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The American Counseling Association asked its members to participate in an economic impact survey at the ACA Conference in Charlotte, N.C., in March and through notices posted in ACAeNews. ACA received 476 total responses (55 percent of the respondents were practicing counselors, 23 percent counselor educators and 22 percent graduate students). Among the findings:

- 16 percent of respondents indicated that the economic downturn was having an extremely negative effect on their counseling practice, position or education.
- 35 percent said the economic downturn was having an extremely negative effect on their clients or students.

Some of the most popular approaches these counselors were using to help clients or students cope included career counseling techniques, life planning and life skills techniques, stress management, supportive counseling, increased focus on assessing and treating depression and substance abuse, grief counseling and pro bono counseling.
Advancing the ACA story line

Coming into leadership is a lot like going to the movies to see the sequel to one’s favorite film. The plot seems familiar and some of the characters are the same, yet there are always several twists and turns that are new — and a few surprises before everything resolves itself. As I transition into the ACA presidency, however, I feel like I have come into the theater after the movie has started. Some of the things going on are quite familiar; others are new or less familiar. Some of the characters are the same; others I am just getting to know. And I understand that although I can influence some of the plot or what happens, this movie will continue on after I leave. In fact, I may never really see how it ends. This is both the challenge and the reward of leadership.

I feel very honored to have been elected. I have always felt that counseling is the best profession in the world, and ACA is a wonderful organization. I value the relationships and friendships I have developed through the years and the incredible opportunities I have been afforded. I am looking forward to the coming year and all that it will bring — both the expected and the unexpected. I want to thank Colleen Logan, our immediate past president as of July 1, for her support during the past year. Colleen has a very inclusive style and mentored me throughout the year. I appreciate her friendship and leadership and the high expectations she set for the presidency. I also want to welcome Marcheta Evans, our president-elect, as she joins us on the leadership team.

Two activities will be occurring soon that I want to share with you. The first is the ACA Institute for Leadership Training, taking place in Alexandria, Va., July 30-Aug. 1. This is a historic event about which I am really excited. It will mark the first time that the branch, region and division leadership of ACA have had an opportunity to meet together, discuss issues of common concern, network and, perhaps, develop some new opportunities to work together. This year, we are bringing the five meetings normally held by these groups together into one large, coordinated leadership institute. I think this format holds great promise for us. As part of the institute, participants will have an opportunity to go to “The Hill” Friday morning. As a past chair of the ACA Public Policy and Legislation Committee, I believe that anytime we have that many counselors in the Washington, D.C., area, it is critically important to visit Capitol Hill. This is an important strategy for helping public officials understand the breadth of the practice of professional counselors and the myriad settings in which we work.

The second major activity is creation of the Strategic Implementation Task Force, chaired by Colleen Logan. For the past few years, ACA has been involved in a number of ongoing initiatives that have been looking at the future of ACA and the profession. This new task force is charged with taking information from the Strategic Planning Task Force, the strategic planning done by the Governing Council and the work to date of the 20/20: A Vision for the Future of Counseling group and creating a concrete strategic plan for ACA. The plan will then be reviewed and approved by the Governing Council and, hopefully, implemented by the end of the year. We have been operating without such a plan for a number of years. Although this activity may not lend itself to becoming a “sexy sound bite,” it will help us focus on where we should be spending our time, energy and money.

I am really looking forward to this year, getting out and meeting more of you and seeing the wonderful things in which our members are involved. I look forward to hearing from you.
The ACA Encyclopedia of Counseling
This premiere counseling reference book is ideal for students, educators, supervisors, researchers, and practitioners seeking to quickly update or refresh their knowledge of the most important topics in counseling. More than 400 entries span the 2009 CACREP core areas used in counselor preparation, continuing education, and accreditation of counseling degree programs, making this a perfect text for introductory counseling classes or for use as a study guide when preparing for the National Counselor Exam.

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Norman C. Gysbers, Mary J. Heppner, and Joseph A. Johnston
Career Counseling, 3e incorporates the most widely used career counseling practices with new and emerging career development concepts, making it an exceptional text for both counselors-in-training and seasoned practitioners. Topics discussed include traditional and postmodern career theories and approaches; counseling an increasingly diverse workforce and addressing cultural context issues such as race, class, gender, and disability; forming a productive alliance with the client; gathering client information; using assessment inventories and instruments; developing client action plans; and navigating the termination process.

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A Contemporary Approach to Substance Abuse and Addiction Counseling: A Counselor's Guide to Application and Understanding
Ford Brooks and Bill McHenry
Straightforward and reader-friendly, this book provides a basic understanding of the nature of substance abuse and addiction, its progression, and clinical interventions for college/university, school, and community/mental health agency settings. Topics addressed include drug classifications; assessment; working with ethnically diverse clients, the GLBT population, and women; the continuum of nonuse to addiction; developmental approaches in treating addiction; relapse prevention; grief and loss in addiction; group counseling; working with families; spirituality; addictions training and ethical issues; and counselor self-care.

List Price: $46.95 | ACA Member Price: $33.95

Counseling Multiple Heritage Individuals, Couples, and Families
Richard C. Henriksen Jr. and Derrick A. Paladino
This book examines the strengths of and the challenges facing multiple heritage individuals, couples, and families and offers a framework for best practice counseling services and interventions specifically designed to meet their needs. Topics covered include historical and current racial classification systems and their effects; identity development; transracial adoptions; and counseling strategies for children, adolescents, college students, adults, couples and families, and GLBT individuals. Poignant case studies illustrate important concepts and techniques throughout the book, and chapter review questions provide a starting point for lively classroom discussion.

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In honor of those who lead

What identifies a person as a leader? Is it the most popular person? The person who is able to rally the greatest number of volunteers? Perhaps it is the person who inspires others to follow the most ethical and professional path? I’m not sure, but I do know that July is the month when many American Counseling Association members take on new roles in order to support the association’s various activities. Many of our branch, division, region and other affiliated organizations change their leadership as well.

Regardless of where you serve, I welcome new leaders into the ACA family. Your work as volunteer leaders will be instrumental in achieving the goals that have been set. You are, without a doubt, the lifeblood of our organization, and your contributions to the profession can be significant as we move forward.

This month, we welcome Lynn Linde as the new president of ACA. I have known Lynn for many years, and her role as a volunteer leader is exemplary. The staff and I look forward to working more closely with Lynn as she sets about carrying on the mission of ACA. She will be an excellent advocate for the counseling profession. Her work as an educator, a practitioner and a high-level state administrator has provided Lynn with a unique perspective on the needs of our members and the counseling profession. For more on Lynn, read “Meet the president” on page 42.

In addition, a number of members will be joining ACA committees, task forces, the Governing Council and related organizational affiliates as leaders. I wish all of you the very best and continue to be in awe of the time you are willing to invest to be such an integral part of carrying out our mission.

Later this month, many counseling professionals from around the country will gather in the Washington, D.C., area for the ACA Institute for Leadership Training. All four ACA regions will be represented, and many division leaders will also attend the event. I want you to know that your leaders will also go to Capitol Hill to let our elected representatives know that counselors do have a voice (and a vote!).

For those of you interested in serving in leadership positions, yet unsure whether you have the experience or skills necessary, I say simply, let us know who you are. There are plenty of spaces at the table, and you need not have “prior experience” as long as you possess the drive, determination and time to help make a difference.

ACA and the counseling profession are in a unique position to truly make a difference in the lives of clients, students and communities. As we roll out new projects and services, I both encourage and welcome your participation.

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

Thanks and be well.
Members take issue with “From the President” column

I have been an ACA member since becoming a student member in 2001. I will not be renewing my membership this year and will sever all professional ties with the American Counseling Association. As a fiscal, social and foreign policy conservative, I have tolerated ACA’s liberal, social justice agenda over the years because ACA does provide some worthwhile resources. But Colleen Logan’s “I am an asterisk” commentary (From the President, April 2009), in which she effectively inserts asterisks into the Declaration of Independence, is the final straw for me.

Just as Ms. Logan exercised her freedom to write this commentary, a freedom afforded to her by the courageous people who wrote the Declaration of Independence, the people who died, spilt blood and fought for their God-given right to pursue happiness, I am going to exercise my freedom by not handing over $172 a year to an organization that appears to act more like a political action committee than an actual professional association.

John H. Pruett Jr., NCC, LPC
Founder and Owner
Georgia Professional Counseling Center Inc.
Alpharetta, Ga.

I applaud Colleen Logan for her openness about being a lesbian, belonging to a sexual minority and calling ACA members to action to include sexual minorities in their advocacy work along with their advocacy for ethnic minorities and the differently abled. I am also a lesbian, and I share Colleen’s sadness that although we have a champion of hope in the White House, it is not clear if the rights of sexual minorities are on the radar.

However, after reading this article by our organization’s president, I am concerned whether the rights and service needs of the transgender community are on ACA’s radar. The article lacks any message of inclusion or welcome to the transgender community. Because transgenderism is not about sexuality, many transgender individuals do not see themselves as part of a sexual minority. Rather, they see themselves as gender-variant individuals with a variety of issues that are unique and discrete from those of sexual minorities.

My reaction to this article is that it reinforces what is documented in the transgender literature — that clinicians and facilities are not sensitive to this community and that transgender people are not acceptable or visible in many treatment settings. An article such as Colleen’s misses the opportunity to communicate to counselors that gender variance is a legitimate issue, relevant, unique and important to a transgender individual’s identity.

Francine R. Goldberg, Ph.D.
Wall, NJ
fgoldberg@BeneficialFilmGuides.com

Sent mixed messages about counselor burnout

As I read Chris Morkides’ “From burning bright to simply burned out” (May 2009), I was struck by “Sharon’s” request that her last name be withheld in the article. Even in a magazine devoted to the practice of counseling and read by fellow clinicians, this counselor did not feel comfortable revealing her identity. I wonder if she would have given her last name had the article been about her treatment methods for substance abuse.

A message is sent through Sharon’s anonymity (both on her part and especially on the author’s part in choosing a counselor who wouldn’t reveal her name) that burnout is something to hide and to take care of on our own. Why the secrecy? Is it shame, a fear that she’ll be perceived as incompetent, a worry that she’ll be judged unstable to do the job? The article makes a great case for addressing burnout and then sends a contradictory message that burnout is something to conceal.

To address the problem of burnout, we first must address the stigma. Perhaps if counselors finally “come out” and talk openly about their experiences, it will begin to reduce the stigma, secrecy and assumptions so we can help one another cope with a very natural and understandable side effect of helping. As a counselor and a clinical supervisor of graduate interns, I have been a helper for some time now, and I’ve certainly experienced burnout in my career. I love my work, and I get tired from my work. And I’m not afraid to admit it.

Marci Nelson, M.S.
Victims’ Services Coordinator
Hillsboro, Ore.

LPCs still losing battle to help U.S. troops

I am writing this because I have been living in Germany for nearly two years. My husband is in the U.S. Army in Heidelberg. After the story broke about the U.S. soldier who killed five other soldiers, I became even more disappointed in the way licensed professional counselors (LPCs) are ignored here. There is no possibility for us to work with the military via TRICARE. A TRICARE
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representative stated to me, “I don’t know what an LPC is.”

It is extremely frustrating that I cannot work unless I do so privately or via my Internet services or pro bono with military spouses — which is nearly impossible! I was not aware that I could not work here, and when I came over, my enthusiasm was quickly crushed. I know that the American Counseling Association and other agencies are pushing for LPCs to work alongside social workers, but when I read that they receive “additional training” in psychotherapy, I scratch my head and think, “Most college programs for LPCs consider this to be the norm, period.”

If I were to count the number of times I have heard individuals complain about their view of inadequate care here or the inability to receive care … Again, my temperature just boils!

To be an Army wife of nearly 17 years and an LPC who wants to contribute but can’t is an example of the injustice being done to service members. There is a need for more care here in Europe!

By the time we return to the United States, perhaps the “big picture” of recognizing LPCs for our broad education and in-depth training will finally have come to life. Then we will not only be heard but seen actually treating soldiers, military members and families in need.

I personally know of students who are working on their master’s in this field with satellite-stateside colleges here, and I have shared my experience with them. Most of them don’t yet comprehend that they will be unemployed with a large student loan.

Francine Pritt, LPC, NCC
Germany

Letters policy

Counseling Today welcomes letters to the editor. Individuals may submit letters as often as they like, but Counseling Today will print only one letter per person per topic in each 365-day period. Letters are subject to editing for both length and clarity.

When submitting a letter to be considered for publication, please provide your name and town. If you wish to have your e-mail address listed with your published letter, please note that in the body of your e-mail.

Opinions expressed in letters do not necessarily reflect the views of ACA or the Counseling Today staff.

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Health care heats up

As you read this, members of Congress and their staff members are working furiously to develop (or, in some cases, stall) health care reform legislation. The United States is the only developed nation in the world without universal access to comprehensive health care services. According to a recent report by the advocacy organization Families USA, one in three Americans younger than age 65 went without health insurance for at least part of 2007-2008. Of the more than 86 million Americans who found themselves in this situation, 74.5 percent were without coverage for half a year or longer.

President Barack Obama has laid out general markers for health care reform and turned the details over to Congress. The president has made it clear he wants reform that ensures affordable, quality health coverage for all Americans, guarantees choice of doctors and health plans, allows people to maintain coverage when they change (or lose) their jobs and protects families from bankruptcy due to health care costs.

The details involved in reaching this objective are daunting. Most proposals being discussed on Capitol Hill would build upon, rather than replace, the current U.S. health care “system” — private insurance plans for employers (and individuals) who can afford them and public insurance plans (such as Medicare, Medicaid and the Children’s Health Insurance Program) that cover other populations. Erecting a new health care system on this basic foundation raises big questions: Will individuals or employers be required to have coverage? Will a new public health plan be used to cover the uninsured, will existing public health programs such as Medicare and Medicaid be used to do this, or will they be left to the private insurance market?

While universal coverage is a widely shared goal, it is one that will entail significant up-front costs, especially if the new system simply expands the current system. The United States pays significantly more per capita for health care than the rest of the industrialized world and gets significantly less in return, as measured in such basic health indicators as life expectancy, infant mortality and immunization rates. Obama and congressional leaders want health care reform to include measures to reduce the rate of growth in health care spending to make expanding coverage more affordable.

Congressional work on health care reform is being carried out simultaneously with work on updating the Medicare program, including addressing the looming 20 percent cut in physician payment rates scheduled to take effect Jan. 1. Obama recently reiterated his request for Congress to send him a health care reform bill by October. Working backward from this goal, both the House and Senate are trying to pass health care reform legislation before the August recess. This would allow conferees to then hammer out differences in time for final passage in September.

Senate Finance Committee Chair Max Baucus (D-Mont.) was pushing his committee, one of two in the Senate with jurisdiction over health care, to mark up legislation by the end of June. House committees are also working to allow floor passage by August. Work in the House is complicated by the fact that several committees have jurisdiction over health care issues, and the committees’ legislative proposals must be reconciled into one package before being taken to the floor.

Within this broader context, the American Counseling Association is maintaining its focus on gaining Medicare recognition for licensed professional counselors. Medicare will remain a large health care program — if not the largest in the country — under any new health care system, and the Medicare enrollment population is expected to grow significantly in the coming decades. Absent counselor coverage, the government will pay for more and more potential clients to see other mental health professionals. In addition, Medicare’s benefit package may serve as the basis for a standard health benefit package that private sector plans would be required to offer.

Health care reform proposals, including Medicare provisions, are expected to be at the top of the agenda throughout July and into August. We strongly encourage counselors to contact their senators and representative to ask them to support counselor coverage under Medicare by cosponsoring S. 671 (for senators) or H.R. 1693 (for representatives). We have an excellent opportunity to advance the counseling profession’s recognition in these next crucial weeks.

For more information on this topic, contact either Peter Atlee (800.347.6647 ext. 242; patlee@counseling.org) or Scott Barstow (ext. 234; sbarstow@counseling.org) with ACA.

ACA bids farewell to Chris Campbell

ACA’s associate director of public policy, Chris Campbell, has taken a position as director of government relations with the American Art Therapy Association. A longtime contributor to Counseling Today, Chris had been with ACA for six years, focusing on work related to school counseling issues. Due in large part to his work, the federal government has spent tens of millions of dollars each year in support of school counseling programs, and school counselors’ roles and responsibilities are being recognized in federal laws and regulations.

ACA would like to take this opportunity to publicly thank Chris for his years of valuable service to the association and the profession. We wish him the best of luck in his new position.
Medicare coverage of Licensed Professional Counselors

Legislation has been introduced in both the House (H.R. 1693) and Senate (S. 671) to establish Medicare coverage of licensed professional counselors and marriage and family therapists. We need as many House members as possible to cosponsor H.R. 1693 and as many senators as possible to cosponsor S. 671. The more cosponsors we have, the greater our chances of having the legislation included in the major Medicare legislation to be enacted later this year. Congress is certain to pass Medicare legislation this year in order to avoid a 21 percent cut in physician payment rates scheduled to take effect Jan. 1, 2010.

Members of Congress will not support Medicare coverage of counselors if they do not hear from counselors! Research done by the Congressional Management Foundation (cmfw.com) indicates that one individual contact from a constituent (not a form letter or a form e-mail) carries significantly more weight than a visit from a professional lobbyist!

To be effective, constituent contacts must be personalized. This means it must be written by you, in your own words, and describe your own thoughts and experiences as a resident of the community (or state) that your legislator represents. If you have been forced to turn away Medicare beneficiaries as a counselor, write about that. If you had to stop seeing clients after they became enrolled in Medicare, write about that. If you know you want to be able to work with Medicare beneficiaries when you become an LPC, write about that. If you have a friend or family member who is a Medicare beneficiary and needs outpatient mental health care but can’t find a provider, write about that.

