reader Viewpoint: Seeing things from the other side
ACA endorses ALBGTIC competencies for counseling transgender clients
An open invitation to attend the Multicultural-Social Justice Leadership Development Academy

March

Cover story: Growing pains (children and adolescents)
Traversing the heroic journey (Jungian analytical play therapy)
Ramping up resiliency (strengths-based, collaborative efforts in schools)
Reader Viewpoint: Connecting schools with community mental health resources
Reader Viewpoint: I freeze a bit: Connecting and networking at professional functions
Anita Neuer, Brenda Medina-Guzman pen top essays (ACA Foundation, Ross Trust graduate student essay contests)

April

Cover story: Treating trauma
Learning the ropes of rural counseling
Inviting families into the support circle
Reader Viewpoint: Lessons for counselors, circa 500 B.C.E.
Reader Viewpoint: Empty chair grief work from a psychodrama perspective
Counseling's role in America's economic recovery (interview with Edwin L. Herr)
Grad student essay competitions offer new points of view

May

Cover story: Shared wisdom (counselors' best lessons learned)
No easy answers (Alzheimer's)
Getting inside the gang mentality
Opinion: A profession in peril
Opinion: Licensure and parity for counselors: What price victory?
FY 2010 election results
Crafting a winning proposal for the 2011 ACA Conference
Photos from the 2010 ACA Conference in Pittsburgh
ACA 2010 National Award Winners
ACA Ethics Committee overview
Best lessons learned: Ethics education from the experiences of others

June

Cover story: Counselors taking a stand (social justice)
Making definitive progress (20/20 delegates reach consensus definition of counseling)
ACA offers feedback for DSM revision
Serving as a crisis counselor after the Haiti earthquake
Reader Viewpoint: Patience for recovery: Encouraging clients to stay the course of treatment
Opinion: Are professional counselors becoming social workers?
Reader Viewpoint: Tips on microaggressions: Today's most likely 'ism'
Ross Trust essay competition encourages future school counselors
2010/2011 Division, Region & Branch calendar

July

Cover story: Confronting the threat of suicide
Game might make difference in matters of life and death (assessing for suicide risk)
The right medicine (marketing for counselors)
When much is given, much is expected (profile of ACA President Marcheta Evans)
Reader Viewpoint: Call to arms (counselor advocacy)
Reader Viewpoint: Distress and hope in families raising children with special needs
The International Association for Counselling Conference: Counselling for a World in Crisis

August

Cover story: Men welcome here (engaging men in the therapeutic process)
(Psycho)social networking (providing referrals to clients)
Fast-tracking recovery (medical hypnoanalysis)
Reader Viewpoint: A case for personal therapy in counselor education
ACA Eye on Ethics: Self-care: An ethical obligation and preventive tool
2010-2011 Leadership Directory

September

Cover story: Strength in numbers (group work)
Livelihoods and cultures in crisis (Gulf Coast oil spill)
Breaking the cycle of addiction and crime (drug courts)
Reader Viewpoint: One school's response to external traumatic events
Reader Viewpoint: Addressing spiritual diversity
Soledad O'Brien, Judith Beck to keynote 2011 ACA Conference

October

Cover story: Success stories with challenging clients
The confidence factor (facing questions of doubt and effectiveness as a counselor)
Improving students' career and college readiness (interview with David Spence)
Opinion: Extending the humanistic vision
The American Counseling Association Foundation was begun in the late 1970s as the American Personnel and Guidance Association Foundation. That was back when Jimmy Carter was president, “stagflation” was a new term used to describe an anemic economy and counseling was jelling into an exciting and dynamic profession. I was a young counselor then, but when approached at the APGA Convention to contribute, I found $15 in my wallet and pledged an additional $10, which I wrote a check for later. The contribution entitled me to have my name engraved on a plaque of “founders of the fund.” The plaque was to be hung at APGA headquarters, and I am sure that it was. Now, after several moves by the association and two name changes, the plaque is at ACA headquarters, but it has been “grounded” — i.e., it is on the ground in a storage space.

A few months ago while visiting ACA headquarters, I found the plaque, and as I reviewed it, a host of memories came rushing to my mind. I read numerous names and remembered many of the individuals. One in particular stood out — David Brooks. I had been approached to give to the fund by David, a stellar fellow if ever there was one and a person ACA honors each year by giving an award in his name. David was enthusiastic, and he was right when he said to me and to others, “Give until it helps.” Back in the late 1970s, a number of us did just that, even when we were making four-figure incomes. Somehow, it just seemed right, and in the 21st century, it remains so.

The ACA Foundation has emerged as an entity that now gives until it helps. As such, the Foundation sponsors a number of programs that promote the counseling profession, including:

- A social and emotional literacy program for elementary school children called Growing Happy and Confident Kids that involves school counselors
- A “Counselors Care” initiative for helping those in need, such as people in the Gulf states after the devastation of Hurricanes Katrina and Rita
- A graduate counseling student essay contest
- Scholarships for counseling students to attend the ACA Annual Conference & Exposition
- A graduate student lounge at the ACA Conference
- An awards recognition night at the ACA Conference

The ACA Foundation publishes books to help underwrite these activities and is supported by a number of counseling book authors who give all or part of their royalties to the Foundation. Still, the main support comes from fellow counselors — modest in means but generous in spirit.

If you have never contributed to the ACA Foundation, or even if you are a veteran contributor, I invite you to “give until it helps.” I think you will be pleased with the good your money can do. Counseling is firmly rooted, but it needs the Foundation to be even better grounded so it can:

- Foster those who are forming
- Assist those who are in need
- Support those who are learning
- Recognize those who are excelling

Please help as you can.

Samuel T. Gladding is the 2010-2011 chair of the ACA Foundation
Networking Is King

At the ACA Conference & Exposition in New Orleans

Visit the Career Center for:

- Interviews with employers
- Career consults
- Resume critiques
- Mock interviews
- Job boards
- Private practice consults

Go to: counseling.org/sub/career/consultations.aspx

Schedule Your Consultation Today!!
More networking ideas:

- Check out name badges to find others from your city or state
- Talk to attendees you sit next to in sessions
- Have a counseling specialty? Check out ACA Division activities such as breakfasts, brunches and luncheons

**First Timers Orientation & Mentoring Lunch**

**Friday, March 25, 12:00 pm**

An ideal opportunity for new professionals as well as students to network over a hearty lunch with others who are new to the ACA Conference. Tickets are $40 per person. Advance purchase highly recommended.

**Expo Grand Opening**

**Thursday, March 24, 4:30 pm – 7:00 pm**

Mingle with exhibitors and counseling professionals while you graze.

**ACA Social & Opening Celebration**

**Friday, March 25**

- 8pm – 12:00 am
  - Mingle with thousands of your colleagues.
  - One ticket is included with each full registration.
  - Additional tickets: $40.

