licensure (see “ACA in Action” on p. 3), is the only state yet to recognize the profession. The Nevada Legislature approved legislation (AB 424) to establish licensure of clinical professional counselors June 3, and Gov. Jim Gibbons formally signed the legislation into law June 14. Enactment of the legislation finally arrived after several unsuccessful attempts by counselors in the state over the previous decade and a swift, if somewhat bumpy, ride through this year’s session of the Nevada Legislature. The American Counseling Association worked closely with the American Mental Health Counselors Association and the National Board for Certified Counselors in support of the Nevada licensure effort. “This is the most exciting news for the profession of counseling in Nevada — a giant leap forward,” said ACA Immediate Past President Marie Wakefield, who has lived in Nevada for more than 30 years and been active in counseling for more than 20 years. Wakefield testified in support of the licensure bill in the Nevada Senate on behalf of the three national organizations at the beginning of the bill’s journey through the legislative process. “Nevada’s high suicide rate and the well-documented need for early access to services for our youth show the necessity of a stronger mental health care system,” she said after the legislative victory. “Now all mental health professionals in our state will have the opportunity to come together to expand resources that the citizens of Nevada deserve.”

Alise Bartley, a private practitioner in Ohio, and Carol Klose Smith, then a doctoral student at the University of Iowa, met under extraordinary circumstances — both volunteered to be American Red Cross disaster mental health providers in the devastating aftermath of Hurricane Katrina. The two American Counseling Association members were deployed to western Mississippi and became close friends while on the Gulf Coast, working and meeting at night to decompress and debrief with each other during their two-week deployment. They shared their daily struggles, frustrations and inspirations. They even managed to share laughs, despite the despair and destruction they sometimes encountered.

Both Bartley and Smith realized the experience would be life changing. Upon returning home, they decided they would help educate other counselors on the realities — some harsh, some surreal, some heartening — of being a disaster mental health volunteer, including presenting on the topic at the ACA Convention in Detroit.
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ACA members rally to provide free counseling to VT students

As of June 12, more than 800 licensed professional counselors across the United States had answered a call from the American Counseling Association to volunteer to provide free counseling sessions to Virginia Tech students this summer. The Virginia Tech counselor education program initiated the effort with ACA because of concern that the students, still coping with the aftermath of the mass shootings of April 16, would not receive counseling while away from campus for the summer because of either financial concern or a lack of awareness of where to go to obtain services. The effort is being conducted with the full approval and coordination of the Virginia Tech Cook Counseling Center.

In addition to soliciting volunteers from its membership, ACA established a section on its website (www.counseling.org) for Virginia Tech students that includes a directory so they can find local counselors in their home area. Virginia Tech sent a blast e-mail to all of its more than 26,000 students to alert them to the directory and the offer of free counseling.

All counselors listed in the ACA volunteer directory have agreed to provide as many as five free sessions while students are off campus for the summer. If additional sessions are needed, counselors will discuss available options with the students.

“ACA recognizes that thoughts and feelings associated with the events of April 16th do not dissipate in just a few months,” said the blast e-mail sent to Virginia Tech students by the university on behalf of ACA. “As such, we are glad to be able to respond to a request from Virginia Tech to assist students in the aftermath of the tragic shootings in Blacksburg. Who might take advantage of this opportunity? Any student who would like to talk and reflect about the events of April 16th. Any student who would like to work through painful feelings that have emerged after the shootings. Any student who is concerned that April 16th has affected their sleeping, eating, drinking, work, relationships or has otherwise interfered in their life. Please note that these sessions are not meant for a crisis or emergency situation. If you are in need of emergency assistance, please call 911 or go directly to your nearest hospital emergency room.”

After locating an ACA member who has volunteered to provide services in the online directory, students can receive free counseling simply by calling or e-mailing the counselor, identifying themselves as a Virginia Tech student and making an appointment. They will be asked to show their Virginia Tech student ID at their initial appointment.

All volunteers listed in the directory are members of ACA or an ACA branch and hold a state license to practice professional counseling. Students who cannot locate a counselor in their area or have unexpected difficulty in making an appointment are instructed to contact ACA Chief Professional Officer David Kaplan at dkaplan@counseling.org or 800.347.6647 ext. 397. ACA will make every effort to locate a licensed mental health provider willing to participate in the initiative in the student’s local area.

The students are also advised to once again seek services at the Cook Counseling Center when they return to the Virginia Tech campus in the fall.

By the Numbers: Experiencing Trauma

70 percent of adults in the United States have experienced a traumatic event at least once in their lives; as many as 20 percent of these individuals go on to develop post-traumatic stress disorder (PTSD).

5 percent of Americans — more than 13 million people — have PTSD at any given time.

8 percent of all U.S. adults — approximately one out of every 13 people — develop PTSD during their lifetime.

One out of every 10 women will get PTSD at some point in their lives. Women are about twice as likely as men to develop PTSD, perhaps due to the fact that women tend to experience interpersonal violence (such as domestic violence, rape or abuse) more often than men.

ACA IN ACTION

California Assembly passes licensure bill

The California State Assembly approved counselor licensure legislation (AB 1486) by a vote of 43-29 on June 6. The bill now moves to the California Senate for consideration. The Assembly’s passage of AB 1486 is the high-water mark, at least so far, for counselor licensure legislation in the state. The California Coalition for Counselor Licensure (www.ccccl.org) has done yeoman’s work to move the legislation forward, including working with the California Board for Behavioral Sciences to gain its unanimous support for the legislation.

To help maintain momentum for the bill, the American Counseling Association recently pledged an additional $5,000 in support of California’s licensure effort. The National Board for Certified Counselors will match ACA’s contribution. ACA congratulates CCCCL on its unprecedented progress in advocating for counselor licensure and will continue to support the licensure effort.

Help make ‘counseling’ a household word

The Public Awareness and Support Committee invites ACA members to submit an original expression describing “what it means for me to be a counselor” or “what I do as a counselor.” Accepted submissions will be displayed at the 2008 ACA Annual Conference in Hawaii.

Categories are: sentences/banners of 16 words or less; paragraphs of 200 words or less; essays or poems of 800 words or less; photographs (either print or JPEG); videos or podcasts; and illustrations or other creative work.

For more information, contact Jane Webber (Webberj@shu.edu), Jan R. Bartlett (jan.bartlett@uni.edu), Christy Lyons (clyons@bridgewa.edu) or Delila Owens (delilaowens@hotmail.com).

ACA staffer to co-chair NAPSO

Chris Campbell of ACA’s Office of Public Policy and Legislation was recently selected to serve as co-chair of the National Alliance of Pupil Services Organizations for 2007-2008. NAPSO (www.napso.org) is a coalition of Washington, D.C.-based advocacy organizations working to promote federal policies that will improve students’ access to health and social services in schools. NAPSO is advocating on several fronts, including reauthorization of the No Child Left Behind Act, the Individuals with Disabilities Education Act and the Higher Education Act.

Campbell is serving as co-chair of the coalition with Myrna Mandelwitz of the School Social Work Association of America. ACA is committed to effective coalition work with like-minded organizations.

In related news, ACA is pleased to announce that Campbell has been promoted to assistant director of public policy for ACA. Campbell has been with ACA for more than four years, spearheading work on policy issues pertaining to school counselors and school counseling services.

Offer feedback for counseling’s future

The Oversight Committee for 20/20: A Vision for the Future of Counseling is soliciting feedback on those items for which the initiative’s delegates reached consensus at the ACA Convention in Detroit. Delegates from 29 different counseling associations and entities are involved in the initiative to develop a common vision for the counseling profession and ensure its future health and stability.

The counseling community at large is encouraged to review the current consensus items and provide feedback by visiting the ACA website at www.counseling.org/2020feedback.
I greatly appreciate her endeavors and contribution to the counseling field. Rabbi Steven M. Leopman South Bend, Ind.

Getting the word out about a dangerous ‘game’

Thank you for your permission to use the article “Choking game anything but child’s play” that appeared in the May 2007 Counseling Today. The article will be reprinted in Principal’s Bulletin, a weekly newsletter that goes to more than 90 principals in the Catholic Diocese of Toledo, Ohio. In turn, the principals share important information such as that found in the article with their staff and parents. The means the Counseling Today article potentially could reach 1,700 teachers and more than 30,000 families in 19 counties in northwest Ohio.

As the Safe & Drug Free Schools consultant for our diocese, I have an obligation to inform our principals and educators of any and all potential dangers to assist them in reducing the harmful outcomes of high-risk behavior. Last fall, I was part of an intervention with the school nurse at one of our Catholic schools regarding six female students who engaged in the choking game at a weekend party. Our diocesan is not immune to this problem, and I would like to be proactive in keeping educators and parents informed and alert to this behavior.

I appreciate that the choking game article includes specific signs and symptoms of the problem. I only wish the article had come out last fall.

Frank A. DiLallo fdilallo@toledodiocese.org

Common ground: Persons of faith, secularists can learn from each other

I really enjoyed the “Reader Viewpoint” article by the Rev. Paul Moore (“Christian counselors, secular clients.” May 2007) and was pleased that the author was able to utilize my article to fortify his excellent points. In fact, I strongly support dialogue between persons of faith (obviously like Moore) and secularists (like me). I absolutely think we can learn a lot from each other. The spirit of his article appears to be promoting this dialogue, which is something I heartily endorse.

From my perspective, I understand him to be suggesting an excellent resolution to the “Christian counselor operating in a secular world problem,” which, if I understand him correctly, is to affirm the value and dignity of life, will and choice, while letting clients author their own identities. Implicitly, too, I understand him to be saying that traditional fundamentalists care about supposed “sins of the flesh” should be entirely left out of the counseling situation and replaced by a respect for the dignity and will of the client. Again, from my perspective, I couldn’t agree more and am pleased to be a secularist freeloader on these Christian values.

Or, so I think. I again have to be proactive in keeping educators and parents informed and alert to this behavior.

I appreciate that the choking game article includes specific signs and symptoms of the problem. I only wish the article had come out last fall.

Frank A. DiLallo fdilallo@toledodiocese.org
Since this is my first column as president of the American Counseling Association, I thought I would share an initial discovery made during my recent visit to the ACA offices in Alexandria, Va. I found that, in addition to being the center of operations for our association, the ACA headquarters is a "treasure trove" of archival materials, some dating back to antiquity—or at least to the early days of our association.

In examining the ACA archives, I came across a hidden alcove containing all kinds of esoteric writings, including a dust-covered booklet titled How to Be ACA President. Although the booklet was marked "Top Secret — restricted clearance only," in the spirit of transparency, I thought I would share with you, my learned ACA colleagues, some highlights of this work. Alas, I do not know the identity of the author or authors, so the provenance of this booklet remains questionable, even somewhat dubious. Nonetheless, I thought you might find it interesting.

Welcome! You have been elected ACA president. You are now the chief officer of a multi-million-dollar corporation, with more than 40,000 members, 60 employees, 19 divisions and 38 branches. You have been selected to serve as the public voice of the association and to ensure that ACA strives to fulfill its mission of enhancing the quality of life in society by promoting the development of professional counselors, advancing the counseling profession and using the profession and practice of counseling to promote respect for human dignity and diversity.

While the politics and the workings of the association may hold an aura of mystery, this booklet is the ultimate insider's guide and will help guide you in your new role. With it you will walk into your position confident and well informed.

Yours is an important job, one which must be taken seriously. However, it is advisable that you not take yourself too seriously or maintain any inflated sense of self-importance. Keep in mind that you are a temporary fixture. After all, you are only one in a long succession of ACA presidents, each of whom has made contributions to the association.

You may find it comforting to believe that your selection as ACA president was based on your obvious leadership qualities, political acumen and career-long contributions and professional service. Though such qualities may, or may not, have weighed in your favor, the reality is that you were elected ACA president because you were fortunate enough to have a few more voting supporters compared with the other candidates. As ACA president, you now possess the legitimate authority and responsibility for presiding over the association for the next 12 months. Try and leave the association better than you found it and do your best not to screw things up!

As you begin your work as ACA president, you will find many friends and natural allies who share your desire to improve our association and the profession of counseling. Although you may want to use your newfound clout and influence to promote your vision for the association, it is important to keep in mind that you are part of a collective effort. Seek out talented and dedicated colleagues and ask for their help. Some of these individuals you may have known for many years; others will be new to you, but prove no less valuable.

Remember that our association is in spirit, if not always in practice, a “partnership of associations.” Many within our profession understand that as the divisions and branches go, so goes ACA, and so goes the pro-

Continued on page 44
In this column a few years ago, I wrote that the American Counseling Association would embark on a journey to attempt to meet more of your needs as a professional counselor, counselor educator or graduate student. Not so much a revolution as an evolution. I said an attempt would be made to find out what members and potential members wanted from their national organization, as well as to identify things you might not have considered that could enhance your professional life.

Rather than simply design a new cover for a publication or offer bigger discounts on books and other professional development materials, the goal was to gather, analyze and pour over data provided by our most important resource — you.

The changes we have made during the past few years to better focus the limited resources we have, as well as to improve our methods of service and product delivery, were designed to be done incrementally and with the mantra of “doing things right.” Quite frankly, some of the changes or “enhancements” we made were so subtle that you may not have realized they were done. Other efforts, such as our focus on public policy issues at the state and national levels, have been more dramatic (as witnessed by our big wins with the Department of Veterans Affairs, which will now permit some professional counselors to serve in supervisory roles, and the enactment of the Nevada counselor licensure law last month; for more on this latest accomplishment, read “Nevada becomes 49th state to establish counselor licensure” on p. 1).

Before I get ahead of myself, let me stress that we are aware there is still much we can do to make ACA an even better organization for the profession. What we want, of course, is for everyone who aspires to become a professional counselor to see that membership in ACA is key to that endeavor.

I need to thank three groups of people for helping with our ongoing transformation: the ACA leadership for their input and support; the ACA staff, who were assigned the transformative tasks (and came up with various solutions); and, most important, the members of ACA who were willing to tell us what they wanted (and what they no longer needed).

How do we measure the success of our endeavors? Well, as noted above, we have celebrated some key public policy victories. Add to that events such as the 2007 ACA Annual Convention, which attracted 25 percent more attendees than we had budgeted for, and our ability to respond so quickly to the needs of Virginia Tech students impacted by the tragic shootings on their campus (see article on p. 3). While we are cautiously optimistic, the final quarter of our just-completed fiscal year saw three consecutive months of membership increases.

As noted, the changes we are making are evolutionary, and they are ongoing. What this means is that we still need your input — and other moves are in the pipeline. You will continue to see improvements over the next several months, and I look forward to your thoughts about what we are doing.

I believe we have clearly demonstrated the financial value of being a member of ACA. But you know what? Being part of ACA goes way beyond the commitment of monetary resources. My hope is that you will continue your membership in ACA (and tell others about the benefits of being part of the world’s largest organization dedicated exclusively to the counseling profession) because of what it means in terms of being a professional. In turn, those of us on staff pledge to do our best in meeting your needs as a counseling professional.

This month, we welcome a new cadre of volunteer leadership into ACA, its divisions, regions and branches. The staff and I extend a special welcome to Brian Canfield as our new ACA president, as well as to our incoming members of the Governing Council. I am confident that the dedicated leaders of our association will continue to move the organization forward.

As always, please feel free to contact me with any questions, comments or suggestions by e-mailing rype@counseling.org or calling 800.347.6647 ext. 231.

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As the news of mass shootings at Virginia Tech unfolded on April 16, few were better equipped to appreciate the tragedy’s impact than American Counseling Association member Nancy Miller. A former licensed school counselor who is now in private practice, Miller understood the mental anguish created by such an event. With disaster mental health training from the American Red Cross, she also possessed knowledge of what would occur on the campus in the aftermath of the violence.

But perhaps what most drew Miller to the tragedy was her role as a Hokie parent. “My daughter graduated from Virginia Tech the year before,” Miller says. “So here I am with this specialty (training), and there was this immediate need. I was at my office in Northern Virginia when the crisis occurred, and I found myself thinking, ‘I’ve got an expertise, I don’t just want to sit here. I’ve got to help.’”

Miller volunteered three days of service through the New River Valley Community Services Board, beginning the day after the shootings. She was stationed at the hotel that served many of the victims’ families who were arriving to collect their children’s belongings. Partnering with the Virginia State Police as they helped the families make positive identifications of the victims’ bodies, Miller provided immediate grief counseling and facilitated student support groups.

Before the tragedy at Virginia Tech, colleges and universities mainly were familiar with traumas relating to the loss of individual students, such as death from a car accident, an illness or even suicide. The school’s staff would focus on recognizing the student’s contributions, peers would participate in a memorial and those closest to the student might seek counseling support on or off campus.

In retrospect, shootings at the middle and high school levels might have made the tragic migration of this type of violence toward colleges inevitable. As a result of the Virginia Tech massacre, universities nationwide have started an intensive review of their disaster planning, with counseling support playing a significant role in that preparation. While there are many transferable lessons from the ways that middle and high schools have dealt with mass shootings in recent years, important nuances also exist that separate those adolescent groups from their college-aged counterparts.

A foot in each camp

Responsible for their day-to-day activities, if not completely financing them, many college students enjoy a quasi-independence that eases the transition from adolescence to adulthood. Sam Gladding, a past president of ACA and counseling department chair at Wake Forest University in Winston-Salem, N.C., notes that those involved in caregiving after a tragedy must be willing to see college students as occupying a unique developmental space and tailor support to that distinctive position.

“There is more of a responsibility for college students to take initiative along with the officials in terms of healing and doing...”
things that are constructive in regard to the trauma, whereas in high school and middle school, initiative is much more from the top down, from the administration down,” Gladding explains. He twice traveled to Blacksburg to provide support for students, first as they returned to classes the week after the shootings and again for their graduation in May.

“There’s just more freedom to respond to a tragedy in different ways at a college,” Gladding says. “At Virginia Tech, while the administration did an incredibly good job of bringing the community together to heal, the students themselves would be out giving ‘free hugs’ to one another. You probably wouldn’t find that at a middle school. There’s more initiative and responsibility at the college level. The memories, whether a child or otherwise, tend to be more spontaneous at that level.”

Perry Francis, an ACA member and associate professor of counseling at Eastern Michigan University in Ypsilanti, agrees, adding that college students’ routines are very different and necessitate different approaches to trauma treatment. “In high school, you’ve got kids who are still living at home for the most part, and they have a very structured environment with regular daily routines,” he says. “It might be easier for a school counselor to make a specific, post-trauma presentation to all the freshmen English classes, explaining what they might be going through and where to get help. Comparing that to a college campus, you see there is very little structure beyond when you go to class. (After a tragedy) they might offer a room where kids can drop in or out and counselors might set aside certain hours for group sessions, but the onus to find help is more on the student at the college level. If you’re in a residence hall, you can isolate yourself more readily than in a K-12 environment. At a high school setting, the teacher may interact with you and say, ‘Go talk to a counselor.’ Can that happen in a college setting? Yes, but the students certainly have more freedom to turn that down.”

Jane Webber, director of the mental health/school counseling campus programs at Seton Hall University in South Orange, N.J., experienced the aftermath of the disastrous dormitory fire that took three students’ lives there in 2000. She notes the importance of realizing that college students occupy a limbo-type space, with one foot in adolescence and another in adulthood.

“College students are on their own,” says Webber, an ACA member. “They do their own laundry, they date who they want to, they get up when they want to. But when there’s a real tragedy like a shooting, part of them wants to snuggle back underneath their blankets at home because parents really are their safety zone. They really step back, as we all do in a tragedy. We go to our comfort zones — our parents, our peers, our spiritual resources. There’s a dance between individuation and going back to where it’s safe. College students go back to the safety zone for a shorter period of time than high school students. We want to provide support while still making sure that we’re affirming the fact that they’re young adults. Home is the retreat, a hassle-free zone where they’re safe for a few days. But you want to get them right back to college, because they have more of a foot in the college than at home.”

Webber, who served as the lead editor for the second edition of ACA’s Terrorism, Trauma and Tragedies: A Counselor’s Guide to Preparing and Responding, advises emphasizing college students’ more adultlike, resilient qualities to help them reestablish their normal routines. “How many kids went home after Virginia Tech and lasted a day or two, then said, ‘I have to be back; that’s where I belong’? That is where they belong. They really do things that are constructive in regard to the trauma, whereas in high school and middle school, initiative is much more from the top down, from the administration down.”

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Perry Francis, an ACA member and associate professor of counseling at Eastern Michigan University in Ypsilanti, agrees, adding that college students’ routines are very different and necessitate different approaches to trauma treatment. “In high school, you’ve got kids who are still living at home for the most part, and they have a very structured environment with regular daily routines,” he says. “It might be easier for a school counselor to make a specific, post-trauma presentation to all the freshmen English classes, explaining what they might be going through and where to get help. Comparing that to a college campus, you see there is very little structure beyond when you go to class. (After a tragedy) they might offer a room where kids can drop in or out and counselors might set aside certain hours for group sessions, but the onus to find help is more on the student at the college level. If you’re in a residence hall, you can isolate yourself more readily than in a K-12 environment. At a high school setting, the teacher may interact with you and say, ‘Go talk to a counselor.’ Can that happen in a college setting? Yes, but the students certainly have more freedom to turn that down.”

Jane Webber, director of the mental health/school counseling campus programs at Seton Hall University in South Orange, N.J., experienced the aftermath of the disastrous dormitory fire that took three students’ lives there in 2000. She notes the importance of realizing that college students occupy a limbo-type space, with one foot in adolescence and another in adulthood.

“College students are on their own,” says Webber, an ACA member. “They do their own laundry, they date who they want to, they get up when they want to. But when there’s a real tragedy like a shooting, part of them wants to snuggle back underneath their blankets at home because parents really are their safety zone. They really step back, as we all do in a tragedy. We go to our comfort zones — our parents, our peers, our spiritual resources. There’s a dance between individuation and going back to where it’s safe. College students go back to the safety zone for a shorter period of time than high school students. We want to provide support while still making sure that we’re affirming the fact that they’re young adults. Home is the retreat, a hassle-free zone where they’re safe for a few days. But you want to get them right back to college, because they have more of a foot in the college than at home.”
How can you prepare now for future terrorist attacks, school shootings, and natural disasters?

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Lessons learned from counselors who provided services to those directly affected by 9/11 are included in this book as are firsthand accounts from those who have dealt with school shootings, drive-by shootings, airplane accidents, earthquakes, and other tragedies. This edition includes the following new chapters: September 11th Lessons Learned—Trauma and Violence in Schools • Systematic Trauma Interventions for Children • Preemptive Trauma Treatment: Religion and Spirituality • The Clearest Committee Model for Trauma in Crisis Counseling • Understanding and Working With Anxiety-Driven Disorder • Compassion Fatigue • Deployment Counseling: Supporting Military Families and First Responders and Their Families. Published by the ACA Foundation

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Meeting unexpected challenges

I thought I had conducted a thorough investigation to find out what it was like to be a graduate student when I was researching counseling programs. I tried to cover all bases by asking the right questions about the Council for Accreditation of Counseling and Related Educational Programs, specialties and professional organizations. I talked to program coordinators, department heads and current students to gain information. The future seemed clear, but it didn’t turn out that way.

I neglected to find out how simply being in the program would affect me personally. It was an eye-opening experience as my peers and I started going through some rough and unexpected times. But the key problems and the related sources of support we found to get us through these times were critical to our development as professionals.

Physical exhaustion

Physical exhaustion was a plague at the start of the program. I was working full time during the day and attending night classes three times a week. My nights and weekends away from school were overrun with writing and reading assignments. My time became consumed with studies — to the detriment of the rest of my life.

I cut out exercise to do extra reading, which resulted in my feeling lethargic as my energy level plummeted. Sleeping less and giving up leisure activities to do last-minute cramming for exams or write papers didn’t help. I even started eating fast food and vending machine snacks to save time while running to class. I sacrificed care of myself to try to keep up.

The last straw was when I began spending little or no time with my friends and family. Even when I had some rare downtime, I didn’t possess the energy to get off the couch and go have some fun. Becoming disconnected from my loved ones was the final wake-up call to make some changes and recharge my batteries.

The first big positive step was the financial leap to begin work — I became employed only part time. The addition of the financial leap to begin work allowed time for relaxation and involvement with friends and slowed the pace of my days. I also had time to resume an exercise routine: lifting weights three times a week, taking kickboxing classes twice a week and running with my dog each day. The active lifestyle really helped me regain my physical health.