Personalized calls, e-mails and letters all work. In each case, five simple rules apply:

1. Leave or include your name and mailing address so the legislator’s office can get back to you.

2. Keep your contact focused on only one issue, and keep it short.

3. Ask for something specific — in this case, cosponsorship of a particular bill.

4. Keep a copy or record of your contact so you can follow up with the office if necessary. If you use a legislator’s website to send an e-mail, copy and paste the text of your comment from the member’s comment form into a Microsoft Word document (or similar file). Include the name of the legislator and the date you submitted the comment at the top, and save it to your own computer.

5. If necessary, continue contacting the office — in a polite, professional manner — until you get a response to your specific request. Again, in this case, you want your senators to cosponsor S. 671 and your representative to cosponsor H.R. 1693. If you receive a form letter that doesn’t indicate whether the legislator is going to cosponsor the legislation, contact the office again and ask for a response to your specific request for action.

The American Counseling Association’s Internet Action Center, at capwiz.com/counseling, makes it easy both to identify your members of Congress and to generate a personalized letter or e-mail. All members of Congress can also be reached through the U.S. Capitol Switchboard at 202.224.3121. When the operator answers, ask to be connected to the office of a specific senator or representative (you should only be calling your individual senators and representative). After being connected, ask to speak with the health legislative assistant and give that person your message.

With your help, we can take a big step forward for the counseling profession this year! Updates on the fight for Medicare coverage will be provided in future issues of Counseling Today and posted on ACA’s public policy website at counseling.org/publicpolicy.

Who to Contact

Your Senators and Representative
Capitol Switchboard
202.224.3121
senate.gov
house.gov
capwiz.com/counseling

Suggested SENATE Message

“As a constituent, I am calling to ask that the senator cosponsor S. 671, bipartisan legislation to establish Medicare coverage of state-licensed professional counselors. Counselors meet education and training criteria on par with currently covered providers, and covering counselors would be a low-cost way of improving Medicare beneficiaries’ access to outpatient mental health care. The Senate has already passed counselor coverage legislation twice before and should do so again this year. Please contact Sen. Blanche Lincoln’s office or Sen. John Barrasso’s office to sign on to the legislation. Thank you for your consideration.”

Suggested HOUSE Message

“As a constituent, I am calling to ask that the congressman/congresswoman cosponsor H.R. 1693, bipartisan legislation to establish Medicare coverage of state-licensed professional counselors. Counselors meet education and training criteria on par with currently covered providers, and covering counselors would be a low-cost way of improving Medicare beneficiaries’ access to outpatient mental health care. The House has already passed counselor coverage legislation before and should do so again this year. Please contact Congressman Bart Gordon’s office to sign on to the legislation. Thank you for your consideration.”

ACA Resource

Peter Atlee
800.347.6647 ext. 242
patlee@counseling.org •

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A colleague of mine told me about Doris Bernhardson from Uppsala, Sweden, and her work with the International Prison Chaplains' Association. She sounded so interesting and dedicated that I asked to contact her. Her schedule was so booked that we spoke while she was waiting for a train at Union Station in Washington, D.C. But amidst the noise and despite the cell phone connection, her story of hope and inspiration came across loud and clear.

Rebecca Daniel-Burke: What is your present position?
Doris Bernhardson: I am a project manager for the International Prison Chaplains' Association (IPCA). It is a global organization for prison chaplains from all over the world. My office is in Sweden.

RDB: And the work where you counsel prisoners?
DB: I am a Baptist minister and a prison chaplain at a high-security prison in Sweden. I also have training as a counselor.

RDB: Isn’t it unusual for a Swede to be Baptist?
DB: Yes, it is. The president of IPCA is a Swedish Lutheran, as are most people in Sweden. There are only 18,000 Baptists in Sweden.

RDB: Isn’t it unusual for a Swede to be Baptist?
DB: Yes, they do.

RDB: OK, you go into the prison and you meet with a prisoner. First, are you afraid? I am assuming many of the prisoners are there due to violence. Does that frighten you?
DB: No, I am not afraid. I would challenge those who are afraid to dare to regard these prisoners as human beings. I would ask you to dare to have hope that everyone can change. Dare to be the one who does not give up on these prisoners. Dare to help them.

RDB: Is there a certain segment of prisoners you see?
DB: I mainly work with sexual offenders.

RDB: Share something about your work with sex offenders. How do you get started?
DB: They let me know they want to meet me. Some just see me around, and they always seem to say, “Hi, priest, can I talk with you?”

I sit in the cell with them. I was once kind of locked into a high-security part of the prison by mistake. They were amazed that I wasn’t worried. I knew I was safe. The biggest, toughest prisoner there said, “You don’t have to worry about her. She is the safest one in the whole prison. We will protect her.” They know from my actions that I am there to listen to them, to counsel them, to provide spiritual direction when I can. I am not there to punish them.

RDB: Do some get a life sentence?
DB: Yes, some do. But a life sentence is rarely a life sentence in Sweden. They can apply for parole after 20 years.

RDB: All of these broken families. Is your work heart-breaking?
DB: Yes, it is, but there is also grace and heart. And, of course, seeing the prison conditions in Sweden and in the U.S. is far less deplorable than conditions in other countries.

RDB: Do you travel to other countries to observe for IPCA?
DB: Yes, and that is a very important part of my work.

RDB: What is the worst prison you have seen?
DB: The Manila City Jail (in the Philippines). It was built for 1,000 and currently houses 7,000 prisoners. They

Preserving dignity behind prison walls

It is important to learn to be engaged in what you are doing but to also see the limits along your path. You want to help everybody, but you can’t. That’s the truth.
don’t have food and medication. Prisoners can be there two years with no court appearance and no lawyer. They also use torture. And the worst thing of all, they knew we were coming to observe as a human rights group, so they supposedly had cleaned things up! It was still so dirty and so crowded, with clear signs of hunger and untreated illnesses.

RDB: What is another difficult prison you observed?

DB: The Chiang Mai Prison in Thailand. There was no food, no medication, and it gets very cold there. Prisoners do not always get food or blankets. Some prisoners have actually frozen to death. The temperature goes down to zero there.

RDB: You have recently been observing prisons in the United States. What did you discover?

DB: Probably the worst thing one can observe here is the length of time prisoners spend on death row. I met with one prisoner who had been on death row for 15 years. That does seem cruel and unusual.

RDB: What mistakes have you made along your career path?

DB: It is important to learn to be engaged in what you are doing but to also see the limits along your path. You want to help everybody, but you can’t. That’s the truth. My mistake was often thinking I could do an infinite amount of work.

RDB: What lessons have you learned?

DB: I learned to choose my battles. I have learned that I must be strong to speak out against torture and unfit conditions in prisons. I have learned that daring to speak out is a brave thing to do.

RDB: It relieves me to know someone like you is doing this work.

DB: Thank you so much. There are many of us doing this work. I am not alone.

RDB: It seems like you have such a strong character. I am wondering, was there someone early on in your life who saw something special in you?

DB: Yes, my parents. I grew up in a home where we could discuss anything. Everyone’s opinions were appreciated. They cared for needy people. They were warm-hearted people. My mom used to visit old people who had nobody. She read to them. And my father was so wise. People would want to ask his opinion before proceeding in some new direction.
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Rebecca Daniel-Burke is the director of the ACA Career Center. She was a working counselor for many years and went on to oversee, interview and hire counselors in various settings. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

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New Perspectives - With Donjanea L. Fletcher

Mentor? I’ll take one!

Periodically, New Perspectives dedicates space for new professionals or graduate counseling students to share their developmental experiences in their own words. This month, Bridget Ross, a recent graduate of Ashland Theological Seminary’s Professional Clinical Counseling Program, discusses the power of mentorship.

Bridget Ross

On a frigid January day, I sat in my professor’s office discussing the possibility of becoming his graduate assistant the following academic year. I was almost halfway done with my master’s degree and looking to expand my professional experience. As we explored the position at hand, I was taken aback by a question he presented to me: “Are you interested in a mentor relationship?”

I was an anxious, overwhelmed graduate student balancing classes and an active internship while still attempting to sustain a somewhat healthy personal life. His question caught me off guard, and suddenly I had one of my own: Do I need a mentor? After all, I was on track, everything was mapped out for my future, and I was feeling amazingly satisfied with my path. But as his question lingered, my overzealousness got the best of me. “Sure, I would love to have a mentor,” I responded enthusiastically. Little did I know at the time that I had hastily entered into a unique professional and personal relationship that would hold within it treasures I never could have imagined.

Merriam-Webster’s Dictionary defines a mentor as “a trusted counselor or guide.” Other resources use terms such as teacher, adviser and coach when attempting to describe this distinctive position. I propose that the true beauty of this special relationship is found by diving deeper and uncovering more than a role acted out or a duty being served. The power of a mentor relationship can only be experienced from the inside. One cannot systematize a mentor relationship. You cannot say, “Do A-B-C and you, too, can be a mentor.” On the contrary, who the mentor is, not what he or she does, will have the most bearing on the success or failure of the relationship.

On a personal level, I discovered several exceptional characteristics, all of which my mentor possessed, that dramatically assisted me in my growth and development as an up-and-coming professional in the field of counseling. My mentor has been and continues to be:

A trusted confidant. Although I was successful in my classes, I did not always possess a teachable spirit. I relished learning, yet I was thin-skinned when it came to constructive feedback. Only through trusting my mentor did I begin to allow myself to become teachable and, to a certain extent, vulnerable enough to be stretched.

What does trust mean to me? It means knowing without a doubt that another person is seeking the utmost for me on every level, including growth both as a person and a professional. As our relationship evolved, it became evident that my mentor was concerned for me beyond the professional sphere. He continually checked in with me to ensure I was not compromising my emotional or physical health in the process of becoming a new counselor. Knowing that my mentor has always had my best interest in mind has been pivotal in my welcoming his feedback — both positive and negative — regarding my work and progress.

A wise visionary. As I entered graduate school, I had a clear idea of what my future held and what my life would resemble as I finished my degree and entered into the professional world. Becoming a counselor had been a dream of mine for the majority of my adult life. I finally was in a position to see my career aspirations become a reality.

Surprisingly, as I journeyed toward finishing my degree, I could not disregard a gnawing in my stomach. I knew deep down that I wanted to continue on for my doctorate and eventually become a professor. Yet, as life unfolded, I tucked away this additional dream.

Eventually, my desire to obtain a Ph.D. began to leak out into my conversations with my mentor, and in the context of our mentoring relationship, my self-doubt began to dissipate. He reflected a vision of my future that I had not allowed myself to see. It was not about “pie in the sky” dreaming but rather an accurate uncovering of my abilities, which I had previously been reluctant to own. Over time, I began to replace the phrase “I can’t” with “I can” and “I will.” My fear of reaching too high and falling had stunted my growth. I needed a wise visionary to shine the light on my strengths and exclaim, “Never let anyone steal your dreams!”

A person of integrity. My mentor’s level of integrity, as evidenced by his congruent, honest living, has earned my respect. As I witness his interactions with other students and professionals, I want to emulate his stance. I do not believe perfectionism is a possibility, but I do know that striving for excellence is a valid endeavor. I shared with my mentor early on that although I was not looking to put him on a pedestal, I was seeking to have a front row seat to see what this professional position looked like when
done successfully. One cannot fake integrity, or at least not for very long. Life is the litmus test for who has it and who does not.

Beginning a new career in the counseling field has often felt like putting on a new pair of shoes that could use a little stretching to become more comfortable. On the outside, they look shiny and new but, unfortunately, they can also cause some blisters. My mentor has encouraged me to keep walking in my new shoes, pointing out that today they are not as difficult to walk in as they were the day before. Most of all, I know that if I stumble, he will catch me and set me back on my path.

Having had the unique opportunity to be part of such a powerful mentor relationship has allowed me the wonderful sense of not traveling in this professional world lost or alone. My mentor has gone before me and, at times, paved the way for my journey, yet he has always encouraged me to walk on my own two feet.

About my mentor: She was an adjunct professor at my undergraduate university and a very successful woman. By age 30, she was married with two little boys and a Ph.D. in clinical psychology. Unfortunately, she passed suddenly from a stroke.

She was not only my mentor but also a special person to my classmates. I went to her when I was going through a difficult time and she told me, “It’s not about getting over it. It’s about getting through it.” I have carried that with me.

Words cannot express the insight and life I have gained from Nicole — not “Professor” or “Dr. McKeon,” not even “Nicole McKeon.” I distinctly remember the difficult shift from properly addressing professors to just calling her by her first name. Her reasoning was that we are all on the same level. She would learn from us just as much as we learned from her.

I spent a great deal of time with her, whether it was over lunch or in her office. She was always there, gracing me with her big smile and bright eyes. Yet she did not just tell me what she would do or provide advice. She helped me find the answers within myself — a skill that I will always take with me.

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

Letters to the editor: ct@counseling.org
A warning against paying for referrals

Q: I am a counselor who has been in private practice for about five years. Things are going well. I was approached by a colleague who is leaving town and looking for a referral source for his current clients. This therapist would like to transfer some of his clients to me and was asking for a fee. He proposed $20 per session per referral for one year. I have spoken with a number of people about this in addition to reading your article “Selling or Buying a Private Practice” in the Private Practice Pointers section of ACA’s website (counseling.org). However, I couldn’t find what I was looking for because the article seems to cover the sale of a broad range of practice assets, only one of which I would be interested in from this therapist — working with his existing clients.

A: The reason you couldn’t find the answer to your question in the article is because it doesn’t work that way. You can’t pay for referrals — that is fee splitting. You would have to buy the practice name and goodwill for an agreed-upon price. If you are doing fine, we would recommend that you always abide by the contracts or think they don’t have to abide by them. Big practice mistake.

Here’s the deal. If your contract with CIGNA, for example, states the fee is $70 and the copay is $15, you agree to accept $55 from CIGNA (copay + insurance payment = $70). You have to waive the remaining $50 of your $120 fee. If you bill the client for that remaining $50, that’s called balance billing, and not only is it unethical, it’s considered fraud. You are doing the right thing, while others are opening themselves to potentially big problems. Keep up the ethical work.

Electronic claims submissions

We have been surveying counselors over the past several months about electronic claims submissions and have the following information to share. First, electronic claims submission is not only becoming the more efficient way of sending insurance claims, but in some instances is becoming a requirement. Some insurance carriers will delay paper claims processing up to 28 days, while electronic claims can take just 24 to 48 hours. That is money in the pocket faster!

There are multiple options available for submitting claims electronically. All contracts with billing services maintain signed HIPAA agreements.

Utilizing a medical billing software system

A medical billing software system allows the counselor to keep patient information on the computer and send claims directly to a clearinghouse that will properly format and send the claim to the insurance carriers. Clearinghouses can send electronic claims to most insurance carriers. This option is one of the more expensive because of the upfront cost of the medical billing software and the additional monthly per claim cost for sending claims electronically.

Some of the more popular systems:
- Office Therapy and QuicDoc made by DocuTrac Inc. (quicdoc.com)
- EZClaim (ezclaim.com)
- Therapist Helper (helper.com/therapist/therapist_helper.htm)
- ShrinkRapt (shrinkrapt.com)
- Office Ally, which is free (officeally.com)

Using online billing for each insurance carrier

Some insurance carriers allow billing directly from their websites if you set up an account with them. Many times, the clinician can utilize eligibility information and claims tracking as well. There is no cost to this option, and it is very easy to access the insurance carriers’ websites. The counselor must be an in-network provider to use this option.

Optum/United Behavioral Health, the nation’s largest managed care company, is the first insurance company with which we have tried electronic billing and payment services. Electronic claim services for outpatient behavioral health are submitted through the claim entry feature on the website (ubhonline.com) or through the EDI/Electronic Services Clearinghouse. Network clinicians can create a registered account for electronic billing by calling 866.209.9320 or by logging on to the website and requesting your user ID via the first-time user link.

In addition to online certification inquiry or certification request functions (for routine outpatient treatment) and finding enrollee eligibility and benefits, other advantages of online processing...
include faster form completion, reduced paper usage, reduced postal expenses and faster claim payment and disposition.

The EPS (Electronic Payments and Statements) feature on the website is a quick and efficient way to receive electronic claim payments. This process eliminates paper checks and allows for faster and more efficient claim remittance advice and claim reconciliation. Claim payments are deposited directly into the bank account you provide. Using EPS, counselors can search for payments and claims by date, patient name or other option, view payments and print a paper copy for each payment. However, you will no longer receive hard-copy EOBs (Explanation of Benefits) forms.

We decided to try this process for ourselves so we could share information with our readers. We have found the process to be very user friendly, but we encourage in-network clinicians to visit the ubhonline.com website for themselves to gauge their comfort level.

Websites for entering claims

Counselors can also purchase monthly agreements to enter patient information and claims online through sites such as enshealth.com and carepaths.com. Normally, only a monthly fee applies, regardless of the number of claims sent. This option does not require purchasing software. Instead, the counselor completes all patient information online for claims (name, address, date of birth, insurance information and so forth). This option does not offer direct patient billing or other services such as preauthorization or tracking.

Outsourcing to medical billing service companies

Third-party medical billing services can handle all billing tasks, including insurance and patient billing. The charge for this service is usually a set percentage of collections. There is no need to purchase software and upgrades or worry about compliance issues. The billing company handles all claims, so the clinician must ensure that the service chosen is reliable and thorough. An example of an outsourced service is NetSource Billing (netsourcebilling.com).

This is by no means a complete list of electronic software and billing programs. We ask readers to send us their reviews and recommended resources for electronic billing or other helpful counselor software. Neither we nor the American Counseling Association endorse any one program over another.

We will be presenting our workshop “Private Practice: Surviving or Thriving?” in Michigan, Indiana and Ohio in September. Go to counseling-privatepractice.com and click on “Seminars” for dates and cities.

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

Letters to the editor: ct@counseling.org

Girls’ and Women’s Wellness: Contemporary Counseling Issues and Interventions

Laura Hensley Choate

“This is an exciting resource for addressing girls’ and women’s issues from a strength-based, holistic perspective that highlights resilience and coping. It will help women discover and actualize their inherent potential for positive change.”

