Recognizing suicide risk

Also inside:
- Marketing techniques for counselors
- Getting to know Marcheta Evans
- A call for counselor advocacy
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Cover Story

Confronting the threat of suicide
By Lynne Shallcross
The possibility of a client's suicide is a specter that haunts many counselors, but what can be done to identify the risk and intervene before it is too late?

Features

Game might make difference in matters of life and death
By Nick Rogers
A computer-simulation game conceived by counselor educator Carrie Wachter Morris could become a pivotal cog in training aspiring counselors to assess for suicide risk.

The right medicine
By Jim Paterson
Marketing is a tough pill for many counselors to swallow, but done wisely, it can help restore an ailing practice to good health.

When much is given, much is expected
By Lynne Shallcross
In blazing her path in the counseling profession, three major factors have motivated incoming ACA President Marcheta Evans: her inquisitive nature, her upbringing and her desire to give back.

Reader Viewpoint
Call to arms
By Liz Cupo
A licensed mental health counselor challenges her fellow professionals to get involved in removing barriers to working with older adults and military service members.

Reader Viewpoint
Distress and hope in families raising children with special needs
By Susan Smith
A counseling student and mother of a child with special needs shares what counselors can do to provide support to families facing unique challenges.

The International Association for Counselling Conference: Counselling for a World in Crisis
By Lynn Linde, Courtland Lee, Cirecie A. West-Olatunji, Carol Bobby, Kimberly Frazier & James Linde
The theme of an international counseling conference proves prescient as attendees find themselves stranded due to the effects of a natural disaster hundreds of miles away.
A recent survey of college campuses nationwide suggests that eating disorders are on the rise, students are avoiding treatment and many schools lack the resources to help affected students. The survey, published earlier this year by the Eating Recovery Center and the Enrollment and Retention Services Division of EducationDynamics, polled 108 higher education professionals (42 percent of respondents were counseling staff).

Fifty-seven percent of respondents believe the numbers of college students with eating disorders are increasing. Additionally, 80 percent of those surveyed said their institutions' eating disorder resources are sometimes, rarely or never used. Respondents pointed to the following barriers standing in the way of students receiving treatment:

A) Students are unwilling to seek treatment: 82%
B) Students do not know they have an eating disorder: 48%
C) Students lack awareness of the school’s treatment resources: 34%
D) Students are embarrassed to seek treatment: 28%
E) The school lacks on-campus treatment resources: 28%
F) Students perceive a lack of anonymity in treatment: 23%
G) Staff and faculty do not know where to refer students: 18%
H) Students do not need to seek treatment: 8%
Excitement. Joy. Anticipation. Surprise. Humility. As my presidency approaches, I ask myself, “How did I end up with this great honor and privilege of service to my profession?”

A number of emotions and questions are floating through my mind as I write this first presidential column. American Counseling Association president! Have you ever waited for something for so long and then, once it finally arrived, asked yourself, “Now what?” Many people have invested themselves in our organization and contributed great work throughout the years, and I am committed to continuing — and building on — their legacy.

I want to express my thanks to all of you who afforded me this wonderful opportunity by voting for me. I appreciate your support tremendously and look forward to serving you to the best of my ability. For those of you who had other visions for this year, I hope you will be pleased with our work together once the year is done. I also want to thank those of you who have volunteered to serve on various committees and task forces. Your enthusiasm for your profession and your commitment are heartwarming. As we discuss your willingness to work, it makes me smile to see the excitement that comes with making a difference in our professional organization. I hope you are ready for all the exciting work we have ahead of us!

I also want to express my thanks to all the leaders from the various branches, regions, divisions and the Governing Council who work so hard on behalf of our profession. I have seen firsthand all the hard work and commitment that goes into doing a great job for your representative entities. I look forward to working with you this year. Finally, I want to express my thanks to immediate Past President Lynn Linde for mentoring me. Her commitment to leadership has been phenomenal, as have her efforts to ensure that the transition between her tenure as president and mine would be seamless. Thank you, Lynn!

As we move forward, our emphasis will be on the priorities that emerged during our strategic initiative planning process: improving member services for the 21st century, integrating research and practice, advocating for the profession and strengthening the organization. In addition, specific task forces and committees will focus on issues such as technology in counseling, crisis response planning, international development and collaboration. Finally, a special task force has been developed to work on a project involving ACA’s service to the New Orleans community throughout my year as president. Historically, various divisions have offered wonderful community projects. We want to continue those projects, but it is my hope that we can also offer sustainable services that will provide ongoing support for the community.

This month, we will hold the Second Annual ACA Summer Institute for Leadership Training, which includes leaders from the branches, regions and divisions. Special programming for emerging leaders is a major component of this leadership institute, which happens to be one of my favorite experiences professionally. To be surrounded by our profession’s leaders is a phenomenal experience. It is a time for us to connect, collaborate, plan for the future and determine how we can

Continued on page 41

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This straightforward guide emphasizes effective skill development for supervision in a variety of settings. Topics covered include the roles and responsibilities of supervisors, the supervisory relationship, models and methods of supervision, becoming a multiculturally competent supervisor, ethical and legal issues in supervision, managing crisis situations, and evaluation in supervision. User-friendly tips, case examples, sample forms, questions for reflection, and group activities are included throughout the text, as are contributing supervisors’ Voices From the Field and the authors’ Personal Perspectives—making this an interactive learning tool that is sure to keep readers interested and involved. 2010 • 304 pgs
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Executive Director’s Message

Meeting member needs at every step

Each July, we welcome a new group of volunteers to the leadership ranks of ACA. The level of enthusiasm I have already witnessed among these volunteer leaders encourages me. Leading our organization at the national level is Marcheta Evans, who will serve as ACA president through June 2011.

President Evans, a counselor educator from the University of Texas at San Antonio, has been a longtime leader in ACA at the branch, region and national levels. This past year, she served as our president-elect, and I found that she was engaged and very committed to preparing for the role of president.

As I have done occasionally throughout the past several years, I would like to solicit your opinion as to what you want your ACA to provide. We know that in an economy that has resulted in a loss of buying power, reduction in disposable income and a tightening of the job market, we need to do what we can to meet needs in a way that minimizes any additional financial burden on ACA members.

ACA has been fortunate to see an overall increase in membership during the economic crunch, which says a great deal about our members. It is also an indicator that our mix of products and services are resonating with those who choose to belong to the “world’s largest organized body of professional counselors.”

Our growth pattern has also provided a few surprises. For example, when broken down by membership category, ACA has seen phenomenal growth in the percentage of graduate students who are members. We expect continued growth this year. This means that as an organization, we have an obligation to provide the resources and services these individuals need to be successful as students and to prepare for their role as emerging professionals.

We also have to do our best at meeting the needs of midcareer professional counselors. Our members have embraced our use of new technologies and methods of communication such as blog posts, podcasts and an enhanced library of information available via the ACA website at counseling.org. This includes posting on our website many of the PowerPoint presentations given at the ACA Annual Conference this past March in Pittsburgh. For the 2011 conference in New Orleans (March 23-27), we hope to continue that service.

We also believe that those who need continuing education credits to maintain their state license appreciate the “CE of the Month” program we launched this past year. Simply by reading an article and taking a test (all online), ACA members can receive up to $240 worth of CE credits at no additional cost, all from the comfort of their homes or offices.

For counselor educators, the American Counseling Association-Association for Counselor Education and Supervision Syllabus Clearinghouse continues to add to an already-considerable library of course outlines submitted by your colleagues nationwide. Later this year, we will post a student membership recruitment video on the ACA website for use by counselor educators and others.

More than 20,000 of our members hold ACA professional liability insurance through Healthcare Providers Service Organization. We will continue working with HPSO and the ACA Insurance Trust to ensure that your policy’s benefits are the very best on the market.

Clearly, member needs vary depending on whether individuals are studying to become professional counselors, are in the prime of their careers or have become “elders” in the profession. I am confident that as the 2010-2011 ACA year progresses, our members will continue to excel at the services they provide. And as the economy improves, you will be exposed to new opportunities. You will need various resources, and ACA wants to be your partner in that endeavor.

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 rye@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.
I am a new professional and have just finished my master’s degree in professional counseling. During the last two years I was enrolled in that degree program, I became increasingly frustrated and disappointed with the counseling profession’s shift away from the wellness model on which it was founded and toward the medical model. Consequently, I was greatly encouraged to read John Swanson’s opinion article “Licensure and parity for counselors: What price victory?” in the May 2010 issue of Counseling Today.

When I was first researching graduate programs and discerning what degree and profession seemed best aligned with my personal worldview, I was elated to discover the field of counseling, its developmental perspective and the wellness model. Not long after I began my studies, however, I became aware that more and more counselors were getting into bed with the medical model. As a new professional with academic training in a CACREP-accredited program that places a strong emphasis on professional development, I find myself not only disappointed but in a state of confusion.

With the completion of my degree, my education and training have just begun. As I endeavor to continue learning and developing my skills and talents, my professional identity and my sense of self, I know I would benefit enormously from having mentors who embrace and practice the principles and philosophies on which this profession was founded. Unfortunately, it seems this group of individuals is becoming an endangered species, so I wonder what will become of all the other new professionals in our field who are in a position similar to mine.

I understand the desire and need to be recognized as competent therapists and professionals in the eyes of the public and potential clients. I also understand that as much as we are healers, we are also in business. Yet it seems that as a profession, we forgot the basic marketing strategies of emphasizing our uniqueness and differences when compared with mental health practitioners who work within the medical model. To be sure, these are challenging times for all of us. But I do not think the key to furthering our profession lies in leaving behind the strength and beauty inherent in the philosophies that make our profession different, especially in favor of becoming clones of those professionals operating within a model focused on pathology instead of health and well-being.

So I thank you, Mr. Swanson, and express my deep gratitude for your taking the time to voice your concerns and opinions and for your passion and dedication to our profession.

Jessica Malley, M.S.
Atlanta
jessica.malley@gmail.com

As a rehabilitation counselor, it has become increasingly clear that I am not welcome as a member of ACA. The “my way or the highway” attitude of recent years from generic counselors — requiring all counselors, regardless of background, to submit to the standard of a generic profession — is troubling. The May 2010 issue of Counseling Today is one more example of this attitude. Two articles in particular stick out: “A profession in peril” (by Francis A. Martin and W. Cris Cannon) and “Maturation of a profession” (the CACREP Perspective article by Craig S. Cashwell). Both articles suggest the only viable accreditation is through the Council for Accreditation of Counseling and Related Educational Programs and the only appropriate credentials are LPC (Licensed Professional Counselor) or NCC (National Certified Counselor).

About one in five counseling programs is accredited by CACREP. Clearly, it does not reflect the entire industry, or 80 percent of the graduate programs in the country would not choose to ignore participation in the standard. Rehabilitation counseling programs are accredited by the Council on Rehabilitation Education (CORE). More than 90 percent of rehabilitation counseling programs are accredited by CORE.

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ACA president lobbies Congress on school counselor issues

American Counseling Association President Lynn E. Linde recently held multiple high-level congressional meetings on the important role of credentialed school counselors in helping all students succeed in school and life. Linde and ACA lobbyist Dominic Holt met with expert staff of both the Senate Health, Education, Labor and Pensions Committee and the House Education and Labor Committee to discuss both the importance of school counseling services and ways to improve students’ access to school counselors. The meetings came on the heels of a May 12 congressional briefing that ACA spearheaded on behalf of the National Alliance of Pupil Services Organizations (NAPSO). The briefing highlighted NAPSO’s recommendations (which are in line with ACA’s recommendations) for reauthorizing the Elementary and Secondary Education Act (ESEA).

Linde’s meetings were part of ACA’s continued hard work to elevate professional school counselors in policy and practice, both with respect to ESEA as well as federal education spending. ACA is sharing recommendations for changing ESEA to increase investments both in professional school counselors and in comprehensive school counseling programs. Although education committee leaders have expressed interest in drafting ESEA legislation this summer, it is not clear whether either the House or Senate committees will meet that goal. Work done this year will help set the framework for possible reauthorization in next year’s 112th Congress.

For more information, contact Holt at dholt@counseling.org or 800.347.6647 ext. 242.

TRICARE counselor language making some progress in Senate, stalls in House

ACA’s effort to establish independent practice authority for licensed professional counselors participating in TRICARE is making progress but encountering resistance in Congress. TRICARE is the military health care program for service members, their dependents and retirees; it covers an estimated 9.5 million beneficiaries.

The Senate Armed Services Committee is moving slowly toward marking up this year’s bill to authorize defense spending, and language establishing independent practice authority for counselors is — for the first time — expected to be included in the legislation. The committee has traditionally opposed giving counselors the same authority that all other mental health professionals possess to practice independently under TRICARE.

This is an important step forward, but not all the news is good. The language expected to be included in the Senate’s defense authorization bill adopts requirements similar to those recommended by the Institute of Medicine in a report released earlier this year. The requirements would narrow the number of LPCs able to see TRICARE beneficiaries independently. Although not ideal, the Senate language provides our only platform for pushing forward on this issue later in the year with the House-Senate conference committee; the defense authorization bill approved by the House of Representatives (H.R. 5136) does not include any counselor independent practice language. The House has approved such language in years past, but this time, the House Armed Services Committee decided not to “tie the hands” of the Department of Defense (DoD) on this issue. On a side note, the House defense authorization bill includes a pilot program to provide personalized career development counseling to spouses of armed forces members and allows the DoD to enter into contracts with career counselors to provide these services.

ACA is working to gain independent practice authority for as many LPCs as possible. We believe the requirements included in the proposed Senate language will needlessly prevent many counselors from being appropriately recognized within TRICARE.

You can help push for fuller recognition of your profession by asking your congressman or congresswoman to cosponsor H.R. 3839 — legislation to establish independent practice authority for all LPCs participating in TRICARE. A large number of cosponsors on this bill will help refocus debate on recognizing all counselors and improve our chances of gaining adequate recognition of the profession within TRICARE.

Your representative is highly unlikely to cosponsor H.R. 3839 unless he or she hears from you! For more information, contact Scott Barstow with ACA at 800.347.6647 ext. 234 or sbarstow@counseling.org.

Student Veteran Counseling Improvement Act introduced

Rep. Chris Carney (D-Pa.) joined with Rep. Mark Kirk (R-Ill.) to introduce legislation (H.R. 5385) to increase access to counseling services for veterans attending colleges and universities. The legislation directs the Department of Veterans Affairs (VA) to establish a toll-free hotline that would offer mental and behavioral health professionals in institutions of higher education information on mental health counseling for veterans. The hotline would include information about dealing with post-traumatic stress disorder, traumatic brain injury, anxiety, depression, sexual assault or trauma, readjustment disorder and other service-connected mental health conditions. The legislation also directs the VA to provide training to mental health professionals at institutions of higher education to improve delivery of services to veterans at colleges and universities.

ACA strongly supports this legislation, and we encourage counselors to ask their representatives to cosponsor H.R. 5385. Enactment of the legislation would help pave the way for greater access to needed mental health services and supports for veterans, especially in conjunction with the VA’s expected implementation of counselor recognition policies later this year.
Let counselors practice independently in TRICARE

The issue: TRICARE is the military health care program covering some 9.5 million beneficiaries, including active-duty service members, their families and retirees. TRICARE covers services provided by licensed professional counselors and all other mental health professionals such as clinical social workers and marriage and family therapists. Unfortunately, current law requires counselors to practice under physician referral and supervision, while other mental health providers are allowed to practice independently. Recent studies and anecdotal evidence show service members and their families need better access to mental health care.

Legislation (H.R. 3839) has been introduced in the House of Representatives that would eliminate the referral and supervision requirement for counselors participating as mental health service providers in the TRICARE program.

Whom to contact: Your representative. Find out who your representative is at house.gov or capwiz.com/counseling. You can contact all House members by calling the Capitol Switchboard at 202.225.3121 and asking for a specific House member's office when the operator comes on.

Key message: Please cosponsor H.R. 3839, legislation introduced by Reps. Tom Rooney (R-Fla.) and Michael McMahon (D-N.Y.). This is a bipartisan, no-cost way of improving access to mental health care for service members and their families by giving equally trained providers the same ability to provide counseling services without first having to get a physician's referral.

For more info: Scott Barstow, 800.347.6647 ext. 234 or sbarstow@counseling.org

Improve counseling services for veterans in schools

The issue: Veterans need better access to mental health care. Although the Department of Veterans Affairs (VA) is attempting to scale up its mental health service staff — and is working to implement a 2006 law officially recognizing mental health counselors as service providers in the VA health care system — more needs to be done to ensure that veterans are getting the help they need. Reps. Chris Carney (D-Pa.) and Mark Kirk (R-Ill.) have joined in sponsoring the Student Veteran Counseling Improvement Act. The legislation tasks the VA with 1) establishing a hotline to help mental health professionals treat veterans with post-traumatic stress disorder, depression and other mental and emotional problems relating to their service and 2) providing training on working with veterans to service providers at colleges and universities. The legislation includes explicit references to licensed counselors as integral to these programs.

Whom to contact: Your representative. Find out who your representative is at house.gov or capwiz.com/counseling. You can contact all House members by calling the Capitol Switchboard at 202.225.3121 and asking for a specific House member's office when the operator comes on.

Key message: Please cosponsor H.R. 5385, the Student Veteran Counseling Improvement Act, introduced by Reps. Chris Carney and Mark Kirk. Veterans returning to college should have the best possible on-site support from mental health professionals.

For more info: Scott Barstow, 800.347.6647 ext. 234 or sbarstow@counseling.org

Please note: This month is a little unusual in that we’re asking you to contact your representative (not your senators!) about two different bills. Feel free to mention both bills in one contact, but make it clear that you’d like your congressman or congresswoman to cosponsor both bills and that you would appreciate a response regarding each of the bills. As always, be sure to leave your name and address with the staffer, and follow up again with the office in three weeks.

TPC

The Professional Counselor: Research and Practice

The Professional Counselor: Research and Practice (TPC) is a scholarly, online, open source journal focusing on counselor practice. Its primary purpose is to promote the practice of professional counseling worldwide by publishing original peer-reviewed manuscripts covering a wide range of empirical, theoretical and innovative counseling topics. The National Board for Certified Counselors (NBCC) invites manuscripts regarding:

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- Case studies
- School counseling
- Career counseling
- Counseling in student affairs
- Spirituality in counseling
- Counseling diverse populations


LATE SPRING 2010
Rebecca Daniel-Burke: What is your current counseling position?

Meg Selig: I retired from St. Louis Community College in 2005 to write a book that had been on my mind for a long time. Routledge published that book in late 2009 as Changepower! 37 Secrets to Habit Change Success. I had turned 65 a few months before and was thrilled to realize my old dream of being a published author at last. So now my main “job” is giving talks about my book to professional groups, libraries, community organizations and basically anyone who wants to hear about successful habit change.

I still teach an eight-session Habit Change class every semester at St. Louis Community College at Florissant Valley and help out occasionally in their counseling center, where I worked full time for 18 years. Habit Change was a class I developed 10 years ago. This spring, for the first time, I used my own self-help book as a text for the class. It was so exciting to get feedback from my students about what they learned from the book and class.

So, I’m retired the way most people are retired these days — not! I’m just pouring my energy into writing, teaching and speaking rather than into one-on-one counseling.

RDB: What led you down the path toward a profession in counseling?

MS: I started out teaching in middle school and had a terrible, traumatic first year of it. I realized that I needed better ways to communicate with students and everyone else. I joined a communication skills group — it was a structured therapy group — and attended faithfully. By the end of my two years in that group, I felt much more competent as a listener, teacher and person. I decided to pass on what I’d learned by becoming a counselor myself. I also became intrigued by the power of groups to generate positive changes.