The second adjustment was to my attitude. I had to accept that earning an A in every class was not a life-or-death matter. A grade of B would not make me a bad counselor. This was a difficult change. I had learned while growing up that B’s would not be good enough; I would not be a strong person if I earned anything less than an A. That irrational belief was hard to overcome, but continually reminding myself of the reality slowly broke down my unhealthy thinking. This revised thinking provided me with the flexibility to spend less time and effort on assignments and to redirect precious resources toward significant others. Being healthy and surrounded by loved ones when graduating became more glamorous than just finishing the program.

Emotional exhaustion

The program was also emotionally exhausting, in part because of continued challenges to reflect on life through self-awareness and personal growth exercises. Dissonance and discomfort from growing pains were common sensations as I began redefining myself and developing a therapeutic identity. For instance, while taking my multicultural counseling course, I realized how negative childhood lessons about diversity were affecting my current relationships. I was suppressing individuals who were different from me without being aware of my actions. This realization turned my world upside down. I felt remorseful for past behaviors and helpless to change society but determined to make changes in my own life.

The firm constructive criticism delivered by professors during practicals was hard to swallow at times, and I started questioning my abilities and career choice. My discouragement and frustration grew as I worked hard during sessions, yet still did not get things quite right. I was terrified of not being successful so close to the end of the program.

Only adding to my struggles was the difficulty I had leaving client issues at the office. Instead, I carried their pain around with me. It was like a fire hose of emotions that I couldn’t turn off. My emotional fuse became very short — crying over burnt toast, getting angry at other drivers and continually getting frustrated with myself. It seemed as though I was being controlled by my emotions.

Close relationships with professors and supervisors at internship sites helped enormously during this time. They provided me with opportunities to discuss what I was experiencing, encouraging me and offering new perspectives. This supportive environment helped me to accept flaws and approach issues directly without having to mask them. Perseverance, being honest with myself, regaining self-confidence and renewing faith in my supporters were the essentials that got me through this rough patch.

Stress

Stress was standard issue in the program. It was like a roller coaster with extreme highs, short spurts of relief and little surprises along the way. Just finding an internship site was a huge source of stress. I had a limited amount of time to find an agency, there were few available.

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- By Michelle Perepiczka

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Battle isn’t over for returning vets

Iraq war brings new wave of stress injuries from trauma

BY JIM PATERSON

He was a high school teacher — a good one — in a New Jersey suburb. But he needed help.

One afternoon, coworkers found him in the restroom, flashing back to the incident he had witnessed as a reservist in Iraq, where a roadside bomb destroyed most of his unit. As his colleagues at the high school thought back, they realized he had occasionally been leaving the classroom suddenly for quite some time.

The young teacher began going to see Jane Webber, director of the mental health/school counseling campus programs at Seton Hall University. She started educating him about stress injuries service members may face upon returning home.

Webber worked with the high school teacher for more than a year. “He played out the same routine for seven or eight weeks,” she recalls. “Then he cried for weeks — really weeks — there was so much well up in him. He finally felt it was safe enough to cry, and he began to heal.” The teacher continued treatment at a Veterans’ Health Administration facility, but today is back at work and no longer exhibiting severe symptoms of what was diagnosed as post-traumatic stress disorder (PTSD) — just one of the injuries service members may suffer that are being studied and reconsidered today.

Identifying issues related to combat

While media coverage of the struggles military personnel may face upon returning home has increased with the war in Iraq, war-related emotional issues have been recognized in all conflicts. In World War I, the condition was known as shell shock because it was thought behavioral changes were the result of a shell exploding too close to the serviceman. Several decades later, as Vietnam veterans began to more openly report their distress and seek treatment, PTSD became the most widely discussed reaction to combat.

Reasons for the high incidence of stress-related ailments and attention on these issues in Iraq are varied. There are longer, less predictable and frequently multiple deployments involving volunteer soldiers, often National Guardsmen, who may not have expected or been prepared for such service. Difficult circumstances exist in which the enemy is unknown, no territory appears safe and roadside attacks are typically unexpected. The weather is harsh and the culture is very different. The prospects of harming an innocent citizen, either by mistake or collaterally, are high.

According to a 2004 study by the U.S. Army, about 94 percent of U.S. soldiers in Iraq reported receiving small-arms fire. Eighty-six percent reported knowing someone who had been seriously injured or killed. Nearly 70 percent had seen someone dead, while about 50 percent had handled or uncovered human remains. About one-half of the soldiers in Iraq reported killing an enemy soldier; about one-quarter said they had killed a noncombatant.

“These are not Vietnam veterans. The majority are National Guardsmen, so they are older and more likely to be married and have children, have multiple deployments and extended deployments,” says Charles Figley, director of the Traumatology Institute at Florida State University, where he is a professor. He recently published a new book on the topic, Combat Stress Injury. He notes that, compared with the past, the military is conducting more mental health screenings and employing combat stress units that attempt to take a more proactive approach.

These steps are making the problems more visible, although soldiers are still typically very wary of acknowledging such stress injuries.

Figley and other mental health professionals are concerned about a quick blanket diagnosis of veterans’ problems as PTSD, and he has developed one in a
sickness, illness or disorder.” Injury — not a malady, disease, traumatic stress disorder is an injury — not a malady, disease, traumatic stress disorder is an injury — not a malady, disease. The diagnostic and statistical manual of mental disorders diagnosis, and diagnoses drive treatment.” A fact sheet on the site warns: “To avoid legitimate concerns about possible pathologization of common traumatic stress reactions, clinicians may wish to consider avoiding, where possible, the assignment of diagnostic labels such as ASD (acute stress disorder) or PTSD and instead focus on documentation symptoms and behaviors. Diagnosis of acute or adjustment disorders may apply if symptoms warrant labeling.”

Tricky diagnosis

Karim Jordan, head of ACA’s Traumatology Interest Network, says emotional injury can be brought on by a variety of issues in a wartime environment: the threat of injury, seeing others injured or killed (including civilian noncombatants), boredom, malnutrition and dehydration, worry or guilt related to families, uncertainty about the future and a lack of sleep, relaxation, sanitary facilities, clean clothes or privacy. She says counselors can look for the following signs that wartime stressors have affected service personnel:

- A changed perception of themselves and sometimes their spiritual or religious beliefs
- An inability to sleep or relax (hypervigilance)
- Emotional disengagement or intense emotions at times

Given that, the VA warns, mental health professionals should treat the symptoms of wartime stress, but treat them simultaneously with an awareness of how they interrelate and treat them quickly to avoid a “disastrous life course.”

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A look at my future

I vividly remember my first day at the senior center. Although I had purposely chosen to immerse myself in the culture of the elderly, I was having trouble stopping my negative emotions and thoughts. I had determined to resolve my issues with this client group so that I could become a more effective counselor and a better person. I was medically rejected for choosing to spend time with people who didn’t much interest me. The truth is that I found older people to be a bit tiresome. It was also the one client group with whom I most feared working. I had some unresolved personal issues that would define who I was as a person.

As soon as I stepped into the senior center, I was overwhelmed by a powerful urge to turn around and forget about my resolution. In fact, I did turn around and head back to my car. After calming myself down for several minutes, however, I decided to go back, despite feeling disconnected and trapped. After all, this work was supposed to be fun, not a trial.

The center’s supervisor greeted me and directed me to the place I feared most: the cafeteria. It was almost noon. I was expected to have lunch with my new senior friends, share some quality time with them and get to know them. But I excused myself from eating the tasteless hospital fare. Even the scent of that food made me feel nauseous. Looking back on those first few minutes, I’m still not sure how I was able to sit still and refrain from vomiting.

The gentleman sitting next to me was curious as to why I had not touched my meal. He insisted that young people such as myself needed good quality nutrition and urged me to eat the food. The more he pestered me, the more irritated I felt and the more disgusted I became with the smells of the meal filling the room. Thankfully, the supervisor called my name, saving me from the old gentleman’s nagging. The supervisor said the lady with whom I was supposed to talk was waiting for me.

The resident I encountered was a 95-year-old woman who was very wrinkly but also very bright. I was amazed at how engaged and intellectually sharp she was. I was equally surprised to find that she was still so full of life and looking forward to many things that still lay ahead of her.

I was raised in a Persian culture in which aging is regarded as an end to life, not just another point on the life span continuum. This background (at least in my family) has colored my perception of those who are aging and aged. In my native country, the elderly, who lack access to advanced medical aids and resources, are viewed as a burden to their families. As they become more socially inactive and passive, they also become psychologically depressed and are totally dependent on their offspring. Having grown up with this reality, I think my fear — my dread — of aging made sense.

Disappointed and trapped. After all, this was not just another point on the life span continuum. This background (at least in my view) was not going to be enough for me. I was well informed about the reason for my presence at the mission ranch. Contrary to what I had been taught, I was being critical, judging him without considering the crisis that he was suffering. I was disregarding his unique situation.

After reluctantly accepting the invitation to stay, the supervisor said she wanted to introduce me to a resident who was Persian and had never played bingo because of his lack of English proficiency. Upon hearing that, my heart went out to this person. I immediately became excited about meeting him. I saw him approaching and extended my hand before he even reached me. When I introduced myself in Farsi, he began to cry. I will never forget the joy he felt at that moment. He was like a young child who had lost and then found his mother — or his granddaughter. During the next three hours of our conversation, I tried to imagine what it would be like if I was 85 years old, unable to communicate in the dominant language, feeling depressed, isolated and hopeless.

I listened to his life story with an open heart. I also felt empathy for my own father, a man with similar life experiences. Hearing this man helped me to see the challenges my father had faced more objectively and respectfully. It was amazing how this one unexpected experience influenced my perception, both cognitively and emotionally, of my aging parents and the sacrifices they had made. It wasn’t that I had not appreciated what they had done for me; rather, I had never given them all the credit they deserved.

As I look back on that first day with my new elderly friends, the most valuable lesson I learned was to enjoy life as it is without fearing its sudden termination. By the age of 24, I had lived in three different countries, being frequently uprooted from my birthplace, my friends and my family. This experience did not give me a very secure feeling about life, either as a child or an adult. I grew up feeling anxious and concerned about how much time I would have, either with my loved ones or in the places where I had begun to put down roots.

I learned about another aspect of myself while volunteering at a mission ranch for homeless elderly men. After serving meals, the volunteers would sit next to the guests. As I chatted with one older man, I noticed he was missing his front teeth. I began feeling faint as the smell of his drunken breath and the food he had consumed mixed with his body odor. Not only had I quickly lost sight of his homelessness and his inability to take a regular shower, but I also had forgotten about the reason for my presence at the mission ranch. Contrary to what I had been taught, I was being critical, judging him without considering the crisis that he was suffering. I was disregarding his unique situation.

During my interactions with this man and others, I became aware of how my mind would become fixated on some distracting aspect, most having to do with smell or appearance. I realized that whenever I experienced a novel setting such as the mission ranch, or the senior center, I became someone I did not much like — someone who was prejudiced, critical, scornful, fearful and apprehensive. This is perfectly understandable for most people but not for someone who wants to be the best counselor she can be for the people who need her most.

Since visiting these settings, many of my attitudes have changed. Attending fitness classes designed for the elderly helped me to feel less fearful about aging. I actually began feeling better as I observed their enthusiasm for life and their well-being. I now find myself admiring many older people for their vitality and wisdom.

As the years pass and I continue to age myself, I will inevitably have thoughts about death and dying. I sometimes feel sad that I seem to be sleepwalking through my life rather than experiencing it as fully as I could. By nature, I am a


Responding to the call

Continued from page 1

- Will deploying cause financial strain?
- Will your employer allow you to take the time off?
- Can someone else handle your day-to-day family responsibilities (e.g., picking up the children from school and soccer practice)?

**Skills**
- Do you possess excellent listening skills and a solid knowledge of mental health issues?
- Aside from American Red Cross training, do you have other crisis or trauma counseling experience?
- Do you have an outgoing personality? Can you strike up conversations with strangers?
- Are you willing to seize the initiative?
- Do you mind doing work that is not related to mental health counseling (e.g., passing out supplies and water)?

**Self-awareness**
- Are you mentally in a positive place where, as a volunteer, you can be the most beneficial to those in need?
- What are your strengths, limitations, assumptions and prejudices?
- Are you able to set firm boundaries and recognize the signs of compassion fatigue/secondary trauma?
- Are you prepared to be out of your “creature comforts” zone (e.g., sleeping in tents, using chemical toilets, working in extreme weather conditions)?

“The reality of the actual work of a mental health volunteer can be jarring,” Bartley says. “In the course of providing services to traumatized individuals, mental health providers are in a position to share the emotional burden of the trauma.”

Smith agrees, saying she sometimes found the experience very difficult, especially as she saw people struggling to meet even their basic needs, such as shelter and food.

**Close quarters**

Accommodations for volunteers vary greatly depending on the severity and type of disaster, as well as the time of deployment after the disaster. Bartley and Smith were deployed seven weeks after Hurricane Katrina and stayed at the Naval Seabee Base in Gulfport, Miss. More than 1,000 volunteers were housed in four large storage facilities on the installation. For two weeks, Bartley and Smith slept on cots surrounded by 600 other volunteers. The coed sleeping area was cramped, with beds only 2 to 3 feet apart. Lights were turned off at 10 p.m. and on at 6 a.m.

Still, considering that they were comfortable people who had lost everything they owned in some instances, Bartley and Smith found ways to look on the bright side and enjoy meeting new people. “I had the privilege of sleeping next to a female retired nurse on one side and a male Vietnam veteran on the other,” Bartley says. “The situation was similar to going to college. People were from all over the country, and no one knew anyone else.”

Large fans muffled the sounds of late night conversations, snoring and individuals tossing and turning, but Bartley says volunteers occasionally awoke to others having nightmares. Having earplugs or an inexpensive Walkman with earbuds may help volunteers get a better night’s sleep. Outside the barracks were 75 chemical toilets (Port-O-Jons) and trailers rigged with private showers. Most mornings, the two counselors waited for almost an hour to use the shower, but they soon relished those few minutes of privacy and hot water.

**So much chaos, so little structure**

During Bartley’s first day in the field, her supervisor drove her toward the waterfront and explained their responsibilities. They were to stop when they saw people and identify themselves as volunteers, talk with them and connect them to community resources if necessary or available, offer them supplies and then be on their way. The debris and destruction increased exponentially the closer they got to the water.

On their way to the shoreline, they passed several people. When Bartley pointed this out and asked if they should stop, her colleague simply said, “Not yet.” Bartley became frustrated as they continued to pass by people who obviously needed help. She began to feel overwhelmed as she thought about the amount of loss and pain with which the survivors were dealing. “It was too much,” she says. “Finally, I cried. Later, in retrospect, I realized that it was important that I was first flooded with the destruction so that I would be able to focus on the people in the community and their needs and not respond to my own issues.”

After taking a few minutes to compose herself, Bartley and her partner finally made their first stop of the day. “We saw things we just could not believe,” she says. “The amount of devastation, the minimal living situations and the inequitable distribution of resources were incredible. No mental health training prepared me for this experience. It’s going to be 20 years before you (stop seeing) the scars of what happened. This was a community where there weren’t a lot of resources before the hurricane hit; after, there was just so little. It was so hard. You had to really watch your personal boundaries because you wanted to sell everything you owned to give them money but knew you couldn’t do that.”

The next day Bartley arrived at the field office and was surprised to find out that she was now considered a seasoned worker after only one day. Her supervisor from the day before was leaving, and Bartley would be in charge of orienting the newest volunteer — Smith. Bartley took Smith toward the waterfront and repeated the “flooding” experience she had undergone the day before. Smith had a similar reaction. Then they were off to work.

**Reaching out to survivors**

“There is research out on critical incident stress debriefing, and they’ve found that it’s actually more traumatizing, so we offered psychological first aid,” Bartley says. According to the Center for the Study of Traumatic Stress, psychological first aid creates and sustains an environment of safety, calmness, connectedness to others, self-efficacy or empowerment and hopefulness (see sidebar, “Psychological first aid”).

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**Psychological first aid**

The following are suggestions about administering psychological first aid from the Disaster Response Education and Training Project at the Center for the Study of Traumatic Stress. For more information, visit www.usuhs.mil/csts/.

**DO:**
- Help people meet basic needs for food and shelter and obtain emergency medical attention. Provide repeated, simple and accurate information on how to obtain these. (Safety)
- Listen to people who wish to share their stories and emotions and remember there is no wrong or right way for them to feel. (Calming)

**DON’T:**
- Force people to share their stories with you, especially very personal details. (May decreases calmness in people)
- Give simple reassurances such as “Everything will be OK” or “At least you survived.” (Statements such as these tend to diminish calmness)
- Tell people what you think they should be feeling, thinking or doing now or how they should have acted earlier. (Decreases self-efficacy)
- Tell people why you think they have suffered by giving reasons for their personal behaviors or beliefs. (Decreases self-efficacy)
- Make promises that may not be kept. (Decreases hope)
- Criticize existing services or relief activities in front of people who are in need of these services. (Decreases hopefulness and calming)
The National Conference of Commissioners on Uniform State Laws has finalized the Uniform Emergency Volunteer Health Practitioners Act (UEVHPA). The act was drawn up in response to a lack of coordination between different states’ laws governing how emergency volunteers are deployed and authorized. The lack of cohesion between the state laws delayed or, in some cases, prevented hundreds of physicians and mental health professionals who volunteered for deployment during the 2005 hurricane season from rendering services because they were unable to quickly provide authorization to practice in the affected areas.

The American Counseling Association was chosen as the counseling profession’s representative on the advisory committee, which compiled the key points of legislation that would eventually become the UEVHPA. “This is a really important piece of legislation,” says ACA Chief Professional Officer David Kaplan. “What it will do is facilitate the ability of ACA to provide professional counselors as volunteers in large-scale disasters.” He noted that UEVHPA will:

- Allow for licenses to cross state borders in emergency situations.
- Require people responding to disasters to be preregistered. “The days of the chaos caused by people just showing up and saying ‘put me to work’ will be over with this law,” Kaplan notes. “This means that mental health professionals will require training in disaster mental health before they volunteer for a disaster. This, in turn, will help to ensure a higher standard of service by disaster mental health volunteers. Disaster mental health is a specialty, and people who respond should be trained in it.”
- Give registered disaster mental health volunteers immunity from liability malpractice lawsuits.
- Allow National Certified Counselors (NCCs) to respond as disaster mental health volunteers. ACA successfully fought to include the NCC as an alternative to licensure under UEVHPA.
- Provide disaster mental health volunteers responding to a disaster with workers’ compensation so that medical expenses are covered in case of injury.

Kentucky was the first state to adopt UEVHPA. Most recently, Colorado adopted the act in May. For more information, go to www.uevhpa.org.

— Angela Kennedy

Uniform Emergency Volunteer Health Practitioners Act update

Smith adds that volunteers should allow individuals to share their stories without structuring or guiding the conversation, allowing them to decide what’s important. “The talk about voluntariness should also respect those who do not wish to talk, she says.

Both counselors say it is easy for disaster mental health volunteers to begin feeling discouraged and helpless in the face of so many survivor needs. When that happens, there is little sense of accomplishment at the end of the day. To avoid becoming engulfed in that mindset, Bartley and Smith suggest that counselors instead focus on helping one person at a time. “If you start looking at the entirety of the situation, you become so overwhelmed,” Bartley says. “You have to look at the smaller system. Your role isn’t to fix the larger issues and concerns; your role is to help individual needs.”

Bartley and Smith spent much of their time passing out cold drinks and supplies such as work gloves, sleeping bags, pillows and duct tape, and then simply listening. The days were long and physical—demanding (as well as emotionally overwhelming), they recommend that volunteers pack comfortable jeans and T-shirts/sweatshirts and bring a good pair of work boots or other shoes with sturdy soles. Before deploying, research the area’s average weather conditions and pack accordingly, Bartley adds.

Many individuals who had lost everything in a natural disaster feel like they no longer have control over their lives. When meeting with survivors, Bartley tried to help them reestablish some semblance of control — however small — by simply allowing them the power of choice. “I always tried to make sure there was some variety for people to choose from — as simple as Pepsi or Coke — even if it meant me going to a store and purchasing items with my own money,” she says. “That’s what I chose to do. So many times when someone needs help, we give them what we think they need rather than what they think they need.”

When Bartley arrived in Mississippi in late October, the weather was beginning to cool and people were in need of blankets. She learned that two types of blankets were available in the supplies for volunteers to hand out: warm yet scratchy wool blankets and soft, summer-weight cotton blankets. “Initially, I offered survivors a choice between the two. However, everyone selected the white (cotton) ones,” she recalls. “When the people picked up the white blanket, they would stroke it like a cat. Some even brought it up to their faces and gently rubbed it in on their cheeks. There were few things left in the community that were soft and comforting.

Bartley and Smith acknowledge there is little structure or guidance on how to help those in need after one is deployed. They just took the initiative and did what needed to be done at that moment. For instance, because of numerous clothing drives after the hurricane, Bartley says the shelters couldn’t store all the donations. Enormous piles of clothing were simply left outside at major intersections, on tennis courts or beside car washes. On one occasion, she and her partner for the day dug through the piles searching for sweaters and warm clothing to give to migrant workers and others in need.

Caring for the caregiver

One of the responsibilities of the disaster mental health volunteers is to be on call at the volunteer shelters in the evenings and throughout the night in case of an emergency. “We would work all day in the field on a variety of issues — some uplifting, some difficult,” Smith says. “Then we would go back to the Seabee base and help the other Red Cross volunteers process what they had seen that day and what they were going through.”

The counselor on call would place a bike flag at the end of his or her cot so those volunteers who needed help would know where to go. But even without the flag, many disaster response volunteers sought out Bartley and Smith for support during their stay. To connect with those who were more withdrawn, Bartley and Smith chose to eat each night with someone who was dining alone at the camp. They would first ask permission to sit with the person and then try to build a rapport in hopes that the volunteer might open up and talk about his or her experiences.

“The hours and the tremendous need really made self-care difficult,” Smith says. “The mental health volunteers would try to catch up with each other and debrief when we could.” She says they also learned the importance of disaster mental health workers knowing their limitations and being firm in not trying to exceed them. The volunteers looked to one another for support, Smith says, and also charged with phone calls home to their families.

“You have to find ways to decompartment at night,” Bartley says. “This is a life-changing experience — let it be one for the better.”

Aside from monitoring their own mental health, counselors also need to be vigilant about their physical safety. On one occasion, Bartley was informed that she would be going into a community alone. She was apprehensive initially but decided she was up for the challenge.

“There had been a shooting in Biloxi (Miss.), and I was asked to check on the pastor who had been shot,” she says, adding that the pastor had been left to set up electricity at a local community center when he was shot in the head during a drive-by. Luckily, the bullet had only grazed him, and all he required was stitches.

“The (American Red Cross) volunteers indicated that there had been an increase in gang activity over the last few weeks trying to gain control over that area in the community,” Bartley says. “As they were telling me this story, I realized that I was the only female volunteer from the Red Cross in the area. I knew I had to get out of there immediately. I called the therapists to say I would be returning and what had happened. Security personnel were unaware of the shooting, so I needed to meet with them when I got back. Once I hung up, I pulled over and began to cry. I had put my life in danger without considering the consequences.”

The situation served as a powerful reminder to Bartley that volunteers need to watch out for their own safety and needs before focusing on the needs of others.

Going home

Both counselors agree that leaving the disaster area is a process in and of itself. Volunteers may feel torn between wanting to do more for those remaining in the disaster area and their obligations back home. “That pain of wanting to do more was still strong,” Bartley says. “But I knew it was time to give someone else the opportunity to have and have the same life-changing experience.”

Once back home, the two had very different reactions. Upon returning, Smith didn’t want to talk about her experience, at least not right away. Bartley, on the other hand, wanted to share her experience but felt alone because her family couldn’t truly relate to what she had been through. Her family was happy to see her but seemed even happier that they could finally get back to their normal routine.

“Coming back was difficult for me,” Bartley says. “You’ve seen and done these incredible things. The people at home are glad you’re back and they want to hear about it a little bit, but they also want to move forward, and you are still trying to process everything. I felt very isolated.”

Bartley says her friendship with Smith ultimately helped her deal with the letdown she experienced after returning and inspired her to help others prepare for the challenges of being a disaster mental health volunteer. “People didn’t understand, and I had this need to reach out and educate people — let them know about the experience and continue helping,” she says. “It’s been part of the healing process for us to take our experiences and share them with others so they can make an informed decision on whether or not they are going to do this. All of us had our heartstrings pulled when we heard about Hurricane Katrina, but do you really have what it takes to be able to go down there in this type of situation?”
The Child Health Care Crisis Relief Act has been introduced in both the House (H.R. 2073), sponsored by Rep. Patrick Kennedy (D-R.I.), and the Senate (S. 1572), sponsored by Sen. Jeff Bingaman (D-N.M.). This legislation would establish a limited federal program of loan repayments and scholarships to school counselors, mental health counselors and a wide range of other children’s mental health service providers in an attempt to increase the supply of such providers nationwide. Individuals applying for education expense assistance under the program would need to agree to be employed full time for at least two years in providing mental health services to children and adolescents.