—Jane E. Myers, PhD

The University of North Carolina at Greensboro

In this empowering resource, mental health counselors, counselor educators, and school counselors will find an abundance of practical strategies that can be used immediately in their daily practice. Each chapter includes assessment and intervention strategies, client handouts, workshop outlines, self-exploration activities, case studies with discussion questions, and recommended resources. Topics addressed include women’s development and mental health, self-esteem, body image, relational aggression in girls, sexual assault and intimate partner violence, college women’s experiences, life-work balance, spirituality, and the concerns of mid-life and older women. 2008 300 pages.

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Soft Spots: A Marine’s Memoir of Combat and Post Traumatic Stress Disorder

Soft Spots is a first-person narrative of one Marine’s struggle to return to civilian life with a diagnosis of post-traumatic stress disorder (PTSD) after his tour of duty in Iraq. Alternate harrowing, sad and occasionally amusing, this book gives readers insight into the emotional hell of shifting from the high-adrenaline, flight-or-fight response essential for survival in Iraq to the mundane life of a college student—the life to which author Clint Van Winkle returns.

A box containing sand from Iraq and the few pieces of memorabilia Van Winkle brought home serve as the catalysts for many of his memories. Use of the box as a metaphor for Van Winkle’s inability to merge his civilian self with his soldier self is effective. At first, Van Winkle’s occasional blending of past and present can be confusing but, ultimately, this method helps the reader experience the sense of fragmentation the author regularly experiences. He provides surreal descriptions of the horrors of war, such as unintentionally killing civilians, having to leave behind a fallen Marine’s body and the terror of night fighting, which haunt both his dreams and his waking hours until he recognizes that his choice of self-medication — alcohol — is not the answer.

Van Winkle looks for help from the Veteran’s Health Administration but finds he is treated with little compassion and no real individual attention. He is shunted from office to office until he connects with a counselor who is also a decorated veteran. Van Winkle expresses absolute trust in this therapist, who successfully uses eye movement desensitization and reprocessing to help him cope with his memories. This remarkable story has an optimistic ending, as the author earns a master of arts in creative writing and media from the University of Wales-Swansea.

Counseling professionals will benefit from Van Winkle’s account of the shame he associated with a PTSD diagnosis. The book will also be useful to those who are treating veterans trying to cope with the fallibility and integration of painful memories. Moreover, this book will help counselors better understand the difficulty of connecting with loved ones when veterans believe that no one, other than a fellow vet, can truly understand their pain.

Reviewed by Deb Moore-Henecke, graduate student, mental health counseling, University of Northern Iowa.

Suicide Prevention in the Schools: Guidelines for Middle and High School Settings, Second Edition
By David Capuzzi, 2009, American Counseling Association, 120 pages, $24.95 (ACA member); $29.95 (non-member), ISBN: 978-1-55620-285-8; ACA Order # 72884

Although the majority of school counselors receive crisis training, most hope they never have to use it. In the event of a crisis, particularly that of a suicide attempt or completion, David Capuzzi’s book, Suicide Prevention in the Schools: Guidelines for Middle and High School Settings, is an excellent new resource.

Capuzzi organizes his book into three distinct parts: “Introducing the Problem,” “Working Systematically in the School” and “Legal Parameters.” Each section is well supported with informational chapters and tools that educators can use. It is apparent that Capuzzi is experienced working in school settings because he identifies common challenges school counselors face in implementing a new crisis program and gives suggestions for dealing with faculty members, administrators, parents and students.

Although the first part of the book is heavy with statistical data regarding at-risk students, this emphasis gives necessary support to subsequent sections. Initially, Capuzzi looks at factors that help to prevent suicide and provides the reader with easy-to-reference lists about various aspects of suicide. He describes 15 common myths surrounding suicide before identifying commonalities typically shared by adolescents who attempt/complete suicide (behaviors, verbal cues, thinking patterns, personality traits and so on).

The author continues to utilize user-friendly lists as he explains how to assess suicidal risks and provides the reader with questions that can be asked to determine the degree of risk in a suicidal crisis. Capuzzi offers several tools for educators in the appendixes of this book, including classroom lesson plans that offer clear objectives, time and material requirements, and instructions for facilitators. Sample memos intended for school faculty and guardians of students are also included.

While the majority of the book focuses on implementing suicide prevention programs, Capuzzi does not neglect to address the legal challenges that face
A small sampling of other books that have crossed our desks recently which counselors might find informative or interesting.

**Books in Brief**

**A Balanced Life: 9 Strategies for Coping with the Mental Health Problems of a Loved One**

Through personal experience and research, Tom Smith has developed nine specific strategies that will benefit the families and friends of those with mental illnesses. Those closest to individuals who have a mental illness must strive to live balanced lives, modeling and assisting their loved ones in also attaining balance through strong relationships.

The stories of hope provide real-life examples of how people have successfully utilized the strategies in this book; discussion questions guide reflection on each respective strategy. *A Balanced Life* would be valuable to anyone who goes beyond knowing a person to supporting a person with a mental illness. In addition to friends and family, counselors and other professionals who treat people with mental health problems will benefit from reading this resource, particularly the chapter on creating intentional networks.

This book has the potential to assist countless families struggling with the mental illness of a loved one. Smith is motivated to help families be more informed than his own family was during its struggle to cope with his daughter's mental illness. In this book, he operationalizes his intention to help others find a sense of balance even in the most conflicted times.

*Reviewed by Whitney M. Rozek, graduate student, mental health counseling, University of Northern Iowa.*

**Creative Recovery: A Complete Addiction Treatment Program That Uses Your Natural Creativity**

“Creative Recovery is more than a book; it is a recovery program that speaks directly to the creative mind. The authors claim that, because of a heightened sense of self and individualism, creative people are at higher risk of exploiting unhealthy actions or substances to the point of abuse or dependency.

Eric Maisel and Susan Raeburn have done what mental health professionals do best: taken a risk factor — a weakness — and found strength in it. Yes, creative people may have a higher risk level than others, the authors say, but by following this program, individuals can use their creativity as a gift that will help them overcome addiction and lead them to the freedom of recovery.

Both authors introduce themselves by sharing personal stories of addiction and subsequent loss. Their pain is sincere and raw and sets a benchmark of openness that encourages readers to be equally honest in self-reflection. Creative exercises fill the book, intended to stimulate various creative aspects of the brain and to draw strength from the writer, visual artist, actor, dancer, musician, scientist and dreamer in you.” Strategically dispersed throughout the book are creative recovery journal questions that personalize the text and create a unique, interactive experience.

*Reviewed by Julie MacDonald, graduate student, mental health counseling, University of Northern Iowa.*

**Rewind, Replay, Repeat: A Memoir of Obsessive-Compulsive Disorder**

Imagining having your mind constantly replaying images of your day-to-day actions, unable to move past those few moments in which you may have forgotten to turn off the coffee pot or the faucet. Imagine the constant fear of potentially harming someone else because of your actions. This is exactly what Jeff Bell deals with in *Rewind, Replay, Repeat*.

The book chronicles Bell’s life as he struggles to discover exactly why he is kept up at night worrying that his actions, such as running over a road construction cone or accidentally rubbing BenGay onto a towel at the gym, will cause harm to others. The discovery that he is dealing with obsessive-compulsive disorder (OCD) eventually leads Bell to treatment, learning and growth.

*Continued on page 24*
In this book, David Capuzzi, a renowned expert on suicide, encourages suicide prevention in schools through the use of a clear and effective crisis management plan designed to identify and serve at-risk youth. His concise, step-by-step framework provides essential information for school counselors, administrators, and faculty on suicide assessment, faculty roles and responsibilities, and instructions on how to implement a building- or district-wide prevention program that includes faculty training and preparation of crisis teams.

Key Features
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- Specific components of school- and district-wide prevention programs
- Content for faculty training and preparation of crisis teams
- Postvention after a suicide attempt or completion
- Legal aspects of youth suicide prevention
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Blogging the digital narrative

The evolution from the days when webpages rarely changed to its modern-day dynamic environment is commonly known as the shift from Web 1.0 to Web 2.0. Web 2.0 applications have given web owners the ability to add, alter or remove content whenever desired, transforming the Internet into an extraordinarily interactive environment in which information can be changed on the fly. Changes previously had to be made using desktop computers with complicated programs. The Web 2.0 environment uses simple programs, and changes can be completed using portable devices such as laptops and cell phones.

Readers have likely heard about many of the available Web 2.0 tools, including wikis, social networks and photo sharing sites, but probably didn’t realize they were connected to this new interactive paradigm. This month, The Digital Psyway looks at how counselors are using another Web 2.0 tool, blogging.

The term blog is derived from the contraction of the words “web” and “log.” It is typically defined as a website that includes regular entries of personal thoughts, news items, commentary and ideas that the blogger wishes to make public. These online journals may also allow readers to post their reactions, commentaries and additions. The blogger controls the content, purpose and theme of the blog, which can range from personal thoughts to educative posts focused on a particular theme.

Blogs may be part of a larger website. For example, a counselor might post ideas related to various mental health issues as part of a website promoting the counselor’s private practice. In this case, the blog reflections help to personalize the counselor’s practice to potential clients looking at the website. Some may hold the perception that blogging is little more than an avenue for narcissistic individuals to have a virtual sounding board. But for those individuals who are passionate about their work, blogging serves as a digital narrative for sharing information and ideas and creating conversation around those ideas.

So how can counselors get started blogging? What are the necessary tools? What tips will enhance their blogging experience? Here are some websites that can help.

Getting a blog space
There are a variety of blogging services. Many have options that are free while also offering a range of paid services. The differences between the paid services are related to the tools used to update and access your blog, the number of editors permitted and the designs of the templates you can use.

- Blogger: blogger.com
- Typepad: typepad.com
- Squarespace: squarespace.com
- LiveJournal: livejournal.com
- WordPress: wordpress.com

Writing a good blog
As inspired as those thoughts in our head may be, it takes some practice, talent and direction to translate them into an effective blog. The following websites provide ideas on becoming a skillful blogger.

- Lorelle on WordPress gives a general overview of blogging, blog services and how you can use blogging: lorelle.wordpress.com/2005/08/29/learning-about-blogging-and-how-to-blog/
- Working Smart provides a great post about how to start a blog: michaelhyatt.blogs.com/workingsmart/2005/04/how_to_start_a_blog
- Dumb Little Man provides insight (including a funny video) on the process he uses for blogging: dumblitteman.com/2007/08/how-i-blog.html
- kung fu grippe, produced by one of my favorite Internet writers/speakers, Merlin Mann, has a post with a video and slide presentation on how to blog: kungfugrippe.com/post/50022261/how-to-blog
- The Electronic Frontier Foundation has suggestions on how to blog safely (about work or anything else): eff.org/wp/blog-safely

Counseling practitioner blogs
News bloggers and political bloggers have had a profound impact on journalism and the traditional print media. To date, however, comparatively few counselors have gotten involved in the blogosphere. Still, a few pioneering counselors are using blogs either for their own personal satisfaction or as a professional development tool. Many view blogging as a way to introduce their ideas about counseling and personal adjustment to clients.

- Licensed professional counselor Cynthia McKenna has a blog with reflections on topical issues that speak to clients and counselors: counselingblog.com
- Jay Slupesky maintains A Marriage Therapist’s Blog, where he provides personalized stories and insights into the practice of marriage therapy: eastbaycouples.com/blog/
- Lisa Brookes Kift, a marriage and family therapist, blogs Notes from a Therapist’s Chair. Her posts focus on relationships but also provide interesting information about counseling practice: thetherapyandcounselingblog.blogspot.com
- Tina Cannon, a licensed mental health counselor, has developed the Online Counseling Blog, a well-designed site with blog posts covering topics such as bipolar, anxiety and depressive disorders: onlinecounselingblog.com
- Gloria Horsley and Heidi Horsley have created The Grief Blog, which covers the topic of grief and loss counseling: thegriefblog.com/grief-counseling/blog/
Counseling associations and service portal blogs

Counseling associations have set up blogs as a way to deliver information and create interactive forums for members. Likewise, some consultation or therapist portal services have found that topical blogs can help connect them with prospective clients who are attracted to the site.

- The Florida School Counselor Association blog provides a news feed on current information of interest to school counselors: flaschoolcounselor.org/news/
- The Independent School Counselor blog, written by Jeff Wolfsberg, also provides interesting information for school counselors: independentschoolcounselor.com
- The Marriage Counseling Blog provides a comprehensive directory of posts on couples counseling. It also includes portals to help readers find couples counselors in their area: themarriagecounselingblog.com

Microblogging

What if blogging seems like too much text for you? Try microblogging — posting your ideas, questions or resources in 140 characters or less. Other Twitter users can follow your feed, and you can allow them to post responses (tweets). An example of a post might be: “Where can I find ACA’s ethical code?” Then the tweet answer might be: “See counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx.”

Twitter feeds that I follow direct me to new press releases on technology and their potential applications.

Another microblogging service is Jaiku (jaiku.com).

Microblogging tips

- Twitip is a blog that gives you tips about Twittering: twitip.com
- My #1 Twitter Tip: technologizer.com/2009/03/27/my-1-twitter-tip-smart-advice-from-36-twitterers
- Twitter basics: kcnn.org/modules/twitter_basics
- Twitter help support: help.twitter.com/forums/10711/entries
- The language of Twitter: buzzmaker.com/2008/10/twictionary-twitter-basics.html

Counseling and microblogging

Even if you haven’t tried microblogging, there is a good chance your counselor trainees and clients have. That fact alone should get your attention and raise your interest level. To help with this process, I have started a Twitter feed for counselors and counselor educators called CESNET.

You can join Twitter and create your account by going to Twitter.com and selecting “Get Started – Join.” Once you have established your account, you can go to twitter.com/cesnet and choose “Follow,” which will allow you to follow the feed.

You should also be able to join the interactive microblogging world by replying to CESNET posts. You can get directions and more information at CESNET-L.net.

Being a blogger may not be for you, but you should look into these resources because they can help you with your professional development and in providing service to your students and clients.

You can find these links and add some of your own at The Digital Psyway online companion at digitalpsyway.net.

Marty Jencius is the column editor for The Digital Psyway and an associate professor of counseling and human development services at Kent State University. Contact him at mjencius@kent.edu.

Letters to the editor: ct@counseling.org

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Crossing the great divide

Many counselors remain hesitant to touch on clients’ faith, beliefs and religious identity as part of the therapeutic process

By Jonathan Rollins

Editor’s note: This is the first in a two-part series examining how counselors can work more effectively with clients who hold strong religious beliefs. The second article will appear in the August issue.

Jill D. Duba has long been interested in where issues of religion and faith fit into the counseling process, sparked in part by her own developing faith and the questions she wrestled with along the way. “A person’s faith development is such a journey,” says Duba, an assistant professor in the Department of Counseling and Student Affairs at Western Kentucky University. “I often found myself thinking, ‘It would be nice if there was a mental health professional whom I could bounce my personal reflections off of,’ but there really wasn’t.”

That point was further driven home to Duba when she sought counseling while going through a divorce. It was important to Duba to filter what was happening in her life through her faith perspective, so she tried to broach the subject. “I brought up my faith as bait for the therapist in session, but she never took it. It was very frustrating for me, so I stopped going to see her,” says Duba, a member of the American Counseling Association, the International Association of Marriage and Family Counselors, the Association for Counselor Education and Supervision and other professional counseling organizations. “You know, I’m an informed client, so when she avoided talking about religious issues, I was able to say to myself, ‘She’s the one with the problem, not me.’ But most clients aren’t going to be able to reframe that.”

“Based on those experiences, I’ve taken it on myself to say to my students and my profession, ‘Hey, you’ve got to pay attention to a client’s religion and faith in counseling,’” says Duba, who has researched and written about the subject extensively.

Duba isn’t alone in her perception that many counselors and related helping professionals remain hesitant to engage their clients’ religious identities and sensibilities. The reasons are varied but may include a lack of proper training, a fear that counselors are imposing their values on the client by even mentioning anything of a religious nature, a struggle overcoming their own bad experiences with organized religion or a distaste for the client’s religious beliefs and values.

When Robert Brammer attempted to obtain a dual doctorate in counseling and religion, he was told that the fields were incompatible. “My initial reaction was that it was very sad that we don’t see how intertwined these two fields really are. After all, the cultural identity of religion is fundamental for a large number of people,” says Brammer, an associate professor of psychology and director of both the mental health and school counseling graduate programs at Central Washington University.

J. Scott Young was likewise taken aback as he embarked on a counseling career. Growing up in a highly religious family, he thought of himself as “spiritually curious” and had been intrigued by Eastern
religious thought since he was a kid. “So when I came to graduate school 20 years ago, I was interested in how religion/spirituality and psychology relate as people look for meaning in what is happening to them. I was struck by the fact that it really wasn’t talked about at all, and I thought it was a bit odd that we wouldn’t consider these connections as counselors,” says Young, professor and chair of the Department of Counseling and Educational Development at the University of North Carolina at Greensboro.

“Both religion and psychology are trying to answer some of the same questions,” Young adds, “but from very different perspectives.”

**A historical tension**

Those different perspectives have contributed to what Young terms a “historical tension” between religion and the mental health professions. “I’m not personally uncomfortable working with religious clients, but I often hear that concern from counselors — that it brings them great anxiety,” says Young, coauthor with Craig Cashwell of *Integrating Spirituality and Religion Into Counseling*, which is published by ACA. “If a conservatively religious person comes in for counseling, the worldview is a little different from that of the typically more liberal counselor. If (the client) holds really rigid perspectives, it sort of goes against the mental health perspective that most counselors are working from. Counseling’s emphasis on self-determination goes back to the self and how decisions can make the individual happy, while in religion, the emphasis is on sacrificial ideas. There is a focus on God and others. In some instances, that’s actually getting in the way of the client being happy. In other instances, it brings them their greatest joy.”

Studies have shown that mental health practitioners tend to be less religious than the average American, Young says. However, he thinks counselors, as a group, are more open to religious belief — both their own and that of clients — than their colleagues in related mental health fields because “we don’t teach one model. It’s a buffet of beliefs in counseling.”