**Not yet registered? You can still save—sign up by February 15**

counseling.org/conference

CALL 800-347-6647, x222 (8 am – 7 pm ET)
March 25, 2011

**7:30 am – 8:30 am** • Program ID #110

**The Creative Arts in Counseling**

*Samuel Gladding*

This session will focus on how the creative arts (music, literature, drawing/painting, dance/movement, and humor) can be used effectively in a variety of settings to help clients gain insight into problems and negotiate solutions to situations they bring to counseling.

**11:00 am – 12:00 pm** • Program ID #151

**Counseling Children: A Core Issues Approach**

*Richard Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen*

This session will teach you about the nature of client core issues, how to conduct a core issues assessment, and how to implement counseling interventions that help children address the core problem and establish lasting change.

**2:00 pm – 3:30 pm** • Program ID #213

**The Essentials of Tough Kids, Cool Counseling:**

*John Sommers-Flanagan and Rita Sommers-Flanagan*

Four culturally diverse cases will be reviewed and analyzed to illustrate effective counseling practice; collaborative disclosure, goal-setting, and agenda making; rolling with developmental autonomy; and playful therapeutic activities.

**3:45 pm – 4:45 pm** • Program ID #276

**Clinical Supervision in the Helping Professions**

*Patrice Moulton and Gerald Corey*

The presenters’ will discuss roles and responsibilities of supervisors, the importance of the supervisory relationship, multicultural competence in supervision, ethical issues in supervision, legal and risk management issues, evaluation in supervision, and becoming an effective supervisor.

**5:00 pm – 6:00 pm** • Program ID #318

**A Job Search Manual for Counselors and Counselor Educators: How to Navigate and Promote Your Counseling Career**

*J. Shannon Hodges and Amy Reece Connelly*

The authors of this new book will present helpful information job seekers in the counseling profession should know before they commence their search. Topics to be discussed will include writing effective résumés, CVs, and cover letters, as well as employment trends, interviewing tips, and managing disappointment.

March 26, 2011

**7:30 am – 8:30 am** • Program ID #340

**Cyberbullying: What Counselors Need to Know**

*Sheri Bauman*

This session will provide current information about cyberbullying and cyberaggression and will offer prevention and intervention strategies for technology users across the life span.

**10:30 am – 12:00 pm** • Program ID #381

**Creating Your Professional Path: Lessons From My Journey**

*Gerald Corey*

Dr. Corey will discuss turning points in his personal and professional journey, the counselor as person and professional, developing a personal perspective on counseling theory and group work, becoming an ethical counselor, being mentored and mentoring others, creating a career in counseling, becoming a writer, and self-care.

**2:00 pm – 3:30 pm** • Program ID #442

**Experiential Activities for Teaching Multicultural Competence in Counseling**

*Mark Popc, Joseph Pangelinan, and Angela Coker*

This interactive session will highlight creative, thought-provoking, and challenging multicultural activities designed to increase students’ awareness, knowledge, and skills regarding human diversity.

**3:45 pm – 4:45 pm** • Program ID #503

**Terrorism, Trauma, and Tragedies: A Counselor’s Guide to Preparing and Responding**

*Jane Webber and J. Barry Mascari*

The two coeditors of *Terrorism, Trauma, and Tragedies* share inspiring stories and photos that illustrate meaning-making; healing; and posttraumatic growth from Haiti, New Orleans, Virginia Tech, September 11, and the earthquake in China.

**5:00 pm – 6:00 pm** • Program ID #524

**Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice**

*Craig Cashwell and J. Scott Young*

The presenters will discuss the recently revised spirituality competencies, the history of the competencies, how the new competencies were developed, and clinical applications of each competency. In addition, new chapters from their book, including chapters on mindfulness, 12-step spirituality, feminine spirituality, prayer, and ritual will be highlighted.
The ACA Bookstore will be open during all exposition hours. For your convenience, an ACA Preconvention Bookstore will be located in the ACA registration area March 23–24 before the Exhibition Hall opens.

**ACA BOOKSTORE**
March 24, 4:30 pm – 7:00 pm – Welcome Reception
March 25, 10:30 am – 6:00 pm • March 26, 10:00 am – 4:00 pm

**KEYNOTE BOOK SIGNINGS**
Soledad O’Brien
March 25, 10:30 am – 11:30 am

Judith Beck
March 26, 10:00 am – 11:00 am

**ACA AUTHOR BOOK SIGNINGS**
March 24, 5:30 pm – 6:30 pm • March 25, 4:00 pm – 5:00 pm

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**New Releases From ACA!**

- *ACA Advocacy Competencies* edited by Manivong Ratts, Rebecca Toporek, and Judith Lewis
- *Clinical Supervision in the Helping Professions, Second Edition* by Gerald Corey, Robert Haynes, Patrice Moulton, and Michelle Muratori
- *Counseling and Psychotherapy: Theories and Interventions, Fifth Edition* edited by David Capuzzi and Douglas Gross
- *Counseling Children: A Core Issues Approach* by Richard Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen
- *Creating Your Professional Path: Lessons From My Journey* by Gerald Corey
- *The Creative Arts in Counseling, Fourth Edition* by Samuel Gladding
- *Cyberbullying: What Counselors Need to Know* by Sheri Bauman
- *Developing Clinical Skills for Substance Abuse Counseling* by Daniel Yalisove
- *Ethics Desk Reference for Counselors* by Jeffrey Barnett and W. Brad Johnson
- *Experiential Activities for Teaching Multicultural Competence in Counseling* edited by Mark Pope, Joseph Pangelinan, and Angela Coker
- *The Handbook of Counselor Preparation* edited and cowritten by Garrett McAuliffe and Karen Eriksen
- *Integrating Spirituality and Religion Into Counseling, Second Edition* edited by Craig Cashwell and J. Scott Young
- *A Job Search Manual for Counselors and Counselor Educators* by Shannon Hodges and Amy Reece Connelly
- *Licensure Requirements for Professional Counselors 2010* by the ACA Office of Professional Affairs
- *Play Therapy: Basics and Beyond, Second Edition* by Terry Kottman
- *The Professional Counselor, Fourth Edition* by Dennis Engels, Casey Barrio Minton, Dee Ray, and Associates
- *Terrorism, Trauma, and Tragedies, Third Edition* edited by Jane Webber and J. Barry Mascari

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*American Counseling Association, Booth #301*
ASERVIC selects journal editor
Submitted by Jennifer Curry
jcerry@lsu.edu

The Association for Spiritual, Ethical and Religious Values in Counseling is pleased to announce that Richard Balkin, associate professor at Texas A&M University-Corpus Christi, has been chosen as the Counseling and Values journal editor for 2011-2014. Beyond his extensive publications on spiritual and religious issues in counseling, as well as many other refereed works, Balkin has served as associate editor for quantitative research for the Journal of Counseling & Development, as executive editor of the Journal of Professional Counseling: Practice, Theory and Research, as an editorial board member for multiple journals and as a statistical consultant for Counseling and Values under the leadership of current editor Richard Watts.