RDB: As you moved through school, was there one theoretical orientation that you gravitated toward more than others?

MS: I gravitated toward the Rogerian approach. I was amazed that empathy was such a powerful tool for helping people change. When I realized I needed to bring more focus to my sessions, I began to use cognitive therapy and solution-focused therapy as well. I’m intrigued with how ideas in our minds can affect feelings and actions. I explain in my book how motivators — powerful ideas — can provide the impetus for change.

RDB: Please say a bit about your favorite counseling position. How was that job for you?

MS: I have loved working at St. Louis Community College at Florissant Valley, where I’ve been a counselor since 1987. The incredible variety of students; two wonderful department chairs, Ralph Ankenbrand and Joe Worth; great colleagues; the orientation toward teaching and learning — all these things played a part.

RDB: Where does your predominant theoretical orientation come into play in your work?

MS: I always try to build on a solid foundation of listening and empathy. If I don’t, I tend to end up moving too fast for the client or taking over with my so-called “expert advice.”

RDB: How might you start with a client coming to see you with a problem?

MS: I find that a “tell me” sentence — as in, “Tell me why you decided to come in today” — gives the client some room to expand on his/her situation. In the first session, I also discover if I can rule out “harm to self or others.” If not, I go into crisis mode. If so, I then move to gathering background information and helping clients define their goals in counseling. How will they know if we’ve been successful? Questions like that, so we can know from the start what success is for that client.

RDB: How did you determine what area of counseling you were passionate about?

MS: My passion for health psychology came about because of a personal experience I had in my 20s. A beloved aunt chose to continue smoking even after having one lung removed. She died several months after her surgery. That was when I made the decision to quit smoking myself in honor of my aunt’s life and death. Since that event, I have always been on the lookout to find ways to help students and clients create healthy habits.

When I discovered (James) Prochaska and (Carlo) DiClemente’s stages of change model, I exclaimed, “Eureka!” I had found the beginning of my book and subsequent curriculum for my class. I self-published my curriculum materials, then I wrote Changepower! Not only do I retell my aunt’s story in that book, but my life’s work is now about successful habit change.

RDB: So many counselors would like to self-publish their thoughts, ideas and clinical discoveries, yet few actually do. What gave you the chutzpah to do that?

MS: I benefited greatly from assertiveness training groups, first as a student, then as a teacher. I had been on the lookout for a small group model that would be as helpful to others as assertiveness training had been for me. I had seen some small group models for addiction rather than habit, so I saw a need for a habit change curriculum that could be used in school and community settings and thought I would create one. When I discovered the stages of change model, I realized it was the perfect structure for organizing a psychoeducational group. Of course, all that assertiveness training helped me acquire some chutzpah, too.

Also, I did harbor a secret hope that a publisher might pick up my curriculum materials someday. Whether that ever happens or not, teaching and keeping my curriculum updated has kept me in the know about the latest research in motivation, willpower and habit change. All that research came in handy when I decided to write my self-help book, which
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So many mistakes! Too numerous to list! I think what I really learned from my mistakes is to trust what my clients say, or at least give them the benefit of the doubt, even when their experiences seem to be out of my realm of understanding. Information gathered from client self-report is very important.

Is there a saying, a book or a quote that you think about when you need to be inspired regarding your work or when the going gets tough?

I love quotes and sayings and often memorize my favorites. My book is full of juicy quotes. When working, I like to remember this quote from Rudolf Dreikurs: “Have the courage to be imperfect.”

What ways do you find to take care of yourself and to fill yourself back up?

I enjoy all the little pleasures of daily life with my partner Brian. He's more laid-back than I am; just his attitude gives me perspective on my problems. I also take time almost every day to do a five-minute meditation or 15 minutes of yoga. This is a fragile habit, however. I have to consciously work to relax. My default mode right now is to just keep going until my eyes cross.

I love exercise and have an ironclad Monday to Friday moderate exercise habit. Exercise lifts my mood, keeps me at a healthy weight and relieves stress. Now that more and more research points to exercise as a way of maintaining brain function, I’m even more determined to keep my exercise program going.

Is there anything else you want our readers to know?

I would encourage all counselors to realize what a great contribution they are making every day. By creating a healing and respectful environment for their clients, they are making the world a more humane and friendly place for all of us.

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

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

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Rebecca Daniel-Burke is director of the ACA Career Center. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

Letters to the editor: ct@counseling.org
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Codependency: Good, bad or both?

Periodically, New Perspectives dedicates space for new professionals or graduate counseling students to share developmental experiences in their own words. This month, Isabel Kirk both explores and challenges the definition and diagnosis of codependency. A 2008 graduate of the professional counseling program at Argosy University’s Washington, D.C., campus, she works in private practice and in community agencies in the Washington metro area.

Isabel Kirk

As a new professional in the field of counseling, I am impressed with the number of clients who seek help for “codependency issues.” This prompted me to research and try to resolve my unease with the use of this term. Many of my clients have received the codependent label from partners, friends or therapists. Others have attached the label to themselves because they are not like other people. Most of them come looking for a “cure” because being codependent is not good. The term implies needy, clingy and even disturbed.

I do not disagree that some people present pathological levels of codependence. But I wonder if, in general, we are applying this label appropriately or if its negative connotation is fair. As 21st-century mental health professionals, what is our role regarding this matter? Do we need to reconsider its definition, context and applications? We are recognizing more and more, for instance, that the bipolar category is often misdiagnosed. Is the case the same with codependency?

I believe the term might be very often used mistakenly. The term originated from the study of alcoholism in the 1970s. According to Merriam-Webster’s Medical Dictionary, codependence is a psychological condition in which a person is controlled or manipulated by another who is affected with a pathological condition (such as an addiction to alcohol or heroin). In 1987, Melody Beattie introduced the term to the self-help world with her best seller Codependent No More. Today, if you look on the Internet, definitions are endless, and treatment options to cure it abound. Regardless of what it means exactly, we have learned that codependency is bad. But do we, as mental health professionals, know the real definition of the term? Or could we be in part responsible for its negative connotation? Let’s look at this issue.

Main considerations

During my research and consultation with colleagues and supervisors, I came up with three main points.

1) Merriam-Webster’s Collegiate Dictionary defines dependence as “the quality or state of being influenced or determined by or subject to another.” Dependency is necessary to establish any type of relationship, right? After all, we need to depend on others and let others depend on us to be in relationship. So what might be wrong with the preposition co? In the context of this discussion, a codependent is a person who is too close to one of the extremes on the spectrum of a healthy relationship. If that is the case, the client and the therapist need to identify this so the client can learn a better way to relate.

2) During my journey, I found a new term, counterdependency, which takes us to the second consideration. In their 2004 book, Counter-dependency: The Flight From Intimacy, relationship experts Janae B. and Barry K. Weinhold defined the term as the “other face of codependency.” Their years of research demonstrates that there are people who struggle to form relationships because they are too close to the pole of independence. This represents as much of an obstacle as codependency does. We need to establish a balance.

The problem is the denial of our culture. The masses praise and admire counterdependency, while codependency is made out to be shameful and is overdiagnosed. Even the Diagnostic and Statistical Manual of Mental Disorders lists dependency as a personality disorder, but there is no “independent” personality disorder category yet.

In her book Fear and Other Uninvited Guests, psychotherapist and relationship expert Harriet Lerner emphasizes how we tend to condemn or diagnose people who exhibit high levels of anxiety or fear. But we do not do the same with people who lack the capacity to feel or express feelings. Therefore, people who present counterdependency go untreated and condemn codependency without knowing they are the other side of the coin. In her latest book, Hold Me Tight, Sue Johnson, founder of emotionally focused couple therapy, explains in detail how the need to connect to another human being is innate, just as much as the need to eat.

3) So is codependency a pathological condition, or does it depend on the context? Our society values self-sufficiency, strength and achievement. These values understandably create a glorified pursuit of independence. The problem is that many take it to the point of narcissistic self-absorption or, even worse, as the measure for a relationship’s health. The cost: high rates of divorce, loneliness and depression. When Mother Teresa was asked what she might anticipate becoming the worst disease in the Western world, her answer was loneliness. She said, “One of the greatest diseases is to be nobody to anybody.”

This raises some questions. Are the rates and signs of codependency the same everywhere? Are there more codependent people in other cultures where relational
patterns are different, or has the Western world taken its negative connotation to the extreme? And if so, are we, as clinicians, guilty of perpetuating this condition?

Conclusion
The problem with the term codependency might be a matter of semantics. But we need to decide. Relationship experts agree that the goal is to achieve interdependence. Consequently, both patterns — codependence and counterdependence — need to be faced and changed.

Is treating codependency as an addiction the best approach? What about the combination of relational and addictions approaches? I believe that before we continue treating codependency, we need to redefine the term. It is also imperative to agree on what the best treatment approach is so that the client’s self-esteem doesn’t deteriorate when being referred to an Alcoholics Anonymous group.

Beattie attempts with her latest book, The New Codependency: Help and Guidance for Today’s Generation, to clear up some of the confusion over the topic and to remove some of the stigma the term has attracted. Perhaps if we, as professionals, start reconsidering the concept, we can help our clients begin to let go of embarrassing labels. After all, as Mitch Albom wrote in his best seller Tuesdays With Morrie. “What is wrong with being dependent? When we are babies, we need others to survive; when we are old, we need others to survive; and in between, we need others even more.”

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 an article to this column, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org
Q: While waiting for completion of my LPC (licensed professional counselor) hours, are there any insurance companies that allow for billing as a registered psychotherapist without having my LPC? I know that many therapists who hold a master’s degree allow their clients to submit insurance receipts rather than try to do it themselves.

A: First, because you do not have a license to practice independently, we will assume you are working under supervision. Second, we assume you have discussed this scenario with your supervisor (also see the question below) and are now seeking a second opinion.

Insurance companies will not reimburse your counseling services unless you attain a LPC to practice independently. Before counseling begins, you must provide clients with an informed consent document that makes them aware you are offering counseling under a supervisor and that gives them other information regarding fees. Other clinicians can give their clients a superbill (see counseling.org/Counselors/PrivatePracticePointers.aspx) or a CMS-1500 insurance form, but insurance companies will not reimburse clinicians who are not licensed at the appropriate level. We have heard of clinicians billing under another clinician’s name and National Provider Identifier (NPI) number. That practice, of course, is fraudulent.

Q: I am supervising an intern, and her client would like to bill her insurance company. Can I bill under my name if I am supervising the case and signing off on case notes? I would appreciate feedback from someone with experience in this.

A: Of course you can’t. As mentioned in the answer to the previous question, it is considered fraud to bill for services rendered under another clinician’s name and NPI number. Working under a supervisor must be spelled out in the informed consent document, which should also include the terms of fees and payments. Even if the clinician is licensed to practice independently, a supervisor cannot bill for services rendered if he or she did not personally provide those services.

Q: I started with a new client this month and have been billing the insurance company my hourly fee of $130. The client pays me every session but has a $2,500 deductible, which has not been met yet. She received a statement from her insurance company stating the in-network contracted rate for therapy is $75.60. Does this mean I can’t bill her $130 and that she should be paying me only $75.60?

A: You can only collect the contracted rate of $75.60 from your client. We recommend that you bill all insurance companies, managed care companies and third-party payers your regular fee of $130 (see the question below). They will apply the contracted rate and discount or waive any portion of your fee that exceeds their contracted rate. When you verify the client’s insurance coverage, verify the maximum fee or percentage allowed.

Q: I have contracts with a number of insurance and managed care companies that have different fee schedules. One insurance company has different fees under the same plan. Some pay as low as $30 per hour, while others pay...
much higher rates! How do I bill each company the correct fee?

A: Even though you have a contract with a specific insurance company, it is important to verify the client’s insurance coverage. Depending on the plan purchased by the client’s employer, fees and coverage can vary greatly within the same company.

Also, it is important to bill your normal fee regardless of what you think the insurance company will reimburse. We have heard from multiple professional counselors that when they billed the company’s stated insurance fee, they were reimbursed only a percentage of that fee.

For example, if your fee is $130 and XYZ insurance company pays 85 percent up to a fee of $100, the maximum reimbursed fee would be $85. But if you bill $85 (the maximum amount the insurance company stated it would pay), the insurance company will pay you $72.25 (85 percent of $85). Oops! You just took an inadvertent pay cut. We work too hard as counselors to have that happen.

The Illinois Mental Health Counselors Association is sponsoring the workshop “Starting, Maintaining and Expanding Private Practice” on Sept. 11 in Oakbrook, Ill. Check the website at imhca.org/calendar/workshops_other.html for details.

On Sept. 18, the Louisiana Counseling Association will sponsor a preconference workshop, “Starting, Maintaining and Expanding Private Practice: Surviving or Thriving,” at its annual convention. Online registration is available after July 1 at lacounseling.org/index.php?option=com_content&view=article&id=128&Itemid=191.

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

Letters to the editor: ct@counseling.org

Cyberbullying: What Counselors Need to Know

“Dr. Bauman does a great job of providing readers with a comprehensive and illuminating overview of this disturbing issue. The ton of resources and research she presents makes this book a valuable, ready reference.”

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This informative book offers complete, up-to-date coverage of the growing problem of cyberbullying. Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students’ face on the Internet. 2011 • 215 pgs

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Evaluation Policy and Evaluation Practice: New Directions for Evaluation 123, Fall 2009

Are you doing a good job? Are your clients getting better as a result of your interventions? Is society getting a significant return on its investment in your work? More important, can you prove it?

Evaluation Policy and Evaluation Practice is designed to help you answer exactly those kinds of questions. The book is part of the New Directions for Evaluation series, published quarterly by Jossey-Bass in conjunction with the American Evaluation Association (AEA). For the record, William M. K. Trochim is director of the Office for Research Evaluation at Cornell University; Melvin M. Mark is head of the Department of Psychology at Pennsylvania State University; and Leslie J. Cooksy is a faculty member at the University of Delaware and president of AEA.

The relatively concise volume is composed of seven chapters written by various experts in the field of evaluation. Whereas most of the book is written in a distinctly American voice, it was refreshing to find that two of the chapters examine evaluation policy in the European Union and the Netherlands. The inclusion of international perspectives serves to give the ideas presented a much more universal appeal.

As the editors observe in the initial chapter, “There is not a single, generalizable answer to the question of how evaluation policy is set.” The editors then proceed to discuss the implications of this reality in terms of how a variety of different stakeholders conceptualize evaluation.

During the past two decades, a discernible shift has taken place in most disciplines toward “evidence-based” practices. In the United States, for example, the federal government has accentuated empirical verification as a primary criterion in evaluating research proposals in the social sciences and education. Applications that do not include an evaluation component grounded in scientific research typically are not funded. This change has had a profound impact on fields such as mental health counseling, which has not historically engaged in or even valued this kind of external validation.

Along these lines, Trochim notes that “President Obama has pledged to review all government programs to identify those that work and those that don’t, and to make vital programs work better than they do now.” It is no longer acceptable to engage in strategies or techniques that, on the basis of the perceptions of those engaged in the practices, just “seem to work.” The anecdotal documentation typically offered as “evidence” of their success is no longer adequate as a justification for their continued use.

In a particularly engaging chapter on the role of evaluation policy in government programs, Eleanor Chelimsky describes three levels of political pressure that have a direct influence on precipitating the need for a more definitive framework from which to operate. These levels are “cross-branch politics,” which encompasses the almost constant tension between the executive and legislative branches, the “bureaucratic climate” that exists within any given agency or department and the “dominant professional culture” that tends to characterize the unit. Chelimsky does an exemplary job of clarifying the rivalries and resentments that often arise as an inevitable consequence of these pressures. Her discussion affords the reader some very interesting insights into how evaluation policy is often translated into evaluation practice.

It should be noted that Chelimsky has the credentials to speak authoritatively about her subject matter. For 14 years, she oversaw a division of the Government Accountability Office that was responsible for conducting formal evaluations for Congress in a number of different areas. She had a staff of about 100 social scientists at her disposal. If nothing else, she reminds us that even so-called empirical studies are still subject to the prejudices inherently associated with human preferences and biases.

Toward the end of the book, the editors argue convincingly that “the development of sound evaluation policy may be especially important in a context of the economic uncertainties.” This is a nontrivial point that is hardly controversial. As our efforts to address societal problems are increasingly constrained by fiscal realities, evaluation will take on an even greater significance. Those who are unable to substantiate that their efforts are making a difference in a precise and verifiable way will eventually find themselves with decreasing resources.

Evaluation Policy and Evaluation Practice is an excellent resource for counselors attempting to establish the efficacy of a particular therapeutic approach. The implications are unambiguous; this is a dimension of professional practice that will continue to expand in scope and priority.

As Trochim, Mark and Cooksy point out, we all need to become more comfortable with the notion of constant evaluation. It must be seamlessly integrated into every aspect of what we
A small sampling of other recent titles that counselors might find informative or interesting.

**Think Confident, Be Confident: A 4-Step Program to Eliminate Doubt and Achieve Lifelong Self-Esteem**

Longtime associates of the Beck Institute of Cognitive Therapy and Research, Leslie Sokol and Marci G. Fox have produced a highly readable, user-friendly and reasonably priced handbook that addresses the widespread issue and impact of overpowering self-doubt. In clear, compassionate steps, this book urges readers to 1) label self-doubt, 2) question it, 3) rethink it and 4) take action against debilitating self-doubt that can interfere with the ability to lead a productive, happy life.

Utilizing a cognitive approach, these authors pose practical, effective methods for addressing a lack of confidence in any area of life. “Doubt tests” help readers identify their styles of relating and determine whether a doubt is a realistic concern or an “enemy within.” Specific examples that most people can easily relate to (for example, your colleague did not say hello to you) model both doubtbased responses (“I wonder if he’s mad at me”) and realistic responses (“From past experience, the most likely explanation is that he’s distracted”). The book is filled with strategies, possible responses, cognitions and reality tests that will be useful to many people in many situations. Looking at “if/then” thinking patterns (“If I make a mistake, then I am a failure”) is particularly helpful in encourag-

This book is highly recommended for counselors who work with adolescent/adult students or clients in virtually any setting. Recognizing, rethinking and replacing negative thoughts with reality-based confidence is the goal of this book — and it does a splendid job of doing just that.

Reviewed by Ruth Harper, professor of counseling and human development, South Dakota State University.

**Career & Caregiving: Empowering the Shadow Workforce of Family Caregivers**

This book from NCDA takes a highly personal look at the issue of caregiving from the perspective of what Donald Super would call a “significant life role.” At some point in their lives, most people face the need to provide care for another person and, eventually, to accept care from others. Almost every chapter in this monograph shares a deeply private set of circumstances that the contributors hope will help others plan for and cope with such situations.

Given the aging of the U.S. population and the current state of the national economy, families will be well served to consider in advance how they will handle the special strains and stresses of caregiving, from accessible housing options to necessary breaks from paid employment. One lesson many of the contributors have learned is that to better be able to assist others — as well as to possibly require less help oneself — it is important to actively pursue one’s own physical and mental health. Another lesson is the editor’s valuable suggestion of employing a planning team “because family caregiving is an endeavor that affects all aspects of a caregiver’s home and work life.”

This moving monograph will be of interest to those in the helping professions who face extending their caring responsibilities into their family and personal lives. The resource would be strengthened, in some areas, by more current statistics regarding older adults, as well as a broader scope (beyond the anecdotal). That said, this small volume packs an emotional wallop that perhaps can best be conveyed by individual experience.

Reviewed by Ruth Harper.