Perhaps for that reason, the concept of spirituality has made greater inroads into counseling than has religion. As Brammer explains, “Spirituality is a broader construct that includes all of our religious beliefs and focuses on an individualized component. Religion is an organized sense of beliefs that is shared, that is corporate, and there is a behavioral component to it.”

Adds Lisa Jackson-Cherry, the outgoing president of the Association for Spiritual, Ethical and Religious Values in Counseling, a division of ACA, “When you look at religion, it involves customs, traditions and a set belief system shared by a group of individuals. A person doesn’t necessarily need to belong to a religious group to be spiritual.”

Young, Brammer and others in the counseling profession readily acknowledge that clients who have strong religious beliefs generally cast a wary eye toward counseling, sometimes out of suspicion that practitioners will try to divest them of their faith, sometimes because they assume the counselor will judge them negatively for their religious views or even regard them as pathological for expressing faith in a higher power at all.

“Historically, a lot of counseling approaches have taken a neutral or even negative view of religion — think of (Sigmund) Freud and (Albert) Ellis,” says Richard Watts, professor and director of the Center for Research and Doctoral Studies in Counselor Education at Sam Houston State University and editor of the ASERVIC journal *Counseling and Values*. “Of course, Ellis later went on to say that the Bible was the greatest self-help book ever published, even though he didn’t believe in it personally.”

Even when religious clients don’t sense any hostility toward their beliefs, they may question whether a secular counselor can truly grasp what drives their life. “Religion is about the transcendent, while in counseling, the approach is more humanistic,” explains ACA member Kenneth Anich, an associate professor of psychology at Divine Word College and a member of the Society of the Divine Word, an international congregation of Catholic missionary priests. “When the client is devout — whether the client is Muslim, Roman Catholic, Protestant or some other religion — for them, life is about a personal relationship with a higher power they identify with and not just about being a ‘good guy.’ The question for these clients is will the counselor respect that as a guiding force in their life?”

LaVerne Hanes Stevens, an ACA member who is both a counselor and an ordained Protestant minister, concurs. “There are so many worldviews, and when a person is truly guided by their faith, they want congruency. When they come for counseling, it’s often at a time when they are struggling to find congruency between their faith and their problem. The two may seem divergent or even conflicting, yet the individual wants to protect and preserve the faith they have developed,” she says. “During times of struggle, people realize just how vulnerable they are, so they are reluctant to sit and receive advice from someone who may be in opposition to what they believe.”

These individuals often have a fear of being judged, not just by the counselor but by their religious body for needing “outside” help, she says. “There can be an added sense of shame: ‘As a person of faith, my life should transcend these habits or struggles.’ So they may decide to stay in a place of struggle without getting help at all,” says Stevens, who wrote the book *The Fruit of Your Pain* precisely because she saw certain elements of religious extremism making people of faith believe that they weren’t “allowed” to struggle.

Individuals for whom religion is an important part of their identity can struggle with the same problems — including pornography, depression, substance abuse and temptation in their marriage — as those who profess no faith in a higher power, says Stevens, who has done clinical practice work in both secular and faith-based settings. “But when they’re struggling is when religious clients are least likely to feel they should be talking about God to a counselor,” she says. “Some may even worry that they will spoil the image of their faith in front of a nonbeliever. You know, ‘A-ha! I knew you Christians or you Muslims or you Jewish people weren’t really …’”

It’s interesting, says Anich, that the wall separating therapy and religion or matters of faith wasn’t always so imposing. He points out that the original definition of therapy was “doing the work of the gods or serving the gods.”

“Therapy really had to do with soul work until we tried to move it into the field of pure science,” he says. “Then, if something didn’t make perfect logical sense, we decided that it didn’t exist and
stumbling blocks

In the opinion of those interviewed by Counseling Today, counselors who avoid bringing up issues of faith and religion are actually doing their clients a disservice. “I think there are still a lot of counselors who avoid addressing these issues because they believe they are somehow imposing their own values on the client in even asking basic questions about religion in the intake,” adds Jackson-Cherry, who maintains a private practice in Maryland. “We assess for everything from suicide to sexual orientation, but if we ask about religion, we assume we’re instilling our own values.”

In fact, adds Watts, it could be a covert imposition of the counselor’s values on the client if issues of faith and religion are ignored. “To not address the client’s faith is to leave a big hole in the counselor’s understanding of the client,” he says.

“Typically, the religious or spiritual beliefs of spiritually active clients provide a values system for how they see themselves and others in the world. To truly understand a person, you have to understand the values and constructs that guide his or her life.”

“To me, a counselor would be acting unprofessionally to say, ‘I just don’t dis-

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<td><strong>In May, the Association for Spiritual, Ethical and Religious Values in Counseling approved its revised Competencies for Addressing Spiritual and Religious Issues in Counseling.</strong></td>
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**Culture and worldview**

1. The professional counselor can describe the similarities and differences between spirituality and religion, including the basic beliefs of various spiritual systems, major world religions, agnosticism and atheism.

2. The professional counselor recognizes that the client’s beliefs (or absence of beliefs) about spirituality and/or religion are central to his or her worldview and can influence psychosocial functioning.

**Counselor self-awareness**

3. The professional counselor actively explores his or her own attitudes, beliefs and values about spirituality and/or religion.

4. The professional counselor continuously evaluates the influence of his or her own spiritual and/or religious beliefs and values on the client and the counseling process.

5. The professional counselor can identify the limits of his or her understanding of the client’s spiritual and/or religious perspective and is acquainted with religious and spiritual resources, including leaders, who can be avenues for consultation and to whom the counselor can refer.

**Human and spiritual development**

6. The professional counselor can describe and apply various models of spiritual and/or religious development and their relationship to human development.

**Communication**

7. The professional counselor responds to client communications about spirituality and/or religion with acceptance and sensitivity.

8. The professional counselor uses spiritual and/or religious concepts that are consistent with the client’s spiritual and/or religious perspectives and that are acceptable to the client.

9. The professional counselor can recognize spiritual and/or religious themes in client communication and is able to address these with the client when they are therapeutically relevant.

**Assessment**

10. During the intake and assessment processes, the professional counselor strives to understand a client’s spiritual and/or religious perspective by gathering information from the client and/or other sources.

**Diagnosis and treatment**

11. When making a diagnosis, the professional counselor recognizes that the client’s spiritual and/or religious perspectives can (a) enhance well-being, (b) contribute to client problems and/or (c) exacerbate symptoms.

12. The professional counselor sets goals with the client that are consistent with the client’s spiritual and/or religious perspectives.

13. The professional counselor is able to (a) modify therapeutic techniques to include a client’s spiritual and/or religious perspectives and (b) utilize spiritual and/or religious practices as techniques when appropriate and acceptable to a client’s viewpoint.

14. The professional counselor can therapeutically apply theory and current research supporting the inclusion of a client’s spiritual and/or religious perspectives and practices.
The student perspective

The Association for Spiritual, Ethical and Religious Values in Counseling held a graduate student round table at the ACA Conference in Charlotte, N.C., in March to ask, “Are issues of spirituality and religion being adequately addressed in counseling programs?”

Nine ASERVIC graduate student members participated in the discussion. Among the individual comments recorded:

- Spirituality is not commonly talked about within our graduate programs.
- There should be a spirituality class “no matter what” in every program. Counselors may or may not be spiritual, but programs cannot ignore this concept because it might help our clients.
- Many students have clients who address spiritual issues and/or experiences within counseling, but we don’t know what to do with this “stuff” because we are not taught how to address it.
- Spirituality, like multicultural counseling, should be infused into all courses. Educators state that spirituality is (or should be) infused into counselor training, but it is not evident to us that this is happening.
- Both spirituality and multicultural training are diluted within our programs. We should be learning, in every class, how to address issues of multiculturalism and spirituality in counseling.
- Students need to know more about interventions so we can take what we have learned (i.e., counseling skills) and integrate the “spirituality piece” into counseling interventions.
- We need to identify what is stopping spirituality and religion from being incorporated. Once we develop visibility on these issues then we, as students, can move in and change how programs do (or do not) address spirituality.

- Ideas on why spirituality is not being incorporated: (1) stigma, (2) fear on behalf of school programs of affiliating with a particular viewpoint, (3) lack of communication with schools and students on course work available and/or relevant research or (4) disinterest of faculty in advocating for infusion of spirituality or including spirituality courses.

- What can we, as graduate students, do locally: (1) petition ACA/ASERVIC to include spirituality and/or religion in our counseling programs and (2) look at multiculturalism and research how culture became not only infused, but highlighted, in the counseling profession and most counselor education programs.

Many counselors don’t feel competent touching on issues of religion and spirituality, Kocet says. In those instances, they need to pursue competence — read counseling literature, take workshops, seek supervision and collaborate with others, including religious leaders of diverse faiths, he says.

But counselors who disagree with certain religious viewpoints may assume that it’s fine to simply refer these clients on to another professional. “In some cases, it’s absolutely ethical for a counselor to refer, but it can be unethical if it’s simply a matter of perpetuating our own prejudices and bigotry as counselors,” says Kocet, chair of the Department of Counselor Education at Bridgewater State College. “It’s at least bordering on unethical conduct if we refer when we actually discuss these issues. ’They’re on the spectrum of multicultural and diversity issues,” says Michael Kocet, incoming president of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling and past chair of the ACA Ethics Revision Task Force. “I don’t think counselors have to specialize in spirituality issues, but they should be open to working on them if that’s important to their clients.”
have the necessary competency to work with them. Referrals should not be automatic, and the ethical step doesn’t end at the referral. We have to identify what’s blocking us from working effectively with that client.

Counselors also have to be careful not to make assumptions about clients based on their stated religious background, Kocet warns. For instance, he says, even if the counselor and client come from the same faith background, the counselor shouldn’t assume that they have the same beliefs. Or if a client identifies as being religiously conservative, the counselor shouldn’t automatically conclude that the client is anti-homosexual.

Watts has also heard counselors and counselors-in-training admit to reservations about working with clients who hold divergent religious views and beliefs. “I view religion and spirituality under the rubric of cultural diversity,” he says. “By definition, I don’t need to believe the same thing that the client does. That’s analogous to having to change skin color to work with someone of a different ethnicity. If a counselor doesn’t attend to religious issues in counseling, I think they’re being culturally insensitive and unethical.”

Neither does Anich believe that the counselor and client must share the same—or even similar—religious beliefs to have a productive, respectful relationship. As a guest professor at the University of New Orleans, he taught a class on integrating counseling and spirituality. To his students’ surprise, his first guest speaker was a Wicca high priestess. “One of the main points I want to get across to students is that the only thing that will fail them in their work is intolerance,” he says.

When Anich was a chaplain in a hospital, he was asked to speak with a nurse overheard administering satanic rites to a patient. In working with the nurse, who identified herself as a high priestess in the satanic church, Anich used a simple but effective approach that he recommends for any counselor struggling with a client’s religious values, views or beliefs. “I simply engaged her and asked her what her beliefs meant to her,” Anich says. “And even as a satanic believer, she was comfortable coming and talking to me — a Catholic priest. She told me, ‘You’re the first religious person who didn’t run from me as soon as I told you what I am.’”

The counselor educators with whom Counseling Today spoke said that graduate programs need to do a better job of preparing counseling students to deal with religious issues (also see “The student perspective” on p. 31), but many also emphasized the importance of practitioners taking steps to become more conversant with religious clients. “It needs to start outside of the counseling office,” Duba says. “Counselors are their own toolbox. Build relationships with people who are religiously different than you outside of the workplace. We have to practice being uncomfortable and put ourselves out there. Stumbling through conversations of a religious nature (outside of the office) will be a big help.”

Brammer, an ACA member, advocates counselors attending different religious events and asking questions about anything they don’t understand. “Developing religious multicultural competency requires exposure,” he says. “If we fail to understand the religion from a personal perspective, our questions may sound like an anthropological investigation. It would be like a counselor who hates sports and exercise helping an Olympic athlete with performance anxiety. Clients need to believe their counselors can understand their culture and preferred coping mechanisms.”

“If you want to work with this population, you have to develop competency for it,” says Stevens, who works for Chestnut Health Systems training clinicians to do substance abuse assessments and treatment planning using the Global Appraisal of Individual Needs. She encourages counselors to talk with clergy and other spiritual leaders. Taking that step will help counselors learn more about their clients’ belief systems while simultaneously allowing them to market themselves and develop relationships with spiritual leaders for possible consultation later, she says. “The only way to develop that bond of trust is to spend time talking with various religious leaders,” says Stevens.

Next month: Effective counseling approaches for working with religious clients. ♦

Jonathan Rollins is the editor-in-chief of Counseling Today. Contact him at jrollins@counseling.org.
CounselingToday Quiz – July 2009

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

6. Risk factors that most commonly heighten clients’ risk level for suicide include overwhelming feelings of all of the following EXCEPT:
   - a. rage
   - b. isolation
   - c. hopelessness
   - d. worthlessness

7. Linde’s top priority as ACA president is:
   - a. the ACA Institute for Leadership Training
   - b. completing and implementing a strategic plan
   - c. building membership and connecting existing members
   - d. listening to what members have to say and working hard to find solutions for them.

8. ______ will have the most bearing on the success or failure of the mentoring relationship:
   - a. Communication styles
   - b. Who the mentor is
   - c. The mentor’s own experience
   - d. None of the above

9. Paying for referrals is:
   - a. fee splitting
   - b. not the same as buying a practice
   - c. not necessarily on the legal and ethical road.
   - d. All of the above

10. Balance billing is considered fraud:
    - a. True
    - b. False

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At the age of 75, Jenny was dealing with more than her fair share of grief. She had recently lost both her son and her husband of 50 years to cancer. She was also terminally ill with cancer herself. “Jenny was dealing with complicated grief — the loss of her husband and son, plus her own diagnosis,” says Christine Moll, associate professor in the Department of Counseling and Human Services at Canisius College in Buffalo, N.Y. “She felt genuine sorrow for her remaining family members and the tremendous loss they were feeling.”

At a time when Jenny had perhaps her greatest need for counseling, there was yet one more hurdle to face — she was unable to travel to a clinician’s office. So instead, Moll went to her.

Earlier in her career, Moll, a past president of the Association for Adult Development and Aging, a division of the American Counseling Association, worked with Catholic Charities of Buffalo in a group known as the Geriatric Outreach Treatment Team. The team focused solely on conducting at-home visits with people over the age of 60 who could not travel.

“Over the course of about three months, Jenny and I worked on her accepting her diagnosis as part of her life journey and her anticipation of meeting her husband, son and other family members on the ‘other side,’” Moll says. “Jenny shared her life story, her own early childhood and how her family of origin managed during the Great Depression. We discussed the strengths and gifts that she and her family possessed to live through those hardships. How might those strengths serve her now?”

As Jenny’s health weakened, her daughter and daughter-in-law were often there when Moll made her visits. “We spoke of Jenny as a mother and grandmother, her love for her family and how that love would be carried on in her absence,” Moll says. “What legacies would continue with family meals, celebrations and in life, especially as her grandchildren grew into adults themselves?”

“My last visit with Jenny was about 12 hours before her death,” Moll continues. “She was peaceful and ready to move on to what she believed to be eternal life with her God and her family who had predeceased her. Interestingly enough, as they witnessed Jenny’s peace, her daughter and daughter-in-law were able to let go of their anger and ‘let her go’ in peace.”

Similar to Jenny’s experience with loss and her own mortality, challenges can mount for people as they age, says Larry Golden, an associate professor in the University of Texas at San Antonio Department of Counseling. The challenge for counselors, he says, is helping these clients to cope.

Golden, an ACA member who ran a private practice for 25 years, divides older adults into two categories: “old-old” and “young-old.” He categorizes the first group as those in their 80s and 90s who are becoming physically frail and possibly struggling with dementia. Clients in this group may be struggling with a decision over whether to move to an assisted living center or enter hospice care, he says. Many different entities may have an
interest in the person’s decision, from the health care industry to family members, Golden says, adding that the counselor has the opportunity to serve as an advocate for the client. “Our primary concern as counselors’s advocacy,” he says. “(But) the individual, depending on their mental competence, should have the last word.”

Golden defines the young-old as people in their 60s and 70s who are in good health. Although their counseling needs don’t differ much from any other age group, he says their commitment and openness to the counseling process is generally greater. The same person who had alcohol problems in his 20s might seek counseling in his later years more ready to embrace change and see life differently, Golden explains. Likewise, someone with a history of failed relationships might meet a partner in her later years and become invested in ensuring the relationship’s success. “This group takes counseling very, very seriously,” Golden says, and in his opinion, that’s what makes them such rewarding clients. “We usually meet people in counseling when they’re in trouble. I would just as soon meet them when they’re serious about the work.”

Bumps in the road of life
While people often say that they dream of retiring, the realities can prove nightmarish for many individuals. “People leaving their profession is like a death,” Golden says. “My identity doesn’t exist anymore at the point I retire.” That struggle is an opening for counselors, however. “Group counseling can be very effective because it helps normalize the kinds of anxiety people feel,” he says. Finances are another stressor related to retirement, so Golden suggests counselors who want to specialize in retirement issues consider collaborating with a financial expert or learning more about finances themselves.

Chronic health problems can pose another uphill battle for people as they age, says Summer M. Reiner, an assistant professor at the College at Brockport in New York and incoming president of AADA. They experience discomfort on a constant basis and mourn the ability to do things as quickly as they used to, she says. It’s important for counselors to focus on what it means to that client to be going through those struggles. “The bottom line is acknowledging that the person is experiencing that condition,” Reiner says.

It’s also imperative for counselors to know about clients’ illnesses and what medications they are taking, Moll adds. Being knowledgeable of the side effects of an illness or medication can help the counselor better understand the client’s situation. As an example, Moll cites a client who has suffered a stroke, leaving that person more labile or teary. If counselors aren’t paying attention to that, Moll says, they might misinterpret the frequency of the tears and conclude that it’s something more serious, such as depression.