We also want to recognize the extensive work of our search committee, including Harriet Glosoff (chair), Chris Faiver and Leila Roach, in conducting the search for a new editor. All three of these individuals devoted countless hours to reviewing candidate files, developing a protocol and conducting interviews. We are grateful for the committee’s work and for the opportunity to have Richard Balkin as our editor.

We also want to highlight that we are in the process of initiating our first spiritual journey. The spiritual journey will be a 12-day trip to England and Scotland to visit sites of historical and spiritual significance. For more information, contact ASERVIC President-Elect Mark Young at myoung@sklrr.com.

ACCA touts membership benefits
Submitted by Janelle Johnson
janelle.johnson@sfcc.edu

The American College Counseling Association is an association for people working or studying in higher education who have a professional identity in counseling and whose purpose is fostering student development. Membership in ACCA is open to those holding a master’s degree in counseling or a closely related field and graduate students enrolled at least part time.

ACCA members are engaged in college counseling in a variety of ways and are employed by universities, community colleges, vocational-technical schools and other institutions of higher education. Some member benefits of joining ACCA include:

- Identity as a member in a national organization that promotes the profession of college counseling and the development and recognition of professional standards for college counselors
- ACCA-L, our electronic mailing list, which is active and used by members for discussion of professional issues
- Access to the members-only section of the ACCA website, including the ACCA Forum
- A chance to learn about grants, awards, educational opportunities and activities related to college counseling that support research and provide continuing education opportunities
- A subscription to the Journal of College Counseling, which is published twice a year in the spring and fall, and Visions, the quarterly newsletter of ACCA
- Professional leadership opportunities such as serving on an ACCA national committee or running for a position on the executive council
- Continuing education is offered both at the ACCA Conference and the ACA Annual Conference on topics pertinent to professional college counselors. Beginning in 2012, ACCA will be offering yearly conferences.

ACCA will host a Day of Learning at this year’s ACA Conference in New Orleans, with topics of specific interest to counselors who work in college settings. Please join us and meet your fellow professional college counselors. ACCA also will be hosting a networking social and a community college social, and you can sign up to join us for the ACCA breakfast and business meeting. To take advantage of all of these benefits, visit the ACCA website at collegecounseling.org for a membership application.

NCDA partners with AARP to assist workers over 50
Submitted by Deneen Pennington
dpen@ncda.org

The National Career Development Association assisted AARP recently by supporting its Helping Experience Work@50+ Career Fair Campaign. NCDA provided the career counseling resources at these events. Career counseling was one of the most needed services provided to attendees, regardless of where they were in their job search process.

The average attendance at the various state events was 2,500; 79 percent of attendees were AARP members or eligible for membership. The total number of participants 50 and older was 39,731, and the total number of attendees was 50,292. The fairs have received widespread positive media coverage from Fox News, CNN, The New York Times, The Washington Post, USA Today, The Chicago Tribune, the Today show, MarketWatch, the Huffington Post and others.

NCDA is in the process of planning the 2011 campaign because the need for these services is still great. We appreciate the support of the various NCDA state divisions in recruiting their members to provide these much-needed services. Check ncda.org for information about the upcoming 2011 AARP Helping Experience Work@50+ Career Fair Campaign. For more information, contact Deneen Pennington at dpennington@ncda.org.
AADA hosts New Orleans breakfast celebration
Submitted by Catherine Roland rolandc@mail.montclair.edu

It’s time to purchase your tickets for the Association for Adult Development and Aging Breakfast, to be held Saturday, March 26 at 7:30 a.m. in New Orleans at the Hilton Hotel. AADA is going back to the wonderful tradition of having a guest speaker — someone who can bring us information wrapped in an uplifting, brief talk. We’re delighted that the executive director of the NO/AIDS Task Force, Noel Twilbeck, will be our speaker. He will be accompanied by Mary Ellen Harwood, director of mental health and counseling services of the NO/AIDS Task Force in New Orleans.

A bit of background on the organization might help you make the decision to rise and shine early and join us for our breakfast. The NO/AIDS Task Force is the oldest HIV/AIDS service organization in the Gulf South and was founded in 1983 in response to the early and devastating effects of the AIDS epidemic in the New Orleans and greater Louisiana area. Through federal grants and private giving, NO/AIDS consistently expanded services to include programs encompassing medical treatment/diagnosis, case management and mental health services, meal delivery preparation programs, Food for Friends and community projects for early detection and education.

Today, the agency offers a comprehensive continuum of services, including prevention education, HIV antibody testing and counseling, a statewide HIV/AIDS hotline, housing coordination, support groups, a food bank, peer support services and medication disbursement. The mental health component has increased greatly in the past five years since Hurricane Katrina, including:

- Individual, couples and family therapy
- Psychoeducational and support groups
- Psychiatric medication management
- Programs providing substance abuse treatment to people living with HIV

Next month in this space, we’ll provide more specifics about the NO/AIDS Task Force and why AADA has chosen to sponsor this deserving organization.

Call ACA member services at 800.347.6647 to purchase tickets for the AADA breakfast soon. Questions about this celebration should be directed to coordinators Catherine Roland (rolande@mail.montclair.edu) or Les Kooyman (kooymanl@mail.montclair.edu). Come join us and start wearing the Mardi Gras colors early — purple, green and gold. Wait until you see what’s on your breakfast table … See y’all there!

AACE invites award nominations
Submitted by Susan Eaves susan.eaves@gmail.com

The Association for Assessment in Counseling and Education announces two distinct upcoming awards and wants you to consider nominating someone whom you believe is deserving. First, AACE is offering the 2011 Exemplary Practices Award, which recognizes people and programs that best exemplify the mission of AACE. By giving this award annually to a person or program, AACE seeks to acknowledge the rendering of important service in assessment or examples of outstanding assessment practice that have significance for the counseling profession.

Second, AACE is also accepting applications for the AACE Donald Hood Student Research Grant, given to a graduate student member of AACE. This annual grant program is designed to recognize and honor students seeking to complete research investigations that show promise for outstanding contributions to the counseling profession. This grant provides a cash award up to $500.

To nominate a person or program, visit theaaceonline.com/awards for complete instructions and nomination forms. Applications must be postmarked by Friday, Feb. 11 and addressed to Susan H. Eaves, Division of Children and Youth, Weems CMHC, 1929 23rd Ave., Meridian, MS 39301. Questions regarding the submission process may be directed to Susan Eaves at 601.938.9410 or via e-mail at susan.eaves@gmail.com.

For additional information on becoming a member of AACE, visit theaaceonline.com.

NECA offers scholarship to New Orleans conference
Submitted by Kay Brawley kbrawley@mindspring.com

You can attend ACA’s Annual Conference in New Orleans and be a presenter at the National Employment Counseling Association’s Day of Learning on Friday, March 25 by winning NECA’s $1,000 professional scholarship. Winners will also have the chance to be included in the NECA e-book to be published later on this year.

All applicants must be NECA members in good standing (and, yes, you can join now). Proposals must consist of a minimum 500-word summary of the presentation that you’ll deliver at NECA’s Day of Learning. The presentation will total 30 minutes, with a 10-minute question-and-answer session to follow. The presentation should cover material not previously presented at NECA and must tie into the theme of “Resilience During Disaster” or “Challenging Times.” Techniques that address new approaches for handling anxiety and despair are especially requested.