**Please Knock!**

Through clinical experience and research, Erin Dolgan has crafted a beautiful collection of short poems that facilitate the important discussion of children’s personal safety. Within Please Knock!, Dolgan aims to address the issue of “relative danger,” noting that the majority of sexual abuse stems from family members, friends or other trusted adults.

Please Knock! is written in simple language for children, but it has the potential to educate countless parents and families about the risks of abuse and victimization. Specifically, this book will assist parents who may be uncomfortable approaching the sometimes sensitive subjects of personal space and intimacy. Dolgan gracefully tackles these topics, along with the related issues of modesty, trust, growing up, secrets, respect and mistakes adult make. The poems and illustrations allow children to understand these issues in a developmentally appropriate manner.

Most significantly, Please Knock! allows children to understand that their voices are important and that they can be heard. Professionals could use this book to provide an avenue to empowerment for children, helping them to express their feelings regarding dangerous or inappropriate situations.

Reviewed by Tamara Nold, graduate student in counseling and human resource development, South Dakota State University.
do. Their book serves as the perfect guide for this process.

Reviewed by Aaron W. Hughey, professor of counseling and student affairs, Western Kentucky University.

Creating Your Professional Path: Lessons From My Journey

Professional development is the overall theme of Creating Your Professional Path: Lessons From My Journey, making it a very useful, comprehensive resource for graduate counseling students as well as new professionals beginning their careers as practitioners or counselor educators. With a career spanning half a century as a counselor, counselor educator, supervisor and prolific writer in the field, Gerald Corey brings tremendous credibility to the task. This text provides a theoretical framework for developing a personal approach to counseling, group work and becoming an ethical counselor, while also stressing the importance of both obtaining and becoming a mentor.

In Chapter 2, Corey explains the personal and professional aspects of being a counselor and includes some of the frustrations and challenges involved. Stories from a variety of practitioners drive home these themes.

Chapter 8 is particularly useful to doctoral-level students because it focuses on the importance of becoming a good writer. Corey details the experience of completing a dissertation, as well as preparing effective proposals for presentations at professional conferences, producing meaningful letters of recommendation and tackling articles for professional journals.

Master’s-level students will find Chapters 3 and 4 particularly enlightening. Chapter 3 discusses the significance of being mentored as a new counselor as well as the joys of learning to mentor others. Corey finds that both aspects of this crucial process provide a sense of connectedness among counselors. Chapter 4 addresses the concept of developing a personal approach to counseling. Here, Corey provides a brief overview of the major counseling theories. One of the central lessons of this book is to give yourself time to learn and discover. In reading this book, you’ll be doing just that.

Reviewed by Stacey Stump, doctoral student, North Dakota State University.

Casebook for Clinical Supervision: A Competency-Based Approach

Providing competent clinical supervision is a daunting task for many counselors. All too often, clinical supervisors are practicing clinicians with little to no training in clinical supervision practice. The Casebook for Clinical Supervision: A Competency-Based Approach aims to help the reader conceptualize and provide supervision from a variety of approaches, including developmental, theoretically based and systemic perspectives.

Dialogues between supervisors and supervisees within the different chapters provide well-illustrated examples of the various modes of supervision in practice. The resulting blend of theory and practice provides the reader a clear vision of how to establish a supervisory relationship that results in strong clinical competence.

Consisting of 11 chapters from multiple contributors, this text offers insights on navigating varying aspects of clinical supervision, including addressing legal and ethical concerns in supervision and evaluating and enhancing supervision. Each chapter highlights a specific supervision approach while providing the reader with tools and considerations for implementation. The text transitions smoothly from one approach to the next, providing a satisfying sampling of supervisory strategies.

Particularly fascinating to clinical supervisors will be Chapter 7, which outlines a relational approach to supervision and focuses on addressing discord in both the therapeutic and supervisory alliances. Utilizing relational methods, authors Jeremy D. Safran, J. Christopher Muran, Christopher Stevens and Michael Rothman offer a unique approach for handling ruptures or strains within a therapeutic or supervisory alliance. The chapter clearly outlines a model to implement in group supervision sessions utilizing mindfulness exercises, video and audio tapes and role-plays. It also offers suggestions for debriefing at the end of the group meeting. This well-organized chapter enables the reader to clearly conceptualize this approach, and understanding is further enhanced by a real-life example.

Although individual chapters do not provide enough information to expertly implement any one specific approach, the diverse approaches illustrated throughout the text provide a launching pad for supervisors to begin exploring which clinical supervision styles correspond best with their own beliefs, values and goals for their supervision practice. The Casebook for Clinical Supervision would be a valuable resource for beginning clinical supervisors and counselor educators who are working to enhance competencies in clinical supervision.

Reviewed by Amber Bach-Gorman, mental health counselor and doctoral student, North Dakota State University.

Ruth Harper is a professor of counseling and human resource development at South Dakota State University. Contact her at Ruth.Harper@sdstate.edu.

Letters to the editor: ctc@counseling.org
Find Fresh Ideas for Your Courses in These Top-Selling ACA Textbooks!

ACA Ethical Standards Casebook, Sixth Edition
Barbara Herlihy and Gerald Corey

The Casebook provides a detailed analysis of the 2005 ACA Code of Ethics, a foundation for ethical decision making in counseling practice, and expert guidance in applying ethical standards in work with diverse clients. The sixth edition reflects the latest changes in the Code, including modifications to thinking on dual relationships, online counseling, and the nuances of culturally sensitive counseling.

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Albert B. Hood and Richard W. Johnson

This handbook describes the basic principles of psychological assessment and the most widely used tests by counselors. Hood and Johnson explain how to choose and administer testing instruments, conduct assessments, and interpret and communicate test results. More than 100 instruments on intelligence, academic aptitude, career development, personal values measurement, interpersonal relationships, mental health, and ethnic minority populations are discussed.

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Anne Marie “Nancy” Wheeler and Burt Bertram

In this text, Wheeler and Bertram provide an overview of the law and the potential areas of liability that counselors may encounter. It is revised in accordance with the 2005 ACA Code of Ethics and contains current information on federal and state law. Topics addressed include: self, professional boundaries, records and documentation, and managing your practice.

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edited by Courtland C. Lee

Innovative techniques for working with 21 diverse client populations are presented in this text. New chapters on working with multiracial individuals and families, Native Americans, African American women and girls, Korean Americans, GLBT persons, people with disabilities, and socioeconomically disadvantaged clients are included, as are chapters on ethics and multicultural research.

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Developing & Managing Your School Guidance and Counseling Program, Fourth Edition
Norman C. Gysbers and Patricia Henderson

This top-seller presents an empowering response to the challenges and reforms taking place within the current educational system—as well as a one-of-a-kind organizational framework for establishing or improving K–12 school counseling programs. This edition is fully updated to reflect current practice and includes increased attention to counselor accountability and the diverse range of issues students present.

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counseling.org
One of the most difficult responsibilities for new secondary school counselors is helping students and parents navigate the plethora of websites related to college and career planning. Guiding students and parents through this maze of information can require a lot of time.

In this article, we are listing some of the most beneficial websites used by many of the school counselors we know. It is our hope that these sites will provide valuable information both to school counselors and their students — and save some searching time in the process.

Professional organizations
Many professional organizations have college counseling information that is potentially valuable to new and experienced school counselors alike. For example, the National Association for College Admission Counseling (nacacnet.org) has extensive resources for school counselors related to college admissions counseling. The American School Counselor Association (schoolcounselor.org), a division of the American Counseling Association, can guide school counselors through website items, journal articles and newsletter features related to college admissions counseling, college and career choice and financial aid information. The American Council on Education manages a website (collegeispossible.com) that provides college admissions information for students from underserved communities. School counselors interested in detailed information about private colleges and universities should access the website of the National Association of Independent Colleges and Universities (nacicas.edu). Finally, for student-athletes, the National Collegiate Athletic Association (NCAA) provides critical information regarding athletic recruitment and eligibility for athletic scholarships at eligibilitycenter.org.

Testing
Many students begin the college search and admissions process through college admissions tests such as the PSAT/NMSQT, SAT, ACT and others, which often leads to a barrage of questions from students and parents. School counselors typically have to respond to questions related to test formats, specific college/university testing standards and how these tests are weighted in admissions decisions.

Many students don’t know what to expect from these tests and experience a great deal of anxiety as a result. The following websites may help reduce anxiety. They provide useful information, practice tests with sample questions and test-taking tips. In addition, they include information and programs related to the college and career search.

- Educational Testing Service: ets.org
- ACT: act.org
- The College Board: collegeboard.org
- Kaplan Test Preparation: kaplan.com
- The Princeton Review: princetonreview.com

Financial aid
The next step in the college admissions process might be to help students and parents explore ways of paying for college and determining the types of schools they can afford. By covering this early in the process, students and parents can get a realistic view of what is available to them. For example, one of the hardest conversations I (Lynne Guililot Miller) had as a school counselor was with a student and her parents after she was accepted into an Ivy League school. Unfortunately, financial aid was very limited, and she and her family were unable to find a way to afford for her to attend.

Many websites contain interactive tools to help students calculate the cost of specific colleges as well as expenses they may require beyond tuition. Additionally, certain sites allow students and their parents to calculate the estimated financial aid they could receive from the federal government. Other websites provide information regarding alternative sources of aid, such as loans, scholarships, college savings plans and more.

- FinAid: finaid.org
- Tuition Funding Resources: tuitionfundingresources.com
- The Tuition Exchange: tuitionexchange.org
- Fastweb: fastweb.com
- Federal Student Aid: fafsa.ed.gov
- eStudentLoan: estudentloan.com
- Student Aid on the Web: studentaid.ed.gov

College information
After students get a clearer picture of what they can afford and the financial resources available to them, they and their families will want to explore specific colleges. Internet resources can help counselors, students and families compare what each college or university has to offer. Some websites provide virtual college tours (for instance, camptours.com or ecampustours.com). Others share reviews of colleges and universities by former and current students (unigo.com).

Application materials and consultation services
Once students have narrowed down the list of colleges they would like to attend, the application process begins. Two websites that should be familiar to school counselors are those for the Common Application (commonapp.org) and the Universal College Application (universalcollegeapp.com). School
counselors can direct students to websites such as college-admission-essay.com/resources.html for resources related to writing admission essays, requesting letters of recommendation and preparing for the college interview.

For those students in need of aid beyond what it is possible for school counselors to provide, help is available. For example, students might struggle with narrowing down their choices or completing college applications. In such cases, the Web can offer consultation services that provide more individualized help. A fee may be attached to such personal assistance, so school counselors should have parents and students explore the options and find the services they require. Possible resources include collegequest.com and getintocollege.com.

**One-stop shopping**

There are also a number of sites that provide a one-stop shopping experience for the college admissions process. Most of these sites include admissions and application time lines as well as information regarding each college or university, financial aid and the transition from high school to college. Many of these sites also provide information for students in middle schools as they begin planning for college. The information on most of these sites tends to be similar, so users can choose the site or sites with which they are most comfortable on the basis of how one accesses information and navigates a particular site.

- Career and College Planning Resources: khanacademy.org/page51.html
- College Answer: collegeanswer.com
- College Navigator: nces.ed.gov/peds/cool
- College Confidential: collegeconfidential.com
- Careers and Colleges: careersandcolleges.com
- CollegeView: collegeview.com
- Wiseman Tech: wisemantech.com/guidance

There are many websites that offer college-related help to students and their parents. We have provided a few Internet resources that we believe to be beneficial regarding testing, financial aid and admissions. With such a wealth of information available, it is important for school counselors to be aware of these sites, not only for their own information, but so they can refer students and families to them.

Did we miss something? Submit your suggestions to Marty Jencius, column editor for *The Digital Psyway*, at mjencius@kent.edu. You can find the links mentioned in this article, in addition to other links, on the column’s companion site at digitalpsyway.net.

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Letters to the editor: ct@counseling.org

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School counselors, mental health counselors: Different? Alike?

As I read through the various blog posts on the ACA website, I started to think about how school counselors are different from and [similar to] other mental health professionals. We both share the hope of being able to help people. We all work to help people with their personal and interpersonal needs. However, we work in very different settings, with different expectations of how we do our work. How can we learn from each other’s differences and similarities to benefit our clients?

I drive home from work every day (at least an hour, so I have plenty of time to think) reflecting on the work I have done that day. In my average day, I see approximately 10 to 20 students; have one counseling group, a meeting (or two or three), one or two lunch bunches (hangout time with the kids at lunch), and one or two Guidance classes (character education, social/emotional lessons); and talk with parents, teachers, staff and administration. Then you have days where all your planned work must be rescheduled to help a child struggling with a life change, ranging from the passing of a pet to a traumatic family event. The day flies by so fast that I have to struggle to keep my head above water. Though no matter how hard the day is, I always feel like I made a difference.

I have not worked as a counselor in any setting other than an elementary school. Therefore, my notion of what a typical day is like for other counseling professionals is limited. From my understanding, counselors who work in a non-school setting seem to work in a much different way. Clients are seen on a scheduled basis, have longer and routine counseling sessions, and time is spent exploring deeper therapeutic connections. Despite these differences, I imagine that those of you who work as counselors in a private practice or mental health clinic have the same feeling that I do as you head home after a long day of helping others. I assume you have the self-satisfaction that maybe that day you helped someone change themselves for the better.

As I begin this blog experience, I hope that you can learn something from my experiences as a school counselor. I also hope that I can learn something from other counseling professionals and take that back to help my students. I hope that school counselors can establish better connections to other counselors. I have many students who have counselors outside of the school, but it seems that we are often not connected. Imagine how we could help our mutual clients if we just reached out to each other and shared our experiences and counseling strategies. Counselors in both settings who work with children and teenagers could improve their clients’ growth and development by coordinating and collaborating in our work.

Visit my.counseling.org to read ACA blog posts on a wide variety of topics of interest to counseling professionals and counselors-in-training. Multiple posts are added each week, and reader comments are encouraged.

David McCord is a school counselor for Montgomery County Public Schools. His theoretical interests are in solution-focused theory and play therapy.
Ethics Desk Reference for Counselors
Jeffrey E. Barnett and W. Brad Johnson

This pocket guide will help you interpret and apply the ACA Code of Ethics in order to prevent and resolve ethical dilemmas. In Part I, the authors provide an easily understood translation of each Standard of the Code, followed by a discussion of common challenges associated with the Standard and a list of recommendations for maintaining ethical, preventive practice in the topical area. Part II contains an ethical decision-making model and specific, practical strategies for responding to frequently faced concerns surrounding culture and diversity, confidentiality, suicidal clients, boundary issues and multiple relationships, competence, supervision, managed care, termination, and responses to subpoenas. 2010 224 pgs
Order #72893 ISBN 978-1-55620-298-8
List Price: $44.95 ACA Member Price: $32.95

A Job Search Manual for Counselors and Counselor Educators: How to Navigate and Promote Your Counseling Career
Shannon Hodges and Amy Reece Connolly

This handbook presents how-to tips for counselors seeking positions in counselor education, college and community college counseling, schools, and community agencies. Whether you are trying to land your first job, changing career paths, or launching your own private practice, this book demystifies the process and highlights what you need to know to find fulfilling work. Topics include tapping into the hidden job market, developing a résumé/vita, writing winning cover letters, using job search planning tools, enhancing networking skills, interviewing with search committees, handling rejection, and moving from one counseling setting or specialty to another. 2010 200 pgs
Order #72894 ISBN 978-1-55620-297-1
List Price: $24.95 ACA Member Price: $19.95

Developing Clinical Skills for Substance Abuse Counseling
Daniel Yalisove

In Part I of this handbook, Dr. Yalisove discusses counselor roles and the principles of substance abuse counseling. He then provides a synopsis of several key substance abuse theories as well as his own Building Session Goals and Strategies method and the Eight Stage Process of Counseling approach, all of which are practical, compatible means for learning and mastering clinical counseling skills. Part II illustrates applications of these approaches in clinical situations using experiential exercises, role-plays, and clinical scenario examples. Chapters on group work, counseling clients with dual disorders, family counseling, and working with diverse client populations follow, with a helpful chapter on creating client treatment plans and writing clinical reports rounding out the book. 2010 232 pgs
List Price: $44.95 ACA Member Price: $29.95

ACA Advocacy Competencies: A Social Justice Framework for Counselors
edited by Manivong J. Ratts, Rebecca L. Toporek, and Judith A. Lewis

Experts discuss how counselors, counselor educators, and students can use the ideals in the ACA Advocacy Competencies with diverse client populations, across various counseling settings, and in multiple specialty areas. Examples in each chapter provide guidance as to when individual empowerment counseling is sufficient or when situations call for advocacy on behalf of clients or their communities within the public arena or political domain. Thought provoking and engaging, this book is an invaluable resource for teaching and course work and a call for all counselors to participate in social justice and systems change. 2010 264 pgs
Order #72896 ISBN 978-1-55620-293-3
List Price: $64.95 ACA Member Price: $46.95
At age 16, Kim Johancen-Walt became a suicide survivor after her brother, Kevin, took his own life through carbon monoxide poisoning in 1988. Johancen-Walt, who grew up in a suburb of Denver, recalls being both deeply saddened and incredibly angry with her brother for ending his life. “I remember [a friend’s father] telling me the night Kevin was found that there would never be a day in my life that I wouldn’t think about my brother and the circumstances surrounding his death,” says Johancen-Walt, an American Counseling Association member who works in private practice in Durango, Colo., and serves as a senior counselor and assistant training director at Fort Lewis College. “Although I am happy to say that I actually have had days — many, in fact — that I have not thought about Kevin or his suicide, those words were my first lesson in coming to terms with how much my life was going to be changed. Accepting the full impact of my brother’s decision to commit suicide has been an essential part of my own healing process.”

After her brother’s death, her own life took an altered path, Johancen-Walt says, which included developing a passion for suicide prevention. Growing up, Johancen-Walt was sexually abused by her brother. Although it was never confirmed, her family believes Kevin was also sexually abused at a babysitter’s house when he was a child. “Kevin had untreated anxiety, had developed a substance abuse problem with alcohol and was having problems at work and in meaningful relationships at the time of his death,” Johancen-Walt says. “I believe that Kevin’s death may have been prevented if he had received early treatment that not only addressed his symptoms but also the psychological pain that fueled them. Furthermore, treatment may have provided him with additional information and skills that may have ultimately made a difference in his decision to end his life.”

In 1999, 11 years after Kevin’s death, the surgeon general declared suicide a public health crisis in the United States. But in more than a decade since that pronouncement, not enough has changed, says Darcy Haag Granello, a professor of counselor education at Ohio State University and a member of ACA. “There are some pockets of excellent programming, but as a nation, we have not taken this on,” she says.

Nationwide, Granello says, more than 34,000 people die each year from suicide — about 90 people per day. In a report based on a 16-state survey and published by the Centers for Disease Control and Prevention in May, suicide was found to be the leading cause of violent death in 2007, putting it ahead of homicides.

Adding to the problem, Granello says, is that although people in crisis often turn to counseling, not enough counselor training has been focused on suicide prevention. “The average amount of training in counselor education is less than one hour on suicide prevention and intervention. The absurdity of that is that as counselors, these are the people we see — these are our clients — yet we are not preparing our graduate student population sufficiently to handle these clients,” says Granello, adding...
she is pleased that the new CACREP Standards include suicide prevention and intervention.

Granello and her husband, Paul, conduct training for a variety of groups, including counselors, psychologists, teachers and emergency room personnel, and in those sessions, the Granellos offer a distinct, bottom-line message. “The No. 1 thing we tell counselors is to ask the question — ask it often and ask it in different ways. Ask if they’re feeling suicidal. Ask if they’re thinking of killing themselves. The take-home message everywhere we go is ‘Just ask,’” says Granello, coauthor of Suicide, Self-Injury and Violence in the Schools: Assessment, Prevention and Intervention Strategies, being published by ACA this summer.