Loss and grief go hand in hand and can weigh heavily on people as they go through life. People lose spouses and partners, family members and friends. With a country at war and violence on the streets, Moll adds, that loss can come in the form of younger family members as well. “Loss is a ‘change’ that we cannot change, and we are often left feeling ‘orphanated,’ eviscerated and just plain sad,” she says. “Loss for an older adult can be more challenging because our losses sometimes accumulate, so that with
each loss we feel as if a surgical wound, well-healed, has reopened. Loss may remind us of our own mortality.”

“Grief is a normal emotional reaction,” she continues. “A counselor can assist the grieving client to come to terms with the separation from their loved one and how life has changed with the absence of loved ones and to live life in its new form.”

For many people, religious faith can be of crucial assistance when dealing with grief, and Reiner points to studies showing that spirituality increases as people age. Attempting to incorporate that spirituality into counseling is important, says Reiner, who suggests counselors review the Association for Spiritual, Ethical and Religious Values in Counseling’s competencies and then talk to clients about what they believe and if spirituality could be a means of support to them. “The client is the best person to educate the counselor about their beliefs,” she says.

All three counselors agree that finances can be a significant barrier in getting counseling for older adults on a fixed income. The client might not have insurance or be able to afford the copay. “We better get effective at getting Medicare coverage for LPCs (licensed professional counselors),” Golden says. “We will continue to be shut out of opportunities to work with older adults until we get Medicare coverage.” In the meantime, Moll notes, social service agencies often provide counseling on a sliding scale where the fee is dependent on the client’s income or ability to pay. Worship communities and community centers might also provide counseling services to members.

Like Moll’s client Jenny experienced, simply getting to a practitioner’s office may offer another challenge for older adult clients. Moll and her colleagues solved the problem by visiting their clients at home. For those counselors for whom making house calls isn’t feasible, Reiner suggests helping clients navigate options such as local van service or public transportation.

This is your life

As the years pass by, emotional baggage can build up. That’s when “life review” can help, Golden says. Life review is a counseling intervention that Golden says he uses mostly with old-old people, as long as they’re not struggling with dementia. “There’s a tendency in old people want to reminisce, to talk about the good old days,” he says. “There’s a serious side to that that counselors can capitalize on.”

In the process of the counselor asking questions about the client’s life comes talk about the good, the bad and the unresolved. “One of the reasons older people reminisce is because they are trying to get some resolution to issues in their lives,” Golden says. “The questions could be everything from tell me about your first friend to tell me about your first romantic relationship to what are some of your memories of your children? You don’t get very far before people get into some issues.”

“(Life review) provides one last chance to make sense of your life,” he continues. “It can even lead to decisions to reconcile or to reframe an issue in a way that lends itself to acceptance rather than bitterness. These are some of the tasks of the old-old.”

In addition to life review, counselors say there are other do’s and don’ts when working with older adult clients. Among their best tips:

■ DO coordinate with physicians. Clients are oftentimes seeing multiple physicians, Reiner says, and it’s helpful for a counselor to know what treatments clients are receiving and what medications they may be taking.

■ DON’T be shocked. “Many of us think (sexual) intimacy stops at a particular age,” Moll says. “It doesn’t.”

■ DO address the client’s needs and barriers, then attend to the emotional strain that could come with those needs or experiences. For instance, Reiner says, if a client uses a wheelchair and the ramp is inconvenient or nonexistent, address how to make it easier for the client to access the counselor’s services. Then address the client’s feelings about how frustrating it might be to experience barriers due to physical limitations.

■ DO be attentive. Speak clearly and audibly, Moll says. Pay close attention to the client’s ability to hear, see and move. “Make sure they’re comfortable,” she says.

■ DON’T make assumptions. Don’t assume that clients aren’t concerned with their sexuality, their leisure time or their family needs just because they’re older, Reiner advises. Likewise, don’t assume that a client is distraught, grieving or even sad if a spouse or partner has died, she says. “Don’t jump to conclusions about what things can mean to a person. Remember that although they’re aging and they have a lot to deal with, they’re still full people.”

■ DO enjoy older clients. “Working with older adults is as much of a journey as working with any other age group,” Moll says. “I genuinely enjoy the person and the uniqueness of the person.”

Connecting with clients

Counselors who are passionate about working with older adults and would like to build their client base can start by networking with local doctors. Try internists, heart specialists or other doctors likely to have a larger elderly patient base, Moll suggests. Build relationships with them and then ask them to refer clients whom they think might benefit from counseling. Reiner agrees that doctors can be a great resource, pointing out that older adults might make more doctor’s appointments if they’re lonely and in need of interaction. Physicians might pick up on that and be able to refer the client.

Reiner also recommends that counselors visit the local library or senior
center to meet older adults and put out pamphlets. Pamphlets are effective at helping to spread the word, she says, because even if someone who picks it up doesn’t need counseling, that person might think of a friend or family member to refer. Hospice is another good resource, Reiner adds. Even if the person receiving hospice care doesn’t want counseling, a spouse or elderly sibling might benefit from it.

When you connect with older adult clients and begin working with them, Moll says, it’s important to remember that the length of one’s life story is what makes it even more powerful. “These clients’ stories are rich and powerful and historical and full of wisdom,” she says. “There’s much to be learned.”

What has Moll learned from Jenny and her other clients? Above all, resiliency. “What each (client) has taught me is that there’s something to be said for resiliency, there’s something to be said for seeing the glass half full.”

Moll’s own father, who passed away about six years ago, exemplified resiliency, she says. In his younger years, he loved to golf, and he didn’t let the aging process stop him. Instead, he adapted the game to fit his stage in life. Out on the green, someone would help him tee the ball up, then after a short swing, he’d move the ball to within chipping distance and finish out the hole. “He played practically up to the end,” Moll says. “He simply went with what he could do.”

That idea of the glass being half full isn’t lost on Moll, and it’s a philosophy she tries to share with her clients. “It’s how we transcend our limitations,” she says, “to find quality in what we have in front of us.”

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Lonnie Rowell knows all about the benefits of evidence-based counseling practice, a subject that has consumed much of his life for the past 10 years. Not everyone, however, is quite so enthusiastic.

“I was told by a counselor educator yesterday that she didn’t want anybody to look too closely at what she does,” says Rowell, an associate professor and codirector of the counseling program at the University of San Diego and a member of the American Counseling Association. “‘We know what we’re doing is effective, and we don’t want administrators looking at our results,’ she told me. It’s an extreme example, but it is an example of counselors being pushed out of their comfort zones.”

ACA member Patricia Kyle recognizes the merits of evidence-based practice — using therapy that is tested, scrutinized and then applied in clinical settings. However, she questions local agencies that rely almost exclusively on certain types of evidence-based practice primarily because their bills are paid by federal and state agencies that accept those modalities and require the use of evidence-based practice.

“I had a student in my family counseling class who chose a theoretical model and made choices based on that model. The student did an excellent job,” says Kyle, an assistant professor of psychology at Southern Oregon University. “She went out, interviewed for a job and was told, ‘We can’t hire you because this isn’t an evidence-based practice.’

The model chosen by the student? “I’m not sure,” Kyle says. “But it wasn’t cognitive behavioral. That much I know.”

Trying to answer an enduring question

Evidence-based practice is not a new concept, with the Federal Action Agenda providing the impetus for it a decade ago. But evidence-based practice has picked up steam in recent years as counselors and other mental health workers seek to improve their efficacy, insurance companies look for quantifiable results and the people who control governmental funding attempt to determine where monies can best be apportioned.

Then there is that age-old question still looming in the public’s mind: Does therapy really work? Evidence-based practice and the testing of the efficacy of counseling modalities is a response to that question. Testing whether a particular practice meets client needs may also help to change the public’s perception of psychotherapy as a “soft” science.

“There is no perfect test out there,” says ACA member Paul West, an assistant professor of counseling education at Alvernia University. “But I can do my best with what we have. That is a whole lot better than doing no outcomes research at all.”

John Murphy, a professor of psychology and counseling at the University of Central Arkansas, agrees. “Sometimes, I’ll hear people say, ‘I just know intuitively how my client is doing.’ That scares me,” says Murphy, a member of ACA. “Without denying the part that art and experience play in this profession, I think it would be arrogant for someone to rely solely on their judgment — and not some sort of testing — to determine whether counseling is effective.”

What should counselors do in the age of evidence-based practice? That has been the subject of much talk and a number...
Kyle, along with Lani Fujitsubo and Paul Murray, both professors of psychology at Southern Oregon, presented on “Counselors Dealing With the Impact of Evidence-Based Practice” at the 2009 ACA Conference in Charlotte, N.C. She cited the American Psychological Association’s definition of evidence-based practice in her presentation: “Practice is evidence-based which utilizes scientific research findings and/or methods of assessing therapy process and outcome in some way to inform clinical practice.” Kyle also noted some of the attributes of evidence-based practice, including transparency, standardization, research, replication and attaining meaningful outcomes.

However, Kyle still isn’t a true believer in evidence-based practice, at least not in the way it’s being utilized today. “We all support the underlying concept that counselors should be accountable to their clients and use strategies that have an evidence base,” she says, “but we (her copresenters and other critics) have concerns about how evidence-based practice is being implemented on the federal and state levels.”

Specifically, Kyle is concerned that agencies receiving federal and state funding will end up relying solely on approved programs, which, she points out, haven’t necessarily cornered the market on effectiveness. In many cases, she says, other interventions (“non-approved programs”) simply haven’t been reviewed according to the standards required by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the federal level or other agencies at the state level.

According to Kyle, humanistic, gestalt, existential, Jungian and Adlerian approaches largely have not been reviewed. At this writing, SAMHSA’s National Registry of Evidence-based Programs and Practices (nrepp.samhsa.gov) included 137 interventions. Plug in the word “gestalt” in SAMHSA’S search engine, and nothing comes up. Insert “existential” and, again, nothing appears. Insert “cognitive behavioral,” however, and 19 interventions appear.

“Existentialists don’t even like the label ‘existentialists,’ much less going out and finding data,” Kyle says.

Compiling that data, doing research and submitting the findings to federal and state agencies is exactly what Kyle advocates though. “The list of approved practices is narrow,” she says. “But it doesn’t have to be so narrow.”

Kyle mentions other problems she thinks are endemic with tests that lead to the approval of certain practices, including a lack of research on the impact of the therapeutic alliance and what she sees as the process of science squeezing art out of therapy.

In spite of those reservations, however, she comes down on the side of evidence-based practice overall. “Any ethical counselor wants to make sure they are using strategies that have positive outcomes,” Kyle says.

Quality control

The way West looks at it, all counseling is evidence based. What’s in question is the quality of the evidence.

“You have your client satisfaction surveys,” West says, “but we don’t know...
if they are just evidence of the strength of the client-counselor relationship. A client may say you’re the best thing since soft butter, but it might not be evidence of the effectiveness of counseling.”

OK, so why not ask the therapist if counseling has been effective?

“It’s a question of bias,” says West, who presented on “The Role of Evidence-Based Therapy Programs in the Determination of Treatment Effectiveness” at the 2009 ACA Conference. “Say I’ve developed this treatment plan, and the client has completed this and this and this. Who’s to say the treatment plan helped bring about change? And if it doesn’t work, do I look at myself, or do I say the client screwed up?”

Then why not go by a book that outlines the best practice for particular situations?

“Yes, there is evidence that certain treatment approaches work for certain problems,” West says. “An example of that is in substance abuse. Everybody does a type of 12-step program that is supposed to be effective. But we know that only 16 to 17 percent respond to substance abuse treatment. Is that really best practice?”

For West, empirical evidence with pre- and post-tests that are tied to clinical results should be the foundation of counseling. “If I’m doing therapy correctly, the test I use should have good reliability and validity and should include a broad range of issues. If I let this guide my assessment, I should be able to tell whether there is change at the finish.”

West concedes, however, that the use of testing and evidence-based practice has encountered resistance. “And not just in counseling, but with human services across the board,” he says. “First of all, there is no mandate for it. One, the insurance companies don’t all require people to prove that their efforts work. Even in the ACA Code of Ethics, there is nothing that says you have to do outcomes research.”

Additional reasons for resistance are that many counselors simply do not like research or are not offered adequate training in school, West says. “If you only have one research course in school, is that really enough?” he asks.

Focusing on clinical applications and how-tos, this book provides a basic understanding of the nature of substance abuse and addiction, its progression, and clinical interventions for college/university, school, and community/mental health agency settings. Topics covered include drug classifications; assessment; working with ethnically diverse clients, the GLBT population, and women; the continuum from nonuse to addiction; developmental approaches in treating addiction; relapse prevention; grief and loss in addiction; group counseling; working with families; spirituality; addictions training and ethical issues; understanding and applying the 2009 CACREP Standards for Addiction Counseling; and counselor self-care. 2009 • 280 pgs

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Fear of failure also comes into play, West says. Some counselors are worried that outcomes research will show that what they’ve been doing all along isn’t working. For these counselors, engaging in evidence-based practice may be akin to “slitting (their own) throat and possibly losing their job,” he says.

How should counselors measure success then? According to West, it isn’t about measuring the outcome of Program A versus Program B. Likewise, it isn’t about theoretical models. “Because we really haven’t found that one theory is better than another,” he says.

It is, however, about the quality of the research, West says. “Does Program A do valid research and follow guidelines based on the population it treats? The idea of a client getting well has to be defined. It might not be about making a behavioral change, say, for someone suffering from chronic mental illness. It might just be about whether the client is taking his medication.”

Action research

West suggests that mental health agencies could and should make better use of colleges and universities to formulate evidence-based practices.

Rowell, who presented on “Action Research in Counseling: Closing the Gap Between Research and Practice” at the 2008 ACA Conference in Honolulu, agrees. He is a proponent of “collaborative action research” and sends his students out into real-world clinical settings to work hand-in-hand with practitioners.

Why action research? In part because of the lack of adequate graduate school training programs. “And within the field itself, practitioners often don’t use research correctly,” Rowell says. “It’s a well-established fact within school counseling, but it also happens within clinical mental health settings. (Mental health professionals) read journals, but they don’t read them carefully.”

Rowell’s students help school counselors formulate questions, do the research, test whether interventions are working and, if not, determine what may work instead. Rowell believes action research also could help underfunded, overburdened community mental health settings.

The goal is twofold, he says: to help students learn the value of research and to help practitioners come up with successful, empirically tested counseling methods. “Psychology, as a profession, needs to hold itself accountable,” Rowell says.

Client feedback

For Murphy, all the evidence needed in formulating evidence-based practice is sitting in the chair across from the counselor during therapy sessions. “Who better to ask about the effectiveness of treatment than the client himself? The consumer should be the primary measure, if not the sole measure,” contends Murphy, who presented on “Client Feedback Tools: A Fast Track to Better Outcomes in Counseling” at the 2009 ACA Conference.

Murphy advocates starting off each session with a short question-and-answer period. During this time, clients relate how they are doing individually, interpersonally, socially and overall and then tell the counselor what they want to work on. This introduction, he says, should last about five minutes.

The counselor concludes each session by asking the client to fill out a form explaining how the session went. This takes about one minute, he says. “I tell them to be honest. If I’m not connecting with them, I sincerely want to know about it,” Murphy says.

Murphy points to studies showing the client’s perception of the client-therapist relationship as the most reliable predictor of the success of therapy. So Murphy wants to know about those perceptions early and often. “It allows you to create a conversation around areas the client is concerned with,” he says. “It’s an ongoing thing. If things are going well, great. If things aren’t going well, you talk about what you can do differently.”

Aside from the efficacy of therapy, Murphy sees another reason for having the client take the lead. “If you’re blaming the client when things aren’t going well, it’s not only counterproductive,” he says, “it’s downright bad manners.”

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Lynn Linde didn’t run a “psychiatric help” booth, charging a nickel to dispense advice like the Peanuts comic strip character Lucy. But Linde did realize from an early age that she was destined to help people. “I always knew that I wanted to go into a mental health profession,” she says.

Initially, Linde envisioned herself becoming a clinical psychologist. But thanks to a suggestion from a school psychologist at her first job, she shifted tracks and landed happily in the counseling profession. She has gone on to hold a variety of leadership positions in counseling and now has perhaps her greatest opportunity to advance what she calls “the best profession in the world,” succeeding Colleen Logan as president of the American Counseling Association on July 1. “I love the profession and the association, and I really felt that I had something to contribute,” says Linde of her decision to seek ACA’s highest office.

Linde earned her bachelor’s degree in psychology from Clark University in Worcester, Mass. After graduating, she became certified in special education and took her first job as a special education teacher at an elementary school in Prince George’s County, Md. She knew she wanted to go back to school for another degree, so she began searching for programs. When Linde mentioned that she wanted to work with children, the school’s psychologist suggested the field of counseling. Linde took the advice and eventually earned both her master’s and a doctorate in counseling from George Washington University in the nation’s capital.

A record of service

A member of ACA for more than 30 years, Linde has long been active in association leadership, including serving as a Governing Council representative and chair of the Southern Region, but she didn’t believe the role of president could fit into her schedule until relatively recently. Linde spent 15 years at the Maryland State Department of Education as state specialist for school counseling and then as branch chief of Student Services and Alternative Programs before becoming director of clinical programs for the School Counseling Program at Loyola University Maryland five years ago. The job change left Linde with more time and flexibility, so she decided the timing was right to make a run for the ACA presidency.

Friends encouraged Linde to run, telling her the office needed someone like her: constructive and productive with a
Incredibly hard to find solutions that will fly by, so she’s determined to stay focused on a few things she’d really like to see accomplished. Topping that list focused on a few things she’d really like to see accomplished. Topping that list will be working strategic plan out of the findings from the Strategic Planning Task Force, the 20/20: A Vision for the Future of Counseling work group and Governing Council recommendations. “It will help focus us on what we’re doing,” Linde says. “We have a tendency to do all things in terms of how do I want to change the organization. “I tend to be a big-picture person,” she says. “I really look at it in broad perspective. Linde adds that she comes to the position without a personal agenda, remaining focused solely on what’s best for the association and the profession. “I tend to be a big-picture person,” she says. “I really look at it in terms of what I can contribute and not in terms of how do I want to change the association.”