To apply, send your 500-word presentation proposal in electronic format to Bob Chope, past president of NECA, at rcchope@sfsu.edu by Jan. 31. Best wishes, and we’ll see you at the NECA Day of Learning in New Orleans. ♦

Coming up in 2011

- February: Creativity in counseling
- March: Private practice
- April: Ethics issues in counseling

What topics would you like Counseling Today to cover? Send your story ideas to ct@counseling.org.

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Participants will have the opportunity to visit many historical sites that signify the enduring spiritual legacy and rich religious diversity England has to offer. For more information, contact ASERVIC President-Elect Mark Young at myoung@fll.rr.com.

FYI

Call for submissions
ADULTSPAN Journal, the journal of the Association for Adult Development and Aging, invites manuscripts on the general topic of spirituality and adult development for a special issue. We’re looking for articles that concern the conceptual and clinical aspects of spirituality. Research-based pieces are especially welcome, particularly those with an outcome-oriented focus. For this special issue, Radha H. Parker will serve as coeditor with Catherine Roland. All manuscripts should be sent to Roland at rolandc@mail.montclair.edu by April 1. The journal also continues to solicit conceptual or research-based manuscripts spanning the adult life span and also includes practitioner-oriented pieces. Inquiries about the journal in general and manuscript ideas specifically should be addressed to Editor Catherine Roland.

Call for submissions
Therapeutic Innovations in Light of Technology is a free international magazine for helping professionals. We accept articles about online therapy, online coaching, online self-help, cyberpsychology, cybersex addiction and new interventions related to mental health and technology. Feature articles should be between 3,000 and 6,000 words, and secondary articles should be between 1,000 and 2,500 words. The current issue, as well as writer’s guidelines, can be found at onlinetherapymagazine.com or by e-mailing editor@onlinetherapymagazine.com.

Call for journal editor
The Association for Assessment in Counseling and Education is seeking applications for the position of editor of the journal Measurement and Evaluation in Counseling and Development. The journal is a national, peer-reviewed publication with a readership of counselors, educators and other professionals interested in providing leadership, training and research in the creation, development, production and use of assessment and diagnostic techniques. Its mission is to promote and recognize scholarship, professionalism, leadership and excellence in the development and use of assessment and diagnostic techniques in counseling. The appointment of editor is a three-year term beginning July 1. For more information, visit theaaceonline.com/MECDEditor.pdf.

Call for submissions
The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for a special issue of the Journal of LGBT Issues in Counseling. The special issue theme is “Finding the Spirit Within: Spirituality Issues in the LGBTQ Community.” Guest editors are Michael Kocet and Jennifer Curry. The deadline for submissions for the special issue is June 30. Submissions of general articles pertinent to the journal are welcome on an ongoing basis. The journal is published quarterly. For detailed submission guidelines or information regarding the special issue, e-mail Michael Kocet at mkocet@yahoo.com or Jennifer Curry at jcurry@lsu.edu. For general articles, e-mail Editor Ned Farley at nfarley@antiochseattle.edu.

Call for submissions
The International Journal of Psychology and Counselling, a multidisciplinary, peer-reviewed monthly journal, welcomes the submission of manuscripts that meet the general criteria of significance and scientific excellence. Papers will be published approximately one month after acceptance, and all articles published in IJPC will be peer-reviewed. Our objective is to inform authors of the decision on their manuscripts within three weeks of submission. Following acceptance, a paper normally will be published in the next available issue. For more information, visit academicjournals.org/IJPC.

Bulletin Board submission guidelines
Items for the Counseling Today Bulletin Board must be submitted via e-mail to lbballcross@counseling.org with “Bulletin Board” in the subject line. Please note that not all submissions are accepted for publication. Limit submissions to 125 words or less. Non-calendar items will be published for a maximum of three consecutive months, after which an updated version of the announcement must be resubmitted for inclusion.
**Taking Care of Yourself as a Counselor**

1. Proponents of wellness suggest that a foundation be established at what point in the development of the counselor?
   - While in graduate school.
   - While preparing to become a National Certified Counselor.
   - During the first year of professional practice.
   - None of the above.

2. Counselor Elizabeth Venart stated that research has shown what element to be more predictive of the outcome of counseling than any other factor?
   - The counseling theory employed by the counselor.
   - The quality of the therapeutic relationship.
   - The preparation of the counselor.
   - The willingness of the client to engage in counseling.

3. A counselor’s exposure to the suffering of clients coupled with an inability to rescue them from their suffering that results in feelings of depletion, anxiety, depression, resentment, and/or emotional withdrawal is the definition for:
   - Burnout
   - Vicarious traumatization
   - Compassion fatigue
   - Impairment

4. Experts suggest the isolated counselor, whether working in a remote geographic area or a practice where she or he is a sole practitioner, is likely to benefit from what?
   - A support system
   - Occasional professional respites
   - Personal counseling
   - Continued counselor education

5. The most common complaint author and specialist Kathleen Nadeau receives from women with ADHD is that they are:
   - Unable to succeed in school and the workplace.
   - Overwhelmed with life: kids, house, work, bills, etc.
   - Failures at forming lasting social relationships.
   - All of the above.

6. According to counselor Wilma Fellman, the “tricky” part about diagnosing ADHD is determining which of how many typical symptoms a female client might have?
   - 5
   - 9
   - 11
   - More than 14

**It’s a Small World**

7. According to ACA President Marcheta Evans, the organization that is bringing various international counseling entities together for the mutual benefit of all is the:
   - World Counseling Organization
   - Alliance of Professional Counseling Organizations
   - International Counseling Conference
   - UN Counseling Force

8. One of the goals of the ACA International Committee, states Chairperson Yegan Pillay, is to increase global awareness of counseling and remove the discipline from the shadows of psychology.
   - True
   - False

**Private Practice in Counseling**

9. At what point prior to the sale of a private practice do the column authors suggest current and past clients should be notified of the sale and introduced to the new owner(s)?
   - At the convenience of the seller and new owner(s).
   - Six months.
   - One year.
   - Two years.

**Special Series: DSM-5**

10. The fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* will likely eliminate what current categories and replace them with one disorder called substance use disorder?
    - Alcohol and alcohol dependence
    - Alcohol and substance abuse
    - Narcotic abuse and dependence
    - Substance abuse and substance dependence
    - None of the above.
    - All of the above.

I certify that I have completed this test without receiving any help choosing the answers. Signature ______________________ Date ____________

**Instructions**

*Online*: Complete the test at counseling.org/Resources/OnlineLearning.aspx. You will be able to pay online and download your CE certificate immediately.

*Mail*: Complete the test and form above and mail (with check or money order made payable to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Allow 2–4 weeks for processing. **For further assistance, please contact Debbie Beales at dbeales@counseling.org,** or by phone at 800-347-6647, x306.