**Suggested Message:**

“I am calling to ask that the (representative sign on as a cosponsor of H.R. 2073 / senator sign on as a cosponsor of S. 1572), legislation to help increase our nation’s supply of children’s mental health professionals. The shortage of qualified mental health professionals is contributing to the lack of care for children with diagnosable emotional disorders, and (H.R. 2073 / S. 1572) will help address this problem. Thank you for your consideration.”

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**Appropriations for the Elementary and Secondary School Counseling Program**

A House Appropriations subcommittee has approved a spending bill for the Departments of Labor, Health and Human Services and Education (Labor-HHS-ED) that would boost funding for the Elementary and Secondary School Counseling Program (ESSCP) to $61.5 million for Fiscal Year 2008. If enacted, this would be a $26.85 million increase compared with last year’s funding and the highest funding level yet for the program! Funding ESSCP at $61.5 million would, for the first time, allow support for counseling services in middle and high schools.

We are very pleased that the House Labor-HHS-ED Appropriations subcommittee chose to ignore President George W. Bush’s request to eliminate all funding for the school counseling program as proposed in his FY 2008 budget released in February. As the appropriations processes move forward, ACA will work to urge members of Congress to support a final funding level of $61.5 million for ESSCP. Urge your senators and representative to support the House-approved funding level of $61.5 million for ESSCP in the final FY 2008 Labor-HHS-ED appropriations bill.

**Who to Contact**

Your Senators and Representative
Capitol Switchboard: 202.224.3121

**Suggested Message:**

“I am contacting you to ask for the (senator’s/representative’s) support for the Elementary and Secondary School Counseling Program, which is the only federal program devoted solely to supporting counseling services in our nation’s schools. I’d like the (senator/representative) to support the House-approved funding level of $61.5 million for ESSCP in the Fiscal Year 2008 Labor, Health and Human Services and Education appropriations bill. Funding ESSCP at $61.5 million would, for the first time, allow support for counseling services in middle and high schools, where they are desperately needed.”

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**Parity of Insurance Coverage for Mental Health and Substance Abuse Treatment**

Legislation is expected to be voted on soon in committees within the House of Representatives to establish parity of health insurance coverage for mental health and substance abuse treatments. Federal law prohibits health plans from using lower dollar coverage limits for mental health treatments than for other types of care but still allows the use of discriminatory copayment requirements, inpatient coverage and visit limits for mental health care. Although most states have enacted mental health parity laws, these laws vary from state to state and don’t apply to self-insured health plans. A new federal parity law is needed to close these loopholes and to help improve coverage for substance abuse treatment.

Please call or write your representative to ask him or her to vote for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, when it comes before them and to vote against amendments to weaken the bill.

**Who to Contact**

Your Representative
Capitol Switchboard: 202.224.3121

**Suggested Message:**

“I am calling to ask the representative to vote for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. For far too long, mental health and substance abuse insurance coverage has been limited through the use of arbitrary and discriminatory copayment requirements and coverage limits. I’d like the representative to vote for H.R. 1424 and to vote against any amendments to weaken the bill’s requirements.”

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Irrational beliefs about volunteering after disasters

Trauma has been on the American Counseling Association’s mind. I am writing this piece shortly after returning home from a meeting with Virginia Tech University’s counselor education faculty and counseling center director in Blacksburg. Virginia Tech has asked ACA to coordinate an effort to provide pro bono counseling to its students whenever they are away from campus during the summer. Because Virginia Tech has more than 26,000 students, this is a huge undertaking—akin to ACA’s effort after Hurricane Katrina. It is absolutely amazing (and says so many good things about professional counselors) that on June 12, more than 800 ACA members throughout the United States had volunteered to provide pro bono services to the students. (See “ACA members rally to provide free counseling to VT students” on p. 3.)

Unfortunately, it seems that disaster mental health work is now a permanent part of the counseling landscape. From the 9/11 Columbine High School shootings to the 9/11 terrorist attacks to Hurricane Katrina to the recent events at Virginia Tech, professional counseling (and counselors) need to be ready to assist at both natural and human-initiated disasters and traumatic events.

In my work coordinating ACA’s disaster mental health response with the American Red Cross, the federal Substance Abuse and Mental Health Services Administration, the Uniform Law Commission and other agencies and organizations, I have seen firsthand professional counselors’ outpouring of caring and willingness to get involved. You may know from reading Counseling Today that more Hurricane Katrina disaster mental health volunteers came from the ranks of professional counseling than from any other mental health profession. However, I have also seen the downside of our response—to too many counselors who have irrational beliefs about volunteering after disasters. In the spirit of education and promoting the best possible disaster mental health response by ACA members, I offer three common irrational beliefs.

Irrational belief No. 1: My training in individual crisis intervention makes me competent to respond to a disaster on the scale of 9/11, Katrina or the Virginia Tech shootings.

Unfortunately, it doesn’t. Disaster mental health work is a very different kettle of fish than individual crisis intervention. It requires new skills such as the ability to triage and the discipline to not ask people how they feel. Yes, you read that correctly. Disaster mental health workers are trained not to ask feeling questions because dissociation is a normal part of a trauma response and forcing people to emote too quickly can do significant harm. Disaster mental health volunteers do not do counseling or therapy; they do disaster response, traumatic stress, critical incident stress management and other concepts. ACA offers American Red Cross disaster mental health training every year at the annual conference; for more information, contact Debbie Beales at dbbeales@counseling.org. ACA also has a Traumatology Interest Network for information on joining, contact Holly Clubb at hclabb@counseling.org. ACA has also published two editions of Terrorism, Trauma and Tragedies: A Counselor’s Guide to Preparing and Responding, available through our online bookstore at www.counseling.org/publishing, or by contacting the ACA members to become certified through its members, I offer three common irrational beliefs.

Irrational belief No. 2: I can just show up at a disaster and fully expect to be welcomed with open arms.

After Hurricane Katrina, a number of professional counselors got in their cars, drove to New Orleans, knocked on doors and announced that they were ready to serve. They did this out of a desire to help, but these counselors created significant problems. How were shelter coordinators to know whether these individuals were really mental health professionals or simply impostors looking for access to a vulnerable population? Where were the unexpected helpers who descended on New Orleans supposed to be sheltered? How were they to be fed? Valuable time was taken away from the people who needed help—the survivors of Hurricane Katrina—to attend to people who just showed up and wanted to be of service. The right way to get involved in disaster mental health work is by being trained and certified through a national agency. That’s why ACA so strongly encourages its members to become certified through the American Red Cross. Completing the training to become a certified American Red Cross disaster mental health volunteer (either at the ACA Annual Conference or through your local American Red Cross chapter) enters you into the national system so you will be eligible to respond to a disaster. When you do respond through the American Red Cross, the shelters will know you are coming, have a place for you to stay and have your assignment predetermined. In other words, they will be expecting you.

Irrational belief No. 3: Volunteering as a disaster mental health worker means that I will travel the United States and the world.

As Albert Ellis would say, there is always a grain of truth in every irrational belief. Becoming certified as an American Red Cross disaster mental health volunteer does enter you into a system in which you could be asked to respond to hurricanes in the South, major floods up North and back East, earthquakes out West, the aftermath of a terrorist attack in a major U.S. city, tsunamis in the Far East or volcanic eruptions in the Caribbean. However, media exposure and saturation make these types of major disasters seem much more frequent than they actually are, and literally thousands of disaster mental health volunteers are ready and willing to drop everything to respond. The real need is for professional counselors to assist with the traumatic stress that occurs in their local communities: the family whose house has just burned down and is standing outside in their slippers; the dazed mother who was in a car crash and is watching as her child is taken away by ambulance; the convenience store clerk who just had a gun pointed in his face and thought he was going to die during a robbery. These are the everyday disasters that occur, and this is where your local American Red Cross, fire and ambulance squad, and police department need you. Becoming trained as a disaster mental health volunteer is most meaningful because you get to help your own community. And in many ways, that assistance is more valuable than responding to a large-scale disaster.

Lots of mental health professionals will rise to the occasion of a national trauma. You will well may be the only one who can help your neighbors.

David Kaplan is ACA’s chief professional officer. Contact him at dkaplan@counseling.org.
The news stories about Hurricane Katrina bothered me immediately, and I wanted to be bothered while doing something useful, so I faxed my application to the national office of the American Red Cross on Labor Day 2005. I returned home from work the following evening to a message that I was authorized to travel to Alabama. The message gave me directions on how to proceed and instructed me to arrive no later than Thursday. I had one day to prepare my employer, my fiancee and myself for a two-week commitment.

I thought I would return with ready stories about the impact of the storm on the Gulf Coast and its people. I thought it would be easy to help others see what I had seen, to guide and inform and motivate others to respond. By my third day of service, however, I knew any article or workshop would be long and hard in the preparation.

The easiest part of my story is a description of how and where I served. I flew to Montgomery, Ala., on the evening of Sept. 8, 2005, then went to the American Red Cross disaster relief regional headquarters, in a former Kmart building, the next morning. I went through orientation and processing that morning before riding with three other disaster mental health specialists to the American Red Cross chapter in Mobile. We received a brief introduction to the task ahead, then headed to our hotel in the slightly damaged resort town of Orange Beach. Hurricane Ivan had done considerable damage when it struck this region on Sept. 16, 2004, and, one year later, recovery efforts were variably complete, still happening or yet to begin.

I worked in three different service delivery sites from Sept. 10-15, then rest- and did tourist things on Sept. 16-I spent the next day visiting the shelter at Citronelle United Methodist Church and preparing for reassignment there. I stayed at Citronelle on Sept. 18-19, leaving on the morning of the shelter’s last day.

On Sept. 20, I returned to Mobile, where I helped for a few hours at the Michael A. Figures Community Center shelter, which opened that day. I spent the night in Mobile, finished my discharge paperwork and traveled to Montgomery Sept. 21, returning home the next day.

Among those who served, my experience was not exceptional. I fulfilled the two-week obligation expected of mental health workers, but many volunteers served longer or under harsher conditions. I did not rescue the living or retrieve the dead, and others achieved more under worse circumstances. I am not a hero.

My responsibility was the mental health needs of those around me — American Red Cross volunteers, clients and other service professionals, including the police and security, medical and military personnel. I focused on clients with evident physical or emotional distress, responded to family service workers or other professionals reporting a client who seemed to need extra care and found a “private” place on the edge of a bustling room to spend a few focused minutes with anyone who needed it.

Normal behavior

A disaster is an awful thing, but not everything that happens because of a disaster is awful. Yes, there is death, destruction, agony, terror, cruelty, humiliation and disabling loss. But there is also hilarity and joy, beauty, generosity, honesty, courage, strength and faith. Where evil increases, grace also increases.

I served on Disaster Response 871, an identifying title that went on every form I completed. Each day I reported “significant contacts” — supportive interaction in 15-minute blocks — with hurricane survivors, American Red Cross volunteers and other support personnel. I shared hotel rooms with a fund-raising specialist from Springfield, Mo., and a psychologist from Elko, Nev. We stayed in the same hotels as insurance adjusters, whose morale was high, and staff from the Federal Emergency Management Agency, whose morale was not. I learned to “stand down” one day out of every seven and just how much can change in that one day. I also learned that a police officer can work “30 hours per day” for weeks on end, a statement I took for grim humor until an officer explained that he worked for 30 hours at a time before going home.

Nightmares were a staple, at least among the mental health workers. It was as if the bad dreams were issued along with the nametag and vest. I had my first nightmare on Sept. 10, and they continued for a few weeks after I returned home. Some evenings I found myself waking up every 90 minutes or so because of the dreams. Other times I slept straight through to morning, only to awaken and know that I had dreamed of horrible things all through the night.

This was normal. In fact, it was a reaction we taught Hurricane Katrina’s survivors to expect. We often had to persuade clients to find a comfortable place to sleep. The post-traumatic stress disorder diagnosis appears to have ventured from the clinical realm and into pop culture, with the result that the experience of trauma is practically synonymous with instant mental illness. However, PTSD cannot be diagnosed prior to 30 days after the incident, and not everyone who has a traumatic experience will develop this condition.

Flashbacks, hypervigilance, avoidance and disruptions of sleep, energy and appetite are normal responses to trauma. A diagnosis of acute stress disorder can be made within 30 days of an incident, but rather than offering a label or a crutch, all the mental health workers I knew encouraged clients to anticipate the aforementioned symptoms and to expect their gradual decline with a detached interest during recovery. “Go easy on the carbohydrates, nicotine and alcohol. Get what sleep, exercise and good nutrition you can. Be gentle with yourself, but expect a gradual lessening of discomfort. Look for help if you still feel in a few months like you do now.”

Reaching out to help

We also turned the power of Hurricane Katrina and the natural chaos of the relief effort to the advantage of its survivors. Hundreds of individuals heard some variation of the following from me or other disaster mental health specialists: “You survived the worst natural disaster ever to hit this country, then you managed to find food and shelter and to take care of yourself and your family. You found a safe place to stay, then you found your way through the heat and crowds and different relief systems so that you could get some help. Once here, you could have stonewalled the family service worker, but instead you talked about the pain that you feel, and that brought you to me for additional support. It takes courage, strength, determination and intelligence to do what you did. We just met, but I know that you have those qualities, so I also know that you already have some of what you will need to rebuild your life.”

There is no time to use conventional therapy during a disaster. Instead we relied on Rogerian attitudes and whatever training we had in brief, solution-oriented methods and crisis management. In a shelter, there may be a chance for repetition or longer conversations, but at a service delivery site, a “long contact” is 15 or 20 minutes with someone whom the mental health specialist will almost certainly not see again. After a disaster, a sandwich, a bottle of water and a few minutes of concerned and skilled attention in a safe, comfortable place are powerful therapeutic interventions.

I had a conversation with one woman who knew the five stages of grief as posited by Elisabeth Kubler-Ross. The client expected to receive a few days of therapy with me, during which time she thought she would move through each of the stages of grief so she could be strong for her family and get on with her life. She wanted to accept the entire disaster immediately and return to normal in less than a week because the fact of having lost something, and of becoming dependent, was a crisis in itself.

Worse off were those who faced serious problems before Katrina struck. I met a woman who buried her mother on Aug. 26. She was far from peace with this loss even before Katrina scattered what remained of her family. Another woman complained at first about the tree overhanging her home in what appeared to be either an objective problem or hypervigilance. As the conversation progressed, I realized she struggled with paranoid psychosis, in part because she thought her psychotropic medications were actually poison. She had two weeks of pills remaining on a prescription filled five months earlier. Katrina had not damaged her home, but the storm had strained and altered the community supports upon which she normally relied as she coped with chronic mental illness. Local social service agencies struggled to meet both their normal demands and those caused by the hurricane.

Persons with developmental disabilities — those whose sense of safety often relies upon a day filled with familiar and expected events and who may suffer considerable stress from a schedule disruption or a variation in support staff or a minor change in medication dosage — also felt the pain from Katrina more deeply than others. My encounters included a child with autism, a woman with Rett syndrome and a man with Down syndrome. Each had lost most of the elements of a life designed around their individualized needs. Added to the trauma of the disaster itself, these losses were a source of dis-
tress and increased their need for mental health services adapted for persons with developmental disabilities. Yet these clients found themselves in a disaster relief system doing all it could to meet simple and common needs.

The disaster relief effort became the dominant form of human service in the affected zones, and relief agencies often became human service generalists. The person already struggling with addiction in New Orleans or bipolar disorder in Gulfport, Miss., brought those struggles to the shelter in Alabama, and Katrina allied with the destructive forces in each.

Non-local volunteers will typically leave within about three weeks, and shelters and service sites will eventually close, so we worked hard to build connections with the agencies and systems that would remain after we left.

The bond of volunteers

Many of us traveled thousands of miles — I met volunteers from Alaska and Britain — and stopped our own lives to offer help and share some of the discomfort of those who were affected. Often, the mere declaration of our volunteer status was enough to defuse a hostile situation. Yes, we knew that we would go home in a few weeks, but that fact gave us the strength to be useful and the luxury of being safely used up. To quote the rule for iron workers, “One hand for the company, one hand for yourself.”

A fast and close bond developed among the volunteers. Despite being an introvert given to glacial friendships, I feel incredibly close to about two-dozen colleagues with whom I shared only two weeks. I continue to feel that bond and know whom I would like to see on a future deployment, and I remain in touch with several friends. Any statement to the effect of “I would serve again with you” is considered high praise among relief workers. The intensity of the situation and the need to support each other, sometimes more than 1,000 — in a single day. “Relief” came from many sources, often with varying strategies and rules or, sometimes, none at all. Uncertainty seems reasonable following a disaster; so does the survivors’ need for certainty following the same.

Becoming targets for anger

Most service centers and shelters in Alabama became the focus of frustration and feelings of betrayal at some point in the weeks after the storm. Many Katrina survivors moved east along the Gulf Coast until they found towns and shelters that were run by people who might expect, but the volunteers who did well (which was almost all of them) were also flexible and patient, able to stay in the moment and capable of focusing on others’ needs instead of their own. They exhibited a sense of humor, alertness and a sense of their own competence. They seemed to search for adventure, seeing stress as excitement and uncertainty as an opportunity to explore something new. They remained energetic after consecutive 16-hour days. Some had to be ordered to take the one-day break that was earned for every six spent working.

I saw sensitivity mixed with pragmatism and witnessed deep concern put to effective and powerful action.

Here to help, not complain

A disaster is no place for whiners, and there is no time for subtlety or passivity. If something failed five minutes ago, then you are five minutes too long in worrying about it. To anyone who disagreed with a particular rule or procedure, I advised simply waiting a few hours or maybe a day for it to change. Rare was the afternoon that resembled or honored the morning’s or previous day’s tradition.

So often in my life before Katrina, I would find myself thinking, “I need this, but …” or “This needs to happen, but …” On a disaster response, if you or another person needs something or an event needs to happen, then the only reasonable next step is to acquire the object or initiate the event. To paraphrase Gunnery Sgt. Tom Highway in the movie Heartbreak Ridge, one either improvises the solution or adapts to circumstances without the solution. Either way, you must overcome the problem and move on.

We had periods of inactivity, mostly caused by administrative adaptations to an incredibly dynamic situation. During these quiet times, I met a few volunteers who were stress-dependent rather than stress-hardy, determined to create chaos instead of calming down. They remained energetic after consecutive 16-hour days. “Relief” came from many sources, often with varying strategies and rules or, sometimes, none at all. Uncertainty seems reasonable following a disaster; so does the survivors’ need for certainty following the same.

Long lines of people displaced by Hurricane Katrina waited to receive services outside the Mobile Civic Center in Alabama.
return to normal, as much as possible. Trauma is a very normal response to a very abnormal situation. But you get right back in and you go to a mental health center, you talk about it. You do it much faster than you would in high school.

“High school students, in contrast, often become very dependent in a crisis. We have to affirm college students’ autonomy and individuality, but we also know we absolutely have to bring in their support community, which is peers, parents, etc. As far as counseling and support, we have to validate that college students are really young adults, and we affirm the best in their adulthood. That is, connecting with them and providing a variety of situations in which they can receive help, but not dragging them to it.”

In contrast to approaches at the high school level, where students tend to stick to their cliques in times of crisis as well as in times of normalcy, Weber recommends decentralizing support groups at the college level. "When caring counselors move in and out of peer support groups mirrors the way those students move in and out of peer groups under normal circumstances," she explains. "College students are always preparing for the next crisis. You have to be ready to have counselors and personnel available to consult with them but not to take over," she advises. "There’s a very fine line between consulting and talking over the process. They don’t want that.”

Brooke Collison, a past president of ACA and professor emeritus at Oregon State University in Corvallis, agrees that the scattered nature of a college campus requires special consideration when formulating post-traumatic support responses. "In a school that is K-12, you have encapsulated groups. Everybody reports to the one building, it’s easy to see who is present and who is not present, and it’s easier to organize group responses," he explains. "At a university, other than students living in a dormitory, they are loosely connected. You may have classrooms in the university, and you particularly know students or where students may not know each other because (there is) no other bond or connection. So a difference is getting to know the university’s unique landscape and trying to find those specific groupings where students can develop mutual support.” This may involve support groups, student clubs or Greek organizations, he says.

Collison has been on the front lines as a counselor after a number of tragedies impacting either high school or college students. “For example, the plane crash that killed 31 people, including members of the Wichita State University football team, in 1970 and the 1998 shootings at Thurston High School in Springfield, Ore. He suggests that college-level counselors take a trauma approach that is both supportive and educational in nature.

“One of the important counselor functions is to normalize the feelings and experiences that come from being close to or involved in a shooting,” he says. “It’s OK to be frightened, OK to feel less secure. It’s not strange or weird that you don’t want to go into certain buildings. That’s a part of the process.”

**Trauma true to type**

Still, counselors need not create a brand new trauma counseling script just because college-level students exist in an unstructured space between adolescence and adulthood. According to Gladding, who worked with 9/11 victims prior to volunteering his services at Virginia Tech, unexpected adversity often elicits predictable reactions as with any age group.

"An act like this always shakes people up because it’s so abnormal, out of the norm of what one would expect or think about," he says. "It doesn’t matter where you are that that occurs. It’s also common to realize you’re not in control of what’s happening or how it’s happened. Some of the stages of grief and recovery are very much similar. They may manifest themselves differently at the college level, but going through recovery is just something that people of all ages and stages of life have in common.”

Karim Jordan, head of ACA’s Traumatology Interest Network and chair of the graduate department of counseling at George Fox University in Portland, Ore., recommends several guidelines regardless of the population affected by the tragedy. These guidelines include discouraging individuals from making major changes, such as moving, and encouraging them to maintain their daily routines. She also encourages psychoeducation to normalize the counselor’s experiences, consultation with a psychiatrist if post-traumatic stress disorder is suspected and assessment of self-destructive behaviors. Jordan suggests working with the counselor to name supports and coping techniques.

Sue Pressman has had to put such trauma counseling skills to intimate use with her daughter, Lianna Dosik, a Virginia Tech freshman who was asleep on the same floor of the dorm where the massacre took place on April 16. After having Dosik home in Arlington, Va., for the week after the shootings, Pressman, an ACA member and career management counselor, helped her daughter move back into the residence hall.

"She had given us restrictions before we got there, like she didn’t want to use the elevator, because the shootings took place right near the elevator,” Pressman says. “As a counselor, I decided that I’m going to take my ‘mother hat’ off right now and put all those skills that I went to school to learn. I said, ‘I do not want my kid to be living in fear about walking in and out of this dorm.’ So as we walked in, I said, ‘Why don’t we use the elevator? Let’s do it together.’ We got on the elevator, and it was fine.

"Then she decided that she wasn’t going to look down the hall where the shootings took place. So later I said I would go look and just see what they had done to the area. I was trying to make it so that it was not the end of the world for her. I walked to that side and she started tiptoeing behind me, and then we saw the wall they had built.” Pressman explains that the university had built a wall isolating the rooms of the two slain students. Other students had written messages to them on the wall. "She saw that and then was able to feel safe coming and going from her room,” Pressman says.

**Campus as community**

Pressman notes that the most difficult part for her daughter was the presence of so many strangers on campus — most there for support and safety — during those first days back at school. “Normally, if you were on the drill field, you were on your way to classes or playing games or having some kind of event, but never a tragedy,” Pressman says. “But that day, they had all these church groups that were singing ‘Amazing Grace.’ They were just everywhere with candles. It was just so much. She didn’t want to see all those people there anymore. They were all there to try and do good, to help and offer services, but it was really hard, because that’s not the purpose of a college campus.”

Miller adds that those working with a college-level tragedy must take care when placing counselors in supportive roles. Whereas high schools are often more established within a larger community and school system, universities tend to be more insular communities within themselves and may attract a larger number of “drop-in” responders following a tragedy. “This was so complicated,” she says. “I spoke to one student who was angry with the fact that all the outside people, and I could completely understand that point of view.”

Being on-site as a short-term counselor, Miller notes that it was important for her to be matched with counselors who would not form an attachment, only to have that attachment broken when her volunteer commitment was over. “I think it was wise for them to station me at the hotel with the families as they came, as opposed to stationing me at the hospital with the injured, because that’s more long term,” she explains. “I was very impressed that they had lined up so quickly so many resources. We had fliers and information to hand out about where they could go for counseling at Virginia Tech and back home in their hometowns.” (The Virginia Tech counselor education program also contacted ACA about coordinating free counseling for students who were going to be away from campus for the summer; for more on this initiative, see “ACA members rally to provide free counseling to VT students” on p. 3.)