Counselors can inadvertently make assumptions about whether clients are suicidal, and those assumptions are often wrong, Granello warns. She tells the counselors she trains to ask the question every time they meet with a client, even if it’s during a career counseling session. “Many times, people say no the first time. They don’t know you, they don’t feel comfortable. And by the time they get to know you and trust you, you don’t ask it anymore.” Counselors need to ask the question even after they become familiar with a client, Granello says, not just the first time they meet that client.

Research shows that talking about suicide decreases the actual risk, Granello says. In fact, she says, 80 percent of people who die by suicide tell someone about their plans in the week prior to their death. Unfortunately, Granello says, individuals confronted with these revelations most often respond with silence, ridicule or minimizing. People have very few places they can talk about their thoughts and feelings openly, so counselors have a real opportunity to serve as that outlet, Granello says. “Engage people in the conversation. … There’s no magic to it. Ask the question [and] open the conversation.”

“From my experience, there is great opportunity for the counselor who has a suicidal client who is talking about [his or her] suicidal thoughts or behaviors,” concurs Johancen-Walt. “This is not only an opportunity for a counselor to gather more information about actual risk, such as determining whether the client has an actual plan and the means to carry out the plan, but it is also an opportunity to challenge irrational beliefs that the client’s life will be better if [he or she is] dead. I am much more concerned about the client who is not talking about suicide if I have determined that clusters of risk factors are present.”

In these types of crisis situations, it’s important for counselors to understand that dying isn’t the client’s true desire, Granello emphasizes. “People who are suicidal don’t want to die. That’s not the goal,” she says. “People who are suicidal want the pain to end.” The feeling has been called “psychache,” Granello says, and clients battling it might be unable to envision themselves going another day with the deep, intense pain that it involves. “The fact that people who are suicidal are telling people, reaching out in a way they know how, means that they are looking for some relief. From a counseling perspective, that’s a really positive thing. What it means is we can help people work through that intense psychological pain and find a way through it. That’s fantastic.”

On alert for risk factors

The potential threat of suicide cuts across all lines, regardless of the counselor’s setting, says ACA member Jason McGlothlin, associate professor at Kent State University and coordinator of the university’s counseling and human development services master’s programs. “Research says if you haven’t had a suicidal client yet, you will at some point.”

With that in mind, it’s important for all counselors to gain an understanding of the risk factors and to stay alert for potential tip-offs with clients. McGlothlin, author of Developing Clinical Skills in Suicide Assessment, Prevention and Treatment, published by ACA, offers five key emotional risk factors typically found among individuals who are suicidal. He adds that these risk factors are common across all age ranges. One is hopelessness, which might involve a client being unable to see a future. Another is helplessness — a feeling that no one can help and there is no way out. A third is worthlessness, which might encompass a client feeling that he or she isn’t worth saving or that life isn’t worth living. Fourth is loneliness, which isn’t necessarily indicative of a lack of friends or support. Instead, McGlothlin says, a client might feel empty inside, as though something is missing. The fifth emotional risk factor is depression.

To date, research has identified more than 100 risk factors leading to the possibility of suicide, Granello says. Although acknowledging that it is difficult to assign a degree of significance to every factor, she believes certain factors are worth spotlighting. For instance, 90 percent of people who die by suicide have some kind of psychiatric disorder, including depression.
most commonly depression or bipolar disorder, she says. Additional major risk factors include substance use and abuse, a sense of hopelessness, a rigid cognitive structure leading to poor coping skills or the inability to problem solve, and perfectionism and impulsivity, especially in young people, Granello says. A previous suicide attempt is another major risk factor. However, Granello adds, only about one-third of people who complete suicide have made a previous attempt. “So it’s a good statistic,” she says, “but it doesn’t account for two-thirds of the people.”

That said, Johancen-Walt believes a client’s previous suicide attempt is a risk factor strongly deserving of counselors’ attention. “Edwin Schneidman, a great pioneer in the field of suicide research, wrote about how the ‘unresolved core-wounding’ associated with the previous suicide attempt puts someone at great risk of further attempts or completion. Counselors working with clients who have previously attempted suicide must address the unresolved feelings and thoughts that may have contributed to the original attempt.”

Other risk factors Johancen-Walt cites include history of trauma, untreated depression and anxiety, history of suicide in the family or peer group, substance abuse, other self-harming behaviors and problems with primary support systems. “Risk factors that counselors may not always be aware of include the loss of meaningful relationships and issues related to sexual identity or sexual orientation,” she adds. “Furthermore, a client who is impulsive or has issues with out-of-control rage may also be at risk.”

The most important first step as a counselor in determining suicide risk is to conduct a thorough assessment, according to McGlothlin. Some counselor education programs promote a triage approach to assessment, he says. PIMP (which inquires whether the client has a Plan, the Intent and the Means to complete suicide, and has made Prior attempts) is one example of a suicide-risk screening that can be completed in a matter of minutes. That might be appropriate in a triage situation when a quick assessment is needed, such as in a hospital or an inpatient clinic, but if a counselor is going to see the client more than once, McGlothlin says, a much more thorough assessment should be used.

The “simple steps” model, which McGlothlin created, takes a more global approach and considers life factors,

### Myths surrounding suicide

The following list is adapted from Jason McGlothlin’s book, Developing Clinical Skills in Suicide Assessment, Prevention and Treatment.

**Myth: The suicidal person wants to die and feels there is no turning back.**

**FACT:** Suicidal people are usually ambivalent about dying and frequently will seek help immediately after attempting to harm themselves.

**Myth: All suicidal people are deeply depressed.**

**FACT:** Although depression is often closely associated with suicidal feelings, not all people who kill themselves are obviously depressed. Ironically, some suicidal people appear to be happier than they’ve been in years because they have decided to “resolve” all of their problems by killing themselves.

**Myth: Most elderly people who die by suicide are terminally ill.**

**FACT:** Most elderly people who die by suicide are not diagnosed with a terminal illness. More often, they are suffering from depression and sometimes experience somatic symptoms related to depression.

**Myth: Suicide is very common among individuals in lower economic classes.**

**FACT:** Suicide crosses all socioeconomic distinctions; no one class is more susceptible to it than another.

**Myth: Suicide is a problem that is limited to the young.**

**FACT:** Suicide rates rise with age and reach their highest levels among White males in their 70s and 80s.

**Myth: Suicidal people rarely seek medical attention.**

**FACT:** Research has consistently shown that about 75 percent of suicidal people will visit a physician within one month before they kill themselves.

**Myth: Asking someone if they are suicidal will put the idea in their head.**

**FACT:** A direct and caring approach to asking the question lowers suicide risk.

**Myth: People who talk about suicide don’t actually plan to do it; they are just seeking attention.**

**FACT:** Talking about or threatening suicide is a significant risk factor. Most people who die by suicide tell someone else they are planning to kill themselves. Counselors must take all suicide threats and behaviors seriously.

**Myth: Suicidal thoughts are relatively rare.**

**FACT:** Each year in the United States, approximately 8.3 million adults (nearly 4 percent of the population) seriously consider suicide; about 1 percent make a suicide plan, and about half of those individuals attempt suicide.

— Lynne Shallcross
diagnosis and common emotional factors of suicide. McGlothlin’s assessment model is not a one-time approach, he says, but rather a tool counselors can weave into treatment planning. He says his model brings in all the factors of the client’s life and addresses whether those factors equate to a higher potential for suicide.

“Suicide is so complex that if you don’t grab all parts of it, you might be missing something,” McGlothlin says. “And if you’re missing something in the assessment, you might miss it in the treatment. The more thorough your assessment, the more thorough your treatment.” The three foundations of good treatment, he adds, are having a good therapeutic relationship with the client, assessing thoroughly and then following up on any issues that arise.

As for specific treatment modalities that have proved effective, McGlothlin points to person-centered approaches, solution-focused approaches and other models that focus on the counselor/client relationship and keeping clients in the here and now. “Lately, dialectical behavioral therapy has shown promising outcomes in the treatment of suicidal ideation,” McGlothlin adds.

Granello says interventions with a suicidal client are always two-tiered. The first tier involves helping the client through the immediate suicide crisis; the second tier involves addressing whatever issues are underneath. Granello developed a seven-step model for the first tier of intervention, which is aimed at preventing death or injury and restoring the client to a state of equilibrium. The seven steps (each of which involves specific strategies) are assessing lethality, establishing rapport, listening to the story, managing the feelings, exploring alternatives, using behavioral strategies and following up.

Johancen-Walt offers several treatment suggestions to counselors. First, she says, give unconditional acceptance. “Early in treatment, I offer clients my belief that they are doing the best they can to survive painful thoughts and feelings. Suicidal and other self-destructive behaviors serve as coping strategies for many clients desperate for emotional relief. By framing behaviors this way, we can create a therapeutic container absent of judgment.
I was caught in the pit.”

Next, ask the client direct questions and create a safe space for talking about feelings, Johancen-Walt says. Also helpful is exploring client supports and resources. “To foster an environment in which change is possible, it is important to help the client identify supportive others in their life while also capitalizing on the client’s inherent strengths,” she says. “For example, through the exploration of how a client may have survived a previous crisis, the counselor can assist the client in creating a list of specific skills and strategies that can help the client survive current challenges.”

Strive to understand the client’s unique experience, she adds, because the client might be more willing to try out new skills and strategies with a counselor who “gets it.” Finally, teach clients effective coping skills. “Many clients engaged in either suicidal or other forms of self-destructive behavior have a limited toolbox of coping strategies,” Johancen-Walt says. “Counselors must offer clients additional tools such as stress management or emotion regulation skills and encourage clients to practice using the skills in between sessions. Time should regularly be spent in session going over coping strategies.”

Simply being open to talk goes a long way toward preventing clients from attempting suicide, Granelllo says. “The most important thing that we can do with our clients is to let them know that they can talk about suicide and suicidal thoughts,” she says. “Suicidal thoughts are remarkably common. We have to open up the door to let people have the conversation in a safe and healthy way.”

Hope is another key ingredient, Johancen-Walt adds. “We have to hold hope for even the most hopeless of clients. To fully understand our clients, we have to be able to go into the depths of the pit with them. The trick, however, is to be able to climb back out. If you find yourself losing hope for a high-risk client, then consult or seek out supervision. On more than one occasion, I have asked other counselors to come into session with me and my client when I was caught in the pit.”

From the big picture perspective, Granelllo says making efforts to reduce the stigma attached to mental health issues and suicide is highly important. Granelllo, whose brother-in-law died by suicide in 1999, wears a suicide survivor pin to encourage conversation about mental health and available help. At the societal level, she says, counselors should take action and advocate for mental health care by working with school boards to implement suicide prevention education, pushing for insurance companies to pay for mental health coverage and making sure colleges with budget strains don’t cut counseling center staff. “As states were cutting budgets for mental health over the last year, ask yourself what you did,” Granelllo says. “Did you contact your legislators? Write letters to the editor? Get involved with local grassroots efforts? What sort of education and outreach can you provide?”

Suicide in the schools

Schools are in a prime position to address suicide prevention and aftermath because they have ongoing, close contact with students, says David Capuzzi, a past president of ACA and senior faculty associate at Johns Hopkins University’s Department of Counseling and Human Services. “The key to facilitating both prevention and post-vention is to thoroughly prepare all the adults in a school building — teachers, counselors, administrators, janitors, cafeteria workers, secretaries, bus drivers, etc. — to recognize the signs and symptoms, as well as the risk factors, and to know when an immediate referral to the building counselor should be made. All adults in contact with young people in a school can be taught what to look for, what to say and not say to a student they are concerned about and how to facilitate a referral. This can be a powerful way to keep students safe.”

Capuzzi recommends that school counselors trained in suicide prevention go on to provide in-service training for the other adults in their schools. “You can’t start anything until all the adults know what to do,” he says. “You never, never, never go into an auditorium or classroom and start talking about suicide until all the adults are prepared way ahead of time.”

When a counselor identifies a student who may be at risk, an important first
step is to conduct a risk assessment interview with specific questions and indicators, Capuzzi says. Without one, he says, a counselor cannot be certain who is truly suicidal. “Counselors have to use their own professional judgment after conducting a risk assessment interview focused on potential suicidality,” says Capuzzi, who is also a professor and core faculty with the Walden University School of Social and Behavioral Sciences. “If there is uncertainty on the part of the counselor, a second assessment should be done by another counselor who has the skills to conduct such an assessment. After that, immediate next steps should be arranged for the purpose of preventing the client from inflicting self-harm.”

The job of the school counselor is to discern whether a student is potentially suicidal and, if so, to make a referral and get help for the student right away. “Children and teenagers often don’t delay their attempts very long,” Capuzzi warns.

Major risk factors for adolescents include psychiatric disorders, poor self-efficacy and problem-solving skills, sexual or physical abuse, concerns over sexual identity or orientation, the easy availability of firearms, substance abuse, exposure to violent rock music and parental divorce, according to Capuzzi. However, an important theory has emerged in the past decade that it may be more effective to increase protective factors in an adolescent’s life rather than trying to reduce the risk factors, says Capuzzi, whose second edition of Suicide Prevention in the Schools: Guidelines for Middle and High School Settings was published by ACA last year.

Among the protective factors that have emerged out of recent research are social network and external support, reasons for living, self-efficacy and self-esteem, emotional well-being and problem-solving skills, Capuzzi says. Knowing about the protective factors may open up opportunities for school counselors to help students. For instance, Capuzzi says, if social networks and external support are helpful, a counselor could help teach a student how to make friends and reach out to people for support. Likewise, a counselor could support a student in improving self-esteem, enhancing problem-solving skills or overcoming depression.

Rather than offering potential techniques for working with adolescents, Capuzzi believes it is more important to challenge school counselors to seek education and supervision regarding suicide prevention and postvention. Although taking a course is helpful, he says the only way for counselors to develop the necessary skills is to work with an experienced mentor under supervision.

One of the unique aspects of effective suicide prevention in school settings, McGlothlin says, is addressing the developmental issues that invariably arise with students, such as dealing with hormones and adolescents’ desire for admiration from their peers. “As adults, we want to fit in, but it’s not as high on our priority list,” he says. School counselors should make themselves
aware of how students interact and which students might feel like outsiders, McGlothlin says. He is careful to note that “outsiders” aren’t the only students at risk for suicide, but being aware of those who don’t appear to have true peer support is important.

In addition to implementing and tailoring a suicide prevention program for their schools, McGlothlin suggests that school counselors take advantage of the opportunities they have to be hands-on with the students. “One of the big issues about school-age suicide is that they become more isolated and, depending on their age, they might not know about the resources out there,” he says. “Having the school counselors out there being visible, talking to kids, showing that they are a resource, that’s a huge factor in school suicide prevention.”

To some degree, suicide prevention in schools begins with the administration, McGlothlin says. Principals and superintendents must realize that suicide is a prevalent issue that needs attention. One of the big myths, he says, is that if no one talks about it, suicides won’t take place. “It’s going to happen whether you talk about it or not,” he insists. “So talk about it.” Having a plan of action for the worst-case scenario is essential, he says, adding that the school counselor needs to understand exactly how the plan would unfold should a suicide occur, including when and how to inform the administration, teachers, students, community and media.

Antistigmatization is a key element in the trainings Granello conducts at schools. Only 25 percent of adolescents report that they would tell an adult if they knew a peer was considering suicide, she says, so teaching students to speak up is important. Granello recalls one student who had a light bulb moment during one of the suicide prevention seminars. “He said, ‘I get it. It’s better to lose a friendship than to lose a friend.’”

Meanwhile, Granello is making suicide prevention a campuswide responsibility at Ohio State, where she is project director of the university’s Campus Suicide Prevention Program, which launched in 2006. The unique program utilizes more than 60 campus “partners,” ranging from administrative and academic departments to student groups and
community partners, each of which agrees to incorporate suicide prevention into their work. “It takes the whole idea of suicide prevention away from the sole venue of the counseling center and makes it a shared responsibility of the campus community,” Granello explains.

Training others to act as gatekeepers on college campuses is pivotal, Granello says. “They’re not counselors, but they’re people who have their finger on the pulse of what’s going on.” Gatekeepers can be trained to recognize warning signs and then reach out and ask the student to come with them to get help. “We have to be more proactive about being out in the university, not waiting for people to come to us,” Granello says. She points out that in the past decade, none of the students who died by suicide at Ohio State had been to the counseling center. “They fall under the radar. Counselors can’t wait for them. [That’s why] gatekeepers are important.”

The period after a suicide takes place is a “very dangerous” time in schools, Granello says, because of the possibility of suicide contagion. Granello and her husband were called recently to a small college campus after a student completed suicide. As might be expected, the college community had organized memorial services and candlelight vigils, flown the flag at half-staff and participated in other tributes in the aftermath of the suicide. “It comes from the heart and comes from the right place, but it’s exactly the wrong thing to do,” Granello says. “They had a copycat suicide a month later. The point is that all of us have to be very careful that we are following empirically validated post-vention procedures, not what we feel we should naturally do. Schools aren’t trying to encourage contagion; they just don’t know.” She emphasizes the importance of following the specific protocols for post-vention procedures put out by the American Association of Suicidology (see “Resources on the Web” on page 32).

**Heading off the threat**

Assessing for the threat of suicide can be a complex and anxiety-inducing task for any counselor. These experts pooled their knowledge to come up with a list of do’s and don’ts for counselors working with suicidal clients.

- DO ask about suicide with all your clients, McGlothlin says. “Sometimes that’s a scary thing to talk about for new counselors … [but] take time to do it.”
- DO read all you can on the topic, Capuzzi says.
- DO get advanced training in suicide prevention programming, risk assessment and intervention strategies, Granello says.
- DO ask why. “It is important to ask clients why they are feeling suicidal instead of only focusing on their behaviors,” Johancen-Walt says. “Many clients may have unresolved feelings surrounding earlier traumas and need to have these issues addressed in treatment. We need to treat the client, not just the symptom.”
- DO ongoing assessment. “Through ongoing assessment, we are able to also highlight our clients’ success while identifying potential roadblocks to recovery,” Johancen-Walt says.
- DO get other people involved. “Frame this not as ‘breaking confidentiality’ but as bringing in all possible resources to help keep the client or student alive,” Granello says. “This can actually help facilitate the development of rapport if clients or students believe that you care so much about their well-being that you will do everything in your power to help keep them safe.”
- DO work under supervision if you are treating a suicidal client and don’t have the necessary experience, Capuzzi says.
- DO realize that the help has to be immediate, Capuzzi says.
- DO follow up, McGlothlin says. Asking about suicidal thoughts should not be a one-time thing.
- DO know the services available in your school or community to help clients or students who may be suicidal, Granello says. “Have an action plan developed ahead of time for what you will do if someone you are working with is suicidal.”
DO create realistic treatment goals. “It is important that we are helping our clients set themselves up for success in regard to their therapeutic treatment goals,” Johancen-Walt says. “Counselors need to also educate clients about the treatment process in a way that incorporates information about relapse and ongoing commitment to recovery.”

DON’T ever promise someone who is suicidal that you won’t tell anyone else, Capuzzi says. 

DON’T lecture, critique or criticize. “It’s futile to get into conversations about blaming clients,” McGlothlin says. “They feel bad enough. They don’t need to hear lectures.”

DON’T be afraid to bring up the topic of suicide. “It will not put the idea in anyone’s head,” Granello says.

DON’T assume that suicide is about death, Granello says. “In fact, most people who are suicidal are ambivalent. They don’t want to die; they just want the unbearable pain to end. As counselors, we can use that ambivalence to help keep them alive.”