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Total amount enclosed or to be charged

- $20.00 member
- $30.00 non-member
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- VISA
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CVC Code: __ __ __ __ Exp. Date: __ __ __ __

(AmEx, 4 digits above card number; VISA, MC, Dis., 3 digits by signature line)

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Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

- Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers preparing for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Employment ads are listed under international or national by state.
- Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers preparing for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details.
- Classified and employment ads are not commissionable and are billed at net rate only.
- ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org.
- Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org.
- Phone: 607.662.4451
- Fax: 607.662.4415
- Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.
- Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

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**CLASSIFIEDS**

**CALENDAR**

**Adjunct Faculty**

The Center for Psychological Studies is seeking adjunct faculty to teach graduate courses in the mental health and school counseling programs. An earned doctorate in counselor education or doctorate in a related area and a masters degree in mental health or school counseling is required. Candidates must have experience in counseling and be eligible for the appropriate licensure or certification.

Please apply online to Position #000016 at www.nsujobs.com.

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Visit www.ShrinkRapt.com today and learn more about ShrinkRapt™ the top selling billing and insurance program for mental health practitioners. Easy to use! Order today and receive a FREE Email & FREE Backup Module! Limited time offer! Request a fully functional Demo Package at www.ShrinkRapt.com or by calling Saner Software Inc (630) 513-5599.

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EMPLOYMENT

THE DEPARTMENT OF VETERANS AFFAIRS (VA) Mental Health Opportunities Nationwide

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. Our employees work at 154 medical centers, 875 ambulatory and community-based outpatient clinics, 136 nursing homes, and many other facilities, such as domiciliaries and readjustment counseling centers. More than a century ago, President Lincoln made a promise to America’s servicemen and women, pledging the care and concern of a grateful Nation for the sacrifices they made to preserve freedom. Since 1930, VA’s mission has been to keep that promise.

Veterans’ mental health is a top priority at VA. After returning from combat, many veterans struggle to readjust to life at home. Our mental health care providers play a critical role in helping these veterans reclaim their lives by providing cutting-edge care. VA supports this mission by ensuring that our mental health professionals have the most innovative technologies, facilities, and training at their fingertips. When you join VA, you will be a core member of our interdisciplinary care team structure, collaborating with both primary care and other mental health professionals to establish the right course of treatment for patients. VA has health care facilities in all 50 states, the District of Columbia, and Puerto Rico. Should a mental health professional desire to relocate, he or she may seek employment at any location where there is a vacancy and, if hired, transfer without loss of benefits. Only one active, unrestricted state license is needed to practice in a VA facility in the above locations.

We have opportunities for Counselors, Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses nationwide. Visit us at www.VAcareers.va.gov to learn more or to apply. EOE/AA, M/D/F/V

ARKANSAS

THE UNIVERSITY OF ARKANSAS Mental Health Clinician
The University of Arkansas Counseling and Psychological Services seeks a candidate for a Mental Health Clinician position to begin by August 2011.

RESPONSIBILITIES: Primary responsibilities will be in providing individual, couples, family, and group counseling with students, faculty and staff. Additional responsibilities will include: assessment, crisis intervention, outreach and consultation, and supervision of graduate students from a variety of professional training programs. QUALIFICATIONS: Doctorate in clinical or counseling psychology (APA accreditation preferred), or closely related discipline; Master’s in counselor education is acceptable but Doctorate is preferred (CACREP accreditation preferred); or MSW from accredited social work program. Within 18 months of hire, must secure licensure in Arkansas for independent practice in one’s discipline. FOR MORE INFORMATION: Go to http://hr.uark.edu/310.aspx and select AOther non-classified@ or contact Kathryn Lamar at khkeller@uark.edu. Applications completed by Jan. 31, 2011 will receive full consideration. Late applications will be reviewed as needed to fill the position. Please specify which position you are applying for in your cover letter. This position is subject to a pre-employment criminal background check. A criminal conviction or arrest pending

James Madison University

Counselor Educator - 0403763
The Department of Graduate Psychology at James Madison University is seeking an exceptional Counselor Educator to join the faculty of our award-winning Counseling program. The full-time (10 month), tenure track position starts in August, 2011 and will begin at the rank of Assistant Professor. Successful candidate responsibilities include clinical supervision of counselor trainees’ practicum experience at our university-based outpatient training facility; teaching graduate-level classes in substance abuse, career counseling and evaluation/appraisal. We are interested in candidates with applied clinical and research interests capable of fostering student’s emerging skills and who will serve as chair or as a member of student’s MA/Ed.S project and Ph.D dissertation committees.

The successful candidate will share our philosophy that cultivating the personhood of the student-counselor is corollary to academic instruction. We therefore seek a candidate possessing talent for helping students engage in a process of personal transformation, self-discovery and participation in a vibrant and cohesive counseling community of teachers and fellow students. Qualified applicants will possess a doctorate degree in Counseling / Counselor Education from a CACREP accredited program and be a Licensed Professional Counselor (or license eligible) in the state of Virginia. Evidence of clinical experience and strong interest in graduate-level teaching and counselor training is essential. To view the job posting and to apply for this position go to https://JobLink.jmu.edu and reference posting number 0403763. Salary to commensurate with experience.
adjudication alone shall not disqualify an applicant in the absence of a relationship to the requirements of the position. Background check information will be used in a confidential, non-discriminatory manner consistent with state and federal law. The University of Arkansas is an Affirmative Action/Equal Opportunity employer. All applicants are subject to public disclosure under the Arkansas Freedom of Information Act and persons hired must have proof of legal authority to work in the United States.

GLENDALE COMMUNITY COLLEGE
Counselor 11069
Glendale Community College has an opening to provide Career Counseling to an individual or in a group setting; instructs a diverse population of students in a classroom or lab setting; develops and presents student success workshops; teaches CPD and/or BHS courses; interacts with students in various campus activities during office hours; develops written syllabi/course outlines and course materials; evaluates knowledge of subject matter taught and monitors students’ scholastic records; prepares and grades exams; serves on college and District-wide committees. Conducts learning outcomes assessment. For more information and to apply please visit our website at http://www.maricopa.edu/employees/divisions/hr/jobs/current

FLORIDA

G4S PROGRAMS
Director of Clinical Services/ Clinical Coordinator
Positions available in Florida in Pasco, Hillsborough, Okeechobee and Martin County

Must have a Masters Degree in a recognized mental health field with at least 2 years experience providing direct therapy to youth.