Collison notes that that advanced crisis planning ought to include volunteer screening if at all possible. “At the time of a crisis or catastrophe, many well-meaning people come out of the woodwork to ‘help.’ That is not the time to be screening who you have working in the school as a volunteer crisis counselor,” he says, noting that within the flood of volunteers there are often people who may do more harm than good in a crisis. “For example, some clergy may respond to crisis with evangelizing speeches or belief statements about death that do not set well with the people grieving. If community volunteers are to be included in crisis response groups, then the first time they come into the school should not be the day of the crisis. They need to be recruited, trained and should spend time in the school.”

**Tracking the troubled**

Not surprisingly, student gunman Seung-Hui Cho’s violent rampage at Virginia Tech has heated up the debate over privacy rights and public safety on college campuses. In particular, difficult questions have been raised about the ability of universities to track the mental health histories of their students in an effort to better protect their communities. Again, there are nuanced differences between using such information at high school and college levels.

“High schools tend to notify the parents quicker (about mental health issues) than we would at the college level,” explains Sylvia Shortt, past president of the American College Counseling Association, a division of ACA, and assistant director of student development at the University of West Georgia in Carrollton. “Many times, notifying certain students’ parents would be absolutely the worst possible thing for the students because of their relationships with the parents.”

Shortt also notes that some students have come to link the counseling process with loose confidentiality. “Many have had negative experiences with counseling in middle school or high school, with counselors notifying parents of everything they were doing,” she says. “So when we get them into counseling in college, they don’t trust the process because their confidentiality has been compromised in the past. Building that trust back can be difficult.
at times. We certainly wouldn’t hesitate to break confidentiality for danger to self or others, but you have to be very careful because of trust issues to not take confidentiality lightly.”

Tracking a troubled student at the college level is also challenging compared with the high school level. “They are captive audiences in public (high) schools, but in college they’re not — they’re legal adults,” Shortt says. “Certainly if a professor notifies us about a troubled student, we most definitely follow up on it, but the difference is that we still can’t force somebody to have counseling unless they have behavioral problems on campus. If they have discipline problems and have been through the process, we can. If their behavior is affecting their roommate or other people in the residence halls, then certainly you have more of a legal right to tell them they have to come in. But if their behavior is not breaking any laws or rules on campus, you can’t force anyone to come into counseling.”

Pointing to the Family Educational Rights and Privacy Act, which governs most private and public universities and colleges, Jordan notes that privacy rights provisions are challenging in situations where students present with negative emotions. “Universities are challenged in maintaining the privacy and rights of students, but at the same time have a responsibility to respond proactively to the student’s needs, especially in light of the existing research that has shown that preventive mental health services work,” she says. “Administrations might also be challenged regarding possible legal obligations to individual students and those potentially at risk for harm. In this litigious time, the threat and potential for lawsuits might be part of the decision-making process.”

Collison sees counselors playing an important role in protecting students’ rights at both the high school and the college level. “Anytime there is a shooting like this, there is a tendency to start doing profiling of potential shooters,” he says. “We run the risk of interfering with people’s rights. If we start looking at every person who is isolated, noncommunicative and a student, and begin to get jumpy, maybe even invading their privacy, then there’s a real risk. I think counselors ought to be on the line to help protect the rights of students, while at the same time being on the watch for people who are isolated, disconnected. It’s kind of a double line for the counselor, whether at the high school or university level.”

The road ahead

In the aftermath of any tragedy, people find some comfort in taking stock of what happened and thinking about ways to prevent similar situations in the future. Counselors are in a unique position to assist universities as they inevitably ask, “What if this happens here?” Jordan says all university/college disaster preparedness plans ought to consider a variety of issues when updating their crisis protocols, including:

- Ease of use
- Training of the crisis team
- Partnerships with community service agencies
- Regular crisis drills
- Strengthening relationships with local law enforcement
- Developing specific plans for a variety of scenarios, such as bomb scares, intruder threats and stalking situations

“It might be helpful to involve counselors, especially those with trauma or disaster training, in the intervention and postvention designing and/or updating of the disaster/trama preparedness plan, as they can provide valuable feedback regarding the mental health services that can/should be provided,” Jordan notes.

Francis also suggests that counselor education programs consider whether they are providing their students with the proper skills for dealing with such a violent crisis. “The question is how much training can we provide to students within the model of counselor education that’s currently in place,” he says. “I can make the case for having a two-credit course on suicide assessment, while others can make a case for how to do trauma counseling. The question is how much can we pack into a program that first has to teach them how to do counseling at a very basic level.”

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**Letters to the editor:**

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**Sherry D. Jordan, Ph.D.**

Counseling Today, July 2007
Participants will learn how embodied methods can be used to treat eating disorders, addiction and trauma, with special focus on how to be more fully present and congruent; facilitate a somatic state of readiness; apply nonverbal concepts and techniques that deepen the process of expression and communication; utilize treatment techniques based on mind/body congruity to deal with entrenched body image problems and other issues underlying treatment of eating disorders, addictions and trauma; and track the process of therapy so as to not become lost in the experience of attending. The American Dance Therapy Association is sponsoring the seminar as part of its 42nd Annual Conference, “Dance/Movement Therapy: New Currents, New Bridges.” ADTA is recognized by the National Board of Certified Counselors and will offer six continuing education hours for attendance at this seminar. For more information, contact ADTA at 410.997.4040 or e-mail Gloria@ADTA.org; or contact Susan Kleinman of the Renfrew Center of Florida at 954.698.9222 ext 2087 or e-mail Sdm@renfrew.com.

FYI

Call for papers, manuscripts

*The Family Journal* is a journal published by the International Association of Marriage and Family Counselors, a division of the American Counseling Association. The *Family Journal* is soliciting manuscripts for a special issue on the topic of infidelity. This is a topical area that most couples therapists face, but which they are seldom prepared to handle.

The goal of this special issue will be to assemble a series of articles from practitioners in the field to share their expertise and experience in dealing with this often overwhelming issue. The scope of articles may range from specific treatment issues or populations related to infidelity, to methods of training family counselors to address this issue, and couple therapy during or following the disclosure of an infidelity. Please send all submissions or inquiries via e-mail (preferably) to pelusol@fau.edu, or send via U.S. mail to: Paul R. Peluso, Ph.D., Florida Atlantic University, Blvdg. 47, Room 270, 777 Glades Rd., Boca Raton, FL 33498. The deadline for manuscripts is Sept. 1.

The Association for Gay, Lesbian and Bisexual Issues in Counseling, a division of the American Counseling Association, is inviting submissions for *The Journal of LGBT Issues in Counseling*. The intent of this quarterly journal is to publish articles relevant to working with sexual minority and of interest to counselors, counselor educators and other counseling professionals who work across a diversity of fields, including in schools, mental health settings, family agencies and colleges and universities.

Entries for the Bulletin Board must be submitted via e-mail to akennedy@counseling.org with “Bulletin Board” in the subject line. Paragraphs should be in a Word document, single-spaced, justified and Times font in black. Please provide a contact person with an e-mail address or phone number to call for more information. Do not send submissions with tables, tabs, bullet points, logos or uncommon fonts. Submissions are subject to editing. The rolling deadline is the 10th of every month by close of business, ET.

Please note that announcements will be published a maximum of three consecutive months, after which an updated version of the announcement must be resubmitted for inclusion.
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Counseling Today Quiz — July 2007
As you are reading the following articles you should be able to answer the questions below. This is an "open-book" exam. Use this page or a photocopy of this page as a reference by pasting down hard and completely filling in the circle per question. Then mail it with a $18 payment to the address below. Please do not seal card.

1. "A Trauma Education"
   - 1. Quoted experts note all of the following excepts missing adolescent group from their colleges' counseling programs EXCEPT:
     - a. There is more of a responsibility for them to take initiative in terms of healing.
     - b. There is more freedom to respond to a tragedy in different ways.
     - c. They go back to their safety zone for a matter of time.
     - d. There is less time around counseling for college students.

2. According to Short, what troubled students enter counseling in college, after they
   - a. Experience a sense of freedom and independence.
   - b. Less counselors in different ways.
   - c. Don't trust the process.
   - d. All of the above

3. "Responding to the Call"
   - a. In retrospect, Barney realized that it was important that she was born so that she could be able to focus on the people in the community and their needs and not respond to other issues.
   - b. She is taking the Semiahmoo.
   - c. Experienced trauma counseling.
   - d. Connected with Smith as a support person.

4. When Barney offered services in Blanket, which did they choose?
   - a. Woven wool
   - b. Soft cotton
   - c. Blanket felt for blankets, which did they choose?
   - d. Which were most colorful

5. "OpEd!
   - a. Disaster mental health workers are.
   - b. Provide for events, targeted therapies.
   - c. Reducing harm by virtually every.
   - d. Find steps to present PTSD

6. "The unexplicated professional counselors who showed up after Katrina (not certified American Red Cross disaster mental health volunteer):"
   - a. Were a valuable and welcome resource.
   - b. Live to tell their stories.
   - c. Upsettingly employed in inappropriate counseling strategies.
   - d. Created significant problems.

7. "Revisit First Over for Returning Victims"
   - a. Adler's expensive therapy
   - b. Makes use of a technique
   - c. Employ a gradual demonstration process.
   - d. Turn your experience into a simple story.

8. "Trauma in Thailand"
   - a. Cliff and Bennoz learned informally through their meetings that roughly one in
   - b. Nutritional children will migrate for work.

9. "Beyond the Book"
   - a. Lipsonovtch is the most important element that differentiates his book from other literature in this area.
   - b. The experience and the expertise of the contributors.
   - c. How it reflects the diversity of the contemporary college climate.
   - d. It emphasizes on case studies.

10. "FAQ Journal Spotlight"
    - a. Attempts to determine the experiences and perceptions of HIV-positive women about services that would benefit them most is an example of using a focus group.
    - b. Some needs and client preferences.
    - c. Help in program development.
    - d. Gain new perspectives on human information.

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“The passage of the licensure bill in Nevada is a great victory for the profession of counseling and for the citizens of the state,” said ACA Executive Director Richard Yep. “To realize victory, many things had to come together, such as the dedication of a cohesive group of Nevada counselors, ACA Immediate Past President Marie Wakefield’s leadership, the key role of Sen. Joe Heck and the support of national organizations such as ACA, NBCC and AMHCA.

ACA identified the Nevada licensure effort as one of our highest public policy priorities this year, and we backed up that objective with financial and staff support. We saw the Nevada bill as key to our members in the state, as well as for the profession at a national level.”

Requirements to become a licensed clinical professional counselor under the legislation will include:

- A master’s degree in mental health counseling or community counseling from a program approved by the Council for Accreditation of Counseling and Related Educational Programs or an acceptable degree as determined by the Board which includes the completion of a practicum and internship in mental health counseling
- Two years/3,000 hours of post-master’s degree supervised experience
- Successful completion of a national counselor examination administered by the National Board for Certified Counselors. Examinations include the National Counselor Examination (this examination may be used during the first two years of the law’s enactment with evidence satisfactory to the board of at least three years of work experience in mental health counseling) or the National Clinical Mental Health Counselor Examination

The legislation defines the practice of “clinical professional counseling” to include treatment, assessment and counseling or equivalent activities to a person or group of persons to achieve mental, emotional, physical and social development and adjustment. The definition also includes “counseling interventions to prevent, diagnose and treat mental, emotional or behavioral disorders and associated distresses which interfere with mental health.”

Unfortunately, the law will specifically exclude from counselors’ scope of practice “the use of psychological, neuropsychological or clinical tests designed to identify or classify abnormal or pathological human behavior,” as well as the use of individually administered intelligence tests, academic achievement tests or neuropsychological tests.

Compromises on this and other provisions of the bill were needed to keep the legislation moving forward. Licensing will be conducted by a joint board overseeing both professional counselors and marriage and family therapists.

ACA congratulates Louise Sutherland, Erik Schoen and the many other Nevada counselors involved in the licensure effort, as well as the bill’s authors, Sen. Joe Heck (R-Henderson), Sen. Maggie Carlton (D-Clark) and Assemblywoman Sheila Leslie (D-Reno), on this important legislation. ACA also commends our coalition partners, AMHCA and NBCC, for their investment of time and money in this effort. Last but not least, our thanks go out to all the ACA members in Nevada who responded to our alerts and contacted their legislators in support of AB 424.

Scott Barstow is the director of ACA’s Office of Public Policy and Legislation. Contact him at sbarstow@counseling.org.

Letters to the editor: ct@counseling.org
The word “victim” pushes the client toward powerlessness. I prefer the use of “survivor” or “clients who have experienced a crisis.”

But all in all, this book is an excellent resource.

Reviewed by Howard B. Smith, interim dean, College of Education and Counseling, South Dakota State University.

Psychological Effects of Catastrophic Disasters: Group Approaches to Treatment


This book is a rich resource of how-to information, with chapters on meeting the emerging needs of individuals, groups and communities in times of crisis. There is universal utility in the work of CSU and its partners that could benefit any organization or community working with crisis response or preparation. Recommendations include the significance of noting the nature of a tragic event and how the specific context of crisis can inform responses to it; selection, preparation and self-care of staff are also addressed.

Chapters cover both individual therapy in working with survivors of tragedies and group work, which can play a powerful role in healing as individuals find support in facing grief and bereavement. Home-based interventions for widows and children, the strengthening of family relationships and how CSU assisted retirees post-9/11 demonstrate the comprehensive range of this book.

Several qualities stand out about this resource overall. First, the authors are sensitive, careful and respectful of the language used to describe the events of 9/11 as well as thorough with the culture-based language of firefighters. Second, the authors are both humble and earnest in their efforts. They include what went right and what did not work so well and are quick to admit what they learned along the way. One example of “what not to do” and an illustration of the need for specific crisis counseling training dealt with the sizable number of mental health professionals who showed up to volunteer after 9/11. Noticing first responders covered with dust from the site, the mental health professionals did what they thought could be critical help, which was to approach those returning from the site to attempt engaging them in talking about what had happened. What counselors lacking in crisis training did not realize was the therapeutic value of simply providing the first responders with both psychological and physical “space to breathe.”

Finally, the authors punctuate their efforts with quotes and accounts from first responders involved in 9/11 — voices of real experience. This book is a most valuable synthesis of preplanning, collaboration, good practice and innovation, as well as a labor of the deepest love.

Reviewed by William C. Briddick, assistant professor of counseling and human resource development at South Dakota State University.
Counselors address issues of child migration, exploitation

**Trauma along the Thai border**

Counselors address issues of child migration, exploitation

BY ANGELA KENNEDY

On the basis of their presentations at the Asia-Pacific Childhoods Conference in Singapore last year, Fred Bemak and Rita Chi-Ying Chung, both counselor educators at George Mason University in Virginia, were invited to take part in a mental health exploratory mission to Myanmar recently.

The United Kingdom division of Save the Children (www.savethechildren.org), a child-focused international non-governmental organization, has established programs to work in the communities of Myanmar to improve the quality of life among the nation's children and families. The organization's programs address child protection, economic opportunities, education, nutrition, HIV/AIDS and health.

In Myanmar, it has become relatively common practice for young Burmese women and girls to be lured to Thailand with promises of employment as waitresses, factory workers or domestic servants, Bemak says. Because of extreme poverty, many families in Myanmar encourage their children to accept the jobs so they can send money back home. Children as young as 8 leave their families and villages, sometimes all alone, to make the illegal journey across the border into Thailand.

Once there, the girls are often forced into prostitution or held captive, working and living in the squalor of sweatshops. Their “employers” use threats, abuse, debt and bondage to control the children and force them to work in deplorable conditions. Many times factory owners push children to work 12 to 16 hours a day. In some circumstances, the children are drugged with amphetamines and forced to work even longer hours without sleep.

Officials with Save the Children led Bemak and Chung, along with translators and a government monitor, through the Mon and Kayin states of Myanmar. Several of the villagers had never previously seen a foreigner.

“Most of the children didn’t have any education, they weren’t in school and many had been working from the age of 3,” Bemak says. “For example, they would help building roads. The children would carry rocks down from the mountains. The whole family would be involved in this and earn a few cents every day, but that money was critical for the family to maintain and survive.” The poverty level and need is so profound in Myanmar, he says, that communities have romanticized the idea of migration.

“Children say, ‘My family is hungry, and I can go (work in Thailand) and help feed them.’ So they migrate and tolerate some of the abuse and some of the exploitation to help their family.”

No accurate statistics are available on how many Burmese children have left for Thailand, but Chung and Bemak learned informally through their meetings that roughly one child out of every two will migrate for work. Because the migration is so widespread, the United Nations, Save the Children and other child advocacy agencies have determined that it cannot be effectively stopped. The allure of earning up to 10 times the typical Burmese salary is too great. The villagers believe (and in some cases it’s true) that their children will be able to support the entire family with the money they earn in Thailand. In turn, the families become dependent on the children and actually encourage them to migrate.

“What’s happening is entire villages are sanctioning the migrations over the border,” Bemak explains. “There is an acceptance of the migration, so we are looking at how can we create a safe migration for the children.” He adds that agencies are working with the Burmese to ensure the children’s safe passage across the border, help them find legitimate employment while there and also provide them with support networks if they find themselves in a dangerous situation. Additionally, Bemak and Chung want to address the needs of returnees, whether they escaped forced labor in Thailand, were deported back to their villages or came back of their own free will.

**Don’t ask, don’t tell**

“For generations, everyone has been accepting this migration, and nobody talks about what really happens because it’s too painful,” Bemak says. “Thailand has an actively rampant sex trade, so there is tremendous opportunity to earn money in commercial sex work. What we found in the villages with elders and parents was interesting. There was a mentality of don’t ask, don’t tell. Nobody is talking about the commercial sex work, the exploitation of the children, the sexual and physical abuse of the children or the pain and trauma that the children went through.”

Initially, he says, the villagers would deny that anything bad had happened to the children.
“We talked with some of the returnees, and they are extremely traumatized,” Bemak says. “They sit in their room, won’t come out or socialize. The returnees just aren’t functional. I think they have PTSD (post-traumatic stress disorder) and they are highly depressed, but nobody knows how to handle them or talk to them. In fact, Rita and I were the first people many of them ever spoke with about some of the awful things that had happened to them.”

While visiting one village, Bemak and Chung were invited to sit with some of the elders at a banquet. They dined in an open-air hut, sitting on the ground and eating fresh fish, rice and vegetables. Several young girls — returnees from Thailand — stood around the tables, fanning the adults to keep insects away and to provide a breeze. Bemak felt awkward about the situation, so he began speaking to the girls with the help of the translator. After the meal, he asked if he could stay and talk in more depth with three of the girls in particular.

“I pulled them to the side, and they were shocked that anyone had noticed them, but they just looked like and sounded like they were quite de-moed and upset,” he says. “They had all three returned in the past year from Thailand. I told them they didn’t have to describe the details of what happened, but it seemed like all three of them were very pained by it and hurting. Tears started coming and they nodded their heads. We started a whole impromptu counseling intervention session. They were hungry for that, almost desperate to have someone to talk to.”

Personal stories
This experience was repeated several times during the course of the two counselors’ journey. “You could see immediately that these girls were traumatized by the experience,” Chung shares. “We heard the same stories over and over again. They went to Thailand with the assumption that they would be working in a factory or as a housekeeper, and more times than not, they were subjected to some sort of abuse — physical, emotional or sexual, or all three.”

For example, Chung says, one of the girls spoke about working in a five-story factory in Thailand. The girls slept on the top floor, and a barbed wire fence surrounded the facility. They were not allowed to leave, and many were too frightened to attempt an escape. Their captors told the girls that if they did escape, they would be arrested and thrown in prison, because they were in Thailand illegally. The young girl who shared her story with Chung was eventually able to escape during a police raid.

“I spoke with some other girls who were 12-year-old when they first migrated. They talked about their boss abusing them. They said that physical abuse was OK — you just get hit or slapped. The sexual abuse really impacted them the most,” Chung says. “Another girl was a housekeeper and she was drugged. She was abused by the father and sons living in the home, as well as friends of the father.” She adds that many times, girls working as maids or nannies are forced to sleep in a small mattress or cot size, live off the food scraps left by the family.

“Some of the returnees come to Myanmar completely traumatized, unable to readapt and reintegrate into the community. While in Myanmar, Bemak and Chung began training and advising Save the Chil-
dren staff on how to work with the children and how to build in avenues for returnees to express their feelings.

“There is a tremendous need for programs to support former migrant children. Many of the monas have established educa-
tional programs, interventions and orphanages to persuade children to return to Myanmar. Unfortunately, Bemak says, that the traditional training is limited only to sewing and small engine repair, leading to an overabundance of workers looking for employment in those two markets. Children often finish the training only to find that there is low demand for their new skills, so they end up returning to menial, low-income jobs or returning to Thailand.

“It doesn’t pay to be back (in Myanmar),” Bemak says. “So what we suggested was that there might be training in electronics, like for radios and TVs, carpentry, welding or basic business skills, so there are lots of different opportunities. If they have jobs, they are more likely to stay.”

[Offering recommendations to turn the tide of trauma]
In addition to strongly recom-
mending trauma counseling for returnees, Bemak and Chung made several suggestions for dealing with the entire migration continuum, includ-
ing preventive interventions, improving the life skills of those who are migrating and helping returnees to reintegrate successfully. Among their recommendations:

• Illustrate the myths of migration. Returnees often glorimize their experience in Thailand and never speak of the abuse or dangers. “They come back and tell all these wonderful stories about how great it was,” Bemak says. “The history has not been that the children don’t talk about the painful parts or difficult parts, so (other) kids start to think it’s a wonderful possibility.”

Bemak and Chung recommended that Save the Children collect real stories from returnees and create story books to explain some of the harder aspects of migration and show the reality of the experience.

• Provide additional vocational training. Save the Chil-
dren currently offers vocational training to teach children a skill so they can make enough money to stay in Myanmar. The organization also requires all returnees who are involved in its programs to take part in the training. Unfortunately, Bemak says, the vocational training is limited only to sewing and small engine repair, leading to an overabundance of workers looking for employment in those two markets. Children often finish the training only to find that there is low demand for their new skills, so they end up returning to menial, low-income jobs or returning to Thailand.

• Involve the family in prevention and reintegration. In some instances, Bemak says, and send their earnings back home only to have their parents drink or gamble it away. The children return home several months later to find there is lit-
tle or nothing to show for their efforts and sacrifice.

Bemak and Chung recom-
mended that Save the Children teach money management skills to families in Myanmar. Additionally, they advised of the need for strong role models in the community to speak up against migration and support those children remaining at home.

• Form partnerships with indigenous groups. In an effort to protect and save chil-
dren from abuse, Buddhist monks in Myanmar and Thailand literally capture children and return them to their villages. Many of the monks have established educa-
tional programs, interventions and orphanages to persuade children not to return to Thai-
land. They do this without funding or assistance, seeing “good karma” as the reward for their deeds.

The monks and international organizations in this part of the world have informal relationships, Bemak says, but have not established any real partnership combining efforts to help children. “It’s important for coun-
selors and these programs to link with indigenous healers and spiritual leaders because that will make their chances to help these children stronger,” he says.

Bemak says Save the Children officials are very pleased with the counselors’ recom-
mendations, so much so that Chung and Bemak have been invited back to Myanmar in December to visit the villages bordering China and then again next year to investigate internal migration issues. “We are really interested in looking at partnerships to look at these issues and help some of the interna-
tional organizations understand what is going on,” Bemak says. “We are hoping this will help set up national prototype pro-
grams in Myanmar and establish international protocol because this issue has implica-
tions globally.”

The couple encourages coun-
selors to become more proactive in championing social jus-
tice and human rights issues. “We as a profession are far larg-
er than our borders,” Bemak says. “The profession needs to look at the internationalization of counseling. We can’t just be limited to the child down the street. We need to start thinking about how do people fit into this international context and how do we work and understand basic issues. One out of 10 people in the U.S. is foreign-born, so we are dealing with many multicultural issues. This kind of work that we do in other countries allows us to bring lessons learned on how to work cross-culturally back home.”