DON’T work in isolation, Johancen-Walt says. “Whether you are in private practice or part of a team, it is important for counselors to seek ongoing consultation with other practitioners and to create treatment teams that include psychiatrists, medical and mental health professionals, family members, teachers, coaches, etc.”

DON’T assume that someone else in your community, organization, agency or school will take responsibility for suicide prevention programming and awareness. Step up and get involved.

DON’T give up, Johancen-Walt says. “It is important always to communicate to our clients that their lives are worth saving, even if they do not believe it in a painful moment. We can hold hope for our clients until they are ready to hold it for themselves.”

All recommendations aside, Johancen-Walt says it is important to remember that both the counselor and the client share responsibility in preventing suicide. “As a counselor and also as a survivor of suicide, I believe that if a client has committed suicide, it is important to look at our responsibility as mental health providers and as a larger community that strives to prevent suicide. Through this process, I believe we may find opportunity to strengthen our prevention efforts.”

But no less important, she adds, is the subsequent ability to let it go. “In fact,” Johancen-Walt says, “I routinely tell counselors that they will not last in this field if they are not able to ultimately give responsibility for the client’s life back to the client.”

Granello echoes these thoughts, saying people are responsible for their own choices, and counselors shouldn’t try to carry that burden for others. But at the same time, she adds, if counselors know how to help, they should try. “Suicide is the most preventable type of death,” she says. “We can do a heck of a lot better than 34,000 a year.”

### ACA resources

- **Suicide Across the Life Span: Implications for Counselors** (order #72807), edited by David Capuzzi, offers detailed information on topics such as identifying the risk factors for suicide, suicide assessment, ethical and legal considerations, and counseling techniques for work with children, adolescents, adults, and survivors and their families ($35.95 for ACA members; $56.95 for nonmembers).

- The second edition of **Suicide Prevention in the Schools: Guidelines for Middle and High School Settings** (order #72884) by David Capuzzi includes a step-by-step framework of essential information for school counselors, administrators and faculty ($24.95 for ACA members; $29.95 for nonmembers).

- **Developing Clinical Skills in Suicide Assessment, Prevention and Treatment** (order #72861) by Jason M. McGlothlin covers assessment interviews, legal and ethical issues, case examples, discussion questions and much more ($33.95 for ACA members; $49.95 for nonmembers).

- **Suicide Assessment and Prevention** (order #78217) is an hourlong DVD presentation by John S. Westefeld that includes the latest data on suicide and suicide prevention and covers how to assess for suicide risk and how to conduct a suicide intervention ($149 for ACA members and nonmembers; produced by Microtraining Associates Inc.).

All three books and the DVD can be ordered directly through the ACA online bookstore at counseling.org/publications or by calling 800.422.2648 ext. 222.

- **“Suicide Assessment: Sharpen Your Clinical Skills”** is a 47-minute podcast featuring Jason McGlothlin. He addresses questions about how to conduct a suicide assessment face-to-face; differences between assessing children, adults, older adults and families; and some of the issues of treatment planning with suicidal clients. To access this podcast, visit the ACA website at counseling.org and click on the “ACA Podcast Series” button on the right-hand side of the page.

Lynne Shallcross is a senior writer for Counseling Today. Contact her at Ishallcross@counseling.org.

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A school counselor’s introduction to advising a student at risk for suicide can be a trial by fire. After all, a young person’s life is possibly hanging in the balance of carefully chosen questions, inflections and body language.

A computer-simulation game developed at Purdue University offers virtual training for such emotionally charged situations in a setting that realistically reflects a counselor’s everyday responsibilities.

“The game is an emotional equalizer, with the idea of promoting self-efficacy and self-competence among counselors,” says Carrie Wachter Morris, an assistant professor of counseling and development at Purdue’s Department of Educational Studies and a former counselor at facilities throughout North Carolina. “The more we’re worried about ourselves, the more we focus on us and not the clients.”

Morris, a member of the American Counseling Association, began developing the Suicide Risk-Assessment Game (SRAG) in 2008 with the aid of what was then known as a digital-content development grant from Information Technology at Purdue (ITaP), Purdue’s central information technology organization. Of 34 applications submitted in 2008, Morris’ was one of 10 accepted, earning $15,000 and the use of ITaP resources toward developing the game.

Morris came up with the concept for and content of SRAG. A team of student developers led by Terry Patterson, an educational technologist with ITaP’s emerging technologies group, oversaw the graphic design and programming, with Morris providing feedback.

By Nick Rogers

“It wasn’t only the social impact on a very serious issue that appealed to the grant committee about the idea,” Patterson says. “This was a great opportunity for students to create a framework for a game that could be reused for other experience simulations. SRAG has been one of the most successful projects developed in the grants program, and we’d like to continue seeing projects as innovative and impactful.”

Bridging the gulf between counselor training, professional expectations

Morris aims to regularly use SRAG in her graduate-level school counseling seminar this coming fall, but it’s also her response to a gap between counselor training and professional expectations.

Statistics from the U.S. Centers for Disease Control and Prevention show that in 2007, 14.5 percent of high school students seriously considered suicide in the previous 12 months, while 6.9 percent of high school students reported making at least one suicide attempt in the previous year. A 2002 Brigham Young University survey of school counselors found that 35 percent of respondents had received no graduate education training in crisis intervention, and 57 percent felt either “not at all” or “minimally” prepared for such intervention.

In response to this need, the Council for Accreditation of Counseling and Related Educational Programs now requires that school counselors demonstrate suicide-response skills as part of their training.

“T o undertake such training with something like role-playing may feel contrived to students and lack realism,”
Morris says, “And it wouldn’t be ethical for me to find 10 individuals with suicide ideation and have my students practice with them. There is also the possibility that some educators may not be comfortable with, or have a background in, crisis response themselves. As a field, we have to generate teaching tools that those without the background can effectively use.

“Studies show that students we’re matriculating have spent more time during school playing video games than reading. Now that these students are entering graduate school, why not develop a tool from which they can learn in a medium with which they’re familiar?”

**Simulating counseling’s realities**

Usable in PC, Mac or Linux format, **SRAG** places the player in the role of a high school counseling intern with typical resources (for example, student files, a planner and live Internet links). In gamer parlance, **SRAG** is a “beat-the-clock” title: A note has been found from a student planning to commit suicide Friday after school.

Beginning at the start of Monday’s workday, the player has 40 in-game hours.

Players must assess which student is at imminent risk even as they complete daily tasks generally required of school counselors in the real world.

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**Stress Management: Understanding and Treatment**

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- How stress affects the body, especially chronic stress
- How to identify personal sources and symptoms of stress
- How to implement lifestyle strategies for stress reduction
- How to create a shared frame of reference about stress

These excellent demonstrations, coupled with subtitles that highlight major points, make this DVD a must for those in the helping professions. The easy-to-use format allows viewers to immediately practice what they have seen after each section of the presentation. Includes a CD-ROM that contains transcripts, PowerPoints, and a Leader’s Guide.

Produced by Microtraining Associates, Inc.

2008  90 minutes  |  DVD Order #78216  |  List Price and ACA Member Price: $129.00
(30 to 45 minutes in real time) to assess which one of five students is at imminent risk of suicide and which one is at false risk — meaning there might be danger signs to monitor in the future but no worry of immediate harmful action.

Of the remaining students, one is academically at risk, one is personally or socially at risk with peer problems, and one is “normal” but still exhibiting some risk signs. Shrunken for simulation purposes, the sample is randomized for names, genders, ethnicities, personalities and inclinations with each new session. Also randomized are the traits of in-game peers with whom players must converse along the way.

The game logs the player’s path to assessment — gathering information through investigation such as observing graffiti, visiting classrooms and querying teachers. Players must discern the relevant information because pursuing fruitless leads takes crucial time from the clock.

Asking each student outright whether they’ve had suicidal thoughts will yield correct answers but not a passing grade. “We want to prevent the easy outs,” Morris says. “We want users to navigate the school as they would have to in real life.”

Further complications come from daily tasks generally required of counselors in the real world, ranging from lunch duty to small-group counseling. Players can field counseling-related tasks themselves or ask peer characters (who may seek a favor in return) to cover those that aren’t counseling-oriented. Failing to complete these tasks yields a time-consuming penalty from upset parents or scolding administrators.

“If you cross a teacher, they will be less likely to help you,” Morris says. “If you cross a principal, you will be disciplined and lose time that way. If you miss other students’ appointments and meetings, you will lose time with calls from angry parents and have to re-establish rapport with the student. We’ve tried to make these consequences true to life.”

Should a player not correctly identify the imminently suicidal student before the clock runs out, SRAG offers a deus ex machina — or “out of the blue” — element to save the student.

Striving to set a standard for gaming tools

Although no statistics exist that study the effects of gaming in counseling work, Morris hopes SRAG will be a useful tool for pedagogy and a barometer of where students are developing. After discussion at professional conferences, SRAG already has generated interest from school-district counselors nationwide.

Morris envisions SRAG one day helping resident advisers in college residence halls, other mental health professionals and, perhaps, middle and high school students to recognize risk behaviors. The game could also expand to additional crisis responses (students coping with a divorce, for example) or a larger scale combination of concerns.

“These current iterations must assess playability and effectiveness: Are students learning from it?” Morris says. “We can always go in and add elements and bridge gaps, but I have to see whether this is immediately engaging.”

This past December in her school counseling seminar, Morris introduced SRAG to nine graduate students, most of whom had participated in counseling internships and practicums. Although some made suggestions to improve SRAG, the students generally appreciated the game’s accuracy and its interface.

Ebony Gilbert says SRAG incorporated many aspects of counseling that were similar to her actual experience, such as asking teachers what they noticed and observing behavior. Adam Guebert says that SRAG accurately represented the counselor “being pulled in all different directions into a wide variety of activities and roles.” Ashley Bigelow also gives high marks to the game’s realism but adds she’d like to see an expansion of assessment options. (Morris plans that for future expansions of SRAG and is currently pursuing external funding.)

“It’s so difficult to get hands-on training for this sort of thing,” Guebert says. “You don’t just want to throw somebody in there with someone’s life on the line. You can do this without putting a life at risk, and it’s a good bridge to real-world application.”

Adds Morris, “SRAG is that half-step between in-class instruction and a student in front of you where it’s in the moment and you have to think on your feet.”

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Nick Rogers is a technology writer at Purdue University in West Lafayette, Ind. Contact him at 765.496.8204 or rogersn@purdue.edu.

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assist one another in our professional development. President-elects and chair-elects will have an opportunity to see firsthand what will be coming their way. Current presidents and region chairs will have the opportunity to network and share their plans for the coming year. And emerging leaders will have an opportunity to learn more about the organizational structure and leadership development at the national level. In looking back at the previous leadership institute, I know we are in for a great year, and I look forward to it with great anticipation!

As we begin our journey together this year, I believe we will be a richer, stronger community by welcoming divergent views and encouraging the inclusion of all who wish to participate. I hope you will contact me via e-mail at Marcheta.Evans@uta.edu if you have thoughts, concerns or suggestions.

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The right medicine
Marketing is a tough pill for many counselors to swallow, but done wisely, it can help restore an ailing practice to good health

By Jim Paterson

For many counselors, marketing is akin to that remedy tucked away in the back of the medicine cabinet. It’s brought out only when absolutely necessary, because the mere thought of it leaves a bad taste in the mouth.

Despite knowing that effective marketing is an elixir for building a healthy practice, counselors can still find the prospect hard to swallow, especially with the ever-evolving landscape of marketing options online and the changing nature of the profession itself.

“The old model of work for mental health professionals is not a safe bet. It means that people in the mental health field need to be open to new ideas and new ways of doing business,” including new ways of letting clients know about their services, says David Diana, a licensed counselor and sales/marketing expert who is the author of the recently published book *Marketing for the Mental Health Professional*.

Diana, a member of the American Counseling Association, believes large practices and large organizations will hire fewer counselors in the future because of tighter budgets and online competition, although he contends new opportunities will also present themselves. To take advantage of these opportunities, he says, counselors will need to remain nimble and adjust by offering niche practices, online services and other approaches that focus on personal contact with potential clients.

Counselors will also have to grow increasingly savvy about marketing, he says. “Traditional marketing vehicles are losing significance because people demand something more than a generic message blasted out to the masses.”

Diana and other experts who study marketing of personal services say that an effective plan involves five steps:

1) Evaluating your practice
2) Investigating the potential client base
3) Studying the options for traditional and new approaches to marketing
4) Making the time to follow through on marketing efforts
5) Evaluating the success of your efforts

One other key, Diana says, is choosing an area of expertise and using the right tools to show people what it is specifically that you have to offer.

The whys of marketing
Counselors and other helping professionals sometimes complain that marketing is “not what I went to school for.” In other words, it isn’t a skill at which they generally feel proficient or particularly enjoy.

“If you look at my background, one thing is for sure: It was never about marketing,” says ACA member Lory Naugle, a successful counselor with a private practice in Shippensburg, Pa. But Naugle discovered she could effectively market her practice both by devoting time to the effort herself and by using professionals and new technology when necessary.

And that initiative has paid off, she says, ticking off the various efforts she has undertaken, including a newsletter, a traditional website, mailings, memberships in business organizations and, most recently, a blog, an interactive website and an e-book. “Overall, I think my marketing plans are working. My practice continues to grow. I also continue to learn and expand my knowledge about marketing and the opportunities available on the Internet.”

Although marketing has always been important for drawing attention to one’s practice, Diana says it is even more necessary today. “Consumers today are rewarding innovation, creativity, connectivity and a sense of community and openness of ideas,” he says. “People have so many choices today that they are ignoring the old-guard ways of viewing personal services as a commodity.” He
strongly believes that the relationship with potential clients has to be more personal than in the past.

Frank Coulson, a career counselor in the Student Success Center at the University of Texas at Brownsville and Texas Southmost College, has studied why students don’t use counseling services. He uncovered four main reasons: They are embarrassed, they don’t think counselors will help, they are unaware of the services or they think they can handle issues on their own. Coulson suspects these attitudes are mirrored in society as a whole.

“Students, and people in general, are often busy, and this busyness keeps them from working on issues with counselors,” he says. “The student comments also point to the important need for better marketing. I feel so many people live below their potential. That is where marketing (by counselors) can play a larger role.”

Susan Giurleo, a child and family psychologist and founder of BizSavvyTherapist.com, says helping professionals should approach marketing as they would other essential, though less savory, tasks such as bookkeeping, invoicing and filing.

To maintain their current level of business, Giurleo recommends that helping professionals spend one hour a day minimum on marketing — or, if it’s more beneficial to work on marketing plans for longer periods on certain days, a total of five hours per week. Counselors who are building a practice should devote one hour a week to marketing for each new client they want to bring in, she says. Giurleo strongly advises that helping professionals clearly set aside a specific time for marketing each day or each week, or else the task is likely to become low priority and get bumped from the schedule.

On an ongoing basis, counselors should also evaluate the success of their marketing efforts. This can be done simply by asking new clients or callers how they heard about a practice, recording the number of visitors to a website or tracking the types of services needed by potential clients at a seminar.

Counselors should also include time to explore new ways of developing clients, Diana says. This way, counselors can become familiar with diverse options and will feel less threatened by technology or the prospect of changing their approach. “Where do you and I turn to find the information we seek?” he asks rhetorically. “Fewer and fewer are answering this question with a nod to the Yellow Pages.”

Moving online

When speaking of thinking about marketing in a new way, Diana is quick to point out that he isn’t referring exclusively to tapping into opportunities on the Internet. “Building a following and leading a community is one of the best marketing tools, and you can do this online or offline,” he says. “It involves connecting with people personally at a grassroots level rather than with mass mailings or impersonal ads.” That might mean giving a presentation for parents at a local high school program, building a relationship with doctors who might need to refer their patients or providing pro bono counseling services at a social service program.

However, he says, used correctly, the Internet can also help counselors make those sorts of connections across miles. For instance, a blog can become “your own television channel,” he says. “It gives you the ability to share important information and build a following of

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people with similar interests.” Naugle says her blog has helped her build business while also causing her to think through issues in more depth.

Having a website is essential, says ACA member Kathryn Elliott, who with her husband, James, runs a counseling practice in Lafayette, La. Elliott says their newest site logged more than 2,000 visitors in slightly more than four months after they established it this past fall.

Bill Haddock, an ACA-member therapist in College Station, Texas, says even tech-savvy counselors such as himself would find it challenging and time-consuming to establish their own websites. But once developed, he says, counselors should be able to maintain their sites relatively easily. Naugle paid a local professional designer to develop her website.

According to Diana, there are certain steps to follow so your website will appear more prominently on the large search engines that feature local business listings, such as Google, Yahoo, Bing and Best of the Web. Among the tips he offers concerning online business listings: Get the description of what you do up front, use the 200 characters available for the description wisely (provide specifics about your practice) and use any categories available to you (Google offers five). You may also be able to provide photos and video in the listing, which increases traffic, Diana says. He also suggests asking colleagues to provide a review of your practice because listings with more reviews have a better chance of appearing higher up in a search. For further help fine-tuning their listings, Diana recommends that counselors visit GetListed.org.

Marketing, step by step

Make the time. Experts say you have to set aside specific time to work on marketing and then be disciplined about following through. By one estimate, maintaining a private practice with one therapist requires one hour of marketing per day (plus one additional hour for each new client you hope to bring in).

Know the market and marketing. Do some research on options for marketing, trends in the field and needs in your region.

Pitch your niche. Specialization — even if it constitutes only a portion of your practice — makes marketing to a targeted group more effective and better positions you as an expert in one area.

Blend the options. A formal marketing plan may not be necessary, but it’s a good idea to consider how much time and money you are going to spend on various marketing tools. Factor in considerations such as your strengths, the resources available to you, the local market and the type of work you hope to do.

Build relationships with other professionals. Referrals from other professionals and insurers are key.

Get out there. You are the product. Making yourself available in the community might not pay off every time, but it will go a long way toward establishing you as the person who comes to mind when people think of counseling. This can lead to word-of-mouth referrals and potential clients who seek you out later as needs arise. Participating in events as a speaker, offering a booth with information at public events, appearing on local radio and TV shows or other forums and even taking part in career days and school-related functions are all ways to increase your visibility.

Concentrate on customer care. Successful marketing begins with the clients you have, especially because much counseling work comes from referrals. Go the extra mile with your clients to ensure they will speak highly of you.

Keep track. Collect data from website visits, ask clients and callers how they heard about you, and gather any other information you can about the effectiveness of your marketing. Then sit down and retool your marketing efforts every six months or so.

— Jim Paterson

Use online referral sources such as CounselorFind (a website created by the National Board for Certified Counselors to help the public find professional counselors) or the Psychology Today Therapy Directory, which Haddock credits with being his primary source of new referrals. In California, Elliott uses TherapistFinder, and other regional listings are available, such as FindCounseling.com, which operates in 20 states. Broader sites that support networking, such as Yelp and Craigslist, might also provide referrals. Counselors might also consider local listings through business organizations on online community support groups. Colleagues may be able to provide feedback on the effectiveness of such networks locally.

Elliott is in the process of developing teleseminars, which visitors can sign up for on the practice’s website. She hopes to later repackage these teleseminars as workbooks and DVDs.

E-books are another option counselors can use to establish their credentials, build their reputations and, perhaps, attract new clients. Typically, a firm charges the author to publish and market an e-book and can even provide illustrations. Abundant information about the process is available online (including at thesitewizard.com, which covers a wide range of topics dealing with website design, promotion, programming and revenue making).

Several counselors interviewed for this article stressed the importance of staying educated about new marketing techniques. “I came to the realization that I needed a good, interactive website and needed to become involved in social networking,” Naugle says. “To keep up to date, I’m reading several books and several blogs on marketing a private practice.”