Provide individual therapeutic services to youth as assessed by the treatment team. Develops youth needs assessment and Psychosocial History to formulate treatment plan. Prioritize treatment plan to focus on youth mental health and substance abuse issues, ensuring monthly updates reflecting progress. Complete documentation related to individual, group and family sessions that are provided to the youth, as well as, monthly progress updates related to mental health services. Top pay with great benefits!!! Drug Free Workplace – EOE Contact Dana Williams @ 813-514-6275 x214 dana.williams@us.g4s.com

UNIVERSITY OF ILLINOIS AT SPRINGFIELD
Counselor Educator (Tenure-Track/ Assistant Professor)
Community/Clinical Mental Health Counseling position: teach courses in the counseling core such as alcoholism and substance abuse, community counseling, psychopathology and the DSM-IV-TR, appraisal techniques in counseling, research methods, practicum, internship and crisis intervention in CACREP-accredited, Master’s-level degree program. Responsible for co-coordination of the community/mental health counseling area of study. Provide clinical supervision, serve as academic adviser, and supervise M.A. theses/projects. Requirements include a doctoral degree in Counselor Education from a CACREP-approved program by date of appointment. Professional identity as a Counselor Educator, affiliation with counseling associations (ACA, ACES) and experience with CACREP accreditation strongly preferred. Licensure as an LPC or LCPC required within one year of date of appointment. Experience in community/mental health counseling, university-level teaching and work with diverse populations are preferred. The University emphasizes teaching and expects ongoing scholarly and university service activities. Salary range is competitive for a nine-month contractual period and commensurate with qualifications and experience for the mid-west region. Position begins August 16, 2011.

Applicants should send letter of interest, curriculum vita, transcripts, evidence of teaching skill, teaching philosophy and three letters of recommendation to Dr. Bill Abler, Search Committee Chair, Department of Human Development Counseling, BRK 332, One University Plaza, University of Illinois Springfield, Springfield, IL 62703-5407. Formal review of applications will continue until the position is filled. UIS is an affirmative action/equal opportunity employer with a strong institutional commitment to recruitment and retention of a diverse and inclusive campus community. Women, minorities, veterans, and persons with disabilities are encouraged to apply.
MARYLAND

JOHNS HOPKINS UNIVERSITY- CENTER FOR TALENTED YOUTH
Summer Employment Opportunities
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NEW MEXICO

WESTERN NEW MEXICO UNIVERSITY
Assistant Professor of Counseling
Want to work for a University Worth Discovering?
The Human Resources Office of Western New Mexico University is accepting applications for the following position:
ASSISTANT PROFESSOR OF COUNSELING in the School of Education
For additional information and details on how to apply, please visit our website at: http://www.wnmu.edu and click on Human Resources/Payroll then click on Job Announcements to view each position for qualifications/requirements. Complete a WNMU application by clicking On-Line Employment Application icon or go to http://www.wnmu.edu/jobs/employmentapp.shtml. Our office is located on the Silver City campus in the Juan Chacon Building, room 105 or you can call us at 575-538-6328 or fax documents to 575-538-6338.

Western New Mexico University is an Affirmative Action/Equal Employment Opportunity Employer. Minorities and women are especially encouraged to apply. All qualified applicants will receive consideration without regard to race, color, religion, gender, age, handicap or national origin.

Wayne State University’s College of Education invites applications for an Assistant/Associate Professor faculty position in its Counselor Education program.

Responsibilities: Teaching a variety of graduate-level Counseling Education courses; pursuit of a strong research agenda in Counseling Education leading to publications; advising master’s and doctoral students and serving on doctoral committees, participation in curriculum and program development, service on program area, college and university committees, grant writing for and procurement of extramural grants.

Qualifications: Requirements are: current rank of assistant or associate professor; an earned doctorate in Counselor Education from a CACREP-accredited program. Experience teaching graduate courses in counseling, a research agenda with a record of publications and presentations. Must be able to acquire Licensed Professional Counselor credentials in the state of Michigan. At the assistant rank, strong potential for excellence in teaching and scholarship is required. At the associate rank, demonstrated evidence of superior scholarship (publications, research, and extramural funding) and teaching is required, as is experience in advising graduate students at the master’s and doctoral level, and directing dissertations.

Candidates must complete an online application at: https://jobs.wayne.edu/applicants/Central?quickFind=447540
For an electronic application to be considered complete, candidates must attach to it the following:
a letter of application that addresses their qualifications for the position; a current vita; a 1-2 page summary of their research agenda; a list of at least three references and their contact information (mailing address, e-mail addresses, and phone numbers).

In addition, applicants must arrange to have transcripts and three original, recent (within the past 12 months) letters of recommendation sent to: Dr. JoAnne Holbert, Chair, Counseling Education Search Committee, Wayne State University, Room 361 Education Building Detroit, MI 48202.

Please include your e-mail address in the materials you submit by mail so that we may acknowledge receipt of same, send additional information, and contact you as necessary throughout the review process.

Inquiries regarding this position should be directed to Dr. Holbert at: jholbert@wayne.edu

Please note: The successful candidate for this position will be asked to provide official transcripts and proof of degrees awarded before the hiring process is completed.

Salary and Rank for above: Commensurate with qualifications and experience.

Application Deadline: Review of applications will begin immediately and the search will continue until the position is filled. Requests for confidentiality will be respected until the final search phases.

Starting Date: August, 2011.

The College of Education’s theme "The Urban Educator: Reflective, Innovative and Committed to Diversity," guides and develops its programs. The college is characterized by its diversity and commitment to an urban mission and reflects the dynamic characteristics of urban life. The College of Education currently enrolls about 2,000 undergraduates and 2,000 graduate (master’s/education specialist doctoral) students in approximately 34 different programs.

Wayne State University is a premier institution of higher education offering more than 350 undergraduate and graduate academic programs through 12 schools and colleges to more than 32,000 students in Metropolitan Detroit.

Wayne State University is located in Detroit (MI), the eighth largest metropolitan area in the U.S., with the range of cultural and recreational offerings typical of a major city. See wayne.edu/community/index.php to learn more about the university and the Detroit area.
ALFRED UNIVERSITY
Assistant Professor of Counseling

Alfred University invites applications for a tenure-track Assistant Professor of Counseling beginning August 2011, to help prepare the next generation of counselors. We are seeking an energetic and self-aware professional who shares our faculty commitment to prepare highly qualified mental health professionals. The graduate programs in counseling are part of the vibrant and dynamic Division of Counseling and School Psychology at Alfred University. The Division offers a New York State Licensure Qualifying master’s level program in mental health counseling, a school counseling program, and both specialist and doctoral (APA-approved) programs in school psychology. Our training model focuses on the personal and professional development of students as they develop the knowledge and competencies needed by counselors in contemporary society. Successful candidates will have a commitment to excellence in teaching and student development, and be motivated toward leadership and program development. A doctorate in counselor education is preferred; candidates with doctorates in counseling or clinical psychology will be considered. Other requirements include experience teaching or supervising graduate students, and an established or developing record of scholarly research. Eligibility for NYS licensure as a mental health counselor or psychologist is required, and practical experience is highly desirable. Alfred is a small comprehensive university located 75 miles south of Rochester, NY, and AA/EEO employer. Send letter of application, vita, graduate transcripts, three letters of recommendation, and teaching evaluations (if available) to: Edward Gaughan, Ph. D., Search Committee Chair, Alfred University, Graduate Division of Counseling and School Psychology, One Saxon Drive, Alfred, NY 14802 or e-mail fgaughan@alfred.edu. Review of applications will begin immediately and continue until the position is filled. More information at www.alfred.edu/hr.