Because of their dedication and commitment to these is-
"issues, Deputy Secretary of State
John D. Negroponte has also invited Bemak and Chung to participate on a government task force on refugee and immi-
grant youth.
Independence is the key
to today's career path

During this month in which we celebrate our independence, I am challenging you to begin thinking of yourself as an independent contractor or a free agent, even if you have tenure and an ironclad contract. Here’s why:

A generation ago (or maybe two), most career paths were linear, loyalty was valued and those who showed up every day and did the job assigned to them could almost be guaranteed of staying on the gold-watch track. Moreover, when employees retired after years of devoted service, the employing organization would provide them with a pension for their remaining years.

Much has changed in the intervening years. Corporate restructuring, downsizing, rightsizing and outsourcing have had a significant impact on how organizations operate. In addition, improved health care has resulted in longer periods of retirement, which, in turn, have created a deficit spending situation for many pension programs, including Social Security. Consequently, these programs are being dramatically altered or are disappearing altogether. For at least the past 20 years, financial experts have advised clients to contribute to individual retirement accounts, warning that public pension programs were not designed to support the longevity that we now collectively enjoy.

The results?

First, there’s no such thing as a permanent position.

Second, don’t expect your parents’ retirement.

So what can you do about it?

Don’t just expect change; prepare for it and embrace it.

Although your formal education may have ended, lifelong learning continues. Stay abreast of changes in technology, theories and practices, and analyze how those changes could affect your career.

Be positive and forward-thinking. Don’t be the person who can be counted on to say, “We tried that once, but it didn’t work.” Be able to explain why it didn’t work and offer alternative solutions.

Every organization has its challenges. If you are the person bringing an issue to the table, bring along a proposal to address it. Most people like working with positive people, and when difficult choices in personnel are addressed, attitude counts. Even if your position is eliminated through reorganization, positive people are usually the quickest to land in a new (and often better) position.

Do what you can to make yourself indispensable … Are you a go-to person in your organization? Do others seek you out for advice? Taking on diverse work responsibilities is a good way to develop the skills you need for upward mobility. So volunteer to chair the search committee, learn how to update the website and look for other equally visible opportunities to add value to your organization. But be careful! Don’t take on so much that you can’t get your regular work done or that the quality of your projects is subpar.

… but recognize that no one is indispensable. Sometimes business factors cannot be avoided, and despite your best efforts, your organization can no longer afford to keep you on its payroll. If that happens, stay as positive as you can and remember those words of wisdom from The Godfather: “It's not personal; it's business.” Most organizations that have to eliminate positions are very supportive of their former employees and will offer strong recommendations when asked.

Know what you would do if your job ended tomorrow.

After the anger, denial, bargaining and depression, acceptance will eventually surface. If you have a Plan B in your head, you can speed through all those stages faster and use your severance package for a great vacation instead of living expenses. (For the record, this is another instance in which networking throughout your career can prove especially beneficial.)

Manage your career by leading from where you are. Managers are found at the top of organizational tiers, but leaders can be found almost anywhere. Leaders are those who work tomorrow’s job, not yesterday’s.

Update your resume. You’ve seen this tip here before, and I promise that you’ll see it again. Pull out your resume or vita at least once a year (once every three months is better), and keep it up-to-date. You never know when a great opportunity will avail itself to you. If your resume is send-ready, sometimes a professionally worded e-mail with your resume attached is all it takes to open the door.

Invest in yourself. Sock some money away. After you’ve accumulated enough cash for an emergency fund to cover one to six months’ expenses, invest in an IRA or an employer-sponsored retirement plan. If an employer match is involved, you’re losing money if you don’t elect to participate!

Amy Reece Connelly is the manager of ACA Career Services. E-mail questions to her at acacareers@counseling.org. Telephone consultation is available to ACA members by appointment.

Counseling for Wellness: Theory, Research, and Practice

edited by Jane E. Myers and Thomas J. Sweeney

“Seldom does a book encompass the scope and depth of Counseling for Wellness. The contributions in this engaging, comprehensive volume will prove invaluable to those ready for a constructive, positive approach to personal and professional practices.”

—Donna A. Henderson, PhD
Wisconsin University

Destined to become a classic in the field, Counseling for Wellness presents a research-based model for improving physical and mental health and well-being. Twenty-eight experts provide life-enhancing counseling applications for diverse client groups, which can be used in schools, mental health agencies, counseling education programs, and business and industry. Wellness measurement, formal and informal assessment techniques, and future directions for research are discussed in detail.


Call to order 800-422-2648 x222
The 2007 Association for Multicultural Counseling and Development Town Hall Meeting, held in Detroit during the American Counseling Association Convention, produced some exciting feedback for the strategic plan. Results were sent to Miguel Arciniega, chair of the Strategic Planning Committee, and the entire AMCD leadership team. The town hall addressed socially just multicultural competency, mentoring, advocacy and outreach as issues important to all ethnic groups. Communication within AMCD was again recognized as necessary to the success of our efforts. Members were asked to send their e-mail addresses to the AMCD ethnic vice presidents and to update that information in the ACA database. There was sufficient feedback on the importance of communications with and between members to make this an important piece of the strategic plan for AMCD.

Another major interest of AMCD leaders has been to revive leadership development programs at all levels, as well as to promote local and state chapters and AMCD region activities. Members who attended the town hall expressed interest in these initiatives as well. Leadership development helps members get involved in the work of the association, while greater activity at the region, state and local levels allows for greater participation by all members in AMCD activities. Members willing to devote time and energy to bringing about this expansion of activities are asked to e-mail their region representatives and ethnic vice presidents (e-mail addresses are listed below). Region and ethnic concerns e-mail lists keep members abreast of AMCD activities and give them a vehicle to contribute to those activities.

Other themes that surfaced as important to the membership during the town hall meeting:

- Developing an ad hoc committee for the needs of the disabled
- Highlighting graduate student diversity research work
- Encouraging White identity development and awareness of within-group differences
- Expanding awareness of the vast numbers of multiracial counselors/clients

Members are encouraged to:

- Write articles for the AMCD newsletter, Counseling Today and the AMCD and ACA journals
- Volunteer for committees and serve as leaders in local, state and regional organizations
- Submit topics for discussion on the various websites and Listservs available to members
- Get involved in other ways with the business of the association

We are as vibrant as we are involved. AMCD members are encouraged to get involved in any or all of the above activities. Your involvement is truly needed.

The region representatives and ethnic vice presidents are:

- North Atlantic Region Representative Mark Kenney (markkenney@verizon.net)
- Southern Region Representative Bea Tatum (btatem@saffairs.msstate.edu)
- Midwestern Region Representative Karen Bibbins (kcbibbins@comcast.net)
- Western Region Representative Dione Taylor (dionetaylor@pointloma.edu)
- Latina/o Vice President Maritza Gallardo-Cooper (mgallardo.cooper@aol.com)
- Native American Vice President Janet WindWalker Jones (grandmold@juno.com)
- African American Vice President William Conwill (wconwill@ufl.edu)
- Incoming African American Vice President Bea Tatum ((btatem@saffairs.msstate.edu))
- Asian American Vice President Arpana Inman (agi2@lehigh.edu)
- Incoming Asian American Vice President Brian Kim (bryankim@hawaii.edu)

PRPCA extends invitation to annual convention

Submitted by Nelson Vázquez Espejo

The Puerto Rican Professional Counseling Association will hold its 30th Annual Convention Oct. 17-19 at the Ponce Hilton Golf & Casino Resort in Ponce, Puerto Rico. Our theme will be “Counseling for Peace and Social Coexistence.” As a nonprofit professional organization, our objectives are to promote sound professional counseling services throughout our society and a high sense of professional responsibility. Our membership is made up of more than 1,000 counselors who work as helping professionals in settings such as private and public schools, state and private colleges and universities, as well as other agencies. We are joined by other counselors and mental health professionals from Puerto Rico, Latin America and the United States who seek to share new experiences and acquire new skills and knowledge to better serve our diverse communities.

Continued on page 43
able referrals for recommended organizations, and I was unsure of what I should really be seeking. After doing interviews, several locations turned out to be poor fits. The process felt like an endless journey. I was ready to just randomly pick one and hope for the best. The encouragement of professors to keep looking for sites and exploring my passions in the counseling profession was the motivation I needed. I kept searching until I found an excellent match. This proved to be a highly rewarding experience, and the struggle was well worth it.

Finding an internship site was a huge relief, but that feeling didn’t last long. Completing practicum and internship hours made for peak times of stress. Coping with client cancellations, no-shows and a limited number of referrals created constant worry about not having enough hours by the deadline. My incessant calculating of whether I would make it can only be described as obsessive.

My body continually felt tense, and I had to periodically remind myself throughout the day to unclench my muscles. I even had difficulty concentrating on tasks because my thoughts would wander off to worries.

Friends offered the greatest help in managing these stressful times. My program peers were able to empathize because we were all in the same boat. That didn’t fix things, but at least it normalized what we were going through. We listened to each other rant about experiences and share information about agencies and also provided shoulders to lean on.

Friends outside of school encouraged me to blow off steam by having fun and playing. Only as I began to let these people back into my life did I realize the monumental role they play in getting through the tough times. There are some things you just can’t do alone, and close friends are the key to helping manage the heavy loads.

Relationship dissatisfaction
Several peers who were either married or in committed relationships had their relationships negatively impacted during the graduate program. Most were unable to spend sufficient time with significant others because of busy schedules. Some found themselves growing apart from partners and having intimacy problems. Others were having arguments with partners who were feeling left behind, abandoned, unappreciated or even frustrated with having to put their own dreams on hold. Financial problems were another common issue, usually spiking when bills for tuition and books came due each semester.

The effects of problem relationships expanded beyond home. Students had difficulty completing assignments and preparing for exams because of arguments with loved ones. Others struggled with course work, as their renewed focus on improving relationships required spending less time on studies. Still others were unable to concentrate in class or be emotionally available to clients because they were physically and emotionally drained themselves.

Several students were able to improve their relationships by making needed adjustments. The most popular solutions included enrolling in fewer courses for a semester, taking a summer off or dropping the most time-consuming class. Additional adjustments included scheduling a date night, having set times during the week in which no studying was allowed, communicating needs to partners and finding supportive peers who could at least provide a sympathetic ear. A few students went to individual or couples counseling to find relief, which made lots of sense considering the career we were seeking. None of the choices were easy ones but each one worked out better than simply ignoring the problems and hoping they would disappear.

Acquired wisdom
What became most clear is that I did not enter the program as just a student. All my baggage, life roles and contexts came with me. The program and my personal life had a cyclical relationship that impacted each of us all the way through to graduation. Only when I periodically found a balance between my life variables instead of focusing exclusively on the graduate program did it all work well. Being flexible enough to make changes and seek out needed supports was the difference between successfully completing the program and choosing to go in a different direction.

I hope that either before or early on in a graduate program, readers will inquire about how the program affects students’ lives. That piece of information might be just as important as knowing how many credits are needed to graduate. Learning that the stresses seem normal when shared with others was hugely beneficial for me, and I hope others can benefit as well.

The enormous venture of graduate school does not need to be completed solo. We can all do it together!
Legislation aims to increase mental health services to children

Legislation seeking to increase the number of children's mental health professionals in the United States, including both school counselors and licensed professional mental health counselors, has been introduced in both the House and the Senate. Rep. Patrick Kennedy (D-R.I.) introduced an identical bill in the House (H.R. 2073) at the end of April, and Sen. Jeff Bingaman (D-N.M.) introduced an identical bill in the Senate (S. 1572) on June 7. The legislation is a successor to nearly identical legislation that expired at the end of April, and Sen. Jeff Kennedy (D-R.I.) introduced the Child Health Care Crisis Relief Act of 2007 (H.R. 2073) on June 7. The legislation provides assistance with education expenses for child mental health professionals, including psychiatrists, psychologists, behavioral pediatrians, professional counselors, school counselors, psychiatric nurses, social workers, school social workers, school psychologists and marriage and family therapists. To be eligible for loan repayment assistance, participating individuals would need to have received specialized training or clinical experience in child and adolescent mental health and agree to be employed full time for a minimum of two years in providing mental health services to children and adolescents. Loan repayment assistance would be available only for those individuals who are already licensed or who have less than one year remaining before completion of training or clinical experience.

The legislation would also establish scholarships for individuals who obtain graduate training in one of the professions listed above. Priority for both the loan repayment and scholarship programs will be given to individuals who demonstrate financial need, will be working in the public sector with high-priority populations and “have familiarity with evidence-based methods in child and adolescent mental health services.” In addition to the loan repayment and scholarship programs, the legislation would establish grants for accredited institutions of higher education to establish or expand internships or other field placement programs for child and adolescent mental health training.

The American Counseling Association strongly supports the legislation and is working in coordination with other mental health advocacy organizations to help gain its enactment. You can help promote the legislation by asking your representative to cosponsor S. 1572 and asking your senators to cosponsor H.R. 2073. Sample wording for letters, calls or e-mails is available on our advocacy website at http://capwiz.com/counseling.

For more information, contact Chris Campbell at 800.347.6647 ext. 241 or via e-mail at ccampbell@counseling.org.

House panel approves significant funding increase for ESSCP

On June 7, the House Appropriations subcommittee on Labor, Health and Human Services and Education approved a spending bill that would boost funding for the Elementary and Secondary School Counseling Program to an unprecedented $61.5 million for Fiscal Year 2008. Should this funding level be enacted, it would be a $26.8 million increase over the current year’s allocation. Last year, the same House panel, under Republican leadership, approved only $22 million for the program as part of the appropriations bill for the departments of Labor, Health and Human Services and Education.

Funding ESSCP at $61.5 million would allow federal support of counseling services in middle and high schools for the first time. Under current law, the first $40 million in funding for the program must be devoted to elementary school counseling programs and services. However, that $40 million funding level has never before been reached. This is a significant step forward, but it is important to note that approval of the spending bill by the House Appropriations subcommittee is only the first step in the annual appropriations process. The full House Appropriations Committee was scheduled to approve the bill by the House Appropriations subcommittee on Labor, Health and Human Services and Education appropriations bill June 14, with the bill scheduled to go to the House floor for a vote the following week. The Senate will begin consideration of its version of the bill over the next month.

While ACA is leading the charge in Washington, D.C., for funding of ESSCP, your support for the program is making the real difference. In the last four months, ACA members have sent nearly 1,500 e-mails and letters to members of Congress and the Bush administration on behalf of the program, and we are convinced that this grassroots lobbying is helping to make significant funding increases possible. Thank you, and keep up the good work!

Go to http://capwiz.com/counseling to send a message urging your senators and representatives to support a funding level of $61.5 million for ESSCP in the FY 2008 Labor, Health and Human Services and Education appropriations bill. For more information, contact Chris Campbell at 800.347.6647 ext. 241 or via e-mail at ccampbell@counseling.org.

Hers was a lifelong goal—a doctoral degree. A high-speed connection helped her reach it.

Jude Phillips, Ed.D., Regent University
It comes as no surprise that counseling graduate student Victoria Casper would call upon a musical metaphor when viewing her role as a professional counselor. Casper used her experience as a veteran of the U.S. Army and a band director in public schools for more than 10 years to compose the winning essay for the Tenth ACA Foundation Graduate Student Essay Contest. The competition was decidedly tight. More than 120 graduate students from across the country submitted essays that explored timely issues facing them as future counseling professionals. All members of the Review Committee commented on the high caliber of this year’s submissions. According to one reader, the graduate students’ writing exhibited thoughtfulness and clarity, making the task of evaluating the essays very challenging. She “thoroughly enjoyed hearing (the students’) perspectives. Some had great stories with interesting insight, … I look forward to our gen Xers and Y’s joining our professional ranks.” Despite this being a busy time of year, another reader described judging entries from the contest as “a wonderful challenge!”

In the 10 years the contest has been presented, 50 graduate students in counseling programs have received financial prizes and ACA memberships courtesy of the ACA Foundation. Last year’s top winner, Shana Averbach, summed up her experience this way: “Just as writing the essay … helped me collect my thoughts on mental health education, so too did winning the contest help boost my confidence in my own ideas and convictions.” Knowing that I had composed a winning essay was a very rewarding experience. Making the decision to apply for the contest was one of the most difficult decisions I have faced. However, I am happy that I did.

First-place winner

Victoria Casper, Walsh University

Casper, enrolled for a dual specialization of school counseling and mental health counseling, hopes to work with military veterans/families and adolescents in school systems. “I also hope to complete my doctorate and to teach at the college level.”

Q: Discuss what it means to be a “professional counselor” and how you plan to contribute to the growth and maturation of our profession.

The Professional Counselor: Symphony in PC

Overture

The lights are dimmed. The spotlight is cast upon the podium. The conductor is donned in a crisp black tuxedo with tails. She steps on to the podium, shakes the hand of the concert master, faces the audience, takes a bow and then faces the orchestra. The orchestra is a diverse group, but the conductor knows the steady voice of the wind, the brilliant blare of the brass, the bold rhythmic pulse of the percussion and the gliding compassion of the strings. She knows the role of each instrument in the orchestra. The conductor has an immense responsibility to understand the diversity present in the concert hall for the evening to be a success. A counselor’s clientele is similar to the diversity of the orchestra, and the roles of the professional counselor and the conductor are parallel. The conductor and professional counselor have skills that are uniformly developed and specialized that set them apart from just anyone who steps into their roles.

Movement I

The professional counselor knows each client has a role in the counseling process, one that the counselor becomes an expert in and understands that diversity is what makes each path special. A counselor has an immense responsibility to understand the diverse population of clientele because the counselor is the encourager of the self-exploration process which transforms the well-being of an individual. A professional counselor is a helper who cultivates relationships. The counselor listens, empathizes and encourages a person to examine his/her self. Respect and trust must be nurtured in the relationship as the professional counselor conveys unconditional acceptance.

Movement II

The field of counseling, like a musical performance, is constantly in a state of change. It is a professional counselor’s responsibility to continuously seek new information and experiences which advance his/her skills, such as attending convention presentations, volunteering to provide counseling services during disasters or becoming involved in a counseling organization. According to the Merriam-Webster online dictionary, a professional is “engaged in one of the learned professions, characterized by or conforming to the technical or ethical standards of a profession, or follows a line of conduct,” and a profession is “a calling requiring specialized knowledge and often long and intensive academic preparation, a principal vocation or employment, or the whole body of persons engaged in a calling.” Therefore, a professional is someone who is academically astute in a specific field which he/she feels a sense of calling to exemplify conduct expected from someone of such status; in this case, the status of a professional counselor.

Movement III

The future growth and maturation of the profession of counseling relies on every counselor to make it his/her duty to unite in educating the public to the benefits of help provided by the skills of a licensed professional counselor; skills such as effective listening, reflecting feeling and meaning, and supporting client change. I am the future of professional counseling; therefore, it is my responsibility to help the profession mature like a musical theme that grows into a majestic song. As a beginning graduate student, I am like a single note that has been placed upon a music staff! I will be nurtured by my professors’ instruction and guidance until I emerge from the counseling training program as a rich and lustrous symphony. At that point, I will place my own first notes on a staff to contribute to the growth of the profession of counseling by writing my own symphony. I will look for new opportunities and responsibilities such as being involved in the American Counseling Association, acquiring supervision and conducting research. Every opportunity will better equip me to educate others about the benefits of professional counseling. With every responsibility, I will learn to nurture the new “notes” entering the profession.

Finale

A conductor is a professional who knows how to encourage each member of the orchestra to produce an aesthetically pleasing performance. A professional counselor is one who fosters an optimal relationship with his/her client that promotes well-being. Both professions require dedication to provide a service to the public that enhances the quality of life. The enhancement of the quality of life is a work of art, and that should be music to anyone’s ears!
and the uninsured. “I believe we have a responsibility to use our knowledge and resources to help each other.”

Q: Is it an advantage or a limitation to have counselors choose a specialty — family, career, addictions, etc. — early in their training?

Children learn to walk before they run, talk before they sing and smile before they laugh. They learn the basic skill before refining it. This model of learning the fundamental concept, before learning the subtler nuances, must be applied to the profession of counseling. New counselors must be provided with the opportunity to learn basic skills and fundamental concepts, to gain a sense of comfort and confidence with those skills and concepts, before attempting to refine or apply them to a specialized area. It is a limitation to have counselors choose a specialty early in their training. It limits their ability to help their clients, it limits their level of knowledge and professional growth, and it limits the strength of the professional body. New counselors must learn to walk before they run.

General counseling and broad psychological theories are necessary for new counselors to be able to help their clients. A broad knowledge base provides the new counselor with a framework within which they can practice. It provides a dependable method for assessing, conceptualizing clients’ issues and then working along with the client to achieve resolution or improvement. Both the learning and application of general theories before specialization provides the new counselor with a comprehensive framework at a time when uncertainty may predominate the new counselor’s experience. It provides the new counselor with more confidence. This confidence is then portrayed to the client, and the client may be more open to the counselor and the counseling experience.

Specialization limits a new counselor’s perspective. Along with the confidence that a broad knowledge base and dependable framework can bring, a broad perspective is also important, especially for anyone involved with the human condition, but even more important when dealing with the human mind. Rarely are an individual’s issues found in isolation or in a single specialty area. Rarely is an individual only suffering from addiction without depression or anxiety. Rarely are eating disorders not associated with stress or trauma. Using a limited perspective associated with only one specialty results in the new counselor overlooking clients’ other significant area of concerns. More commonly the problems and concerns are as complex and complicated as the individuals themselves. A broad education, rather than early specialization, enables the new counselor to better recognize and understand the interplay of all influences and life experiences on their clients, responding to their concerns more holistically.

Early specialization results in putting the problem ahead of the personalized. Rather than seeing the client as a person, an entity born of genetics, influence and experience, specialization encourages counselors to define the client by the diagnosis. Assessment is completed to meet the diagnosis, goals set to eliminate the diagnosis and interventions instituted to meet the goals determined by the specialty. The human element is missing. There is no holistic approach, and the client suffers. Rather than treating the person, the counselor who specializes too early treats only the problem.

General and broad counseling experience is beneficial to the new counselors themselves. It provides the new counselor with unlimited experiences, leaving the new counselor with more ability to adapt to other professional counseling situations. Specialized counselors’ skills are less portable. The general counselor is better prepared and adaptable. They are likely to have been introduced to specialized areas in their general education. The general counselor is more likely to identify with the discipline of counseling as a whole and hold a more open and accepting attitude to different ideas and approaches.

Specialized counselors are more likely to identify with their specialty, resulting in less activity and support of the general professional body. This creates a weak and fragmented professional body, one that does not have the political structure or strength to lobby and support legislative changes that benefit the client, the new counselor or the professional body.

It is important for any profession to be able to flourish and grow, to be able to create a dependable and growing body of research. Too narrow of a focus created by too early of a specialization can lead to limitations on both research and the sharing of that research across specialties. Rather than cooperation, specialization encourages and supports competition. Research-supported interventions are the foundation of the scientific method. For the betterment of the profession as a whole, for the benefit of the client and for the professional growth of the new counselor, specializing too early in an individual’s career is unwise and even dangerous. New counselors must learn to walk before they run.

First runner-up (tie)

Wendy Eckenrod-Green, University of North Carolina at Charlotte

Eckenrod-Green plans to pursue a career as a counselor educator, emphasizing multicultural competence and social justice both as a research agenda and as an advocate. She wants to become more involved as a leader for systemic change to provide equitable counseling services for all individuals seeking counseling.

Q: Are today’s counseling students receiving adequate training to address the counseling issues related to the growing diversity of this country’s population?

Multicultural counseling and counselors’ multicultural competence have been recent hot topics in the counseling profession. Constantine and Sue (2005) stated that “multicultural competence is necessary for accurately identifying the varied needs of individuals belonging to diverse cultural groups or historically marginalized groups.” This essay answers the question “Are today’s counseling students receiving adequate training to address the counseling issues related to the growing diversity of this country’s population?” and will offer an examination of (a) demographic trends in the United States, (b) the state of current multicultural training and (c) the future of counselor education programs.

Demographic trends in the U.S.

The U.S. Census Bureau (2000) projected that by the year 2050, racial and ethnic minorities will account for more than 50 percent of the U.S. population. Although the clients’ population is changing, the counselors’ population is remaining largely White and female. This discrepancy in the population being served (clients) and the population providing the services (counselors) is of paramount importance. Chae, Foley and Chae (2006) stated that “The number of counselors and therapists representing racial and ethnic minorities is inadequate to meet the current and anticipated demand of mental health services in minority populations.” Thus, multicultural competence training is of critical importance and necessary in all counselor education programs at both the master’s and doctoral level.