Linde’s daughter, Shana Schnaue, an ACA member and school counselor at an elementary school in Montgomery County, Md., is following in her mother’s footsteps. She’s also her mother’s biggest fan. Schnaue easily rattles off many reasons why her mom is a great fit for the presidency. “She’s honest, loyal, hardworking, caring, and she’s very passionate about counseling and the profession,” Schnaue says. “She listens to what people have to say and works incredibly hard to find solutions that will make people happy.”

Linde says she knows the coming year will fly by, so she’s determined to stay focused on a few things she’d really like to see accomplished. Topping that list of priorities is a strategic plan. “From a business point of view for the association, I want us to have a strategic plan completed and implemented,” she says. “We haven’t had that, so every year, we get a little sidetracked.”

A Strategic Implementation Task Force was formed in May, aimed at creating a working strategic plan out of the findings from the Strategic Planning Task Force, the 20/20: A Vision for the Future of Counseling work group and Governing Council recommendations. “It will help focus us on what we’re doing,” Linde says. “We have a tendency to do all things for everyone.”

The second item high on Linde’s list is the ACA Institute for Leadership Training, being held July 30-Aug. 1 in Alexandria, Va. Linde hopes the institute will be so successful that it becomes an annual event. In the past, each individual ACA region has conducted its own leadership training every fall. This summer’s event will bring together elected officers and emerging leaders from each of the ACA state branches, the chairs and other officers of ACA’s four regions and the presidents of ACA’s 19 divisions.

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will rise to the occasion and meet any and all of the challenges that she encounters.”

As far as challenges for the counseling profession go, Linde sees globalization and cultural change as issues in need of attention. “Things are changing so quickly that it’s very hard for counselors to know everything they need to know,” she says. “We have very different cultural issues in terms of immigration than we’ve had in the past. The old melting pot is very much a thing of the past.” There are pockets of different cultures all across the country, and understanding the norms of those cultures can be key to effective counseling, she says.

Linde provides an example from her own backyard, where in a single school in Maryland, 50 different languages can be heard. Although counseling students are educated on cultural sensitivity, the sheer number of different cultures and cultural norms can make it harder to understand how a client sees things, Linde says. “It can be very overwhelming sometimes.”

**Personal history**

Raised in Westfield, N.J., Linde says her parents inspired her early on to grow as a person and succeed, including making it clear to Linde and her three sisters that a college education was part of the plan. “It wasn’t until I was older that I realized going to college was not the norm,” Linde says. “But it was in my world.”

Linde went on to earn her master’s and doctorate, juggling a full-time job and raising a family in the process. She took a few years off during her doctoral studies to have her two children, Schnaue and son Zachary Linde, who graduated this spring with a degree in mechanical engineering from Drexel University. “It took me quite awhile to finish my doctorate,” Linde says. “It’s very hard to work and have children and be in a doctoral program. You have to prioritize because you just can’t do it all.” But looking back, she wouldn’t change a thing. “I did it because I wanted to,” she says. “I didn’t need (the degree) for the job, which I think is the best way to get a doctorate.”

Linde’s drive has inspired her daughter. “She has shown me that I can do anything that I want,” Schnaue says. “She told me to follow my dreams and to reach high, and if I do, then I can accomplish anything that I want. But not only has she told me, she has shown me through her actions. She worked through grad school, earned her doctorate while having two young children and has professionally made a name for herself. Through her action, she has inspired me to reach for the stars and accomplish my goals.”

When not teaching or otherwise furthering the counseling profession, Linde is at home in Silver Spring, Md., with her husband of 38 years, Jim, a principal at an elementary school for emotionally disturbed children. Upon leaving the Maryland State Department of Education and moving over to Loyola, Linde also decided to develop a couple of new hobbies: golf and ballroom dancing. She concedes her golf game isn’t very good, but she enjoys working on it. As for the ballroom dancing with her husband, the rumba is their favorite. “But it doesn’t look anything at all like what they do on Dancing With the Stars,” she says with a laugh.

As she begins her year at the helm of ACA, Linde has her sights set on improving something else too, namely, public recognition of counseling. “If you say ‘psychologist’ to the average person, they know what you’re talking about and have ideas of what that means,” she says. “But the word ‘counselor’ can be so generic — camp counselors and loan counselors and diet workshop counselors. I would like counseling to be a household term. Everyone would understand what we do, why they need a counselor and what ACA is.”

If pride in the profession can help spread the word about counseling, Linde is the right woman for the job. “We help people. How much better does it get than that?” she says. “We make a difference in the lives of others.”

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Deidre, age 24, had agreed to see me after confiding to a close friend that she was thinking about killing herself. During our first session, she discussed how self-mutilation and an eating disorder had allowed her brief moments of relief from isolation and self-hatred. Deidre had been self-harming for more than 10 years and, although her behaviors had helped her survive unbearable emotional pain, she had become increasingly hopeless, desperate and suicidal.

As a licensed professional counselor and therapist working with clients who are suicidal, self-harming or engaged in both behaviors simultaneously, I have learned the importance of the initial interview. So many of our clients, like Deidre, have been doing the best they can yet still feel caught in a landslide with suicide rolling toward them. During this first critical meeting, counselors need to create an environment that will become a therapeutic foundation communicating hope and connectedness to a caring other and nurturing a commitment to treatment.

Counselors working with this population must assess lethality (throughout treatment) while also targeting the painful thoughts and feelings fueling the client’s potentially life-threatening behavior. Through my research, experience and constant search for more effective treatment, I have created a model that allows the counselor a vehicle to accomplish these tasks effectively from the very first interaction. It blends strategies with assessment tools to create a therapeutic space in which change can happen for even the most difficult of clients. Here, I offer an overview of the three stages that have guided treatment for my clients, helping them achieve success in their efforts to create lives worth living.

Stage 1: Creating safety

One of my clients recently likened counseling to a living, breathing diary, with the added benefit that a counselor can offer support and sound advice. We have to embody that kind of safe container for the vulnerable individuals we are treating. As my clients begin telling me their stories of self-harm and survival, I offer my belief that people do not engage in these behaviors without reason. Our clients are hurting themselves or wanting to kill themselves because they are desperate to end their emotional suffering. Through understanding and accepting their behavior, we can directly target feelings of shame and isolation that may be keeping our clients chained and silent. Regardless of their behaviors, it is important to remind our clients that they are doing the best they can and that their lives are worth saving.

Many therapists focus on behavior instead of asking questions about the painful feelings fueling that behavior. It is of utmost importance, of course, to find out if clients’ actions are putting their lives at risk, but if we are interested solely in the behavior, we will find ourselves only treating symptoms. In our efforts to help clients feel safe and understood, it is important to ask them why they are self-harming or suicidal. Many of my clients have had their self-esteem and sense of self-worth shredded through a variety of traumas. In these instances, the need to punish themselves for their perceived flaws may be fueling their self-harming and suicidal behavior.
Samantha, age 18, had become suicidal after experiencing sustained trauma while growing up with an emotionally and physically abusive mother. These experiences led Samantha down a road lined with isolation, rage and self-hatred. In a desperate attempt to end her emotional pain, she found herself with a knife in her hand and a desire to slit her own throat. Thankfully, Samantha did not kill herself, but she was obviously drowning in unbearable emotional pain. By focusing on what had fed this suicidal gesture, she was able to resolve many of her issues and was no longer suicidal. She left therapy soon after with her prevention strategy plan firmly in place.

As the story of each client’s unique and painful journey unfolds, I am diligent about checking in repeatedly during the interview to ensure that the individual is feeling safe and accepted. Furthermore, I request that the client correct me if at any point I miss or misinterpret any part of the story. This type of questioning creates a collaborative environment in which the client feels like her/his input is an important part of the process. Matthew Selakman, a respected therapist and internationally published author, discusses how this approach can be richly therapeutic because it makes clients an active participant in their treatment and takes the therapist out of the “expert” role.

**Stage 2: Assessing risk of suicide**

After a sense of safety has been established and the counselor has communicated the critical role that the client plays in her/his own treatment, it is imperative to assess the client’s level of risk for life-threatening behavior. Jack Klott, a therapist with more than 40 years of experience working with this population, explains that clients who are talking about suicide are ambivalent. This ambivalence leads them to talk about the part of them that wants to live and the part of them that wants to die.

These discussions offer the counselor a wealth of information about what is keeping the client alive while also supplying details about the irrational belief systems that may be leading the client toward attempting suicide. Cognitive restructing techniques can be extremely effective in these situations, allowing the counselor an opportunity to challenge the client’s irrational thoughts and beliefs.

Victoria, 19, was in my office describing an incident in which she had contemplated hanging herself. A survivor of child sexual abuse and incest, she discussed what led her to this moment of crisis, including the irrational belief that her life would be “better” if she were dead. Through flowing tears and rapid speech that conveyed her need to release the story and the pain attached to it, she recounted how she had tied the sheet around her neck but decided not to commit suicide at the final moment. When I asked her about this life-saving decision, she shared how thoughts of her nieces and nephews had kept her from completing her suicide attempt.

While discussing what was keeping Victoria alive, I was also able to challenge the belief that her life would be better if she killed herself. We talked about the skills Victoria had used to stand up to suicidal impulses since this incident. She explained that, at times, focusing on a future career as a doctor helped her stand up to suicidal urges; other times, it was the memory of that day with the bedsheets that reminded her of her strength to survive.

Throughout my career, I have compiled a list of the factors that most commonly heighten clients’ risk level for suicide. For example, although it is a myth that all clients who are self-harming or suicidal have been sexually abused, it is important to note that 12 out of the 14 suicidal high school students I worked with last year reported previous sexual trauma. Other common risk factors include overwhelming feelings of rage, isolation and hopelessness. Clients who have not resolved issues surrounding previous suicide attempts are also at risk of completion. Obviously, the more red flags our clients present to us in treatment, the more at risk they are for life-threatening behavior. According to Anne Marie Albano, director of the Columbia University Clinic for Anxiety and Related Disorders, adolescents who have an untreated anxiety disorder at age 13 are also more at risk for depression by age 15. Add to that a substance abuse disorder, and you have a client who is at a heightened risk for suicide.

**Stage 3: Identify strengths and resiliencies**

One of the purposes of the assessment interview is to gather information about the level of risk facing our clients. It can also be a valuable therapeutic experience that immediately targets feelings of hopelessness and isolation. By offering our clients a belief that they have the answers and solutions to their problems, we are encouraging them to focus on their ability to overcome and survive.

Tess, 21, had previous success standing up to the shame and isolation associated with an eating disorder. In therapy, we explored how she had “pulled this off” in the past by focusing on her long-term goals (graduating from college) and through her daily practice of mindfulness techniques. We also discussed ways Tess could transfer her previous successes to new crises as they arose.

By encouraging our clients to look at themselves through this solution-driven lens, we communicate faith in their ability to stand up to self-harm and suicide. It is critical that we begin this process at the beginning of treatment because so many of them are coming to our offices feeling isolated and hopeless. In some cases, they have experienced several failed treatment attempts. Many of these clients are becoming increasingly suicidal.

Lisa, 18, came to therapy feeling gradually more suicidal. She had a history of significant substance abuse, bulimia and cutting, and she had walked up to the edge of a busy highway in Denver one hopeless night with thoughts of stepping out into traffic. Lisa was quickly spiraling downward and had become increasingly depressed and withdrawn. During our initial meeting, we talked about how in spite of incredible suffering, she had stood up successfully to many of these behaviors. We talked about her inherent strength and her determination to find meaningful connection with others.

Subsequent treatment included validating pain associated with previous trauma, tending seeds of change and identifying the skills and strengths Lisa had used to confront so many challenges in her 18 years of life.

By offering our clients a powerful experience during the initial interview, we can help them uncover the path to hope and recovery. Counselors can use the as-
sessment model discussed in this article in many ways, because that is the dance of therapy. But if the counselor keeps the elements of this model in mind from the very first interview, then therapy can be a collaborative experience that allows us a deeper look into the client’s world. It can also become a protected space for clients to explore and find the ground beneath their feet as they continue their journey toward a life worth living.

Kim Johancen-Walt is an ACA-member-licensed professional counselor and consultant living in Durango, Colo. In addition to maintaining a private practice, she is a counselor and assistant training director at Fort Lewis College, where she helps train therapists working with high-risk young adults. Contact her at johancenwaltks@gmail.com.

Letters to the editor: ct@counseling.org

NEWS & NOTES

Texas school counselors aim for own evaluations

Professional school counselors and counselor supervisors across Texas are among those celebrating improvements proposed by the State Board for Educator Certification (SBEC).

“We’ve been trying for years to influence the adoption of necessary school counselor reforms in this state,” said Mary Libby, president of the Texas Counseling Association, a branch of the American Counseling Association. “While our work this year with the Texas Legislature has yet to be finalized, we are happy to have made progress with SBEC.”

The proposed changes would require superintendents and principals to develop and institute comprehensive staff evaluation models appropriate to the position held. “Performance appraisals have long been a contentious issue in Texas,” said elementary school counselor and Texas School Counselor Association President Carol Bennetts. “Before this change, school counselors were evaluated on the same rubric as teachers or administrators. I know from experience that it is a challenge to document outstanding performance by school counselors when they are evaluated outside their scope of practice.”

Another proposed revision made to principal and superintendent certification standards is the explicit reference to their knowledge of a comprehensive developmental guidance and counseling program. Prospective superintendents and principals would be required to learn about the Texas Education Agency’s Program Development Guide for a Model Comprehensive, Developmental Guidance and Counseling Program for Texas Public Schools as part of their education prep training.

SBEC is currently accepting public comments on all proposed changes. TCA asks all professional school counselors in Texas to contact SBEC at ritter.tea.state.tx.us/sbecrules/proposed/index.html for comment. Suggestions from the public will be taken into consideration before SBEC meets on July 18 to finalize and implement or remove changes.

20/20 update: Working to “define” counseling

Delegates representing the 30 organizations taking part in the 20/20: A Vision for the Future of Counseling initiative met for four hours at the ACA Annual Conference in Charlotte, N.C., in March. The delegates focused on operationalizing the seven Principles for Unifying and Strengthening the Profession approved earlier in the process:

- Sharing a common professional identity is critical for counselors.
- Presenting ourselves as a unified profession has multiple benefits.
- Working together to improve the public perception of counseling and to advocate for professional issues will strengthen the profession.
- Creating a portable system for licensure will benefit counselors and strengthen the counseling profession.
- Expanding and promoting our research base is essential to the efficacy of professional counselors and to the public perception of the profession.
- Focusing on students and prospective students is necessary to ensure the ongoing health of the counseling profession.
- Promoting client welfare and advocating for the populations we serve is a primary focus of the counseling profession.

The 20/20 initiative’s seven committees are now working to compose a short definition of counseling that both professionals and the public can remember and use in defining the profession. This work is scheduled to be completed by the end of summer.

New resources available within ACA Online Library

Need help writing a paper? Searching for additional ways to adapt counseling skills for diverse clients? The ACA Online Library can assist you. Thanks to the recent completion of the 2009 VISTAS/ DIGEST by Garry Walz and Counseling Outfitters, 93 new articles are available on the ACA library website.

The VISTAS/DIGEST collection now features more than 385 articles written by counselors for counselors. These articles, focused on high-priority topics in the counseling profession, are only available to ACA members. The articles collection is highly current, capturing the ideas, information and experiences generated by the annual ACA conferences. This is a great venue for self-development if you weren’t able to attend the ACA Conference.

Simply visit the ACA Online Library at counseling.org/Resources/. Click on “Library” and login with your user name and password.

July 2009 | Counseling Today | 47
Counseling vs. life coaching was the title of an excellent article in the December 2008 issue of Counseling Today. We would suggest a different approach, however. We believe that effective counseling requires us to be a coach and that we need to think of coaching as an extension of counseling. The art of coaching belongs in a counselor education program!

Where did we come up with that radical statement? First, we attended a superb coaching workshop sponsored by Harvard Medical School and McLean Hospital. There we learned that we pretty much knew how to coach, but we had not yet named coaching as part of our skills and counseling work. We think that many (most?) active counselors are really doing coaching already. We just need to become aware of its importance in our total practice.

Second, we have experienced coaching directly as part of our own reentry into counseling and therapy. We are well into what some call “retirement,” and working through health and life issues at our age is surprisingly more complex than when we were younger. At least 70 percent of our personal work in “counseling” is actually coaching. We tell our stories, and if problem solving is needed (most often around health issues), our counselor/ coach is ready. More often, we focus on positive images and stories and goals, both for the here and now and for the future. For example, how can we use our professional and leisure time more effectively? How can we handle finances? What are our real goals at this stage of life? How can we find meaning in what we do?

We tend to think of counseling, even from our wellness perspective, as dealing with personal concerns, issues, and problems. Thus, whether we are person-centered, cognitive behavior, brief or some other orientation as counselors, we spend most of our time thinking about how to solve problems and may fail to recognize and use the more positive wellness approach as part of treatment.

Coaching is different, and the effective professional coach will immediately refer clients to professional counselors for help with problems. Coaching is aimed at helping clients deal with life and achieve their own goals. It is not “counseling vs. coaching.” Rather, we can easily draw on basic counseling concepts, add them to our practice as counselors and even expand our clientele.

How does this relate to possible change in the counseling profession? We suggest that effective counseling would be wise to include coaching concepts as part of the standard curriculum. As counselors, we are concerned with prevention, and one of the best prevention activities we can undertake is to move beyond just counseling and start coaching clients on how to address the issues of life more effectively.

In short, we’d like to see coaching become part of the professional counseling curriculum, a set of standards established for coaching competence and continuing education developed to help practicing counselors become competent in the coaching process. Coaching focuses almost solely on a client’s strengths and how to use these positives to achieve highly specific and reachable goals. The word “problem” is seldom heard in coaching; coaching authorities recommend using words such as “challenges” and “goal attainment” instead.