Traditional approaches

Typically, counselors dip their toes into marketing by developing basic promotional materials for their practice — a logo, a business card, stationery and a brochure. Opinions vary among counselors when it comes to the value of listing a practice in the Yellow Pages or placing ads in local media. Naugle says these outlets have never paid off for her. Others say these placements are simply part of an overall effort to establish a name for the practice and raise public
awareness and that the true benefits aren’t immediately measurable.

Elliot maintains a significant marketing presence online but says print advertising still proves effective when the ad features brief copy that focuses on “people’s real issues.”

Haddock, on the other hand, has halted his attempts at print advertising. He says he has found that more people are searching online for counseling services than are using the Yellow Pages and print resources.

Many counselors make their information available at locations where potential clients are likely to see it — at doctors’ offices, hospitals and schools and with clergy. Many counselors also try to have a presence at special events such as health fairs where they can set up a booth to meet potential clients and build name recognition.

Haddock has discontinued a once-successful technique of publishing his own quarterly newsletter, but some counselors believe such regular offerings are still effective in keeping their name in front of potential clients and establishing their expertise. Newsletter material can also provide content for a counselor’s website or be distributed through e-mail services such as Constant Contact. Counselors might also consider submitting articles to community newspapers or trade publications. Another marketing option is to identify large local organizations that offer their employees a health newsletter. These organizations might like to include a section on mental health written by a local counselor who understands the issues that employees face.

Mailings — another traditional marketing avenue — are only as effective as the mailing list being used. Although sending out a large volume of brochures and business cards can feel like an accomplishment, Elliott says, the time and money is wasted if these materials aren’t reaching the right audience — namely a targeted group of potential clients or businesses and agencies that can offer referrals and display the materials.

“I also find that being listed on insurance company websites is a great way for potential clients to learn about my practice,” says Andy Knight, an ACA member in Chicago who specializes in anxiety, depression, grief and loss and relationship issues. Counselors who take third-party payments find that the connection to an insurance company often leads to an increase in clients.

In the haste to find new clients, Giurleo says it is easy to forget that one of the best ways to market a practice is by satisfying existing clients. Word of mouth is key, she says, and excellent client service is critical to promoting a practice.

Naugle says involvement in the community is also important in building a reputation. She is a member of her town’s chamber of commerce. This not only leads to new clients, she says, but also helps her find support services when she needs them.

The Elliotts have enhanced their practice by holding seminars for the public, presenting at a local college, making themselves available for radio and television interviews on topical subjects and putting their thoughts together for a book they self-published.

Finding your niche

Experts in marketing counseling services generally conclude that finding a niche is an important way to build business. This approach allows counselors to market themselves as experts who provide service to a specific client base, even if the counselor still maintains a more generalized practice.

For instance, Diana, a counselor with a family practice might, with the proper training, also market herself or herself as a specialist in postpartum depression. Potential clients are more likely to view that therapist as a true expert for this particular issue, and the practice can be promoted in targeted areas where these clients are most likely to be found, such as a pediatrician’s or obstetrician’s office or a hospital waiting room.

The Elliotts developed a school of therapy called Anthetic Psychology and have a website focused on relationships (soulmateskills.org). Others have found a niche by specializing in grief counseling or working with children who have a specific problem.

Choosing a niche can be as easy as thinking about which clients you look forward to seeing, which you have the greatest success with or which make up the bulk of your practice. The decision should take into account the potential market for such a specialty (including if you plan to take your practice online) and what additional training you need.

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At the tender age of 9, Marcheta Evans was already a budding counselor. Evans, whose family was living in Washington, D.C., at the time, would occasionally accompany her mother, a psychiatric nurse, to her job at a local hospital. During those visits, she played cards and made friends with some of her mother’s patients. Sitting across from those patients, Evans had a habit of wondering what they might be thinking and what life path they had traveled to arrive at that hospital.

“The human mind always intrigued me,” says Evans, who begins her term as president of the American Counseling Association July 1. “I remember sitting there as a kid and wondering what was going on in that person’s head. Even as a little kid, I was always inquisitive.” That sense of intrigue and curiosity never waned as Evans grew up. In fact, she followed it all the way to the University of Alabama, where she earned her doctorate in counselor education and supervision. Now associate dean for the College of Education and Human Development at the downtown campus of the University of Texas at San Antonio, Evans says her entry into the counseling profession stemmed from her upbringing — the same upbringing that motivated her to eventually run for ACA president.

“It was almost an expectation for me to (run) given how I was raised,” Evans says. “When much is given, much is expected.”

Another motivating factor behind Evans’ journey to the ACA presidency was a desire to bring about change and accomplish goals at the national level. “I chose to run for the presidency mainly to serve the profession and to be instrumental in continuing the movement of the association toward its strategic initiatives,” says Evans, who previously served as president of the Association for Creativity in Counseling, a division of ACA. “Additionally, I wanted to serve as an example of the association’s willingness to appreciate diversity in leadership positions. You can come from all types of backgrounds and be a national leader.”

One of the initiatives on Evans’ to-do list focuses on New Orleans, the location of the 2011 ACA Annual Conference & Exposition. “I don’t want it to be a conference that does drive-by community service, but rather one that leaves an impact when we are gone,” she says, adding that she plans to work with ACA’s divisions and regions on this effort. One idea, she says, is centered on the education front and could include helping to explore best practices to address truancy and behavioral issues in the classroom.

Technology is another area Evans hopes to focus on as ACA president. She’s putting together a task force to investigate how the association can promote better use of technology in counseling, which could include everything from using improved technology on the ACA Governing Council to helping individual counselors make technological advances in their work with clients, Evans says.

Global collaboration and development warrant a closer look during her term in office, as does ACA’s strategic plan, says Evans, adding that she plans to ensure
that all efforts made this year tie back into the strategic plan. Another initiative on her list is making sure that ACA has a crisis intervention protocol in place so the association can move forward and provide help quickly if and when disasters occur.

Evans also wants to put a spotlight on wellness and self-care for counselors while she is in office. She will use her presidential columns in Counseling Today to emphasize these and other important topics with ACA members. “People come to counselors with problems, rarely because they are happy,” Evans says. “So how can the profession promote better wellness skills and share ideas that work?”

A source of support

Evans assumed her position as associate dean in September 2009 after having served for more than five years as the chair of UTSA’s Department of Counseling, Educational Psychology and Adult and Higher Education. Her professional path, which began with a bachelor’s degree in psychology from the University of Alabama and two subsequent master’s degrees, has included stops at which she has filled a variety of university and community roles. Among the lines on her résumé: working as a rehabilitation counselor for Goodwill Industries and the state of Alabama, teaching at Auburn University at Montgomery and serving as director and founder of UTSA’s Women’s Resource Center. Additionally, Evans has been a licensed professional counselor since 1993 and has consulted for organizations such as the United Way, the Intercultural Development Research Association and the Mexican American Legal Defense and Education Fund.

Evans’ long-term dedication to ACA is apparent and includes serving in a variety of leadership positions at the state, regional and national levels. ACA is an incredibly worthy cause, Evans says, because the association provides so much to its members. “ACA is a place where members are able to come together as professionals and network,” she says. “One of the main benefits that ACA offers is member resources that aid them in becoming more effective counselors. The benefits are too many to highlight.”

ACA ably addresses its diverse membership, from students to faculty members to clinicians, through the variety of programming it offers, while also advocating for the profession and giving counselors a voice. Evans says. But she believes the camaraderie is one of the true highlights of belonging to ACA. “By being a member, you realize that you have a support system in place. You have others like yourself who are dealing with similar situations, and you can explore the universality of counselor experiences by attending the annual conferences and by being an active participant.”

Likewise, Evans says she is proud of the counseling profession for a number of reasons. “To name a few, our emphasis on wellness, the positive impact we can have on people’s lives and our commitment to serving others who may be struggling with life’s problems.” At the same time, Evans admits she would like to change the profession’s level of recognition. “What I want to do is amplify the visibility of our profession and clarify what counselors do on a day-to-day basis. We need to ensure that the public perceives our work as critical to mental health wellness efforts throughout the United States and beyond.”

As Evans takes the helm at ACA, she anticipates at least one major hurdle. “A year goes by very quickly,” she says, “Time is the biggest challenge.” ACA is an organization built largely on the efforts of volunteers, she points out, and these members have other jobs and other parts of their lives that require time and attention. “Making sure it’s as convenient for people to give of themselves as possible will be a priority,” she says, adding that she hopes her goal of improving technology might help on that front.

Thelma Duffey, professor and chair of UTSA’s Department of Counseling, says she is reminded of the Tom Petty song “Won’t Back Down” when she thinks of Evans. “She is determined,” says Duffey, an ACA fellow as well as the founder and inaugural president of ACC. “This trait can be especially helpful when she is invested in something she values.” Marcheta is tenacious. She has a sharp wit and a keen sense of humor. She can inspire hard work in others, while at the same time generating a lot of fun. She doesn’t have much patience for behaviors she considers ‘wishy-washy,’ to use her words. If someone comes to her with a problem, she wants them to come with potential solutions.”

Duffey believes that Evans will make her mark as president of ACA. “I can see Marcheta inspiring fiscal efficiency. I can also see her increasing international collaboration and development within the profession. Given her interest in technology, I suspect she will use it to increase ACA’s productivity and effectiveness. Marcheta is so smart, and she is passionate in her efforts to develop emerging leader programs. Given that, I feel sure she will invite leaders across divisions and regions to participate in innovative programs and invest in students and new professionals who are also interested in assuming leadership roles.”
Jamie Satcher, professor of counselor education at the University of Alabama, was Evans’ major professor and dissertation chair. “I have known Marcheta for almost 20 years. As a person, Marcheta is wonderful. She is one of the few former students with whom I have maintained close ties after graduation. She is a warm, caring person who is a dedicated counselor and counselor educator. As a leader, I believe that Marcheta has the people skills to motivate and inspire, as well as to build collaborative partnerships among counselors.”

Dennis Haynes, interim dean of the College of Public Policy at UTSA, believes Evans’ commitment to collaboration will be a strong point of her presidency. Haynes had the opportunity to work with Evans when he was chair of the university’s Department of Social Work and she was chair of the Department of Counseling. “Although the social work and counseling professions have at times engaged in a competitive relationship, Marcheta has been consistently collaborative and supportive in her relationship with social work,” Haynes says. “She chaired the UTSA Graduate Council Committee that recommended the establishment of a social work program and has continued to advocate on our behalf as we sought social work accreditation.”

“For me, the epitome of Marcheta’s collaboration with the UTSA community was our joint effort in providing mental health support to Katrina evacuees in San Antonio,” Haynes continues. “Marcheta invited social work, along with other professional entities across UTSA, to come together to support the city of San Antonio’s Katrina evacuee response when the first evacuees arrived. Many more evacuees arrived in San Antonio than expected, and the city government sought UTSA assistance. Marcheta coordinated this universitywide effort in collaboration with the broader city and professional community.”

“I value Marcheta’s personal and professional commitment to interdisciplinary collaboration across university departments and colleges,” he says. “She is a fierce advocate and leader of diversity initiatives within our university. She is innovative and creative in promoting relevant university-community engagement.

I applaud ACA’s selection of [Evans] as your incoming president.”

**A family focus**

As dedicated as she is to the counseling profession, Evans makes sure to set aside time to focus on her own wellness, and much of that centers on her family. Evans and her husband, Ed, who live in San Antonio, have six children and nine grandchildren. Five of the children have graduated college, and one is a junior biomedical engineering major at the University of Texas at Austin. Evans laughingly describes it as “chaos” when everyone is together, but it’s the good kind of chaos that comes with love, she says. “We have tons and tons of fun when everyone is together. It’s just a wonderful, wonderful time.”

Another place you’ll find Evans is on the tennis court, although not as much as she’d like given her more demanding position as associate dean. “I would love to play a minimum of once a week,” she says. “I used to play at least three times a week. Hopefully, this summer, I will get to play with my daughter while she is home from college.”

A self-identified “outdoors person,” Evans says one of her family’s favorite pastimes is camping. “We love to visit the state parks and just enjoy the beauty of nature. My most favorite time is when I have all the children together at a campsite late in the evening and we are all sitting around the fire pit. The laughter and the stories are awesome!”

Family is important not only in Evans’ daily life but also to the path she traveled to arrive at the ACA presidency. When asked who inspired her to become the counselor and person that she is today, Evans says her grandmother immediately comes to mind. “I grew up in the late fifties and early sixties,” says Evans, who spent much of her childhood living in Washington and San Antonio but also spent time with her grandparents in Mobile, Ala. “She taught me how to be confident and proud of who I was as an African American female. And we needed that during the times in which we were living, to know that I was not ‘less than.’ In some cases in her mind, I was ‘better than’ and ‘more than.’ She was definitely at the crux of that inspiration.”

An aunt provided inspiration for the go-getter attitude that eventually brought Evans all the way to the ACA presidency. “My aunt did anything and everything,” Evans says, mentioning her aunt’s degrees in music and pharmacy, as well as the asbestos inspection and house moving companies she started. “She was always open to trying anything. She inspired me to do any and everything. She just enjoyed life to its fullest and taught me, ‘Don’t be afraid to fail.’”

It is a lesson Evans took to heart and a lesson that has helped pave her pathway to success.

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counseling programs choose to be accredited by CORE. Martin and Cannon suggest that all counseling programs should choose CACREP. CORE was the first accrediting body in counseling. Its standards are equal to or exceed those of CACREP. The entire profession of rehabilitation counseling accepts CORE’s standard. Why should the profession “genericize” itself to accept an accreditation that only 20 percent of the counseling profession accepts? CORE standards are clear and valued. They are high standards. Universities should not have to pursue the cost and time required to have both accreditations, nor should they have to settle for a generic standard. It would not increase the quality of rehabilitation counseling programs.

Cashwell makes two statements that are particularly troubling. First, there is only “one accrediting body, CACREP, that serves to promote professional counselor preparation.” Second, there is “one national credentialing body, the National Board for Certified Counselors, that monitors voluntary national certification of counselors.” Both statements are simply inaccurate.

CORE is the national body that accredits rehabilitation counseling programs. CORE led the way in this movement and should not have to take a back seat. The Commission on Rehabilitation Counselor Certification (CRCC) is the national body that certifies rehabilitation counselors. The majority of public and private agencies recognize the Certified Rehabilitation Counselor (CRC) credential as the standard for hiring, not the NCC. Again, CRCC led the way in developing the first counselor credential, not NBCC. The CRC credential is rigorous and evaluates both counseling standards and rehabilitation standards. Its standards are equal to or exceed those of the NCC.

I appreciate the need for a unified profession, but unity should not require professional identity to be forfeited. I am not a generic counselor. I am a rehabilitation counselor with unique, specific credentials and skills. When I joined ACA, I did so because it welcomed and accepted the variety among counselors. It had unique divisions that accepted each of the different types of counselors. Now it seems the message is, “We don’t want you if you want to maintain your identity. Accept our generic minimum. Pay the extra cost of generic accreditation and certification, then pursue your specialization.” It is unnecessary and too costly to do so.

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I am pursuing my master’s in counseling from a CACREP-accredited university and entering my practicum this spring/summer semester in Michigan, licensed professional counselors and limited licensed professional counselors are being overlooked for many job positions that we have been trained and educated to do. When I entered into my graduate program in 2008, I was unaware of these problems. Nevertheless, I am still eager to become licensed and to start my own business.

As I read the article “A profession in peril,” it increased my desire to get involved and advocate for the counseling profession. At times, I wonder if current professionals are doing enough to advocate. I wonder how other professionals such as social workers and psychologists are able to distinguish themselves. I wonder how just anyone can apply for licensure as a professional counselor without being approved by an accrediting association. I wonder why there isn’t a standard curriculum for licensure as a professional counselor. I wonder who I can talk with to stop this and to prove ourselves worthy.

I am passionate about counseling and am still trusting of the framework that I have been taught. What can I do to advocate? I am a member of the American Counseling Association and attended the annual conference this past March in Pittsburgh. I wonder if there could be a summit of some sort that directly promotes the profession and educates the public about what services we are trained to provide.

Stacy Jackson
Wayne State University

The very popular fifth edition of the Study Guide for the National Counselor Exam (2006) has 350 pages and covers the eight content areas of the National Counselor Exam, national comp exams (CPCE) and many similar exams. The Workshop DVDs contain over 6 hours of an actual workshop focusing on: Appraisal, Research, Professional Orientation, and Career. The other four areas are covered lightly as well as test-taking strategies and study tips.

The Study Guide costs $79.95 and the Workshop DVDs are $69.95. Save $20 by purchasing them at the same time for $129.95. Prices include all mailing and handling costs. Order at website: www.counselor-exam-prep.com. Email: ahelwig@sprintmail.com for more information.
Call to arms

Counselor involvement is a must if barriers to working with older adults and veterans are going to be removed

Two significant barriers remain for licensed mental health counselors and licensed professional counselors. Despite our profession’s strict academic, training and professional standards, we continue to be shut out of Medicare and, to a great extent, employment within the Department of Veterans Affairs (VA). These are two significant potential sources of work and income for counselors, and as both the senior population and the veteran population grow, the counseling profession will experience a corresponding impact. Barriers to working with these populations must be removed for our profession to move forward.

Our first hurdle is to convince Congress that counselors are qualified and eager to work with Medicare recipients (virtually everyone 65 and older). Licensed clinical social workers, who possess credentials equivalent to those held by LMHCs, have been working with Medicare recipients for years. We should be asking that LMHCs be recognized on an equivalent basis, at least for reimbursement purposes.

A provision for counselor participation in Medicare was included in the recent health care reform bill passed by the House of Representatives, making many of us hopeful of its eventual passage into federal law. However, the counselor provision was excluded from both the Senate version of the health care bill and the final version (H.R. 3590) that Congress eventually passed and signed. Many of us are profoundly disappointed that this recent restructuring of health care did not include a provision for counselor participation within Medicare. Unfortunately, this barrier still stands.

What happens legislatively has a significant impact on our professional viability as counselors, particularly in our ability to work with veterans and senior citizens. It is becoming increasingly clear to me that in order for these barriers to be removed, counselors need to become more active in advocating for themselves and must put increasing pressure on U.S. legislators regarding these issues. Several staff members from the American Counseling Association and the American Mental Health Counselors Association, a division of ACA, spent an unprecedented number of hours advocating for us on Capitol Hill during the congressional health care debate. We are fortunate to have such talented individuals working on our behalf. While these outstanding ACA and AMHCA professionals can lead the charge, however, they cannot take down the walls by themselves. They need our help.

Being shut out of Medicare limits our opportunities to work with seniors who are already on Medicare. It also makes it awkward when working with those transitioning to Medicare during the course of treatment, usually as the result of the client turning 65. As we all know, once a client is on Medicare, financial reimbursement is nearly impossible. Although most Medicare recipients also have supplemental plans, these plans cover only Medicare-approved services. Hence, by default, we become ineligible to participate with either Medicare or the supplemental plans.

With respect to the VA, the barriers to employment are more subtle and complex and require some knowledge of the counselor recognition law and the federal government’s employment system. Three main obstacles exist to LMHC employment within the VA:

1) Despite congressional pressure to create it, there is no General Schedule (GS) series specifically for LMHCs.
2) Although LMHCs can be hired under the social science series (GS-0101), this is rarely implemented, leaving LMHCs on the outside looking in.
3) Turf battles are a reality, and it is advantageous for those already in the VA system (social workers and psychologists, for example) to keep other mental health clinicians out.