The current state of multicultural training

The groundbreaking work of Sue, Bernier, Duran, Feinberg, Pederson and Smith (1982) created the foundational tripartite model to define multicultural competence and incorporated (a) counselors recognizing their personal attitudes and values concerning race and ethnicity, (b) counselors developing their knowledge of diverse cultural world views and experiences and (c) counselors identifying effective skills in working with clients of color. It can be argued that multicultural competence training for counselors is incomplete. Colleges and universities that are accredited through the Council for Accreditation of Counseling and Related Educational Programs are held to high standards concerning multicultural competence. However, most counselor education programs only offer one course in multicultural counseling, with the primary focus involving (a) self-awareness and (b) knowledge of four racial groups (i.e., Asian, African American, Native American and Hispanic). While self-awareness and knowledge are critical elements to multicultural competence, training in multicultural skills is lacking. Thus, counseling students are not adequately equipped to serve clients that are in some way different from themselves.

It can be said that CACREP’s standards are a direct reflection of the importance of multicultural competence within the counseling profession. In every program area accredited by CACREP, including (a) school, (b) community, (c) mental health and (d) gerontology, counselor multicultural awareness has been a consistent standard. Constantine and Sue (2005) stated that standards call for counselors to understand “the role of racial, ethnic and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, and physical and mental status, and equity issues” (2007). Although CACREP’s current standards call for multicultural understanding, the standards concerning multicultural competence are in serious need of revision.

The future of counselor education programs

Counselor education programs can enhance their current programs by incorporating a number of elements into their course work. First, programs can continue to offer other courses that focus on marginalized populations (i.e., Women’s Issues in Counseling and Counseling the Sexual Minority Client). Programs can also recruit students who represent marginalized populations. In addition, multicultural competence needs to be incorporated into counseling skills and techniques courses. It is essential for students to practice these crucial skills in a safe environment accompanied by warm, yet challenging supervision. Programs can also incorporate multicultural competence into all courses offered to students. Multicultural competence has been largely relegated to one course, and if all elements of multicultural competence are intertwined throughout a program, the importance of this issue would become embedded within the knowledge, awareness and skills of future counselors. More important, students would also be equipped with the necessary multicultural skills to implement equitable services to all clients with whom they come into contact.

Conclusion

The counseling profession is slowly responding to the demographic shifts in the U.S. Multicultural competence is viewed as a serious issue concerning counselor educators as evidenced by the upcoming revisions of CACREP’s standards, which will include a skill component that coincides with multicultural competence. Multicultural competence in the counseling profession must continue to be an active and progressive process in which counselors and counselor educators work at a time when uncertainty may predominate the new counselor’s experience. Research-supported interventions are the foundation of the scientific method. The general counselor is more like-minded to the profession of counseling. New counselors are likely to have been introduced to specialized areas in their general education. The general counselor is more likely to identify with the discipline of counseling as a whole and hold a more open and accepting attitude to different ideas and approaches.

Specialized counselors are more likely to identify with their specialty, resulting in less activity and support of the general professional body. This creates a weak and fragmented professional body, one that does not have the political structure or strength to lobby and support legislative changes that benefit the client, the new counselor or the professional body.

It is important for any profession to be able to flourish and grow, to be able to create a dependable and growing body of research. Too narrow of a focus created by too early of a specialization can lead to limitations on both research and the sharing of that research across specialties. Rather than cooperation, specialization encourages and supports competition. Research-supported interventions are the foundation of the scientific method. For the betterment of the profession as a whole, for the benefit of the client and for the professional growth of the new counselor, specializing too early in an individual’s career is unwise and even dangerous. New counselors must learn to walk before they run.
Amy Freading, Kent State University

This is the second time that Freading has been chosen as one of the winners of the ACA Foundation Grad Student Essay Contest. “After completing my doctorate, I plan to continue my current work with employee assistance programs, adding administrative and research functions to my existing clinical responsibilities.”

Q: Discuss what it means to be a “professional counselor” and how you plan to contribute to the growth and maturation of our profession.

Caring, observing, understanding, normalizing, supporting, encouraging, listening, optimizing, reframing and strengthening, counselors assist in creating positive differences in others’ lives. As a counselor, I am confident that I have been sufficiently trained to help others achieve wellness and growth through the acquisition of valuable content knowledge and process skills. Fostering a therapeutic relationship consisting of empathy, respect and collaboration, I assist people of all ages and all backgrounds to effect helpful life changes. In counseling, I focus not so much on the problem as identified through a generic diagnosis, but more so on the possibilities through a recognition of individual strengths. Counseling requires toward realizing the fullness of their potentials is emotionally, intellectually and spiritually rewarding. Each day in counseling is fresh and new, as clients present with unique concerns, personalities and experiences. From the marriage that is reconciled to the person who chooses life over death, I know that the provision of counseling services can aid others to make monumental and lasting changes.

I am proud of my identity as a counselor, a distinct helping professional qualified to work in a variety of settings, including schools, community mental health agencies, private practices, employee assistance programs and hospitals. Confident in my knowledge and skills, cognizant of my needs for continued learning and hopeful for my future, I am committed to promoting the maturation of the counseling profession. In particular, to contribute to the counseling profession, I commit myself to scholarship, advocacy and membership in professional organizations.

As a counselor working to earn a doctoral degree, I consider it my obligation to commit myself to the pursuit of scholarly activities. Scholarship involves structured tasks toward generating new knowledge regarding a particular issue, which can then be shared with other members of the profession. To strengthen the profession, we as counselors must develop a knowledge base that is truly our own. My own scholarly activities do not just quench my curiosity or fulfill a class requirement, but these activities also add to the body of knowledge necessary for the counseling profession to thrive.

Second, I commit myself to advocating for the counseling profession. To do so, I must stay current with issues affecting counselors and the clients we serve. Such issues include coverage of licensed counselors under Medicare, counseling licensure in all 50 states and reasonable counselor-to-student ratios in public schools. Once familiar with these and other issues, it is my duty to serve as a strong voice for the profession through calling, writing and meeting with state and federal legislators to appeal for appropriate rights and needs. I cannot expect my clients to passively wait for change, and thus I cannot passively wait for change within the profession. Rather, I must be assertive and steadfast in pursuing transformations in the world for the betterment of our counseling profession.

Third, I commit myself to maintaining membership in professional counseling organizations. Networking with students, professionals and educators in the field of counseling enables me to feel connected rather than alone. Counseling can be tedious work, and the understanding and guidance from colleagues is crucial to continuing my passion and stamina. To help others, counselors must be willing to help themselves by seeking the support and nurturance found in the larger counseling community, especially through the service and solidarity gained in professional counseling organizations. There is strength in numbers, and joining together certainly serves to strengthen our investment in the profession and our ability to persevere in this challenging field of service.

In the future, I foresee increasing opportunities for counselors to help others with diminishing bureaucratic, public and personal barriers. I foresee a growth and maturation of the profession, and I can clearly identify ways in which I can make a difference. Through scholarship, advocacy and membership in professional organizations, I accept the problems and I embrace the possibilities. In other words, just as counselors uphold a wellness model for clients, we must endure a wellness model for our profession.

Pamela N. Stiles, Trinity International University

A master’s student in counseling psychology, Stiles “would like to work with existing community resources to connect people and build healthy support systems to assist individuals as they cope with life stressors. It’s important that I not only aid individuals, but also strengthen the larger community. My long-term goal is to earn my doctorate in counseling and begin a teaching career.”

Q: Is it an advantage or a limitation to have counselors choose a specialty — family, career, addictions, etc. — early in their training?

As many occupations begin to demand increasing specialization, pressure mounts on counseling students to commit to a narrower field of study early in their academic careers. In my counseling position upon graduation, I have experienced firsthand the stress of feeling unprepared to face clients who often want — or even expect — to encounter an expert, a specialist devoted to their particular concern. In the face of these anxieties, however, I continue to believe that aspiring counselors are best served by a broad-based generalist curriculum rather than a program that requires them to choose a specialty early in their graduate training.

Despite the commonsense assertion that specialization will narrow one’s focus and prevent explorations of various counseling specialties, the counselor who eventually specializes also benefits from earlier exposure to a diversity of counseling areas and approaches. Therapists who have received a broad counseling education are more likely to consider creative problem-solving methods, draw connections from different areas and incorporate ways of thinking from one subdiscipline of counseling into another.

Second, by requiring an inclusive curriculum, educators optimize the capabilities of budding professionals. While a student may begin her graduate education convinced that she only wants to work one-on-one with troubled adolescents, after exposure to other counseling specialties, she may realize that she is gifted in leading groups and identifying the complex interpersonal dynamics within family relationships. If counseling trainees are pressed to choose a specialty too quickly, they may not discover their true area of giftedness; consequently, both clients and the profession may miss out on the innovations of a great practitioner who never quite found her niche.

Third, general knowledge of the breadth of the field serves to diminish the risk of new counselors pigeonholing clients into familiar diagnoses. The counselor, who from the beginning of his training has focused exclusively on a specialty, may miss important elements of a client’s problem that fall outside of his narrow area of expertise. A marriage and family therapist must recognize the symptoms of an undiagnosed addiction in a family member, just as a career counselor must be able to recognize when a client’s anxiety and indecisiveness over occupational choices signals a more pervasive problem requiring attention. Accordingly, a thorough foundation as a counseling generalist ensures more accurate diagnoses by preparing new practitioners to think beyond their scripts and recognize the multifaceted nature of most problems.

Asking students to choose a specialty early in their training limits students’ effectiveness by depriving them of a broad base of experience, preventing their exploration of various counseling specialties and setting them up to make less accurate diagnoses. While some specialization is eventually necessary for counselors in our ever-expanding field, such a decision should be a secondary step, taken only after a solid foundation has been laid. The drive to commit to a specialty to get ahead in one’s field is normal; as novice counselors, however, we must temper this passion with patience and recognition of the immense value to be gained from first appreciating the richness and diversity of the counseling profession.
Compared to traditional Western views about counseling, the multicultural-social justice movement promotes very different ways of thinking about mental health, psychological development and the important roles counselors can play in fostering these concepts. The issue of trauma is an excellent example. Significant differences exist in the way many traditionally trained counselors think about trauma and the manner in which culturally competent counselors conceptualize the meaning of this term and the roles they can play in addressing the needs of traumatized clients.

One of the most respected multicultural experts in the mental health professions today is Eduardo Duran, and he presents a very different view of trauma. He describes trauma from an American Indian viewpoint in his book *Healing the Soul Wound: Counseling With American Indians and Other Native Peoples* (Teachers College Press, 2006).

Some counselors are likely to dismiss the manner in which Duran describes trauma and the approaches that can be used to effectively deal with this experience. Nevertheless, we have written this month’s column to help expand the thinking of counselors who remain open to new ways of thinking about trauma and different approaches to addressing this experience from a multicultural-social justice perspective.

**Culturally different approaches**

In discussing issues related to mental health in general and trauma in particular, Duran emphasizes the American Indian belief in holism. This perspective includes directing particular attention to the important interconnections that are thought to exist between a person’s mind, body and spirit, as well as one’s connections with the larger cultural community and environment to which she/he is a part. Although space restrictions limit our ability to address these issues in much detail, we want to illuminate several central points about the American Indian perspective of holistic interconnectedness and harmony as they relate to the problem of trauma.

As Duran points out, healthy human development is intimately linked to the holistic and harmonious mind-body-spirit connections that individuals can realize in their lives. Thus, unlike traditional Western counseling theories that focus on the manner in which traumatic events adversely impact a client’s mental and physical state of being, this American Indian perspective emphasizes the need to attend to the ways that traumatic events disrupt a person’s mental, physical and spiritual life forces. This perspective further suggests that traumatized clients commonly exhibit problems in their lives because some recent or historic event has fractured the harmonious interconnections believed to naturally exist between their mind, body and spirit.

The emphasis placed on ensuring that individuals’ spiritual energy is in harmony with their mental and physical life forces is an important consideration that distinguishes American Indian psychology from most traditional Western counseling theories. Duran’s writing directs particular attention to the ways in which traumatic events inflict “a wounding on the soul.” This phenomenon is referred to as the “soul wound.”

A second important concept asserted in the theory of the soul wound relates to what Duran calls “historical and intergenerational trauma.” This trauma involves the recognition that horrifically violent experiences inflicted on individuals in the past result in unhealthy outcomes that are passed on to one’s offspring and manifested in future generations.

Duran notes that the past genocide of American Indians represents the sort of historical violence that results in intergenerational trauma. Briefly stated, this means that the horrific phys-
Making counseling a household word:
Dispelling myths with teachable moments

BY JANE WEBBER

Every day we experience opportunities for teachable moments to make counseling a household word. Three recent experiences during one week demonstrate teachable moments that dispel counselor myths and increase public understanding.

Myth: All medical and health professionals know who counselors are and what we do.

Advocacy tip No. 1: Use every encounter with mental health and medical professionals to explain what counselors do.

Barry Mascari, assistant professor at Kean University and president of the American Association of State Counseling Boards, shared an experience that illustrates this myth. During a medical appointment, the new physician posed a few questions to become acquainted and asked Barry what he did for a living.

“I’m a counselor and I teach at a university,” Barry replied.

“Are you a social worker or a psychologist?” the physician asked.

“Neither, I’m a professional counselor.”

Barry saw this as a teachable moment about professional counselors and proceeded to explain the details of training and scope of practice to his doctor.

“I never knew that,” the physician responded.

This interaction resulted in one more referral source for clients and one more professional who knows who counselors are.

Myth: When the ad does not call for counselors, the employer won’t hire us.

Advocacy tip No. 2: Marketing our professional credentials opens doors for counselors. I regularly scan the Newark Star-Ledger’s classified section for job opportunities for my mental health counseling graduate students at Seton Hall University. I found two exciting ads for trauma counseling, but the positions called for social workers or psychologists.

I forwarded information to the employers regarding the qualifications of licensed professional counselors and asked that LPCs be considered for the positions. I’ll follow up by sending the employers Counseling Today articles on trauma counseling and an invitation to join the New Jersey Counseling Association and the American Counseling Association.

Myth: All graduate counseling students have a clear understanding of counselor identity and practice.

Advocacy tip No. 3: Help graduate students practice articulating professional identity and what licensed counselors do.

I co-taught the course “Counselor Ethics in Practice” with Femitchell Ashley, a licensed mental health counselor and program director at the Mental Health Association of Essex County. Students worried that they might be less marketable than psychologists, social workers and marriage and family therapists. We examined the regulations for scope of practice and training, and students practiced writing disclosure statements and informed consent.

“You mean the regs say LPCs can do much of what psychologists do!” exclaimed one student with extensive clinical experience. Now students cite not only that the regulations prohibit using the word “psychologist” or “psychological evaluation,” but also the counselor scope of practice and training.

Mitch summed it up: “They’re thinking like counselors now.”

We invite ACA members to use teachable moments to help make counseling a household word. You can find more advocacy tips in our manual, “Public Awareness Ideas and Strategies for Professional Counselors” on the ACA website at www.counseling.org, or contact one of the following ACA Public Awareness and Support Committee campaign members:

Jan Bartlett: jan.bartlett@uni.edu
Chris Lyons: clyons@bridgewa.edu
Delila Owens: delilaoewens@hotmail.com
Jane Webber: webberja@shu.edu

J. Jane Webber is the outgoing chair of the ACA Public Awareness and Support Committee.

Letters to the editor: ct@counseling.org

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Healthy, distressed or impaired: What affects counselor wellness?

The nature of a counselor's work, with its emotional intensity and continual contact with troubled people, makes counselors more vulnerable than most people to burnout at work and in their personal lives. Burned-out helpers feel decreased empathy for their clients, see their clients as more interchangeable and are likely to behave unprofessionally (for example, showing up late for sessions or neglecting to take care of notes). Gerard Lawson surveyed 501 practitioners, members of ACA, to examine wellness and impairment. An array of interesting analyses appear in his article, "Counselor Wellness and Impairment: A National Survey," which is published in the Spring 2007 Journal of Humanistic Counseling, Education and Development (pages 20-34).

Some highlights of Lawson's findings include community agency counselors reporting that more than 50 percent of their clients are trauma survivors, which is significantly more than private practitioners or school/college counselors report. Private practitioners were most satisfied overall with their work, and licensed counselors are more satisfied than those who are nonlicensed.

The research also identified the top five behaviors that counselors report as helping them avoid impairment or burnout:
1) Maintain sense of humor
2) Spend time with partner/family
3) Maintain balance between professional and personal lives
4) Maintain self-awareness
5) Maintain sense of control over work responsibilities

The Spring 2007 issue of JHCED focuses on counselor wellness and includes other articles on various strategies for promoting wellness and on organizational factors that influence counselor well-being. These articles and their reference lists will be useful to individuals and agencies that want comprehensive information on the topic.

Counselors, focus groups make for natural allies

The Spring 2007 Journal of Counseling & Development reports on the natural match between mental health counselors and the research method of focus groups in "Focus Groups: A Practical and Applied Research Approach for Counselors" (pages 189-195). First, the qualitative approach to research, which includes focus group methodology, fits well with philosophical emphases common among counselors, such as a phenomenological approach to human experience.

Second, counselors are specially trained for most of the tasks and qualities that make up good moderators for focus groups. The authors of the article, Victoria Kress and Marie Shoffner, explain how focus groups are run and how the data gathered from them may be analyzed. They also give examples of three major uses of focus groups in counseling-related settings. First, the groups can be used to assess needs and client preferences, as in a study to determine the experiences and perceptions of HIV-positive women about services that would benefit them most. Second, focus groups help in program development and evaluation, as they did when adolescent survivors of childhood sexual abuse gathered to discuss their perceptions of a support group program they had completed. Third, descriptive research into little-known constructs can be launched in focus groups, such as convening grade school groups to examine students' outcome expectations for higher-level courses in math, science and technology.

Kress and Shoffner are clearly experts in the area of focus groups, and their article is an illuminating introduction to its uses in the field of counseling.

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sexual identity is a major aspect of personality development. While more in the field are recognizing that spiritual identity informs personality development as well, the intersection of the two hasn’t received much attention. But the connections may seem more natural when both are considered under the umbrella of multicultural competency.

We certainly agree that training programs outside of religious institutions rarely help counselors understand the role of religious values in integrating a sexual identity. Although the article helped raise this issue, we believe it was unnecessarily incomplete in its treatment of religiously based conflicts with homosexuality.

Counselors are often confused about how to work ethically and helpfully with clients for whom sexual identity issues and religious faith are important and/or in conflict. The relevant American Counseling Association divisions have little specific to say about these matters. The Association for Gay, Lesbian and Bisexual Issues in Counseling competencies do not mention religion or provide any guidance for handling religious conflicts in counseling. On the other hand, the Association for Spiritual, Ethical and Religious Values in Counseling competencies provide general guidance, especially the following:

Competency 7: The professional counselor can assess the relevance of the religious and/or spiritual domains in the client’s therapeutic issues.

Competency 8: The professional counselor is sensitive to and receptive of religious and/or spiritual themes in the counseling process as befits the expressed preference of each client.

Competency 9: The professional counselor uses a client’s religious and/or spiritual beliefs in the pursuit of the client’s therapeutic goals as befits the client’s expressed preference.

In competencies 7-9, religious beliefs are viewed as relevant to clients’ therapeutic goals and should reflect clients’ expressed preference. However, the Counseling Today article provided no reference to situations in which same-sex-attracted clients’ religious beliefs remain traditional. The article noted the potential conflict between religious views and homosexuality but gave no instances of how counselors might work with clients who do not shift to a gay-affirming religious stance.

This avoidance of traditional religious views was made more obvious by the list of “Spirituality-based resources” in the article. Only one group listed, Courage for Catholics, promotes traditional church teaching on sexuality. No other group was listed to support clients who affiliate with religious groups that disapprove of homosexual behavior. Why the omission?

The ASERVIC competencies do not call on counselors to endorse or impose a brand of religiosity for clients; rather they say to use “a client’s religious and/or spiritual beliefs in the pursuit of the client’s therapeutic goals as befits the client’s expressed preference.” What if a client’s expressed preference is for a religious view that is not represented by any group on that list? Then what?

Is ACA open to clients who are traditionally minded? Open to evangelicals, orthodox Jews, Latter-day Saints, traditional Catholics, etc.? In an article prefaced by a reference to multicultural competence, it was stunning to see the ostracism of these religious and valuable viewpoints.

W. Throckmorton, Past president, American Mental Health Counselors Association
and
Robert Gerst, Past president, Arkansas Counseling Association

As an openly gay minister, I read with interest Stacy Notaras Murphy’s article in Counseling Today. It is wonderful that you have addressed this topic and taken the time to compile a list of spirituality resources for lesbian-gay-bisexual-transgender-questioning (LGBTQ) persons. Missing from your list is the world’s first denomination that grew out of the LGBTQ community/movement: the Metropolitan Community Churches (MCC), www.mccchurch.net.

For almost 40 years, the ministers of MCC have been on the front lines working with the LGBTQ community — addressing the needs of the LGBTQ community and the complicated questions of theology, spirituality and sexuality. MCC is often the place where people go when they don’t know where else to turn. As the pastor of churches in Texas and Chicago, nearly 75 percent of the pastoral care needs were in service to people who were not part of our congregation — people who were struggling to find a safe space to grapple with these questions.

LGBTQ persons, as Murphy points out, must confront this question to live integrated healthy lives. I believe this holds true for all persons. Domestic and sexual violence, misogyny, homophobia, fear and shame are symptoms of persons and a society that have yet to address sex, gender identity and sexuality in positive, whole and healthy ways. I encourage counselors to think more broadly about the question of sexuality, spirituality and religion; and encourage its examination with clients, whether they identify as lesbian, gay, bisexual or heterosexual; male, female or transgender.

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Letters
Continued from page 4

I agree with Barbara Birge’s letter in the July 2007 Counseling Today that ACA needs to establish a division for coaching or a way to bring coaches into the counseling profession. I have noticed in the Washington, D.C., area that organizations and the government are hiring coaches in situations in which counselors have better credentials and training to help with the situation.

Lawrence Uman
Reston, Va.
lumard@gmu.edu

No better time than now to deal with the coaching conundrum

Editor’s note: The list of “Spirituality-based resources” for GLBT clients was compiled not by the article’s author, but by counselor educators Rebecca Powell Stanard and Cheri Smith, who presented on the topic at the ACA Convention in Detroit and were interviewed for the article.

There’s room for improvement in association’s stand against use of offensive comments

I am pleased that ACA sent a letter to CBS Radio in response to the racist comments made by Don Imus about the Rutgers University women’s basketball team (“ACA in Action,” May 2007). However, Imus has been making homophobic comments for years. In the eyes of ACA, are racist slurs more offensive than those that are homophobic?

Frederic Tate
Williamsburg, Va.

Letters Policy
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Fax: 703.823.0252
E-mail: ct@counseling.org
It wasn’t very long ago that counselors were not considered eligible for any insurance or managed care reimbursements. The hard work by the American Counseling Association and state counseling organizations has changed that. Now managed care companies are coming to ACA and asking that its members consider becoming providers on their panels.

ACA Professional Projects Coordinator Martha McIntosh recently received the following inquiry:

“My name is Rachel Milazzo, and I am in charge of new provider relations at American Behavioral. We are a Managed Care and EAP company with nearly 1,000,000 covered lives. After reading an article in April’s edition of Counseling Today, I am interested in the process of positioning my company or my contact information on the list of Provider Relations Contacts for the top 55 Managed Care companies. Here is a little background about us.

1) We currently manage Mental Health, Substance Abuse and EAP benefits for more than 800,000 members and are growing rapidly.
2) Payment for Master’s-level therapists in both EAP and MH is $60/hour. That also holds true for the EAP program. Doctorate-level fees obviously depend on licensure.
3) Our Website address is www.americanbehavioral.com. My personal e-mail is rmilazzo@americanbehavioral.com, which is a surefire way to get the information needed and ask questions.
4) Our phone number is 1.800.925.5327 or 1.800.677.4544.

We are an international company and have just celebrated our 11th anniversary here in Birmingham, AL. We have URAC accreditation on top of the privilege to serve BCBS and their federal members as well as VIVA healthcare. I think that I mentioned we are having a credentialing meeting tomorrow, so I will get back with you if (there are) any extra questions about this new relationship.”

After ACA responded to the request, the following e-mail was received:

“I’m glad to hear that you have the information that you need to put us on your website. Our Board of Directors (was) very pleased and honored that the American Counseling Association took such a prompt interest in helping us. We are also in the process of linking your website to ours.”

ACA also received the following message from ACI.