Ethics first

Coaching is not “counseling light.” It is not exploitation of clients. Coaches do not operate below the “professional radar.” It does not include self-declared competence as a coach. Coaching has certification of competence and standards, but this is not universal, raising the possibility for charlatans and dishonest practitioners alongside the experience. It also means that you should not declare yourself a coach without undertaking considerable further study and supervision. Counselor education could make a difference in ethical standards and practice in coaching.

Coaching’s professional ethics can be found on the International Coach Federation website at coachfederation.org. The five areas of ethics are clearly stated and provide some ideas for extension of our own ethics concepts as counselors. For example, “conflict of interest” may be a more useful term than “dual relationship.”

Building on our present skills

The interview in coaching is not that much different than the counseling interview. Carol Kauffman’s GROW model demonstrates the similarities. In the accompanying chart (see page 49), we see that the microskills five-stage structure of the interview is closely parallel with the GROW model. Counselors might also think of Gerard Egan’s Story-Possibilities-Possible Strategies. The only significant difference between the five-stage model and the GROW model is that goal setting comes first in coaching, and helping clients reach their own goals is implicit in the contract or agreement even before coaching starts. We should note that much of brief solution-focused counseling also starts with goal setting.

The interview microskills of coaching and counseling are very similar. The effective coach needs the basic listening
sequence (open and closed questions, encouraging/restatement, paraphrasing, reflection of feeling and summary). The effective coach will confront, help the client focus on key possibilities and provide feedback, psychoeducation and relevant influencing skills that lead to change.

The major distinction between coaching and counseling is the emphasis on positive life goals as contrasted with problem solving. When we consider counseling's historical focus on strengths and the exciting contemporary wellness work of Jane Myers and Thomas Sweeney, however, we are frankly ready to jump into the coaching movement very quickly.

If professional coaching were taught in counselor education and encouraged by the Council for Accreditation of Counseling and Related Educational Programs and the National Board for Certified Counselors, it seems possible that the American Counseling Association and its associates could become a major force in coach training and certification.

Coaching possesses almost as many theories as counseling and psychotherapy. You’ll find person-centered coaching, narrative and story-telling coaching, cognitive behavioral coaching and many others. But the positive philosophy and strength-based format are present in all coaching theories. The focus on goals and strengths, with an accompanying desire to avoid looking to the past or present for problems, is a major difference, and it explains why coaching is actually an interviewing form of help rather than being classified as counseling or therapy.

### Powerful coaching questions

We’d like to share nine central “powerful questions” of coaching as identified by Margaret Moore, director and cofounder of the Coaching and Positive Psychology Institute at McLean Hospital and faculty in the Department of Psychiatry at Harvard Medical School. She kindly gave us permission to list these uncopyrighted questions for general distribution. Questions, of course, are not enough. The coach will almost certainly fail if he or she doesn’t use attending behavior and the listening skills that really originated in the counseling profession.

Note that many of Moore's questions will elicit client meaning systems. Viktor Frankl noted that if we have a meaning and a vision for our lives, we can reach goals much more effectively. Surprisingly, coaching does offer a way to focus on meaning in addition to simply planning one’s life.

#### G = Goal Setting

1. **What is the ideal person you want to be — your best self?** Couple this with such questions as what’s going on in your life right now, imagine your ideal life, what matters most to you and what do you really want? Note Frankl’s logotherapy here as well as the person-centered influence of the real and ideal self. Implicit also is trait and factor theory and decisional counseling.

2. **What is the gap between here and your vision?** How does your vision of the future differ from the now? How does your real self differ from the ideal self? Here we see the early confrontation of the discrepancy between the expressed or implied goals from question No. 1. This is particularly characteristic of brief solution-focused counseling, person-centered counseling and motivational interviewing.

3. **Why does this vision really matter to you?** How does this goal make a difference in your life? Could we get more
specific as to how the vision or goal is defined? This is clearly a meaning issue. Achieving meaning and vision in life is often the most important issue we face in counseling. Yet, we too often get caught up in “problem solving” and fail to work with the real issues of life. “If you know where you are going, you can bear many challenges and problems.” Frankl would like this emphasis.

4. What strengths can you use to help you get there? This should sound very familiar to counselors. Coaching is a very strength-based and non-pathological orientation. Again, we would reference microcounseling positive asset search, positive psychology and the Myers/Sweeney wellness system.

5. What is the key challenge? What’s getting in your way? The language of challenge and possibility is used rather than the problem-focused approach prevalent in our counseling field.

6. What workable strategies can you apply? Which strengths, resources and positive assets can we employ to reach your goal? Rather than draw on external theories as is often done in counseling, the coach seeks to draw out from clients those things that might work and then shows clients how their existing capacities can be used to reach their goals. The Latin term *educare* describes this process. *Educare* is the root word of education, but the real translation is to draw out answers that already exist in the person.

7. How confident are you that you can reach this vision? How do you feel and think about yourself as we look at this goal? What’s going on in your life right now? Here we move to the area of emotions, and we want to use the executive right brain to focus on positive emotions (“Ac-cent-uate the positive and E-lim-inate the negative”). Coaching is not a negatively focused approach. We can best eliminate the negative from a strength-based positive psychology and wellness approach.

8. Are you ready and committed? Will you do it? On a scale of 1 to 10, how committed are you to change and action? This examines clients in the here and now and their level of motivation for reaching their goals.

9. Will you do it tomorrow? Can we write a contract for action? Let’s select something small enough so you actually want to do it and feel confident that you will. Coaching believes major change will not take place immediately but wants to start the process as soon as possible. If the client has a challenging goal, break it down into small, manageable steps.

There is no apology for the many questions in coaching. Perhaps it is the emphasis on client goals and strengths that makes this possible. Those with mental health issues or more complex individual issues are referred as soon as possible.

**Research**

As a new field, coaching is seeking to expand a relatively small research base. One might suggest that coaching researchers draw on existing research in related fields. For example, research around wellness and theories such as motivational interviewing and brief solution-focused counseling would appear to support the potential effectiveness of coaching.

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**Suicide Assessment, Sharpen Your Skills**

counseling.org/Counselors/TP/PodcastsHome/CT2.aspx

Among other things, this interview answers the following questions:
1) What is a thorough way to conduct a suicide assessment face-to-face?
2) What might be some differences between assessing suicide in children, adults, older adults, or families?
3) What are some issues of treatment planning with suicidal clients?

**Running Time:** 48 minutes

**Email speaker** Jason McGlothlin at jmcgloth@kent.edu

**Email host** Rebecca Daniel-Burke at RDanielBurke@counseling.org

To purchase the book: counseling.org/Publications/Bookstore.aspx?product=72861

To read more on this topic: suicidology.org/web/guest/home
Many data-based studies from microskills will support the skills basis of coaching, including attending and listening. Questions by themselves — without attention and attending to the client — are likely to be ineffective.

Each helping system needs its own research for support, justification and improvement of service delivery. Evidence-based coaching research is best exemplified by Tony Grant and his colleagues at the University of Sydney in Australia. His group found that a solution-focused coaching program lowered depression and anxiety, reduced stress and improved the general quality of life. A second study produced similar outcomes, while a third showed that the effects of coaching are maintained over 30 weeks. This group of Australian researchers has moved to examine mindfulness and coaching and concluded that short “mindfulness training before coaching seems to build ‘psychological muscle’” with accompanying better effects for change and reaching goals.

**Coaching summary:**
**Some challenges**

Despite a promising beginning, coaching has given little consideration to multicultural issues, those who are poor or working with social justice. On the other hand, many people who might refuse counseling are likely to accept the safer word “coaching” and its positive approach to change and growth. Coaching as an adjunct to interviewing, counseling and psychotherapy needs serious attention. As clients improve through their counseling and therapy sessions, working with them from a coaching approach will likely be useful in helping them to take action and maintain change over time.

Clearly, additional research on what makes an effective and ethical coach is needed. It is disturbing that literally anyone can call themselves a coach and market themselves at a high-dollar figure. But groups such as the International Coach Federation are striving for ethical coaching through certification and competence. At present, although many universities and professional schools are beginning to provide instruction on coaching, only a few degree programs are available, most notably coaching psychology at the University of Sydney.

As such, a window of opportunity for counseling and counselor education is open. The future of coaching seems solid. The popular media give considerable attention to college coaches, executive coaches, personal coaches, retirement coaches, wellness coaches and many others. It has been said that one cannot make it through today’s complex and confusing world without a good coach. And, finally, the coaching model would likely make for improved services in elementary and secondary schools because of its positive emphasis and solution-focused orientation.
Enhancing research in equity-focused college readiness counseling

In response to persistent inequities in college-going rates among student groups and the ongoing demand for accountability and evidenced-based school counseling practice, the College Board’s National Office for School Counselor Advocacy (NOSCA) and the Center for School Counseling Outcome Research (CSCOR) have collaborated to develop the NOSCA-CSCOR Fellows Program. The program was established to promote the high-quality dissertation research needed to shape school counselor practice and training that will result in more equitable educational outcomes and life futures for all students in the 21st-century economy and global market. The program seeks to advance substantive research that effectively ties into the goals of school counseling in the area of college counseling (preparation, planning and admissions) to advance an equity-focused mission in all schools.

To attain this goal, we will build a network of researchers who can share ideas, resources and expertise necessary to address the inequities in college readiness counseling, especially as it relates to the efficacy of school counselor training and practice through quality research conducted at the doctoral level. High-quality research is needed to guide equity-focused school counselor training and practice and to establish the credibility of the profession. It is critically important that doctoral students who aspire to careers as school counselor education faculty are supported in their dissertation research to address relevant questions using strong research designs. Dissertation research establishes both the launching pad and the trajectory for their research careers.

Too often, bright young doctoral students in school counselor education feel compelled to scale down their expectations for their dissertation work because of practical limitations. Difficulties locating partnership schools or districts and accessing needed content or methodological expertise can derail ambitious research. These obstacles are often the reason why some students decide to ask less important questions or employ less ambitious approaches to answering research questions.

To participate in the NOSCA-CSCOR Fellows Program, doctoral students, with the support of their advisers, commit to focusing their dissertation research in one of the eight areas identified by NOSCA as being critical to effective equity-focused college counseling:

1. **Student aspirations for college success.** Research enabling school counselors to help build a student-centered and systemically focused school culture leading to college readiness for all students.

2. **Academic planning and preparation.** Research enabling school counselors to advance students’ preparation, participation and performance in academic rigor necessary for equitable educational outcomes that connect to their career aspirations and/or future options.

3. **Enrichment and extracurricular engagement.** Research enabling school counselors to ensure students’ exposure to a wide range of enrichment and extracurricular opportunities to build leadership, nurture talents and interests and increase connectedness to school.

4. **College and career assessments.** Research enabling school counselors to promote equity in students’ preparation, participation and performance in college assessments and access and participation in career assessments.

5. **College selection process.** Research enabling school counselors to assist students in making informed decisions when selecting a college or university that fits their academic and personal needs and connects to their future career aspirations.

6. **College application and admissions.** Research enabling school counselors to create awareness, increase knowledge and actively engage students and their families to ensure timely action in completing college application and admissions requirements for more equitable outcomes.

7. **College costs.** Research enabling school counselors to create awareness, increase knowledge and actively engage students and their families in the process of securing funding for college by supporting and engaging them in timely action in completing financial aid, scholarship applications and other funding requirements for more equitable outcomes.

8. **Transitioning from high school graduation to college enrollment.** Research enabling school counselors to build support structures and safety measures for students and their families as they navigate the challenges that can derail students who are beginning their college experience.

Participating doctoral students are provided with access to external research mentors who have special expertise in the content related to the student’s research focus and/or the research methods to be used in the student’s dissertation research. Participating students will also have access to consultation, resources supporting their work (including bibliographies and references) and opportunities to share their ideas and interact with established researchers at periodic NOSCA-CSCOR Fellows Program meetings.

An organizational meeting of the NOSCA-CSCOR Fellows Program was held in March at the American Counseling Association Conference in Charlotte, N.C., where some specific research focus topics and questions were initially identified. A second meeting was scheduled for the American School Counselor Association Conference in June. The program is currently recruiting both doctoral student fellows and faculty mentors. Doctoral students are welcome to participate at any stage of their doctoral work if they can commit to focusing their research in one
of the eight areas mentioned previously and document the strong support of their adviser. The NOSCA-CSCOR Fellows Program is committed to honoring the important relationship between doctoral students and their respective advisers. The program will complement, not supplement, this relationship. Fellows and their dissertation advisers will be acknowledged and honored for their participation and research accomplishments.

Researchers are also needed to help shape the focus for specific research strands within the program and to provide mentoring, consultation and support for students. Researchers with specific expertise in an area of equity-focused college readiness counseling and/or a research methodology are needed.

Although the fellows program is designed for doctoral students, master’s students committed to a research-based thesis are also invited to participate with their advisers. Graduate students and research faculty who wish to express their interest in participating in the NOSCA-CSCOR Fellows Program can contact both Vivian Lee (ViLee@collegeboard.org) and John Carey (jcarey@educ.umass.edu) for the necessary application materials.

In creating a network of researchers and supporting the development of young researchers, we expect the NOSCA-CSCOR Fellows Program to help build the research base necessary for establishing effective college readiness counseling practice, addressing current inequities in accessing high-quality college readiness counseling and promoting effective training of school counselors in equity-focused college readiness counseling.

Counseling Strategies for Loss and Grief

Keren M. Humphrey

“Keren Humphrey has given mental health professionals a complete guide for working with diverse clients experiencing grief in a variety of forms. This book is well written, easy to understand, and is an excellent tool for beginning counselors or seasoned professionals.”

—Elizabeth A. Doughty, PhD
Idaho State University

Based on contemporary understandings of the nature of personal and interpersonal loss and the ways in which people integrate loss and grief into their lives, this innovative book focuses on tailoring effective interventions to the uniqueness of the griever’s experience. In Part 1, Dr. Humphrey discusses a variety of death- and non-death-related loss and grief experiences, offers conceptualization guidelines, outlines selected psychosocial factors, and describes intervention based on two contemporary grief models. Part 2 provides detailed therapeutic strategies organized according to focus or theoretical origins along with suggestions for implementation and customization to client uniqueness. Specific chapters include cognitive-behavioral and constructivist strategies, emotion-focused strategies, narrative therapy, solution-focused therapy, and adjunctive activities. The final chapter focuses on counselor roles and recommended professional and personal practices.

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Betty S. Hedgeman
Five-term treasurer of ACA was well-respected rehabilitation counseling leader

Betty S. Hedgeman, a leader in rehabilitation counseling, a former American Counseling Association treasurer and a past president of the American Rehabilitation Counseling Association, died May 3, 2009, in Albany, N.Y. She was 72.

Born in Dunkirk, N.Y., Hedgeman worked as a rehabilitation counselor for more than 45 years. She served as a supervisor for the Vocational Rehabilitation Unit at Bellevue Hospital before taking on the role of executive director at the Epilepsy Institute in New York. Much of her career was spent in the state-federal system, where she served as director of staff development and training for New York State Vocational and Educational Services for Individuals With Disabilities, part of the state department of education. Hedgeman also spent time as a rehabilitation counselor educator at New York University and the University at Albany.

Hedgeman held many leadership roles throughout her time in the counseling profession. The only person to have served as ACA treasurer for five consecutive terms, from 1995 to 2000, she also was a member of ACA’s Financial Affairs Committee for nine years. In addition, Hedgeman served as president of ARCA, the National Rehabilitation Association and the National Rehabilitation Counseling Association (NRCA) and was a member of the Council on Rehabilitation Education (CORE). She was a past ACA Governing Council representative for ARCA and had also served as chair of the Commission on Rehabilitation Counselor Certification, the National Board for Certified Counselors and the CORE Commission on Standards and Accreditation. She also held various leadership positions in state and local rehabilitation counseling organizations. To honor her contributions to rehabilitation counseling, NRCA established the Betty S. Hedgeman Foundation in 2007 and the Betty S. Hedgeman Lifetime Achievement Award.

“In addition to being a tireless advocate for those in need of rehabilitation services, Betty served with distinction as ACA’s treasurer during a critical time in the association’s history,” ACA Executive Director Richard Yep said. “Betty could ask the hard questions but did so in her efforts to make sure that the association remained solvent and was focused on the needs of our members. In the time that I worked with her, I found her to be an extremely caring person.”

Friend and colleague Joyce Breasure-Herrick remembers Hedgeman’s start as treasurer. “When I was elected president of ACA, ACA was not in the best of shape,” said Breasure-Herrick, who served as ACA president in 1995-1996. “So part of my job was to sort of redo things, and one of the things that desperately needed to be done was the finances.” After Breasure-Herrick was elected, Hedgeman called to congratulate her. “She said, ‘So if there’s anything I can do for you, you just let me know.’ I said, ‘Yeah, you can be treasurer,’” Breasure-Herrick remembers.

“She was just incredibly diligent and honest, and you had to be twice as prepared to answer any question she had — she was that prepared,” Breasure-Herrick said. “She could answer anything a board member threw at her and, believe me, they tried. It didn’t faze her at all. She was ready for anything anybody asked her.”

“Betty had an ability very seldom seen in others,” added Pat Mundle, a retired rehabilitation counselor who was Hedgeman’s colleague and friend. “She was brilliant, yet when she taught or otherwise explained something, she did so in such a way that anyone could understand the most complex of issues. She was also a great compromiser, always searching for that point on which all could agree.”

ACA Chief Financial Officer and Chief Operating Officer Richard Mozier said Hedgeman’s contributions on the Financial Affairs Committee and as treasurer left a legacy. During her years as treasurer, ACA realized excess revenues over expenses of nearly $2 million, laying the groundwork for ACA’s financial health and stability for years to come. Among the most significant achievements during Hedgeman’s tenure on the Financial Affairs Committee, Mozier said, were the adoption of the management services cost recovery system, the sale leaseback of ACA headquarters, the adoption of the producer price index as a guide in raising membership dues and the development of ACA’s investment policy.