Congress passed legislation (Public Law 109-461, the Veterans Benefits, Health Care and Informational Technology Act) recognizing licensed counselors as mental health specialists within health care programs operated by the VA in December 2006. The law states that “licensed professional mental health counselors are eligible to be appointed to a licensed professional mental health counselor position within the VA.” Many of us assumed that once Congress passed the counselor recognition law, LMHCs would be hired within the VA. In reality, however, LMHCs are rarely considered for mental health positions, and employment in the VA system continues to be an uphill climb. In the three and a half years since this law was passed, congressional staff members and ACA staff have pressed the VA to implement the law and begin hiring LMHCs. The VA continues to drag its feet, however, allowing the status quo to prevail.

During the past two years, I have tracked all VA mental health postings in my state of Florida (the USAJOBS federal employment search engine makes it very easy to do this) and spoken with numerous VA human resources personnel. The further I looked into the hiring situation, the more troubling and discouraging it became. Although I continue to be interested in employment within the VA (much of my internship experience involved working with combat veterans), my interest in getting to the bottom of VA hiring practices is even greater.

All federal government jobs are posted with a job title and a corresponding GS series number. Many of the GS series are specific, such as GS-0185 for social worker. Other series, however, such as GS-0101 (social science), are more general and can be used to post a variety of job positions, including mental health positions. To date, despite much congressional pressure to do so, no category has been created specifically for LMHCs. The Office of Personnel Management can develop a new federal occupational category for LMHCs but only at the request of a federal agency such as the VA. And, as mentioned previously, the VA has been dragging its feet on moving forward with this.

According to a March 2009 posting on the ACA Public Policy and Legislation website: “In February [2009], the Under Secretary for Health of the Department of Veterans Affairs approved the creation of a new occupational category or categories for the hiring of licensed professional counselors and marriage and family therapists by the VA. ACA and AMHCA have provided the VA with information regarding the training and qualifications for professional counselors that we believe will be...
beneficial in structuring future position descriptions and occupational categories. The Under Secretary’s announcement came soon after the House Veterans Affairs Committee wrote to Secretary Eric Shinseki urging the VA to ‘move quickly’ to establish regulations enabling counselors and marriage and family therapists to ‘work to their full potential within the VA.’”

To date, this has not happened. The slow response by our federal government is very discouraging. In addition, many of the top human resources and mental health directors within the VA are either unaware of or confused about the situation. Others, unfortunately, are aware but have no interest in resolving the situation. This was the tone in a letter I received from the director of human resources at a regional VA medical center. The letter stated, in part:

“The Office of Personnel Management (OPM) is responsible for establishing General Schedule (GS) series, not the VA. At this time, OPM has not advised the VA of any plans to develop a new GS series for LMHCs.

“The VA does not recruit for LMHCs. Here at the VA Health Care Center, social work positions are not difficult to fill. Our Human Resources Management Service receives an abundance of qualified social worker applications whenever a position is posted.”

I have asked VA human resources specialists in various areas of the country if the absence of a specific GS series for LMHCs necessarily precludes us from employment. The response I routinely receive is no. I am advised to look for mental health positions posted as GS-0101 (social science series). Unfortunately, the GS-0101 series is used very infrequently to hire LMHCs, particularly in my state of Florida.

Social workers have been gainfully employed within the VA system for years. On any given day, the VA posts numerous openings for clinical and non-clinical social workers (GS-0185). LMHCs are not eligible to apply for these positions. In contrast, social workers are eligible to apply for the GS-0101 series — the only series for which LMHCs are currently eligible. While we are waiting for the VA and OPM to develop a separate GS series for mental health counselors (something

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The ACA-ACES Syllabus Clearinghouse Has Received New Contributions That Will Provide Ideas and Inspiration for Counselor Educators Planning Their Fall Syllabi.

Here is a sampling of some of the many syllabi recently posted in the clearinghouse:

- Shannon D. Smith, University of Nevada, Las Vegas –
  - Social Advocacy in Counseling

- Sara Schwarzbaum, Northeastern Illinois University –
  - Multicultural Counseling

- Carol M. Smith, Marshall University Graduate School of Education and Professional Development –
  - Diagnosis and Treatment Planning
  - Human Development and Adjustment
  - Practicum

- Mark E. Young, University of Central Florida –
  - Counseling Techniques

- Michael J. Koski, Teachers College, Columbia University –
  - Group Work with Children and Adolescents in a School Setting

- Renee A. Middleton, Ohio University –
  - Professional Publications

- Denise L. Davidson, Bloomsburg University –
  - Appraisal Techniques in Counseling Students in Higher Education

- Harriet Bachner, Pittsburg State University –
  - Human Sexuality Issues
  - Techniques of Counseling & Psychotherapy

ACA, ACES and the community of counselor educators send kudos and a warm thank you to these generous professionals.

Please direct any syllabus questions or feedback to Vikki Cooper, ACA Librarian, at syllabus@counseling.org or 800-347-6647, x 281.
that ACA has advocated and that the VA has been extraordinarily slow to do), an interim, quick and legitimate fix would be for VA human resources offices to post more mental health positions as GS-0185/GS-0101, thus including both social workers and LMHCs. This is being done in some states and in some instances. Not frequently enough, however.

Sadly, LMHCs are often treated as a last resort in the hiring process. According to one human resources specialist with whom I spoke, “If the social work position is difficult to fill and we do not get an adequate number of applicants, we will repost the job opening, expanding the qualifications to include GS-0101, social scientist.” In other words, LMHCs are considered only when the VA cannot find other mental health professionals interested in the position.

Another obstacle to employment of counselors: Many of the supervisors within the VA mental health care system are licensed clinical social workers, and they have significant influence on who is hired. For instance, supervisors often dictate what GS series and qualifications are to be specified in job postings. In addition, they help conduct interviews and select clinicians. On the basis of my observations, very few supervising social workers expand job postings to include LMHCs.

There are, unfortunately, territorial or turf concerns with all professions, particularly in today’s economy. Some of the mental health providers within the VA may be resistant to opening the doors for LMHCs, viewing us as additional competition for jobs. After all, mental health providers within the VA are paid well, receive excellent benefits, work within a larger system that offers broad client resources and get to work with a very rewarding population.

The obstacles to VA employment extend beyond the lack of a specific GS series code. In fact, the establishment of a GS series code for LMHCs does not guarantee that the VA will implement PL 109-461 — or the spirit of it. Hence, as counselors, we need to continue to put pressure on our legislators to see this through. It will take considerable effort on the part of counselors, our professional associations and Congress to overcome VA inertia and fully implement recognition of licensed counselors.

I received a letter dated April 12 from the office of John U. Sepulveda, the VA’s assistant secretary for human resources and administration. The letter was disappointing because it indicated the establishment of a GS series for LMHCs continues to be “in process.”

The letter states: “We have begun an extensive process to develop qualification standards that includes the use of subject matter experts within VA, input from professional associations, and community and private sector practices. Once the standards are approved, they will be subject to a collaborative process with VA national unions, as mandated by 38 U.S.C. 7403. We expect the entire process to take approximately one year.”

My goal with this article is to highlight two important barriers for LMHCs to overcome and to emphasize the benefits of counselors getting involved in the process through letters and e-mails to their legislators. Congress will continue to work on implementation of the recent health care legislation. It would be a travesty if, in the months to come, counselor participation within Medicare is not included and we are cut out of a significant source of potential work and income.

Likewise, we must be vigilant in pressuring the VA to implement the counselor recognition law. Many excellent, qualified LMHCs are eager to work with both the Medicare and veteran populations. Currently, we are highly underutilized in both of these areas.

Counselors, as a profession, are not good lobbyists. However, we need to change this attitude if we want to move forward and be successful. After all, we do not hesitate to prompt our clients to advocate for themselves. Perhaps it is time we start doing a better job of that ourselves.

Liz Cupo is a licensed mental health counselor in Florida. Contact her at lizcupo@hotmail.com.

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July 2010 | Counseling Today | 53
For many parents, a child’s first day of school is a day filled with excitement and dreams about their child’s future. For other parents, the event produces anxiety and a little fear. This past September, I faced that anxiety and fear as I escorted my newly minted kindergartner to the bus stop. I couldn’t help but wonder if he would make it through the day.

I held his hand tightly as we walked the short distance to the stop. I tightened his backpack, again, to the point of restraint. I checked the attachment of his name tag for the fourth time and reviewed the contents of his lunch bag with him a third time. When the bus arrived, I walked him all the way to the open door, despite receiving some strange looks. My heart pounded.

As he climbed the bus steps, the driver gave me a kind and soothing smile that said, “It’ll be OK.” I let my son go, turned quickly toward my car and broke down in tears along the way.

Six years of medical, therapeutic, educational, social and family efforts had led us to this precipice. Our son with Asperger’s syndrome, and a myriad of other needs, was heading to a regular education classroom.

**A parent’s reflection**

As I sat in my car, I quickly realized there were things to do. I gathered myself, tucked my emotions away and zoomed off into the day. My next tasks:

- Take my daughter to preschool and drive myself to class. Counseling class to be exact, where I learned about the inner workings of individuals and families. In my personal research, I drilled down into the mechanics of families raising children with special needs.
- My future goal is to utilize my educational and personal experiences to guide families through the distress and hope of raising a child with special needs.

Hence, the reason for this article: to document and share my experiences and my personal research with an interested audience.

But on that morning, this article was just a flicker in my mind — a flicker quickly doused by the immediate need of getting through the day. As I drove, I recounted our family’s work with multiple teachers, administrators, special educators, therapists, doctors, counselors and bus drivers. These interactions registered as solid steps toward school being a positive experience for our son.

I wondered though, would the teachers remember at recess that he could suddenly dart across the street? Would his educational aide understand and empathize with his great discomfort in a room with other children?

I reminded myself that my son would have a range of services, from occupational and social therapy to a one-on-one educational technician for safety. Our family had spent years helping him acquire and integrate basic social skills, independent living skills, coping skills and the essentials of dealing with bullies.

He was ready. I knew he could do it.

**Stress and social isolation**

Anxiety and stress (akin to what I was feeling that morning) are common emotions in families with a child who has special needs. In their 2010 book, *Working With Families of Children With Special Needs*, Mary Anne Prater and Nancy Sileo discuss how families either cope well with the challenges at hand or become strained under the heightened and unique sources of stress. These include:

- Financial stress resulting from medical needs and required life and work changes
- Physical and emotional stress resulting from grief, guilt and failed attempts
to adapt to the situation; increased responsibilities; uncertainty about the child’s future; and the need to constantly be on “high alert” for safety concerns.

Yet the ability to cope and persevere within such stressful situations is vital to the child’s and the family’s success. According to a study published by Judith L. Poller and Alicia Fabe in 2009, the divorce rate of families of children with special needs is between 85 and 90 percent. The reality of having a child with special needs tests the very foundation of a family’s resilience and ability to adapt to challenging, and often tragic, circumstances.

Social isolation is another well-known risk for families raising a child with special needs, according to Prater and Sileo. Parents cannot simply hire a neighborhood teenager as a babysitter. They must employ a specially trained sitter who requires higher pay and who might be difficult to even find or schedule. These requirements can cause the family to miss out on much-needed chances to socialize.

Social isolation can also result from concerns about safety and inappropriate public behavior. Parents may worry about their ability to stay fully vigilant in crowded situations or about their child’s antisocial behavior, which can be uncomfortable at best, humiliating at worst.

On the other hand, social isolation may be an adaptive mechanism for families with a child who has an unobservable disability. In my family’s situation, my son looks and usually acts like a child who is developing typically, yet this mirage can easily be blown away by loud noises, small spaces containing several people or a busy street with too much traffic. I protect my son from these possible threats with great care. As a result, I am often the recipient of disapproving glances. The label of “helicopter mom” might apply to me — if my son didn’t actually require that level of care.

In fact, we used social isolation for our son; it served as one source of relief from the incessant onslaught of the world around him. This onslaught created a sort of mental noise that, in the past, negatively affected his development. In our family’s case, social isolation was a necessary evil that we temporarily utilized as a coping mechanism.

It is important for counselors to reserve judgment and to understand why parents are experiencing social isolation. Is the isolation temporarily self-induced for safety or other reasons? Or do barriers to social isolation exist that require demolition? Fleshing out the true nature of the isolation is vital.

Helping families cope

An important dynamic to consider is how the family is coping with the ongoing challenges of raising a child with special needs. Prater and Sileo list several signs that a family is not coping well:

- The parents exhibit a different level of acceptance about their child’s situation, which may impede the use of problem-solving strategies.
- The parents are fearful of or avoid considering their child’s future.
- The parents believe they need to give up their individual selves and fully commit to their child’s needs. This contributes to stress as self-care decreases or vanishes.
- One parent takes on the lion’s share of care required by the child’s needs.
- The family has a small, formal social network or none at all.

There are also many signs that a family is coping well and adapting successfully. In general, these signs are simply the opposite of the items on the preceding list, such as similar parental acceptance, hope for the child’s future, parental self-care, shared duties and a large formal and informal support network.

Prater and Sileo also note, “If parents are to cope effectively, they need to grieve, as well as readjust dreams and hopes for their child.” Addressing the sadness and loss of the family’s perceived future is a plausible first step. This is in addition to increasing the family’s knowledge and understanding of their child’s special needs. Overall, the goal is to tap family resources (including existing coping strategies that work) and build strength (such as understanding and self-care) to combat the ongoing stress.
Grief work and psychoeducation

Counselors should expect that families of children with special needs will require time to grieve. Parents might need to share stories of dashed dreams, such as having a future soccer buddy or math whiz, and express sadness or even anger at the loss of a future without medical or mental health interventions. Oftentimes, parents feel selfish and shameful about having these sentiments.

Something that counselors should watch for is ongoing, unrealistic expectations that create impediments to processing grief. It can be difficult for families to let go of the idealized hopes for their future. This often comes from a lack of knowledge about the child’s disability and the temporal inability to understand and find potential strengths.

Psychoeducation can mitigate this lack of knowledge, while also helping parents develop realistic expectations for their child. As a counselor, I envision myself gathering information and collaborating with specialists to uncover the facts so I can assist families in restructuring their perspectives to start from a realistic framework.

This does not mean glossing over the truly difficult and overwhelming feelings that accompany these families’ situations. When I work through my own circumstances, I find that I need to marry grief work and psychoeducation — honoring my feelings of loss while also gathering information about expectations and alternatives, some of which are positive in nature.

Problem solving and resilience

According to Prater and Sileo, problem solving and coping skills (resilience) foster a family dynamic suitable for weathering the ongoing challenges that are unique to families of children with special needs. These skills can range from concrete strategies for outings and events (such as being prepared with a backup plan) to abstract strategies such as positive reframing of challenging tasks (finding the silver lining, for example).

Similar to any disaster preparation slogan worth its merit, our family plans for the worst but expects the best in each situation. As a counselor, I intend to pass this valuable strategy on to future clients.

In practice, planning as a family of a child with special needs encompasses not only having extra underwear when potty training but also preparing mentally to face situations such as the delayed onset of potty training. The goal is to not be shocked and bewildered by perceived failure (the “inability” to potty train), but rather to embrace realistic expectations and to be ready for their outcome (late potty training).

What if the worst outcome actually occurs? Then the goal is to encourage positive reframing and to assemble resources. Prater and Sileo say that positive reframing is a healthy sign of families coping well.

Supporting involvement in the child’s education

One of the most daunting tasks for parents of children with special needs is navigating the education system. As counselors, it is paramount that we encourage and support the family’s involvement in understanding and planning for the child’s special education needs (an Individualized Education Plan, for example).

Families often feel overwhelmed by the confusing, and sometimes technical, process of obtaining services for their children. Evidence is clear, though, that when families are involved in and supportive of their child’s education, overall outcomes improve. This improvement feeds positively into the child’s overall development, which eases the family’s stress.

Prater and Sileo suggest some ways that counselors can support and encourage family involvement in their child’s school needs:

- Encourage volunteering to ease parental apprehension about the school environment.
- Promote parental advocacy in the school system to foster ownership and responsibility.
- Bridge the gap between the child’s family life and school life by mirroring lessons from school at home.

A positive end, a positive beginning

As I continued driving my daughter to school, I considered the positive ways that my son has affected our lives. Our family experienced an initial readjustment of our values and a reconsideration of life’s priorities. We fine-tuned our teamwork skills, strengthened our family bonds and discovered that husbands/fathers are capable of cleaning toilets. Most important, we all learned the true meaning of love — an engaged, full-throttle, unconditionally accepting love that I wonder if we would have learned otherwise.

As a graduate counseling student, my goal is to eventually work with families navigating the educational, emotional, medical and relational challenges of caring for a child with special needs. This will include finding existing resources and strengths in the family, assisting in the development of accurate information and collaboratively seeking problem-solving strategies that promote family resiliency. I believe that understanding and reflecting on my personal circumstances are the first step toward that goal.

Susan Smith is a graduate counseling student at the University of Southern Maine. She aspires to work with families of children with special needs. Contact her at sljsmith@maine.rr.com.

Letters to the editor: ct@counseling.org
Marijane E. Fall
Longtime educator, play therapy expert and counseling leader in NARACES and Maine

Marijane E. Fall, professor emerita of counselor education at the University of Southern Maine Department of Human Resource Development, died Feb. 5, 2010, at the age of 69.

Born and raised in Sanford, Maine, Fall attended Colby College, Nasson College and the University of New Hampshire. She received her master's degree in counseling from the University of Southern Maine (USM) in 1986 and then worked as a school counselor for five years before earning her doctorate in counselor education from the University of Maine in 1991. A licensed counselor in both Maine and Iowa, she maintained a private practice for more than 20 years. Following the awarding of her doctorate, she taught for three years at the University of Iowa, then returned to USM in 1995, Fall retired in 2007.

Fall was a prolific researcher and author with special interests in play therapy, counselor supervision and self-efficacy. She authored numerous articles that appeared in a variety of journals and was nationally recognized for her expertise in play therapy. In addition to her scholarly articles, book chapters and monographs, she coauthored Counselor Supervision: A Handbook for Practitioners with Jack Sutton.

Sutton noted that Fall’s mission was to find ways to help her students learn. “She felt if they didn’t learn, she wasn’t being a good teacher, and it was her problem to find the best way for everyone to learn,” he said. Fall taught supervision courses and workshops at USM, and Sutton said many individuals throughout Maine and the Northeast held her in the highest regard for her ability to help professionals reach their highest potential.

Fall gave more than 100 presentations at national, regional and state conferences and symposia. One of her most recent presentations was at the Fall Maine School Counselor Association (MESCA) Conference, where she was a keynote speaker. “Marijane was my true inspiration. I would not be the school counselor I am today if it were not for her,” said MESCA President Bonnie Robbins. “She educated, pushed and stood behind me as a mentor, colleague and friend. I used to tell her that she sits on my shoulder every day at work, and when I try to solve an issue, I think, ‘What would MJ do?’ I hope to continue her legacy through my school counselor work and my goal of becoming a registered play therapist. MJ will be missed. She touched everyone in a special way. She is a true legend.”

Fall served on the editorial boards of ASCA School Counselor magazine and the Professional School Counseling journal. She served as coeditor of the 1997 Professional School Counseling journal that focused on “Partners in Research: School Counselors and Counselor Educators Working Together.” Zark VanZandt, her colleague at USM and coeditor of that special edition, fondly remembered both the hard work and the good times that went into the development of that volume. “Because Marijane had such a joy about her and possessed such a great sense of humor, even proofreading and meeting deadlines were enjoyable experiences,” he said.