“ACI (Employee Assistance Program) is open to new counseling providers. To inquire about being paneled, contact them at: ACI, A Specialty Benefits Corporation 5414 Oberlin Dr. Suite 240 San Diego, CA 92121 P: (800) 932-0034 F: (858) 452-7819 www.aciap.com”

A comprehensive list of 57 managed care and insurance companies that accept counselors can be reviewed and downloaded from a member’s-only section of the ACA website at www.counseling.org/Counselors/PrivatePracticePointers.aspx.

Q: I want to start a “limited” private counseling practice. Initially, I plan to only accept self-pay, fee-for-service clients. I may venture into insurance and managed care later as my practice grows, but not to start. Do I need a tax ID number and an NPI number? A: To begin your fee-for-service practice, you are not required to have either a tax ID or National Provider Identifier (NPI) number. But we highly recommend that you have both.

In lieu of a tax ID number, counselors in private practice can use their Social Security number to report annual profit or loss for tax purposes. For income of more than $600 in a tax year from a single payer (consulting, contract, fee for a speech, etc.), a 1099 miscellaneous income form is sent to the counselor and the IRS to report the income. This form will have to include your Social Security number.

Moreover, a client may want to deduct medical expenses and will need your Social Security number to do so. Now your Social Security number is being seen by your clients. For this reason, we think it is much better to use a tax ID number.

By having an NPI number, your clients can submit your charges to their insurance or medical flexible spending accounts themselves. This would add value to your fee-for-service practice.

We will be presenting our workshop, “Starting, Maintaining and Expanding a Successful Private Practice,” on Sept. 21 in Charlotte, N.C., and on Sept. 22 in Durham. The North Carolina Counseling Association is sponsoring the workshop. For more information, contact NCCA by calling 888.308.NCCA (6222) or e-mailing www.nccounseling.org. Hope to see you there!”

Robert J. Walsh and Norman C. Dasenbrook are coauthors of The Complete Guide to Private Practice for Licensed Mental Health Professionals (www.counseling-privatepractice.com). ACA members can e-mail their questions to walshgasp@aol.com and access a series of “Private Practice Pointers” on the ACA website at www.counseling.org.

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Treating returning soldiers

Diagnosing stress injuries and determining which symptoms should be treated first, or most strenuously, is difficult, experts warn, particularly when the client is reluctant to participate in therapy. Often, veterans are unwilling to seek treatment because of the stigma attached to an emotional issue arising from a stress reaction, Figley notes. “They are very concerned about being labeled, diagnosed or tainted by mental health specialists,” he says. “The reduction of self-blame is critical, too.”

According to Jordan, counselors have a unique opportunity to help veterans in their clients’ experience. This can be done in part by educating them about which war zone experiences are likely to affect all soldiers, what the reactions are likely to be, how they can make adjustments and what the future may hold, Jordan says. Group work, where counselors link veterans with others showing similar symptoms, can also be effective.

Webber is quick to note that new thinking about stress injuries suggests that the family must be involved in any treatment and should be the priority. “The family has to be included,” she says. “They have to acknowledge that a problem exists and help find a solution together.”

The VA recommends a variety of treatments, the most popular being cognitive behavioral therapy, where clients are guided toward understanding how their thoughts about the trauma cause stress and make symptoms worse.

As described by Jordan, stress inoculation therapy helps clients identify and reduce self-defeating thoughts and replace them with positive thinking. The idea is trained to develop coping skills and practice them during induced stressful events. The goal is for the learned coping skills to serve as a sort of “inoculation” against stressors and lingering patterns.

Webber recommends exposure therapy, in which the goal is to reduce fear of memories, often through a gradual desensitization process that begins by having veterans deal with less difficult memories. She also makes use of sand trays, where clients can play out what happened to them — often with figures and weapons — and talk about the experience. Eventually, Webber says, their story becomes simply that — a story from the past.

“I find that sand tray offers a more sensory and holistic level of (treatment) and is well-suited to building the therapeutic relationship and to establishing a safe and trusting environment in order to be able to do the work of transforming the trauma event,” Webber says. “It is also an excellent tool along with narrative and constructivist approaches to trauma therapy. When the client is ready to share their sand tray creation verbally, they feel more safe and trusting in the process to tell their story. But sand tray is in the client’s control, and it is empowering.”

Webber cautions that only those professionals trained in the technique should use sand tray therapy.

A newer therapy, known as virtual reality exposure therapy, makes use of technology that is customized to match the client’s memory of an event. The client re-experiences an electronic gamelike version of the event, although he/she now controls the action. This approach can “provide the possibility of creating a new memory,” Jordan says, adding that other treatment, including breathing and stress reduction and cognitive behavioral processes, is combined with the therapy.

Another approach is cognitive processing therapy. As Jordan explains, the 12-session process educates clients about stress issues and encourages them to identify problematic beliefs. Clients then process negative thoughts by writing and reading about them, remembering events and emotions tied to them and challenging maladaptive and inaccurate thinking. The therapy, which uses both cognitive restructuring and limited exposure, was initially developed for rape victims, but the VA reports that it has been successfully adapted for use with veterans.

Jordan also recommends meditation training for veterans suffering from stress-related emotional issues.

In some cases, medication may need to be used to treat stress injuries in combination with counseling. Counselors may find themselves teaming with psychiatrists to offer the most effective treatment. The VA warns that the prescribing of medication should take place only after the client has received therapy and a thorough psychiatric and medical examination, with particular attention paid to other potential medical or psychiatric disorders besides PTSD. As the agency notes, soldiers are often at an age when the initial episodes of schizophrenia, mania, depression and panic disorder reveal themselves.

Experts say counselors and other mental health professionals can be most helpful by supporting veterans in handling life situations, including family issues, problems with employment or drug and alcohol abuse. Counselors should also take steps to ensure that the client avoids isolation and withdrawal.

“Returning vets are likely to feel overwhelmed with problems related to the workplace, family and friends, finances, physical health and other practical issues,” the VA notes on its PTSD website.

Webber says it is critical to treatment for the counselor to provide veterans with an understanding and safe environment so they can explore their experiences and reactions to them.

Counselors should also help service members develop the courage and confidence to manage their stress, she says. “We have to be truly, totally accepting in these cases and be with the client at their level,” she says. “They have to trust that you believe how awful it is. They are forever changed, but they are back and they are healing.”

Supporting soldiers’ families

Active-duty soldiers are not the only ones at risk when they go off to war. Often, their families need help coping with the fear and stress that surround having a loved one deployed on a dangerous assignment. And, of course, these families need extra attention if a service member is injured or killed.

“Reserve or guardsmen families are even more troubled by deployment,” says Tina R. Paone, a certified counselor and school counselor, a professor at Monmouth College and an expert on military family issues. “When they are called up, there is a larger disruption that can cause fears and anxiety to be tenfold for both the soldier and the family.”

Paone, whose children’s father is on his second deployment, has written and presented broadly on the topic. She says both the spouses of reservists and guardsmen, who are playing a very prominent role in the war in Iraq, and those connected with people in the professional military often feel isolated, depressed and overwhelmed. Children may be particularly angry or sad, she says. “Often, military families are very proud and not likely to seek the help of a counselor,” she adds.

Paone recommends individual counseling for spouses combined with participation in family support groups. She suggests play therapy for children but adds that it is critical for parents to be involved in the treatment by learning to deal with the child’s feelings when they are home. Paone is the author of a soon-to-be-published children’s book When Daddy Gets Deployed, which helps children cope with the absence of a parent.

But counseling shouldn’t end when the service member returns home, Paone advises. Families often need help preparing to reintegrate the family member back into their lives, she says. Sometimes it is difficult for the spouse who was running the family on her or his own to relinquish control; likewise, it can be hard for returning soldiers to regain their previous “status” in the family only gradually.

American Counseling Association member Jane Webber, director of the mental health/school counseling campus programs at Seton Hall University and an expert on treatment for returning vets, says she follows three steps with children traumatized by the loss or temporary absence of a parent:

- Establishing safety
- Reconstructing the traumatic event (often using play therapy or sand therapy)
- Reconnecting the child with his or her community (e.g., parents, teachers and peer group)

She says a family empowerment model allows families to “give words to the problem and construct a healing environment by processing each step or question slowly and safely.” Webber has the family ask questions about what happened and why, what they did and what they will do in the future.

— Jim Paterson
We would like to extend our invitation to our friends and colleagues from ACA to join us in this important gathering.

**EB-ACA announces details of annual conference in Germany**
Submitted by Rebecca Brickweddelr
ra-9963@yahoo.com

The European Branch of the American Counseling Association would like to invite ACA members and friends to join us in Bad Herrenalb, Germany, for the 48th Annual EB-ACA Fall Conference from Nov. 1-4. Our conference theme this year is “Advocacy and Professional Counseling: Celebrating the Counseling Profession.” Robert M. Bolton will deliver the keynote address, “The Professional Counselor and Advocacy,” at our annual banquet on the evening of Nov. 1.

Nov. 1-2, we will be offering a wide variety of two-hour mini sessions. Nov. 3-4, we will be offering the following 15-hour Learning Institutes:

- “Addicted and Impulsive Families: A Challenge for Every Counselor,” presented by W. Bryce Hagedorn
- “Motivational Enhancement Therapy: Counseling Resistant and Challenging Adolescents,” presented by Glenn W. Lambie
- “The Prelude Project: Current Status of Research for the DSM-V,” presented by Suzanne Maniss
- “Advanced Empathy: Utilizing Hypnosis in Counseling and Psychotherapy,” presented by Robert Bolton

We are looking forward to once again having our conference at the Treff Hotel in Bad Herrenalb. This delightful and comfortable hotel is surrounded by the beautiful Black Forest region of hills and mountains. Bad Herrenalb is easily reached by train from Frankfurt or Stuttgart Airports via Karlsruhe. Please be sure to mention EB-ACA when making your hotel reservations to receive the special conference prices. Reservations not made directly with this hotel are subject to different rates. More information about this lovely hotel is available at [www.treffhotel-badherrenalb.de](http://www.treffhotel-badherrenalb.de).

Visit the EB-ACA website at [www.online-infos.de/eb-aca/main.htm](http://www.online-infos.de/eb-aca/main.htm) or [www.eb-aca.org](http://www.eb-aca.org) for updates about the annual conference, including registration forms and hotel information.

Direct additional questions to Zena Bowen at zenabowen@yahoo.com.

**NCCA honors Spencer Niles with Eminent Career Award**
Submitted by Doreen Pennington
dpenn@ncda.org

Spencer G. Niles, department head and professor of counselor education, counseling psychology and rehabilita-
tion services at Pennsylvania State University, was awarded the 2007 National Career Development Association Eminent Career Award. This award is the highest honor given by NCCA and is presented to a member whose career has had a major impact on the career development field.

Niles has held many leadership posi-
tions in NCCA, including president (2004-2005), North Atlantic Region trustee (2005-2006) and Career Devel-

dopment Quarterly editor (1991-98). He currently is serving as chair of the new Public Policy and Career Development Council and as acting president of the Pennsylvania Career Development Association.

Niles has been honored as an NCCA Fellow (2002) and ACA Fellow (2007) and was recently selected as the incom-
ing editor for the Journal of Counseling & Development by ACA. He is also the recipient of the ACA Extended Research Award (2004). ACA’s David Brooks Distinguished Mentor Award (2003), the Noted Scholar Award from the University of British Columbia (2001) and the Sesquicentennial Award from the University of Virginia (1990). He is a seasoned published author and coauthor of several monographs, book chapters and website articles. Most notably, he is the coauthor of Career Flow: Constructing Careers in the 21st Century (Merrill Prentice Hall), Introduction to Counseling: Joining the Profession (Lahaska Press), Career Planning (AGS Publishing), Career Development Assessment and Counseling (ACA) and Introduction to Career Development Interventions for the 21st Century (Merrill Prentice Hall). He is the sole author of NCCA’s Adult Career Development: Concepts, Models and Practices and coauthor of NCCA’s The Career Counseling Casebook: A Resource for Students, Practitioners and Counselor Educators.

“Dr. Niles has established a well-

respected reputation as a researcher, writer, conference presenter and mentor on an international level,” said Norman Amundson, a professor and colleague from the University of British Columbia. JoAnn Harris-Bowlsby, a past president of NCCA and a past recipient of the Eminent Career Award, added, “Spencer is a student of all career development theories and has the capability to weave together his knowledge derived from both theory and research to define and describe practical interventions that produce desired outcomes.”

Others have described “Skip” as a consummate professional, encouraging colleague and genuinely nice person. Edwin Herr, the lead nominator of Niles, summed it up best by stating, “I can’t think of a more deserving candidate for this prestigious honor.”

**ACCA to award scholarship to Legislative Institute attendee**
Submitted by Rick Hanson
rick.hanson@rockhurst.edu

The American College Counseling Association is pleased to announce its second annual ACCA Member Legislative Institute Scholarship. ACCA will award a scholarship to a member to represent ACCA at the American Counseling Association Legislative Institute, which will take place in Alexandria, Va., in February 2008. The scholarship will include the registration fee and travel expenses. The recipient will pay expenses and submit receipts for reimbursement.

The 2008 ACA Legislative Institute will offer three days of training on how to become an effective legislative advocate for the counseling profession at both the state and federal levels. Topics covered in the training include ACA’s public policy operations and resources, major federal policy issues affecting the counseling profession, the congressional policymaking process, life inside a congressional office (structure and schedules), organization of state-level advocacy efforts, conducting a face-to-face lobbying visit with an elected official and methods of communicating and establishing relationships with legislators. The experience culminates in participants making lobbying visits to their senators and representatives on Capitol Hill. For additional information, go to the 2008 ACA Legislative Institute website at [www.counseling.org/publicpolicy/].

Applicants must be:

- A current member of ACCA
- A current member of ACA
- A current advocate or interested in becoming an advocate for college counseling
- Willing to serve on the ACCA Public Awareness and Professional Advocacy Committee for at least one year

Application packets are available via the ACCA website at [www.counseling.org](http://www.counseling.org) or by e-mailing Julia Porter at jporter@meridian.msstate.edu. Applications are due Aug. 31.

Also plan ahead for the next ACCA Conference. As you begin making your continuing education plans for the next academic year, remember to include the ACCA Conference in Savannah, Ga., from Feb 6-9. Additional information is available on the website, and registration will open soon.

**NECA past president bounces team work as key to success**
Submitted by Kay Brawley
kbrawley@mindspring.com

When National Employment Counseling Association Immediate Past President Rita Freeborough first started her adventure in the field of career counseling, she was on an informational interview at Tidewater Community College in Chesapeake, Va. In her own words, “I recall the director of the career center, Patsy Moore Talbott, telling me that she only had a half an hour to talk with me. Two hours later, I walked out as a part-time instructor equipped with valuable resources and a friendship that lasts to this day.

“Since then, Patsy and her husband, Fred, have moved to Tennessee. Fred is an educator at Vanderbilt University and author of many publications. One of his books, Shakespeare’s Leadership: Timeless Wisdom for Daily Challenges, was given to me as a gift. This book had Shakespeare’s quotes on leadership and Fred’s compelling insights into their meanings. One of my favorite quotes, ‘What wisdom stirs amongst you?’ from The Winter’s Tale is interpreted as ‘Listen to your team.’ The past year as NECA president, I valued the work of the team. I admired each person’s talents and skills. Teamwork is the only way to go to help NECA meet its goals; the same can be said for all divisions and other organizational entities within the ACA structure.

“I want to take the time to thank everyone for believing in me and for your dedication in our important organization. We have and still are encountering difficult hurdles much like our sister organizations. However, deep down, I know we will all prosper.

“I wish our new NECA president, Carolyn Kalil, all the officers and members of NECA and the newly elected leaders within ACA much success in the coming year. ‘What you do still betters what is done’ from The Winter’s Tale means ‘Your contributions are essential.’

“As we navigate to the new year, I wish all counseling leaders ‘Fair Winds and Following Seas.’”
profession of counseling. As ACA president, it is your job to ensure that the association works closely with the divisions, branches and other organizations to move the profession of counseling forward for the betterment of society.

Chief among your duties as ACA president is to ensure that the rules of the association are followed. As a legal entity, the association is guided by bylaws and policies. These are not merely suggestions, but rules which bind the association, its members and its constituent groups. You may come to the realization that some current rules no longer work well for the association. As such, if you and your colleagues do not like a particular rule or policy, don’t be afraid to change it. You need not worry about acting hastily. The ACA governance process is slow and deliberate at best. However, if you are patient and diligent, positives changes can take place.

Do not blame the ACA professional staff for the problems of the association or look to the staff to fix those problems without guidance and direction from the elected leadership. Overcoming the challenges which confront the association is the responsibility of the elected leadership. To put it succinctly, the elected leadership sets policy, and the ACA staff, as employees, implement that policy.

As ACA president, you will be called upon to set priorities and make choices which you deem to be in the best interest of the association. In doing so, you will find no shortage of opinions, suggestions and criticisms. While it’s nice to be appreciated for your efforts, your ego needs are not important. You have been entrusted to do a job. Do it to the best of your ability.

Though I found the information contained in this booklet insightful, when I mentioned my discovery to several ACA members, they claimed no knowledge of the booklet’s existence. It was even intimated that my discovery was illusory or myth. However, I suspect this was a clever ploy to safeguard this knowledge from outside eyes. Shortly afterward, the booklet mysteriously disappeared — returned to the “sanctum sanctorum” of the ACA archives, no doubt. I’ll continue my investigation and keep you apprised of any new discoveries.

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In Brief

Pupil services group holds Capitol Hill briefing

The National Alliance of Pupil Services Organizations, of which the American Counseling Association is a member, held its first-ever briefing June 13 at the U.S. Capitol for congressional staff and other interested parties on the critical role that pupil services personnel play in supporting the academic success of all students.

ACA Assistant Director of Public Policy and NAPSO Co-Chair Chris Campbell moderated the hourlong briefing with colleagues Myrna Mandlwiiz from the School Social Work Association of America. Approximately 70 attendees heard from a panel representing the three sectors of pupil services personnel — health and education-related therapists, creative arts and school-employed mental health — as well as from a parent and a director of student services.

Panelists discussed the need for special and general education staff, especially pupil services personnel, to meet the needs of all students throughout the school given the trend toward inclusion and the mandates for student achievement under No Child Left Behind. The need for better collaboration was also discussed.

Panelists included:
- Kristin Conoby, occupational therapist, American Occupational Therapy Association
- Eleanor Barnes, director, Office of Student Services, Fairfax County Public Schools
- Gale Held, parent

ACA would like to recognize NAPSO alumnus and ACA member Pat Schwallie-Giddis as well as ACA Public Policy Co-Chair Vicki Sardi, who were also in attendance.

NAPSO is a coalition of 20 national professional organizations whose members provide and support a variety of school-based prevention and intervention services to assist students in becoming effective learners and productive citizens. NAPSO organizations represent more than 1 million members, including school counselors, school nurses, psychologists, school psychologists, social workers, school social workers, occupational therapists, physical therapists, art therapists, dance/movement therapists, music therapists, speech-language pathologists, audiologists, teachers, students, parents and administrators.

NAPSO promotes interdisciplinary practice and collaboration and advocates for ensuring access to quality pupil services for all students. For more information, visit www.napso.org.
Behind the Book - BY JOHN LOUGH

Interviews with the authors of books for counseling professionals


The demands placed on college counselors have grown significantly in recent years. Not only are growing numbers of students enrolled in college classes, but they are also coming from a wider variety of backgrounds and bringing a broader range of problems — often serious — to the college campus.

In Special Populations in College Counseling, Joseph and Ruth Lippincott bring together contributions from three dozen experienced counselors that focus on a wide range of issues facing today's college counselor. Areas covered include student identity issues, the problems associated with cultural, class, age and ethnic issues, and counseling services related to special situations such as substance abuse, relationship violence and sexual assaults. Another section provides insights on helping students with various medical, physical and severe psychological issues.

Joseph Lippincott holds a doctorate in counseling psychology from Lehigh University and is a professor and director of intern training at Kutztown University Counseling Services in Pennsylvania. Drawing on more than 20 years of experience in the college counseling field, he has authored numerous journal articles and book chapters related to college-level counseling. Co-editor Ruth Lippincott is an in-house commercial attorney for Air Products and Chemicals Inc. She brings a background in editing a broad variety of international materials to her work in helping put this book together.

Counseling Today: In what ways do today's college populations present new challenges to college counselors?

Joseph Lippincott: A college counselor today not only finds that there are increasing numbers of students on campus, but that they are a much more diverse group of people. The demographics of today's college population have changed dramatically, and those changes have meant large increases in the variety and complexity of the issues, concerns and conflicts that today's college counselor faces.

While the incidence rate of mental health disorders among college students may not have increased significantly, today's college student is more willing to seek out counseling and mental health services. The result for college counselors is that there has been a significant shift in their role. Although a guidance-oriented, developmental approach was at one time sufficient, today's college counselor must be a generalist who can work with a wide variety of clients presenting a vast array of issues and concerns. In some cases, campuses have even begun to use select counselors whose work is population-specific, such as in handling drug and alcohol issues. But for the majority of college counselors, it is vital that they are confident, comfortable and competent in working with a rich mosaic of students.

CT: What were your primary goals in developing this book?

JL: This book was designed and implemented to be a clinical primer for the counselor who is working with members of special populations that are unfamiliar to the counselor. The writers of each chapter provide practical, therapeutic clinical knowledge and skills based on their own extensive experience to help the counselor work more effectively with those clients. Special care was also given to the reference sections so that the counselor can pursue further knowledge to hone clinical skills.

CT: Are college counselors the main audience for this book?

JL: They are certainly the primary audience. Our goal was to create a resource that would enhance the knowledge and effectiveness of those directly providing college counseling services. However, the book can also be very useful to college administrators, policymakers and faculty who need to understand the increased numbers of students from special populations and the challenges and issues they may be facing. Other important audiences include counselors and other mental health professionals who deal with college students outside of the campus environment.

CT: What does this book offer that's different from other literature in this area?

JL: I think the most important element is the experience and the expertise of the contributors to the various sections. All of our writers are established counselors with real-world experience in the issues, concerns and problems that special populations of college students are presenting. In addition, we also took care to focus this book especially on those special populations currently underrepresented in the current literature. While there is a broad range of professional literature addressing many issues of general college populations, we made a point of targeting those populations for whom there is scant information currently available, especially in relation to the clinical skills, approaches and techniques needed to work effectively with these students.

Special Populations in College Counseling can be ordered directly from the American Counseling Association (Order #72847). The book is available to ACA members for $39.95 or to nonmembers for $55.95. Order by visiting the ACA online bookstore (www.counseling.org) or by calling the ACA order line at 800.422.2648 ext. 222.
A national trauma

More than a decade after the genocide in Rwanda, a counselor chronicles the nation’s ongoing efforts to heal itself

BY JONATHAN ROLLINS

Barbara Nedderman, a licensed professional counselor and American Counseling Association member, listened as the woman, now in her 20s, shared her story. Twelve years earlier, both her parents had been murdered and her siblings wounded. She had been raped and wounded herself. Ever since that time, she had experienced great difficulty sleeping and never felt safe. But tonight, she told Nedderman, would be different. “I have told someone (my story) who cared to listen. I will be able to go to sleep tonight.”

Nedderman traveled to Rwanda in April 2006 as part of the education team for Hope: Rwanda, an organization that mobilized individuals from around the world and from various professions to work on humanitarian projects and conferences during the 12th anniversary of the 100 days that genocide swept the African nation in 1994. The genocide culminated in the slaughter of an estimated 1 million Tutsis and moderate Hutus as long-simmering ethnic tensions boiled over.

Today in Rwanda, “all roads seem to converge on the impact of the genocide and the continuing need to deal with trauma, grief, unresolved tensions, intrusive thoughts, justice, forgiveness and restoration,” Nedderman says. “Although there are other mental health issues and needs in this population, by far, trauma counseling is the most significant ongoing need.”

Nedderman, a doctoral candidate in counselor education and supervision at Regent University, went to Rwanda primarily to present seminars on trauma symptoms and interventions to high school educators in that country. But after arriving, she recognized another opportunity presenting itself. Through interviews with paraprofessional counselors, a clinical psychologist, a counseling student, government leaders and Rwandan citizens who had survived the genocide, she conducted research on the current practice of counseling in Rwanda and, in particular, mental health interventions for trauma.

An overwhelming need

While the world now views the events in Rwanda through the lens of history, Nedderman points out that Rwandans are still living with the genocide’s after-effects in very real and personal ways. In a paper written after her return from Rwanda, she noted that the nation is experiencing a “second genocide” — approximately 250,000 women who were raped by HIV-positive men during the 100 days of the original genocide are now infected with AIDS themselves. According to statistics gathered during Nedderman’s research, women now make up 70 percent of the nation’s population because so many men were killed during the genocide. In addition, the country has more than 600,000 orphans, and children are heading up at least 42,000 households. “This immense demographic shift has created complex consequences for women and for older children who are caretakers and providers,” she wrote. “Many of these women are dying of AIDS, creating further crises for their families.”