THE STATE UNIVERSITY OF NEW YORK (SUNY) COLLEGE AT CORTLAND
Director of Counseling and Student Development

The State University of New York (SUNY) College at Cortland invites applications for the Director of Counseling and Student Development. The director is responsible for a comprehensive program of counseling and psychological services for a largely undergraduate population on a residential campus. The director leads the Student Development Center units including the Counseling Center, Student Health Services, Health Promotion, Student Disability Services, and Substance Abuse Prevention Education. Major responsibilities include providing leadership in the area of student development, supervising staff and daily operations, managing $2 million departmental and program budgets, planning, individual and group counseling, outreach programming, and crisis intervention.

Required Qualifications: Earned doctorate in counselor education, counseling psychology, clinical psychology, or a closely-related field; NYS Mental Health Licensure or attainment of licensure within one year of appointment; prior administrative and supervisory experience; experience providing direct counseling services; understanding of student development issues; demonstrated ability to develop effective consultative relationships; effective oral and written communication skills; and, demonstrated commitment to an environment of inclusion and diversity. Preferred Qualifications: Experience providing counseling services to college students; knowledge of best practices for units within the Student Development Center; budget management experience; planning and assessment experience; and, knowledge of regulatory and legal issues affecting units within the Student Development Center. Calendar-year appointment, starting salary high $80’s to low $90’s commensurate with experience. Excellent benefits package.

About the College and Community

The College is known for its programs in teacher education, physical education, and a number of flagship programs in the liberal arts and professional studies. Our academic programs are designed to support our commitment to civic responsibility, environmental sustainability, international education, professional preparation and social justice. More than 90 percent of SUNY Cortland’s 7,000 undergraduate and graduate students gain hands-on experience through internships, volunteerism, civic engagement and study abroad. Its three schools - arts and sciences, education and professional studies - are committed to excellence in teaching, research, scholarship, service and international education.

The campus is a half-hour drive from Syracuse and Ithaca and four hours from New York City and Philadelphia. Situated in the beautiful Finger Lakes region, Cortland offers an array of regional cultural and recreational opportunities, as well as affordable housing and excellent school systems.

Application Process

Review of applications will begin immediately and will continue until an appointment is made. Application materials should include: 1) a letter of application describing qualifications and experience regarding the responsibilities listed above, 2) a resume, and 3) contact information for at least three professional references. For additional information and to apply online, please visit https://jobs.cortland.edu.

SUNY Cortland is an AA/EEO/ADA employer.

THE STATE UNIVERSITY OF NEW YORK (SUNY) COLLEGE AT CORTLAND
Senior Counselor

The Counseling Center at SUNY Cortland has an immediate opening for a full-time, 12 month Senior Counselor (SL4). The successful candidate will provide individual and group counseling, consult with and provide referrals to psychiatric and/or medical personnel, provide crisis intervention, and conduct outreach programming. Required Qualifications: Master’s degree in counseling, psychology, or social work from a regionally accredited college or university; licensure related to master’s degree or eligibility for NYS licensure within one (1) year; prior professional experience in a clinical/counseling position. Preferred Qualifications: Knowledge of student development and experience working with college
students. Application materials will be accepted until the position is filled. Competitive salary and excellent benefits package. For more and to apply, go to: https://jobs.cortland.edu/applicants/ Central?quickFind=52430.

SUNY Cortland is an AA/EEO/ADA employer.

WEST CHESTER UNIVERSITY
Assistant Professor, Counseling Education

The Department of Counselor Education seeks candidates to fill two Assistant Professor faculty positions beginning August 2011. Join a vibrant campus community whose excellence is reflected in its diversity and student success. The Department of Counselor Education is accredited by CACREP in the specialty areas of School Counseling and Student Affairs.

Requirements: Applicants must have an earned doctorate in Counselor Education, or a closely related field. Preference will be given to graduates of CACREP accredited programs, and/or candidates with certification as a professional school counselor. ABD candidates will be considered, but must provide evidence that they are near completion of the doctorate. Candidates should have evidence of successful teaching experience and expertise in counselor training and supervision. Successful candidates must be qualified to teach core counseling courses as well as courses in the specialty area of school counseling. Experience as a school counselor and demonstrated interest in and promise of an active program of research is preferred.

Review of applications will begin, January 15, 2011 and continue until the position is filled. Status inquiries pertaining to this position may be emailed to msnyder@wcupa.edu. Developing and sustaining a diverse faculty and staff advances WCU’s educational mission and strategic Plan for Excellence. West Chester University is an Affirmative Action – Equal Opportunity Employer. Women and Minorities are encouraged to apply. For more information on this position, responsibilities, requirements and application instructions, please visit our website at http://www.wcupa.edu/scripts/vacancies/v-list.asp

Assistant/Associate Professor
College of Education

The Counselor Education Program housed in the School of Human Development and Organizational Studies in Education (HDOSE) in the College of Education at the University of Florida seeks to fill a tenure-track faculty position in Counselor Education at the Assistant/Associate Professor level. Salary and terms of appointment are commensurate with qualifications and include a 9-month salary and benefits package.

University of Florida Counselor Education faculty members prepare counseling professionals who operate from ecosystemic, multicultural and social justice paradigms. UF’s Counselor Education Programs are accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and include 72 semester hour masters/EdS programs in school counseling, mental health counseling and marriage and family counseling, and a Ph.D. program in counselor education and supervision.

Candidates are expected to demonstrate excellence in research related to counselor education, teach both masters and doctoral level students, collaborate with colleagues, and enhance the research capacity of the Counselor Education Program and the College of Education. The specific areas of research and scholarship are open; however, we welcome applicants with expertise in using culturally responsive practices and enhancing the role of families in promoting youth development and facilitating student academic success. We seek candidates with a doctorate in counselor education from a CACREP-accredited program who possess the following: eligibility for certification as a school counselor or for counselor licensure in Florida at least three years work experience either as a school counselor or professional counselor in a relevant clinical setting; a strong professional identity as a counselor educator; university-level teaching experience; and evidence of seeking external funding to support his/her research.

Appointment begins August 15, 2011. Applicants should submit the following: (a) a letter of application reflecting qualifications and interests, (b) a curriculum vitae, (c) transcripts of academic work, (d) sample publications, and (e) at least three letters of recommendation. Application review will begin on January 21, 2011, and continue until the position is filled. We anticipate interviews beginning in mid-February; therefore, we encourage interested candidates to apply early. Expressions of interest will be treated in strictest confidence. Please send all correspondence regarding the position to Dr. Ellen Amatea, Counselor Education Search Committee Chairperson, to eamatea@coe.ufl.edu or to P.O. Box 117046, 1215 Norman Hall, University of Florida, Gainesville, Florida 32611-7046, Phone: 352-273-4322 Fax: 352-846-2697.

The University of Florida is strongly committed to diversity of its workplace. The School of Human Development and Organizational Studies in Education shares this commitment and eagerly invites applicants from diverse backgrounds to apply for the position.