“These accomplishments, while subtle, have had a far-reaching impact on the association,” Mozier said. “In creating and investing significant reserves, ACA has been able to generate significant passive revenues, which has allowed ACA to continue to introduce new programs, build, improve its infrastructure and weather economic downturns. The American Counseling Association would not be the same organization it is today without the dedication, commitment and service of Betty Hedgeman. Betty is renowned for her contributions to rehabilitation counseling and is a recognized leader in the field. Her achievements as ACA’s treasurer, while less recognized, have been and continue to be equally important.”

To colleague Jeanne Patterson, Hedgeman was a mentor. “Betty was always just a phone call away,” said Patterson, professor emeritus for the Rehabilitation Counseling Program at the University of North Florida. “Betty provided wise counsel and was always available to assist any individual or rehabilitation counseling association. Betty was passionate about her work in rehabilitation counseling but did as much work behind the scenes as she did in more visible leadership roles.”

Reading, baking, sudoku and listening to singer Anne Murray were among Hedgeman’s favorite pastimes.

Breasure-Herrick remembers Hedgeman’s light-hearted side, too. When the two traveled together to conferences, one of Hedgeman’s favorite things was to tell the waiter it was Breasure-Herrick’s birthday. “I’ve been sung to in five-star restaurants and little tiny restaurants all over the country,” Breasure-Herrick said. “She’d just sit there and laugh. She had quite a sense of humor.”

“She was just an incredibly loving human being,” Breasure-Herrick continued. “She was a great friend and has been long after our association days were over. We lost a good one.”

Hedgeman was the beloved wife of 30 years to the late Howard E. Hedgeman. She is survived by her devoted friend and caretaker, Ann Waters, as well as her sister Phyllis Kohler, her brother Thomas Syracuse, five nieces and nephews and five great-nephews.

Contributions in memory of Hedgeman can be sent to the Alliance for Homebound People, 16 Crimson Oak Ct., Schenectady, NY 12309-2234.
Opportunities abound at upcoming AADA conference
Submitted by Summer Reiner
smreiner@yahoo.com

Make your plans now to join your Association for Adult Development and Aging colleagues in Rochester, N.Y., for an exciting conference Aug. 7. Christine Moll, past president of AADA, will be giving the keynote speech; other presentations include “Female Baby Boomers and Prescription Drug Addiction: Taking a New Perspective,” “Dead Man Walking — Living While Dying.” “Living With Chronic Health Conditions: Childhood Through Adulthood” and “Spiritual Practices in Later Years.”

This conference, cosponsored by the College at Brockport, State University of New York, offers members low registration prices and a chance to spend the day catching up on continuing education units, learning about new counseling techniques, seeing friends and sightseeing.

What is there to do in Rochester? Well, since it will be August, there is plenty to do. We are about a half-hour drive away from the Finger Lakes, where you can sample some of the hundreds of wineries that surround the lakes. We are also a 15-minute ride from Lake Ontario State Beach Park, a perfect spot for an August swim. If wineries and sunbathing don’t interest you, the area has some of the best golf courses around.

For those of you who enjoy a longer car ride, Niagara Falls and Buffalo are about an hour from Rochester, Syracuse is about 90 minutes away and New York City is about seven hours away. Some of the other perks for attending a conference in Rochester include free shuttle service from the airport to the conference hotel. For more information and to register, visit aadaweb.org.

ACCA shares goals for coming year
Submitted by Greta A. Davis
davis_greta@yahoo.com

Hello to my fellow American College Counseling Association members. As president of ACCA, I plan to focus on several of our strategic objectives, including providing members with essential resources to advocate for themselves and our profession; developing leadership and mentoring opportunities for graduate students; and maintaining and developing partnerships with related higher education and college student development organizations such as the Higher Education Mental Health Alliance.

We’ve made great strides under the leadership of my predecessor Kevin Gaw. He commissioned a Community College Task Force (CCTF) to reach out to college counselors on two-year campuses, and I plan to continue supporting the efforts of the CCTF. In addition, the ACCA Executive Council will continue to move in the direction of hiring an executive director or utilizing a management service organization to help manage some of our day-to-day operations. Although this is unlikely to occur during my term as president, I plan to keep this strategic objective on the forefront as we make decisions that will impact our future.

If you’ve thought about getting more involved in ACCA, I’d encourage you to consider joining one of our many committees. Please visit our website at collegecounseling.org/committeechairs.htm and contact a committee chairperson to join.

We are also planning for the Fifth National ACCA Conference, to be held Oct. 6-9, 2010, in St. Louis! The conference committee could use your help. If you’re interested, please contact Sylvia Shortt at ssshortt@westga.edu.

In keeping with our newly adopted mission statement, my hope is that all college counselors will find ACCA to be “an interdisciplinary and inclusive professional home” where they can be supported in their efforts to provide high-quality services to students and their campus communities. I consider it an honor and a privilege to serve our membership as president of ACCA and look forward to working with you!

EB-ACA announces conference Learning Institutes
Submitted by Rebecca Brickwedde
bb4963@yahoo.com

The European Branch of the American Counseling Association would like to invite ACA members and friends to join us in Germany Nov. 5-8 for the 50th Annual EB-ACA Fall Conference. Themed “The Golden Age of Counseling,” this year’s conference will be held at the Flair Hotel Parkhotel in Weiskirchen. On Nov. 5-6, we will be offering a wide variety of two-hour mini-sessions. On Nov. 7-8, we will be offering three 15-hour Learning Institutes:

- “Crisis Intervention: Strategies and Resources for Optimizing Counselor Response — Applications for Mental Health and Substance Abuse Counselors,” presented by Casey A. Barrio Minton and Carrie A. Wachter
- “Self-Esteem Across the Life Span,” presented by Mary H. Guindon

Please visit the EB-ACA website at eb-aca.org for information about the hotel and continual updates about the upcoming annual conference program. Questions can be directed to Conference Chair Susan Stammerjohan at sasysusanna61@yahoo.com. Join us in Germany!
NECA to hold Summer Institute
Submitted by Kay Brawley
kbrawley@mindspring.com

It’s not too late to join us in Annapolis, Md., for the National Employment Counseling Association Summer Institute, “Building a High-Velocity Organization.” The institute will be held at the Annapolis Yacht Club on July 29.

What is a high-velocity organization? Imagine an organization has a vision so compelling that people wake up every morning excited about making this vision a reality. According to Umar Hameed, president of Productivity Cubed, who will speak at the conference, leaders in our organizations have the tools and skills to inspire people to go above and beyond the call of duty. Your organization can be made up of highly effective teams that set the standard for productivity in the counseling industry. From Hameed, you’ll learn how to build a high-performance organization for survival in these uncertain times and more.

Program speakers:

■ Gail Kettlewell, director, International Community College Town Center System, Sierra Leone; principal, International Center-Management of Education, Arts and Culture, George Mason University
■ Steve Muro: Department of Veterans Affairs acting undersecretary, Memorial Affairs, Federal Senior Executive Service
■ Michael Lazarchick, manager, Atlantic County OneStop Career Center, Department of Labor, New Jersey
■ Roberta Johnson, former professor, Politics and Public Service, University of San Francisco; author, Whistleblowing: When It Works and Why
■ Robert Chope, NECA president; counseling professor, San Francisco State University; cofounder, Career and Personal Development Institute
■ Mike Schroder, Division of Economic and Community Outreach, Towson University; developer of a OneStop website for military Base Closure and Realignment Commission
■ Bridget Brown, director, National Association of Workforce Development Professionals; public policy expert on what’s happening on national, state and local levels with making effective use of stimulus funding

ZipLearning sessions:

■ Soonhoon Ahn: “Global Career Issues”
■ Kimberly Key: “Why Men Get Paid More Than Women”
■ Carolyn Kalil: “True Colors in a World of Change”
■ Karol Taylor: “Latest Federal Application ‘Must Knows’ and O*net”
■ Tom Ayala: “Best Practice Employee Assistance Programs”

Register online at employmentcounseling.com by July 10.

Attention ACA divisions, regions and branches: Submit brief news articles to jrollins@counseling.org by the first of each month for inclusion in the following month’s issue of Counseling Today.
COMING EVENTS

AADA Conference
Aug. 7
Rochester, N.Y.

The Association for Adult Development and Aging Conference will focus on “Changing Our Perspective on Aging.” The keynote speaker will be E. Christine Moll. Presentations will include spirituality in adulthood, prescription drug addiction, chronic health conditions across the life span, reaching older parents and grandparents of K-12 students and living with terminal illness. To register, visit aadaweb.org.

AACE National Assessment and Research Annual Conference
Sept. 11-12
Norfolk, Va.

The Association for Assessment in Counseling and Education brings together professionals who have a special interest in diagnosis, test use, evaluation and outcome research. Our mission is to promote understanding of counseling outcome research, diagnosis and the professional use of counseling, psychological tests and educational assessment tools. Keynote speaker Ted Remley will discuss issues related to the ethical considerations regarding admissions testing. For more information, go to theaaceonline.com.

Eating Disorders Seminar
Oct. 8
Portland, Ore.

“Accessing the Language of the Body in Treatment” is a full-day seminar aimed at providing training for counselors who treat eating disorders. Participants will learn how to “attend” empathically and translate nonverbal experiences into cognitive insights. Experiential body/mind exercises will be used along with didactic presentation to integrate a more embodied approach into counseling practice. For more information, contact the American Dance Therapy Association at 410.997.4040 or e-mail gloria@adta.org.

ACES National Conference
Oct. 14-18
San Diego

The biennial conference of the Association for Counselor Education and Supervision will focus on the theme “Transformative Actions: Expanding Social Respect and Relational Consciousness.” Keynote speaker Dana L. Comstock will argue for “The Expanding Role of Counselor Educators in Dismantling ‘Rankism.’” Pre-conference workshops and the traditional preconference Women’s Retreat will also be held. For more information, contact Leah Brew at lbrew@fullerton.edu.

EB-ACA Fall Conference
Nov. 5-8
Weiskirchen, Germany

The European Branch of ACA will host its 50th annual fall conference, themed “The Golden Age of Counseling,” at the Flair Hotel Parkhotel in Weiskirchen. Visit the EB-ACA website at online-infos.de/eb-acan/main.htm or eb-aca.org for hotel and conference registration information. For further information, contact Susan Stammerjohan at sasa@coastal.edu.

FYI

The Journal for Humanistic Counseling, Education and Development, devoted to exploring humanistic issues, practices and perspectives, is looking for new editorial board members. Successful nominees will have a commitment to humanism (see c-ahead.com), a successful research and publication record, a strong interest in seeing quality research and position papers in the professional conversation and a willingness to review at least one manuscript monthly for the three-year term on the editorial board. Interested persons can self-nominate by sending a letter addressing the four qualifications above and a current vita to Colette Dollarhide at jhcead@gmail.com. Please send materials on or before Aug. 31.

The New Jersey Journal of Professional Counseling, now an all-online, blind peer-reviewed journal with published annual editions since the 1950s, is inviting manuscripts on counseling topics related to research, theory and practice for its 2009 edition. The submission deadline is July 15. Articles must be e-mailed in American Psychological Association format with “journal submission” in the subject line to editor J. Barry Mascari at mascari@kean.edu.

The Louisiana Journal of Counseling invites manuscript submissions for its 2009 edition. Research and practice-based submissions related to the field of counseling will be considered for blind peer review. Please submit an electronic copy to Peter Emerson at pemerson@lsu.edu. Questions should be directed to either Emerson or coeditor Meredith Nelson at mnelson@lsu.edu.

A simple program for a better relationship based in acceptance and commitment therapy

by Russ Harris, MD
author of The Happiness Trap

The Happiness Trap

US $17.95 / ISBN: 978-1572246225

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

**Maximize your potential — Professional Development**

- **ACA offers FREE ethics consultation**
  FIVE days a week with a 72-hour inquiry response time by Licensed Professional Counselors with a PERSONAL TOUCH.

- **ACA Career Services** not only provides information about careers in counseling, but it also gives you access to specially-selected counseling jobs through our alliance with Career Builder.

- **Private Practice Resources** - ACA offers a variety of books and online courses specific to private practice.

- **The ACA Insurance Trust (ACAIT)** promotes and administers quality insurance and services at competitive rates. ACA master’s level students now receive liability insurance coverage as part of their membership. In addition, all other ACA professional members with a HPSO liability insurance premium of $100 or more will receive a 10% discount on a new or renewing policy, and ACA new graduate members receive a 50% discount on their liability insurance premium through ACA’s insurance partner Healthcare Providers Service Organization (HPSO). Discounts on health, dental and life insurance plans are also available.

- **The ACA Foundation**, the philanthropic arm of the association, supports counselors through the Counselors Care Fund, Foundation publications and programs such as Growing Happy and Confident Kids, and grants and competitions offering awards as well as financial assistance to ACA members.

**Stay Ahead of the Learning Curve — Education**

- **ACA members earn one FREE CE credit each month**, or 12 per year, a member savings of $216. At the start of each month, ACA sends all members an e-mail identifying an article or book chapter that is featured that month through the ACA Online Learning program.

- **The ACA Annual Conference & Exposition** is an annual event featuring a treasure trove of programs that provide continuing education and ensure your life-long learning.

- **ACA Online Learning** provides professional development courses (post-degree for licensure or certification renewal credit) designed to help you fulfill your ethical responsibility to stay current in the field.

- **ACA’s monthly magazine, Counseling Today**, quarterly journal of counseling research and practical articles, Journal of Counseling & Development, biweekly e-news bulletin, ACAeNews plus four new special focus e-newsletters, website, counseling.org. Research Center and Online Library of resources are all designed to expand your knowledge, increase your skills and provide you with up-to-date information on the counseling profession.

- **The ACA-ACES Syllabus Clearinghouse** is a joint project of the American Counseling Association (ACA) and the Association for Counselor Education and Supervision (ACES). This unique resource was developed to help counselor educators discover creative approaches to course development, while also saving time and enriching the profession. The clearinghouse database is updated continually with new syllabi for all counselor educators.

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

- **As an ACA member, you’re part of a powerful force. A highly effective advocate for counseling, ACA leads the legislative charge on every contemporary issue facing the profession. ACA provides the latest information on legislation that directly affects you and those who you serve, as well as updates on funding and program support at the national and state levels.**

- **The ACA Government Relations listserv** provides you with free up-to-date alerts on new legislation affecting the counseling profession at the national and state level.

**Proud to be a counseling professional — Credibility**

- **Name recognition**: To be recognized as an ACA member brings a wealth of prestige and credibility.

- **By stating you are a member of ACA on your business and marketing materials assures those you serve that you are committed to the counseling profession, and that you adhere to the ACA Code of Ethics.**

- **Put your membership on display with a frameable membership certificate.**

**Expand your connections — Networking**

- **As an ACA member, you have access to numerous networking opportunities and a wide range of resources guaranteed to keep you in the loop professionally.**

- **The ACA Annual Conference & Exposition** is the biggest networking opportunity of the year for approximately 3,000 counseling professionals. Meet colleagues from around the world and in your hometown! Rub elbows with well-known authors—whose books you had to read in college—as well as successful practitioners and ACA leaders.

- **ACA interest networks and listserves** link you to your area of interest or specialty.

- **Division and Branch memberships** provide an opportunity to be more closely connected with your colleagues working in your specific interest and practice areas, and in your state.

**Wait, there’s more — Discounts**

- **Members receive exclusive discounts on all ACA resources and services, as well as discounts from outside organizations.**

- **ACA has created partnerships with industry leaders in insurance, credit, travel, identity theft and much more!**

  Membership in ACA saves you time and money; provides you with professional development and continuing education opportunities; helps protect your future through legislative and public policy advocacy; provides prestige and credibility; and increases your personal network. Your endorsement is the best way to introduce other counseling professionals to the resources essential in advancing their success.
YOUR PASSION. YOUR PROFESSION. OUR PURPOSE.
Join Us Today!

1. **MEMBER REFERRAL NAME**  
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   *Last Name* ____________________________  
   *(e.g., “Robert” not “Bob”)*  
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   *Zip* ____________________________  
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2. **Select Your ACA Membership**  
   [ ] $155  
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   [ ] $155  
   **Regular:** Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional membership.  
   [ ] $89  
   **New Professional:** Individuals who have graduated with a masters or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year) ___/___ and institution ____________________________  
   [ ] $89  
   **Student:** Individuals who are enrolled at least half-time in a college or university program.  
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3. **Make A Voluntary Contribution (Tax Deductible)**  
   *Optional, but a great way to support the profession!*  
   [ ] ACA Foundation $____________________  
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   [ ] Professional Advocacy Fund $____________________  
   [ ] Gilbert & Kathleen Wienn Award $____________________

4. **Total of Membership Dues** (Add total amounts from steps 2 and 3)  
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   *Voluntary Contribution(s) (Check fund(s) from #3)* $____________________  
   TOTAL AMOUNT REMITTED (add all items above) $____________________

   Membership in ACA means that you will abide by ACA’s bylaws and other governing documents and are qualified for the membership category selected. By becoming an ACA member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the ACA Code of Ethics (available to you at counseling.org/ethics) that can include appropriate sanctions up to suspension or expulsion from ACA and public notice about any such action.

   There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age, and/or disability.

5. **Payment Method**  
   *Total amount enclosed or to be charged $____________________*  
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The Department of Counselor Education at The University of Montana-Missoula is accepting applications for a tenure-track assistant professor, to begin Fall 2009 or Spring Semester 2010. Doctorate in Counselor Education or closely related field is required as is school or mental health license eligibility in Montana. Area of specialization is open, but applicants with expertise in school counseling or multicultural counseling are preferred.

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For a full position description and application instructions, visit: www.umt.edu/hr/AA/EOE/ADA/VETERANS PREFERENCE
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Required: Earned doctorate in Counselor Education. Licensure as a professional counselor and potential for or record of successful teaching and research.

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Submit a letter of application addressing qualifications and curriculum vitae to: Dr. Nancy Calley, Chair, Department of Counseling and Addiction Studies, University of Detroit Mercy, 4001 W. McNichols Road, Detroit, Michigan 48221-3038. Applications will be accepted until July 31, 2009.
WASHINGTON

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