In 2003, Rwanda’s Ministry of Health reported that 79 percent of the nation’s young people had lost at least one family member due to the genocide; 69 percent had witnessed someone wounded or killed and 61 percent had been threatened with death themselves. As Nedderman points out in her research paper, “Children are particularly vulnerable to trauma because it can destroy their sense of safety and sense of self. Those children are now in their teens and 20s, and Rwanda News Agency reports rising numbers of trauma cases among adolescents. Mental health needs within the country are clearly informed by the genocide.”

The lingering effects of trauma are especially prevalent in Rwanda’s schools. A member of the Association for Trauma Counselors in Rwanda told Nedderman that a single crying child in school would sometimes set off the entire student body. At a large secondary boarding school where Nedderman lectured, “both the principal and the dean of students approached me to ask about dealing with underlying tensions so that older boys could be helped to express frustration peacefully and thus quell outbreaks of ethnic violence. Another educator spoke to me of the large-scale trauma in his country that affected his students’ emotional lives and kept them on the edge of fear, ‘unable to concentrate well.’”

According to a report by UNICEF in 2006, approximately 600 schools were destroyed and 3,000 teachers killed or displaced during the genocide. The Association for Trauma Counselors in Rwanda is preparing a curriculum to train schoolteachers to identify and assist children suffering from trauma.

Collective trauma

The scope of the genocide cannot be understood based merely on the huge number of lives lost, Nedderman says. The nation’s infrastructure, including the educational, justice and health systems, was demolished, leaving survivors with precious few resources to help them cope or heal. A sense of national identity also vanished...
into the chaos. Nedderman points out that in a familial culture such as Rwanda’s that emphasizes a collective identity rather than individual identity, these circumstances were even more devastating, leaving the nation’s inhabitants to face what is known as collective trauma.

“With trauma, how are we healed? Often it’s because we’re able to tell our stories to others and we have social support,” she says. “But their whole community has been devastated. If a whole nation has been traumatized, who is left to support you?”

Services to address mental health needs were virtually wiped out during the genocide. Although Rwanda is in the process of trying to rebuild infrastructure to support counseling, the country today still has very few mental health professionals, Nedderman says. To help fill that vacuum, organizations such as the Association for Trauma Counselors in Rwanda have been training lay or paraprofessional counselors. But if the collectivist culture contributed to increasing the trauma level in Rwanda after the genocide, it also may hold the most promise for ultimately healing the national psyche.

“These paraprofessionals are meeting a real need there,” Nedderman says. “They are accepted and respected as counselors in Rwanda. … These counselors are working effectively by entering communities and offering individual and group support. This penetration into the communities is essential because of the Rwandan cultural structure. The approach is practical for both counselors and clinical psychologists — they connect people with social services and work with schools, where access to teachers and parents, and thus the family and community, is essential. For instance, one principal at a private high school stated that she referred all her students who were experiencing difficulty from genocidal trauma to a well-trained parent-counselor in the area. Unlike the carefully constructed professional boundaries of American counselors, those in Rwanda are more adaptable. The social processes of Rwandan society have to be considered when determining mental health protocols.”

Offering practical, emotional help
The practice of counseling in Rwanda incorporates a highly practical element, Nedderman says. “Counselors there are well-educated about social services and social workers available in the country,” she says. “Counseling does not stand alone but operates cooperative-ly with social work that connects clients to resources such as HIV/AIDS medications and other governmental programs.” The counselors also guide clients on where to go to learn skills, find paying work or participate in activities to build their self-esteem.

As far as meeting emotional needs, Nedderman describes the Rwandan counselors’ approach as “very Rogerian. They listen until the (client’s) pain is drained.”

During her time in Rwanda, Nedderman encountered first-hand the need for people to share their stories. “The survivors, especially those in their later teens and 20s, were keen to tell me their story,” she says. “The reason, I think, was twofold: to feel a sense of relief and peace as they unburdened themselves and to find a sense of meaning in the reconstruction of their story. … Rwandan

Continued on page 48
counselors understand this need and employ empathy and active listening so that the stories can be shared, processing can begin and meaning can be found. This way of understanding, interpreting and making meaning encourages healing.

“One counselor I interviewed described an approach of creating an alliance, listening to the story with compassion, then depositing hope. Because often no one had listened to their story with a truly ‘hearing heart,’ they needed to be heard, supported and encouraged.”

But, as Nedderman says, “telling the story” doesn’t necessarily have to take on a narrative approach. Counselors in Rwanda can also utilize art and even dance as healing modalities for those experiencing trauma. On her trip, Nedderman and an art teacher met an 18-year-old woman who was still badly traumatized from the genocide. On her trip, Nedderman observed, particularly as it related to survivors attempting to make meaning of their experiences. “Several survivors spoke to me of their strong faith, of their confidence that they were spared for some purpose and of the strength and hope they drew from believing in God,” she says, adding that traditional healers and spiritual leaders are still considered integral to providing mental health interventions in Rwanda.

Likewise, one of the trauma counselors Nedderman interviewed also emphasized that her clients often want to talk about spiritual topics, including God’s presence in the midst of their suffering and the need for forgiveness. The counselor told Nedderman her goal was to help the mothers in her community heal so they could be emotionally available to their children. “This, in turn, is healing for the children,” Nedderman says. “The counselor tries to give them hope and courage for the future by reinforcing their strengths and resources. She also does some play therapy with the children, especially utilizing art therapy. She stated that she grieves because Rwandan men have not started talking. There is a cultural conditioning that prevents men from expressing their feelings and needs, so alcoholism, prostitution and family disintegration are on the rise.”

Nedderman her goal was to encourage healing, forgiveness and reconciliation. The counselor told Nedderman her goal was to help the mothers in her community heal so they could be emotionally available to their children. “This, in turn, is healing for the children,” Nedderman says. “The counselor tries to give them hope and courage for the future by reinforcing their strengths and resources. She also does some play therapy with the children, especially utilizing art therapy. She stated that she grieves because Rwandan men have not started talking. There is a cultural conditioning that prevents men from expressing their feelings and needs, so alcoholism, prostitution and family disintegration are on the rise.”

Nedderman says many of the genocide survivors she consulted with “spoke of a desire to face the future with hope and forgiveness. In fact, forgiveness, justice and reconciliation were threads within this theme of telling the story and finding meaning.”

While in the capital of Kigali, Nedderman attended a special service dedicated to the week of mourning in a large church. After the message was delivered, time was set aside for “reconciliation,” with attendees asking and granting forgiveness. “Westerners present in the service participated by asking forgiveness for the lack of intervention during the genocide,” she explains, “and native Rwandans participated by asking forgiveness of one another, even if in a representative way. … Many Rwandans have chosen to effect closure and reconciliation by forgiving.”

While Nedderman originally traveled to Rwanda to lecture on trauma and offer counseling, she says it would be fallacious for the country and assume to have all the answers.

“When I talked to a (Rwandan) psychologist and asked her what they’re doing to treat trauma, she said, ‘We’re taking Western methods and modifying them to our culture, because they don’t just work across the board.’ I think we need to realize that,” Nedderman says. “We need humility. As much as we understand, we also better be learners. We can’t just go in and impose our will. We have to go and be adaptive. There are different ways of grieving and rejoicing that we have to consider. We have to look at it with cultural eyes and say, ‘What do they really need?’”

New Supervision Tapes for Counselor Educators and Students!

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In an effort to find my way as a more culturally sensitive counselor, I ended up changing my perceptions of myself as well as the elderly. I am still haunted by the elderly man from my own culture who had so many regrets for not having lived his life more fully. Now he feels like a prisoner, alone in a place where nobody understands him. He told me there was no end to work or to worrying about the future but that I should never rush into increasing the pace of life. He gave me a glimpse into my own future — a future that no longer seems so frightening.

Parastoo Khademi Erdogan was born in Iran and left her home country to live in Istanbul, Turkey, before immigrating to the United States. She is currently a graduate student in counseling at California State University, Fullerton. Contact her at perdogan@gmail.com

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Letters to the editor: cjt@counseling.org

Very anxious person, even compulsive to some extent. I worry too much about things that need to be done as well as things I did not do. For some reason, I find myself either stuck in past incidents and failures or afraid of something that has not yet happened. As a result, I miss what is in between: the present. Having been raised as a task-achieving machine, I evaluate my self-worth based on how much I have accomplished. Not seeing much progress, the engine of my machine starts to race and misses the whole point of living, not even enjoying it.

I thought that getting my undergraduate degree was a good investment for my future. But as the years passed, I realized it was insufficient for supporting myself, so I started graduate training. Yet I was so focused on the task that I forgot to stop and breathe. I have only recently realized that if I keep treating my life as an unfinished product, I will never be content with my achievements and the whole process of life.

From the process of extensively studying human behavior and myself, it became clear that I was not in touch with my inner world. My inner and outer selves were strangers that would fight over something upsetting until one of them won. Having raced through my whole life, I appreciate gaining the knowledge of the need to make peace with myself rather than continuing to struggle with myself. Looking now at my fear and anxiety about aging, I realize that no matter what my age, it is imperative that I live my life without any regrets.

Today when I think about aging, what most disturbs me is the possibility of not having enough years to live with my dear soul mate. I dread the thought of leaving my husband alone or of being left alone myself. Yet after once being afraid of aging, I can see clearly that my perception has been changing dramatically as I continue to learn about myself. In spending time with the elderly, I have become less anxious and have developed more respect and compassion. I never imagined this would become more than a professional development exercise — that it would change how I look at my life and the ways I live it. But I internalized the wisdom passed on to me by the elderly people with whom I was privileged to spend time. They taught me to value whatever time I have left.

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ACA Foundation recognizes efforts in Growing Happy and Confident Kids

BY ANGELA KENNEDY

At the Second Annual American Counseling Association Foundation Recognition Reception in May, foundation trustees honored Rita Robinson, Calvin Hawkins and ACA past president Sam Gladding with 2007 Bridgebuilder Awards. The three were selected for their support and service to the ACA Foundation’s signature project, Growing Happy and Confident Kids, a special initiative that utilizes literature as a counseling tool. The program strives to increase self-esteem, self-efficacy, understanding of emotions and coping strategies among young people by partnering with elementary schools, community organizations and counseling centers. The Growing Happy and Confident Kids project uses more than 30 works of children’s literature as launching points for individual and group interaction that helps participating children become more aware, expressive and confident.

“A couple of years ago, the foundation trustees felt strongly that in addition to the support we provided to professional counselors and graduate students directly, to fully reflect our mission, we needed to reach out into communities in which ACA members work,” said ACA Foundation Chair Terri Lonowski. “The response to our initiative has been heartwarming. I am proud to say that we have already provided more than 1,000 books to 50 different schools and agencies across the country.”

She added that the books were selected specifically for the helpful, positive messages they offer children regarding personal, family and social issues. “Our goal is to provide a program that blends children’s love of reading with stories that help them with issues such as self-esteem, confidence, family relationships, how to deal with bullying and teasing, and increase an awareness of cultural, racial and ethnic diversity,” Lonowski said.

The Bridgebuilder Awards are presented annually to individuals who have supported the ACA Foundation’s signature project. In recognizing Gladding, a well-known author and counselor educator, with a 2007 Bridgebuilder Award, Lonowski said, “Sam has been a very special friend of the foundation for a number of years. His generous support of the foundation has included the donation of some of his book royalties to our organization.”

Robinson and Hawkins have been extremely active in making a difference in the lives of at-risk children and youth, specifically in the Washington, D.C., metropolitan area. Robinson is a career educator, counselor, administrator and author. She is the former director of the Office of Equity Assurance and Staff Development for Prince George’s County, Md., Public Schools. She is well-known in the area for her work with minority students.

Hawkins, the chief of community affairs and education for the Prince George’s County Citizen Corps Council, has received numerous awards for his dedication to mentoring young people. He is also a member of the county’s Office of Emergency Management.

“We were quite pleased to be able to recognize their contributions to their communities, as well as their ongoing support of the ACA Foundation’s Growing Happy and Confident Kids project,” Lonowski said.

The reception concluded with a heartfelt acknowledgment of Clemmie Solomon, immediate past chair of the ACA Foundation and the driving force behind the conceptualization, organization and implementation of the Growing Happy and Confident Kids program.

“While often individuals come up with an idea and then move on, Clemmie has consistently demonstrated his dedication by helping to organize the Growing Happy and Confident Kids event each year, as well as giving generously of both his time and financial support to see our goal,” Lonowski said.

Get involved

Each of the books being used in the Growing Happy and Confident Kids project was selected for its relevance to growth and development matters faced by today’s children. Many of the authors of the selected books have been recognized for their contributions to helping kids understand personal, family and societal issues.

So far, counselors in more than 50 schools and community agencies have implemented this emotional education literature venture. The ACA Foundation’s goal is to reach 1,000 elementary schools during the next five years. The ACA Foundation continues to review applications and select participants for the project. To be eligible for the project, interested counselors must:

- Teach, mentor or tutor elementary age children
- Commit to using children’s literature as a vehicle for promoting self-esteem, self-efficacy, understanding of emotions, coping strategies or an appreciation of diversity
- Evaluate the impact of the Growing Happy and Confident Kids initiative in the school and submit a final report to the ACA Foundation at the end of the project

A simple one-page application is available through the ACA Foundation website at www.counseling.org/foundation or by contacting Stacy Shaver via e-mail at sshaver@counseling.org.

The ACA Foundation will provide grants to who are members of ACA with 20 books of their choice from among those being offered by the Growing Happy and Confident Kids project (see book list, p. 51), along with an activity and discussion guide. Each book addresses one or more of the issues identified by the project, and the guide will provide information regarding how that book might be used in the counseling environment. Using the discussion guide, counselors will integrate the project’s activities into their ongoing counseling activities while also encouraging students to read the provided literature on their own.

Additionally, the ACA Foundation will provide grants to who are not members of ACA with 10 books of their choice and a complimentary one-year membership to ACA.

The ACA Foundation reserves the right to select grantees on a first-come, first-served basis and to ensure broad geographic distribution. Preference will be given to credentialed school counselors and to schools or organizations that serve children who are disadvantaged economically or in other measurable ways.
Growing Happy and Confident Kids book list

Here are a few of the approved works of literature in the Growing Happy and Confident Kids project. For the most up-to-date book list, visit www.counseling.org/foundation.

A to Z: Do You Ever Feel Like Me? Bonnie Hausman and Sandi Fellman Grades: K-2
Human emotions from angry to zany are presented in 26 mini-stories for the young reader and listener. In the various presentations, kids will see their own feelings as well as those of their siblings, classmates and families.

Black Is Brown Is Tan Arnold Adoff Grades: K-1
One of the first children’s books ever to present an interracial family when it was released in the 1970s, this light story poem presents home life and extended family in all its multiethnic and multicultural differences.

Countdown to Kindergarten Allison McGhee Grade: Preschool
The 10 days to the start of kindergarten are chronicled in a manner in which the fears and unknowns are candidly discussed. In the end, the principal character finds that she is very much in line with most of her school-starting peers.

Dinosaurs Divorce Marc Brown and Laurie Krasny Brown Grades: 3-4
Using a cartoon dinosaur as the central character, this sensitive and sympathetic treatment of divorce helps children examine what truly happens when parents divorce.

Don’t Despair on Thursdays! Adolph Moser Grades: 4-6
Grief management for children is presented in a sensitive and thorough manner. Moser presents a quality resource for use with a very difficult issue.

Don’t Rant & Rave on Wednesdays! Adolph Moser Grades: 4-6
Anger, from the perspective of children who exhibit the behavior and those who are targets of it, is given a thorough examination. Readers also learn strategies for controlling their anger, even when it reaches the boiling point.

Enemy Pie Derek Munson Grades: K-3
The story of a boy whose father teaches him a recipe for turning his enemy into his best friend. It describes the ingredients needed to create wholesome and lasting friendships.

Fall of Freddie the Leaf Leo Buscaglia Grades: PreK-3
Originally published in 1982, this classic traces the life of Freddie the Leaf to help the reader understand the delicate balance between life and death. Using the changing of the seasons, Buscaglia uses gentle, non-threatening images to convey a very difficult message.

Follow the Money Loren Leedy Grades: 5-6
About how money is minted and used, lost and found. Children can follow along as a quarter is created at the Federal Reserve and used in various ways by various people in a single day.

The Girls Amy Goldman Ross Grades: 4-6
The world of “cliques” is examined in this book that portrays many of the characters playing roles in school social groups. The clique is seen through the eyes of five girls who range dramatically in social and affiliation needs.

Hands Are Not for Hitting Martine Agassi Grades: K-1
Building on the theme that hands are not for hitting, this picture book offers alternative ways for using them. It promotes coping skills and constructive strategies for dealing with anger. Also includes a list of ideas for parents and educators to quell violent behavior in children.

Hooyay for Wodney Wat Helen Lester Grades: 1-3
Rodney the rat cannot pronounce his Rs, a deficiency that make him the victim of vicious teasing by his fellow students. The matter gets worse when a “bully” character emerges in the class. The book can serve as a pick-me-up for kids who are the victims of bully behavior and may deter bully behavior by those inclined to act that way.

I Don’t Want to Talk About It Jeannie Franz Ransom Grades: PreK-2
Divorce is treated sensitively and thoroughly in this “reader-friendly” book for the very young student. Speaking to children as children and using animal images to depict the array of emotions that are present in children of divorce, this book treats a difficult situation effectively.

I Like Me! Nancy L. Carlson Grades: PreK-2
Positive messages about life and how to like oneself are conveyed in words and pictures. In teaching the many lessons of self-appreciation, this book is strong in establishing, building and sustaining self-esteem.

Lemons and Lemonade Nancy Loewen Grades: 2-5
When Karly wants to earn some money, she starts a lemonade stand. At first, business is great. Karly makes a lot of money, but what happens when the kids across the street set up their own stand? Find out in this book about supply and demand.

LeRoi's Purple Plastic Purse Kevin Henkes Grades: PreK-4
Children act impulsively and often make mistakes in their hasty responses to the world around them.

Lilly’s Purple Plastic Purse Martine Agassi Grades: PreK-3
When Lilly wants to earn some money, she starts a lemonade stand. At first, business is great. Lilly makes a lot of money, but what happens when the kids across the street set up their own stand? Find out in this book about supply and demand.

Lovers and Lemonade Nancy Loewen Grades: 2-5
When Karly wants to earn some money, she starts a lemonade stand. At first, business is great. Karly makes a lot of money, but what happens when the kids across the street set up their own stand? Find out in this book about supply and demand.

The Kissing Hand Audrey Penn Grades: K-3
The story of a raccoon who expresses concern about being separated from the security of home to attend school. The sharing of “kissing hands” becomes the method used to address the uneasiness until comfort in school is established.

Followed on page 52
to life situations. Lilly the mouse learns the lessons of patience and responsibility in this story about a classroom situation to which other students will identify.

**Mick Harte Was Here**
Barbara Park
Grades: 4-5

Mick Harte dies in a bicycle accident — most likely because he was not wearing his safety helmet. The story deals with his loss and the impact it has on his family and friends.

**Money, Mama and Three Little Pigs**
Lori Mackey
Grades: K-2

Money Mama teaches her piglets to set aside a portion of their income for charity, investments and savings and to always spend the balance wisely.

**My Secret Bully**
Trudy Ludwig
Grades: 2-5

Monica and Katie, two friends through the early school years, become estranged when Katie begins to employ bullying, exclusion and embarrassment tactics. Monica’s mom helps her face with the dilemma of writing something nice on the valentines of two classmates she doesn’t really like, the central character decides to prepare mean messages to each and sign them as coming from the other. What happens afterward is a lesson in suffering the consequences of bad behavior and how one can recover from such an act.

**Secrets of the Peaceful Warrior**
Dan Millman
Grades: 2-4

Supports teachers and counselors in their efforts to teach children to take positive, nonphysical actions to stand up for themselves. Characters also portray good examples of the meaning of friendship.

**The Recess Queen**
Alexis O’Neill
Grades: PreK-2

Takes the reader to the playground where the “Recess Queen” rules her domain. It offers insights into identifying and coping with peers who want to be the bully.

**Roses Are Pink, Your Feet Really Stink**
Diane de Groat
Grades: PreK-3

Faced with the dilemma of what to say to the other students when working with people who are experiencing problems due to trauma, Duran encourages mental health practitioners to address three levels of interventions when working with people who are suffering from trauma:

- Working with individual clients who are experiencing problems due to trauma
- Providing outreach, advocacy and healing services to the larger community of which the client is a part
- Engaging in efforts that are aimed at what he calls “healing the land”

**The Art of ‘Smart Study’**
Laurie Rozakis
Grades: 4-6

The art of “smart study” is offered to the reader needing help in managing his/her time, offered to the reader needing help in managing his/her time, as well as the emotions produced in the relationship and the difficult choices she must make to remedy the problem.

**Shadow Moves**
Caroline H. Sheppard
Grades: PreK-2

The story of a kitten whose family is engaged in a move. It addresses the issues of pulling away from a secure situation and relocating to a place full of worries and fears.

**Simon’s Hook**
Karen Gedig Burnett
Grades: PreK-5

A “bad hair” day for Simon results in major teasing and name-calling by his peers. Victims of teasing learn to laugh at difficulty and deal with difficult classmates, as well as new and changed situations.

**Stand Tall, Molly Lou Melon**
Patty Lovell
Grades: K-3

Supported by the confidence and encouragement of her grandmother, Molly addresses her frailties and becomes a self-assured and strong young lady. These characteristics are called into action when she moves to a new school and has to deal with new classmates, including the torment of a bully.

**Stephanie’s Ponytail**
Robert Munsch
Grades: K-3

Stephanie wears her hair in a ponytail only to be berated, but then copied. She changes her hairstyle and her classmates respond similarly. This story is about trendsetting and following, social dynamics that are often difficult to explain and more difficult to understand.

**The Trouble With Money**
Stan and Jan Berenstain
Grades: K-2

When little bears spend every nickel and penny, the trouble with money is they never have any. This book teaches the value of saving money.

**Wemberly Worried**
Kevin Henkes
Grades: PreK-2

Like many children, Wemberly worries about many things: some large like the first day of school and others very trivial. This mouse character shows comfort can be achieved, no matter how worried or different they may be.

**When Dinosaurs Die**
Marc Brown and Laurie Krasny Brown
Grades: K-3

Offers an honest and balanced explanation of the various forms of death (accident, old age and suicide) that the child can grasp and understand. Using dinosaurs as its characters, the book handles a difficult subject very well.

**New professional roles and services**

Unlike traditionally trained counselors, who are encouraged primarily to address the psychological and physical manifestations of trauma, culturally competent counselors are sensitive to the importance of addressing traumatized clients’ spiritual needs as well. The concept of the soul wound and the helping strategies that Duran outlines provide counselors with a broad range of practical interventions that can be used to promote more harmonious mind-body-spirit connections with traumatized clients in individual counseling settings.

Duran also describes working with the broader cultural community as a vital component of trauma counseling. This requires counselors to be willing to implement advocacy, consultation and social change services aimed at fostering a greater level of justice among those individuals who continue to be subjected to the sort of historic trauma that American Indians have experienced in this country.

Finally, Duran discusses the importance of counselors working to “heal the land.” He emphasizes the American Indian belief in the vital interconnections that exist among all animate beings and inanimate entities, as well as the spiritual energetic connections that exist between all people and Mother Earth. He further notes that the current trauma being inflicted on the Earth by our collective polluting and poisoning of the global environment has a significantly negative and traumatizing impact on our own mental health and sense of psychological well-being. From this perspective, counselors are encouraged to consider how the role of environmental activist is linked to the work that counselors can do to address the various forms of trauma experienced by millions of people in contemporary society.

Clearly, the ideas presented in this cultural perspective of trauma counseling are very different from those used in many counselor education training programs and professional development workshops. Space limitations restrict the presentation of these concepts to a very rudimentary discussion. For this reason, we encourage readers interested in obtaining more detailed information about an American Indian view of trauma and the types of culturally sensitive counseling strategies being used to address this problem to check out Duran’s book, Healing the Soul Wound: Counseling With American Indians and Other Native Peoples.
Connie Kinsley, Director Human Resources, Johns Hopkins University, 3400 North Charles Street, 203 Shaffer Hall, Baltimore, MD 21218. Women and minorities are encouraged to apply. AA/EEO. Smoke Free and Drug Free.

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