ABOUT THE COLLEGE: The UF College of Education, founded in 1906, consistently ranks among the top 25 public education colleges in the elite Association of American Universities. The college has three nationally ranked programs in the 2011 US News & World Report survey of America’s Best Graduate Schools: Counselor Education (No. 3), Special Education (No. 4) and Educational Administration (No. 19). The college’s 106 distinguished faculty members engage in innovative research and public scholarship that enhance whole-school improvement, student achievement, school readiness, teacher retention and professional advancement, and leadership development in the numerous education disciplines. Current research projects have generated more than $37 million in external funding. Nearly 1,900 students are enrolled in 21 bachelor’s and advanced degree programs, offered within the academic areas of Teaching and Learning, Special Education and Early Childhood Studies, Counselor Education, School Psychology, Higher Education Administration, Student Personnel in Higher Education, and Research and Evaluation Methodology. Online course enrollment is nearly 4,400. The college’s educator preparation programs have been continuously accredited by the National Council for the Accreditation of Teacher Education (NCATE) since 1954.

ABOUT THE UNIVERSITY: The University of Florida is the nation’s fourth largest university with more than 50,000 students, 4,000 faculty and 340,000 alumni throughout the world. UF offers one of the most comprehensive academic programs in the country. Students can choose from more than 100 undergraduate degree programs in 16 colleges, while the Graduate School coordinates some 200 graduate and professional degree programs. The Carnegie Commission on Education rates the University of Florida among the nation’s leading research institutions. UF is home to more than 150 research centers and institutes and its distinguished faculty conducts research worth more than $678 million of research annually. It is one of only 17 land-grant universities in the Association of American Universities (AAU), and the U.S. News and World Report ranked UF 17th in its 2009 survey of America’s top public universities.

The University of Florida is an Equal Opportunity Employer. The selection process will be conducted in accord with the provisions of Florida’s “Government in the Sunshine” and Public Records Laws. Search Committee meetings and interviews will be open to the public, and applications, resumes, and many other documents related to the search will be available for public inspection.
THE UNIVERSITY OF SOUTH DAKOTA

Assistant/Associate Professor of Counselor Education in the Division of Counseling and Psychology in Education (Tenure Track).

Primary responsibilities are teaching master’s and doctoral level counseling courses and contributing to the overall success of the Counselor Education Program and the Division. An earned doctorate in Counselor Education from a CACREP approved program and evidence of accomplishments or strong potential for success in research, publications, grant writing, and professional service are required. Must apply online at https://yourfuture.sdbor.edu. Posting Number 0003268. Inquiries welcome to Dr. Hee-sook Choi, Chair, Division of CPE, (Hee-sook.Choi@usd.edu), 605/677-5250 (http://www.usd.edu/ed). TDD 605/677-6389. The University of South Dakota is an Equal Opportunity/Affirmative Action Employer committed to increasing the diversity of its faculty, staff, administration, and students.

AUSTIN PEAY STATE UNIVERSITY

Counseling Psychology Position

The department of psychology at Austin Peay State University seeks to fill a tenure-track position in the area of COUNSELING PSYCHOLOGY beginning August 2011. A Ph.D. or Psy.D. in Counseling Psychology is required. It is anticipated that the position will be filled at the rank of assistant professor. However, a successful candidate meeting the APSU requirement to hold the rank of associate professor may be appointed at that rank regardless of their current rank. (ABD with all requirements for degree completed prior to the time of hire will also be considered.) Responsibilities include teaching graduate counseling courses and undergraduate courses in psychology as well as supervising graduate student interns. University/community service and scholarly and creative activity are also expected. The department is in the process of seeking State approval to offer a Psy.D. degree in Counseling Psychology with an emphasis in preparing students to work with military personnel and their families. This emphasis was selected because of our proximity and close ties with the U.S. Army installation at Ft. Campbell. The successful candidate must be prepared to assist with the development, implementation, and administration of this new degree program, if it is approved. The department currently offers the M.S. in counseling with concentrations in community counseling and school counseling and the M.A. in psychology with a concentration in industrial-organizational psychology.

Background or expertise in one or more of the following areas is highly desirable: Psychological assessment, Substance abuse and addictions theories and counseling, couples and family therapy, supervision, consultation, program evaluation. Applicants who have work or research experience or who have completed or are in the process of completing a pre- or post-doctoral training experience in a VA hospital or other military setting are strongly encouraged to apply. Licensure or license-eligibility is also highly desirable.

The Psychology Department has a counseling lab with suites, state-of-the-art digital recording and monitoring equipment, and new furniture for group counseling training sessions. The department also has generous lab space to conduct research utilizing rats, a developmental lab, including observational rooms, a well-equipped perception lab, a cognitive lab suite with separate testing rooms. In addition, the university has funding opportunities to help support research and teaching equipment expenses.

All applicants are to visit Austin Peay State University’s Human Resources website (http://www.apsu.edu/hrhomepage/) to apply online through PeopleAdmin’s user friendly online application system. Women and members of other protected groups are encouraged to apply. APSU IS AN AA/EOE.

AUSTIN PEAY STATE UNIVERSITY

School Counseling

The department of psychology at Austin Peay State University seeks to fill a tenure-track in the area of SCHOOL COUNSELING beginning August 2011. A Ph.D. or Ed.D. in either Counselor Education or Counseling Psychology and school counseling experience or knowledge is required (ABD with all requirements for degree completed prior to the time of hire will also be considered.) It is anticipated that the position will be filled at the rank of assistant professor. However, a successful candidate meeting the APSU requirement to hold the rank of associate professor may be appointed at that rank regardless of their current rank. Responsibilities include teaching graduate counseling courses and undergraduate courses in psychology as well as supervising school counseling graduate student interns. University/community service and scholarly and creative activity are also expected. The department is in the process of seeking State approval to offer a Psy.D. degree in Counseling Psychology with an emphasis in preparing students to work with military personnel and their families. This emphasis was selected because of our proximity and close ties with the U.S. Army installation at Ft. Campbell. The Psychology Department has a counseling lab with suites, new equipment and new furniture for private sessions. The department also has generous lab space to conduct research utilizing rats, a developmental lab, including observational rooms, a well-equipped perception lab, and a cognitive lab suite with separate testing rooms. In addition, the university has funding opportunities to help support research and teaching equipment expenses.

All applicants are to visit Austin Peay State University’s Human Resources website (http://www.apsu.edu/hrhomepage/) to apply online through PeopleAdmin’s user friendly online application system. Women and members of other protected groups are encouraged to apply. APSU IS AN AA/EOE.

UNIVERSITY OF NORTH TEXAS

Lecturer position (3 year, renewable)

University of North Texas, Department of Rehabilitation, Social Work and Addictions. Master’s degree in counseling, psychology or related discipline; LPC or LCDC; and clinical experience working with substance abuse clients. Candidates will have a 4/4 teaching load in addictions & micro counseling, departmental service, and mentoring of undergradu-
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A counselor’s story...

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

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

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

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

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

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

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