Fall was active in the Association for Play Therapy and Play Therapy International and was instrumental in founding the Maine Association for Play Therapy. Her scholarly work on play therapy appeared in such publications as the International Journal of Play Therapy and Professional School Counseling and as chapters in numerous books. One of the more fascinating contributions Fall made to the scholarship about supervision was the use of sand trays to facilitate supervisee insight and growth.

Actively engaged in professional associations, Fall was a member of the American Counseling Association, the Association for Counselor Education and Supervision, the American School Counselor Association, Play Therapy International and numerous regional and state counseling associations in Maine and Iowa. She was president of Iowa ACES from 1994-1995, president of North Atlantic Region ACES from 1999-2000, postsecondary vice president of MESCA and a founding member of the Maine Association for Play Therapy. A regular member of various committees connected to these organizations, Fall could always be counted on for substantive contributions and hard work, but her most noteworthy contributions were her tremendous energy, positive spirit and wonderful sense of humor.

A gifted teacher as well as scholar, Fall was awarded both a Faculty Teaching Award and a Faculty Scholarship Award from USM. She was inducted into the North Georgia College and State University Counseling Hall of Fame and was also included in the National Distinguished Service Registry for Counseling and Development.

Fall is survived by her son Greg Fall; daughters Gretchen Fall and Amy Henshaw; daughter-in-law Joy Fall; son-in-law Carl Henshaw; and grandchildren Earl and Alice Fall. All three of Fall’s children joined the helping professions, and each speaks with great appreciation for the ways she made life special.

Michael Brady, chair of the USM Human Resource Development Department, stated, “As a university colleague and across-the-street neighbor, I saw firsthand, and every day, Marijane’s enthusiasm for life and love for people. Her obituary said she was ‘full of grace,’ and those words ring true, although it is impossible to capture Marijane Fall in mere words. Her spirit lives through her beautiful children and her many students and friends.” A celebration of Fall’s life was held Feb. 13 at USM and a scholarship fund was established in her honor. Contributions can be sent to Wilmington Trust – Marijane Fall Scholarship Fund, c/o Ameriprise Financial, 16 Casco St., Portland, ME 04101.
Chi Sigma Iota celebrates 25th anniversary

Chi Sigma Iota, established in 1985 at Ohio University in Athens, is celebrating its 25th year of promoting excellence in the counseling profession. CSI started with one chapter and 31 members and has grown into a worldwide organization with more than 70,000 initiated and more than 14,500 active members. All memberships are conducted through chapter endorsement of its students and recent alumni.

About one-half of our active members are students, and at least 50 percent are practicing professional counselors, including counselor educators and supervisors. This latter group supports the mission of CSI with tax-deductible dues on an annual basis. In addition, upward of 500 counselor educators serve as chapter faculty advisers, mentoring new leaders for the future of the profession and the settings in which counselors work. Indeed, every professional organization in counseling has CSI members in its leadership.

CSI’s governance includes an elected Executive Council, an executive director and numerous committees and task forces to carry out the work of the society. However, the emphasis of CSI has always been to provide cocurricular services to counselor education programs through its chapters. Currently, 268 chapters induct more than 5,000 new members annually and engage in a variety of campus-based activities.

More than 80 percent of our chapters are sponsored in nationally accredited programs, and all chapters will be sponsored as such in the future. CSI has contributed more than $600,000 in funding to support chapter cocurricular programming for the counselor education programs of which they are a part (2009-2010 funds: $58,000). In addition, it has invested more than $150,000 in research grants, chapter grants, awards, fellowships and internships. In addition, chapters donate time and funds that amount to hundreds of activities and thousands of dollars each year. One of the most appreciated benefits to CSI chapters is that our best scholars and leaders volunteer as initiation speakers and leadership workshop presenters. All CSI speakers do so pro bono, and CSI shares their travel expenses.

CSI has been a contributor to and supporter of the American Counseling Association, its branches and divisions as well as a collaborator and supporter of the Council for Accreditation of Counseling and Related Educational Programs and the National Board for Certified Counselors Inc. In fact, the membership criteria for CSI are defined by the CACREP Standards, and a credential as a professional counselor is required of those endorsed for membership as alumni or faculty members.

To celebrate a quarter-century of promoting excellence, CSI published a special issue of the Exemplar, its premier publication, on social justice in counseling. Articles from past issues of the Exemplar are cited in refereed journals and books as well as requested as reprints for use in class assignments.

CSI continues to develop new programs and services for its members. Some recent initiatives include:

- The Counselor’s Bookshelf, a compendium of book and movie reviews submitted through an interactive web forum. This resource covers four areas: books that helped individuals become better counselors, bibliotherapy resources, movies and TV shows, and professional books.
- The CSI Author Showcase, an interactive web forum where CSI members can post reviews of books, CDs, DVDs or other creative works that they have developed
- The International Network, an emerging knowledge base exploring the state of the counseling profession in various countries around the world
- Find-a-Counselor, a resource to help consumers learn about the counseling profession and the services professional counselors offer and locate professional counselors in their area
- JobLinks, a service to help counseling students and professionals find jobs
- Professional advocacy resources for professional counselors
- Training modules on CSI leadership topics that members can complete for free
- Professional Counselor’s Corner, a website where practicing counselors can exchange ideas through interactive forums and obtain information on current professional issues

For more information about CSI, visit csi-net.org.

Thomas J. Sweeney is the executive director of Chi Sigma Iota.
The 2010 conference of the International Association for Counselling (IAC) was held in Bucharest, Romania, from April 14-17. The conference theme, “Counselling for a World in Crisis,” focused on how counseling can add value to people’s lives as they confront major global and regional challenges to health and well-being. The gathering provided attendees with opportunities to reflect on the nature of counseling in an increasingly complex and crisis-ridden world.

The IAC Conference attracted counselors and related professionals from the newly formed Romanian Counseling Association, as well as a number of delegates from other parts of Europe, North America, New Zealand and Israel. IAC, founded in 1966, is a global forum for counselors and counseling. Its mission is to promote the well-being of people worldwide by advancing relevant counseling practice, research and policy. IAC also helps to grow counseling in areas of the world where the profession is less developed by offering support and consultation to newly developing national and regional counseling associations.

More information about the association is available at iac-irtac.org. Courtland Lee, a past president of the American Counseling Association, is the current IAC president. ACA President Lynn Linde, Kimberly Frazier of Clemson University and CACREP Executive Director Carol Bobby were among a group of colleagues who also attended the conference.

Conference highlights included three plenary sessions that offered a diverse look at counseling issues. Andreea Szilagyi of Romania presented the opening keynote on “The Counseling Profession in Southeastern Europe: The Role of Counseling in Crisis Time.” Charlie Fantechi of Italy presented a plenary address titled: “5STAR — Five-Session Therapy Approach to Resolution.” Cirecie A. West-Olatunji of the University of Florida, who also represents the Association for Multicultural Counseling and Development on the ACA Governing Council, presented the final plenary address on “Trauma and Resilience in the Wake of Disaster.”

The Working Group sessions are the primary feature of every IAC Conference. These sessions provide participants with opportunities to present papers and to engage in extended dialogue with their colleagues from around the world on important counseling issues and concepts. During this year’s Working Group sessions, a series of papers was presented that provided important stimuli for participant discussion. Working Groups were organized around the following themes: counseling with children and young people in crisis, counseling to cope with life-threatening illnesses, and promoting peace and human rights through conflict management.

As is the case with any conference, many of the special moments occurred as participants interacted with one another. One of the things that became evident early on is that we all share a passion for the profession and believe in the need for counseling. Counseling is an emerging profession in many parts of the world, and it was interesting to hear the challenges participants are facing as they attempt to gain recognition and acceptance for counseling. In some countries, no word for counseling exists in their language, making it even harder for counselors to explain what they do. Many of the participants could not imagine the status that counseling enjoys in the United States, where the profession has been recognized for much longer and claims so many more counselors than elsewhere in the world.

West-Olatunji’s special moments involved interacting with the Romanian graduate students, whose excitement about becoming counselors was contagious — similar to the excitement exuded by her own graduate students back in Florida.
Frazier found the international focus and interactions beneficial for moving her clinical skills to the next level, invigorating her with research ideas and hearing stories that speak to what professionals are doing internationally.

From an organizational standpoint, Linde realized that many of the participants identified more with one another than with counseling in the United States. Many participants represented countries where there are fewer than 100 counselors. These individuals had a hard time imagining what it would be like to be part of a counseling organization such as ACA with more than 43,000 members. Many of the issues counselors from other countries are facing are the same challenges we continue to face in the United States: gaining recognition as a profession, earning acceptance as providers and destigmatizing the use of counseling services.

The Eyjafjallajökull volcano

This IAC Conference proved meaningful for more than just the program content. We had especially enjoyed West-Olatunji’s talk on trauma and resilience in the wake of disaster. Little did we know at the time that our own coping mechanisms would soon be tested and that we would be looking for reasons to hope. Eyjafjallajökull, a volcano in Iceland that had been inactive for nearly 200 years, erupted, spreading ash over Northern Europe. The conference theme, “Counselling for a World in Crisis,” suddenly took on personal meaning for all of us.

Upon initially hearing news of the volcano, none of us was particularly concerned. After all, how could a volcano in Iceland impact us in Romania? Our naïveté became apparent as airports all across the continent began closing and we all heard that our flights were canceled. We still thought we would be able to get out after a day or two, but it soon became apparent that none of us was leaving Bucharest anytime soon.

At first, we couldn’t even get through to our airlines. After finally making contact (which didn’t happen until more than two days later for some of us), the airlines couldn’t give us any idea of when we might be able to fly out. As the shock slowly subsided, we started to deal with the fact that we no longer had any control; we were at the mercy of the world’s ability to deal with a natural disaster.

The most amusing and ironic moments for West-Olatunji were when conference attendees began looking to her — as the “expert” in dealing with crises and traumas — to provide sagacious commentary on what we were all experiencing. Among the questions thrown at her: “What do you think about this situation?”; “What do you think we should be doing?”; and, her personal favorite, “Am I normal?” As is the case in most crisis situations, she couldn’t provide any easy answers, only validate that our responses were normal. And like the other attendees, she vacillated between moments of peace and panic.

We all found ourselves obsessed with CNN. We feel asleep watching images of the volcanic ash billowing in the sky and awoke to breaking news of … more ash! We kept our airlines’ telephone numbers on speed dial and...
contacted them constantly for answers — but no answers were available those first few days. Typical responses to crisis situations became commonplace: obsessive thoughts, anxiety about the future and, at times, catastrophizing. We worried about our responsibilities and commitments back home and became anxious about our lack of control over the situation. Bobby summarized how we all felt: “I just want to go home.” But, clearly, we couldn’t.

Thank goodness we were all counselors and provided a wonderful support system for one another. Without saying a word to put the plan in place, we each took turns playing the role of the stabilizer: “We’ll be fine.” “It’ll all work out.” “Have you seen the countryside? There are lovely castles and monasteries there.”

Once it became obvious that we were going to be grounded for several more days, we bonded together and made new friends with other similarly stranded guests. We laughed together as we shared our attempts at rebooking our tickets for the umpteenth time. We initiated new members into the Bucharest Club and competed in creating six-word novel titles to sum up our experiences (a la Ernest Hemingway). One of Bobby’s titles: “When Ash Grounds Planes, Spirits Soar.” Another favorite: “Stranded: A Reluctant Visitor’s Romanian Guidebook.”

As our new departure dates approached, we continued to feel anxious and apprehensive. What if we received yet another e-mail canceling our flights? The weather in Bucharest was lovely, and we never saw any ash, so it was hard to believe that something was really floating around in the air, keeping us from returning home.

But on the dates of our respective departures, the mornings dawned sunny and clear, and it remained that way as our flights winged across Europe and the Atlantic, depositing us, at long last, at our destinations.

**Reflections on crisis**

From a counseling perspective, we all learned a great deal about crisis from this ordeal. Ironically, the theme of the conference we had traveled to was about crisis, and we all got to experience this theme firsthand. We were confronted with the fact that loss of control over one’s life and schedule is very unsettling and provokes anxiety. Although Lee knows a great deal about cognitive behavior therapy, he acknowledged that self-talk about remaining calm in a crisis went only so far. Lee found himself thinking about Maslow’s hierarchy of needs during his extended stay in Bucharest. He was comforted by the fact that he could stay in his hotel, meaning his basic needs would be met: a roof over his head and a reliable source of food. That was true for all of us. The Romanian counselors and the staffs at the hotels were wonderful and went out of their way to help us during our extended stay. We were much more fortunate than some travelers who were stranded in airports and spent days sleeping on the floor.

Lee and others in our group also underscored the importance of social support during stressful times. Although it was very frustrating being stuck in Bucharest and not having any control over the situation, having a group of friends and colleagues with whom to share the experience made the circumstances bearable. We laughed together and shared our frustrations. When Frazier felt her resolve faltering, she was thankful to be part of a wonderful group of experienced travelers who could make jokes and put the situation in perspective. Lynn and James Linde tried to embrace the situation as an opportunity to spend more time with colleagues and to get to know them on a wholly different level than they normally would in passing at meetings and conferences. The Lindes also recognized the advantage they had of going through the experience together, so neither was at home worrying about the other.

West-Olatunji said the ultimate benefit from this experience was being able to place herself in the shoes of many of the clients and outreach workers with whom she has had contact over the years. She reflected, “This is what it feels like to fight panic when all you have left is to hold on to hope.”

It is amazing how existential we become when material goods no longer have value, when nature takes over and we have no control over our destiny. As we finally boarded the planes that would take us to our homes, we thought about how lucky we were that this experience had only been temporary. West-Olatunji said she also realized the need to hold on to those feelings of desperation so she could use them to stay humble and true to her clients, her students and, ultimately, to herself.

We will always have a great story about IAC in Romania and will forever be bonded by the experience. We were fortunate to spend time with old friends and make new ones. Each of us is proud to be part of “The Eyjafjallajökull Clan.”

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**Postscript by James Linde**

I had the opportunity during Lynn’s ACA presidency to meet some of the ACA/IAC attendees. Little did they, or I, anticipate that there would be an almost immediate need to actively apply some of the conference concepts related to dealing with global crises.

What struck me pointedly about Lynn, Courtland, Cirecie, Carol and Kimberly was their use of humor as a coping skill. As reality took hold, especially concerning the lack of control one had, humor was both inwardly and outwardly directed. This allowed for as close a sense of normalcy as the situation would allow.

It was impressive to observe them helping one another, though similarly situated. Still, while reaching out to others, they did not lose their personal perspective that the crisis was affecting them, too. I have learned through Lynn’s work that counselors practice a degree of detachment when assisting clients. Yet, here, detachment was difficult because they were living the same situation as the “client.”

The six-word novel titles became not just an intellectual activity but a humorous interlude that afforded everyone a mechanism for getting through the crisis: Iceland Ashes/Bucharest Stranded/Comforting Humor.

**Note:** James Linde is not a counselor, although he has been married to one for 39 years. He is an elementary school principal for a special education center that serves emotionally disturbed children.
**AMCD focuses on Latino concerns, mental health in India**

Submitted by Adelaida Santana Pellicer and Daya Singh Sandhu
fridaylady25@gmail.com
dayasandhu29@yahoo.com

The Association for Multicultural Counseling and Development Latino(a) Concerns Network, fondly known as LAT-NET, invites all Latinos and American Counseling Association members concerned about competencies in serving Latino families and interested in networking with Latino professionals to become members of or affiliates in our network. Contact Helda Montero at heldam@ufl.edu to be included in our mailing list and communiqués.

LAT-NET recently developed a podcast on the earthquake in Chile and its effects on the population. Link to the podcast via amcda.ca/amlnc under “News and Events” or from LAT-NET’s webpage.

In other news, AMCD Immediate Past President Daya Singh Sandhu recently launched a mental health movement in India. As a Fulbright-Nehru senior research scholar at Guru Nanak Dev University Amritsar in India, Sandhu found that the nation’s more than 1 billion citizens have very limited access to mental health professionals and facilities.

India is emerging as one of the world’s leading economic powers, but as part of rapid economic and social changes, Indians are also experiencing multiple significant stressors in their lives. Some of these stressors are causing mental health concerns, including clinical depression, anxiety, marital discord, domestic violence and substance abuse. Approximately 125,000 people commit suicide in India every year, and at least 10 times as many have suicide ideations, according to Sandhu.

Because of India’s urgent need for trained mental health care professionals, Sandhu initiated the Indian Association of Mental Health Counsellors (IAMHC) on May 4 with the help of the United States-Indian Educational Foundation in New Delhi and in collaboration with his host university, Guru Nanak Dev University Amritsar. Professionals from all across India attended the historic launch of this association. Sandhu was elected to serve as IAMHC’s founding executive director to provide information about strategic planning and direct IAMHC activities.

Sandhu, distinguished professor of research and former chair of the University of Louisville Department of Educational and Counseling Psychology, considers the establishment of IAMHC to be one of the most important accomplishments of his professional career.

**NECA’s FedFest charts a course for Annapolis**

Submitted by Kay Brawley
kbrawley@mindspring.com

The National Employment Counseling Association will set sail once again to Annapolis, Md., the sailing capital of the United States, this August. So make plans to sail with us for our first FedFest — NECA’s Learning Institute on navigating employment opportunities within the federal government, not only in Washington but also across our country and elsewhere! FedFest will be held Aug. 10 from 10 a.m. to 3 p.m. at the Annapolis Yacht Club. The $75 registration fee includes a full lunch, continuing education units and parking.

What’s the NECA FedFest all about? Karol Taylor, NECA’s expert on federal government employment, asks the following questions. Need a clearer understanding of federal hiring practices? Want to identify more effective ways of helping your clients in their federal job search? Maybe you would like a federal job yourself? If any of these questions apply to you, please join NECA for FedFest.

Currently scheduled speakers include Mike Mahoney, U.S. Office of Personnel Management staffing group manager; Derrick Dortch, The Washington Post’s federal hiring expert and author of How to Find a Job in Washington, DC; and Karol Taylor and Janet Ruck, coauthors of Guide to America’s Federal Jobs. Negotiations are also under way with representatives from the Partnership for Public Service and the Department of Labor.

For updates and more information about this exciting event, visit employmentcounseling.org.

**ACES announces fall regional conferences**

Submitted by David Zimpfer
dzimpfer@localnet.com

The five regions of the Association for Counselor Education and Supervision will each be holding conferences this fall. The North Atlantic ACES Regional Conference will be held Sept. 24-26 at the New Brunswick Hyatt Hotel in New Brunswick, N.J. The conference, themed “Promoting Equity and Social Justice in K-20 School and Clinical Mental Health Counselor Education,” will offer keynote addresses from Cheryl Holcomb-McCoy and Rita Chi-Ying Chung. The gathering will include additional pre- and post-conference workshops. For more information, visit nataces.org or contact Stuart Chen-Hayes, NARACES president and conference chair, at stuart@lehman.cuny.edu.
The Rocky Mountain ACES Regional Conference will take place Sept. 30–Oct. 3 at the Jackson Lake Lodge in Grand Teton National Park in Wyoming. The conference is themed “Creating Leadership and Scholarship Through Innovation and Empowerment.” For more information, visit uwyo.edu/rmaces/conference.asp or contact Nicole R. Hill, president-elect of RMACES, at hillnico@isu.edu or 208.282.3156.

The North Central ACES Regional Conference will be held Oct. 14-16 at the Westin Chicago Northwest in Itasca, Ill. For more information, visit ncaces.org or contact Christopher Roseman at christopher.roseman@usd.edu or Kerry Sebera at kerry.sebera@uc.edu.

The Southern ACES Regional Conference will be held Oct. 28-30 at the Hospitality House in Williamsburg, Va. For more information, contact Danica Hays at dbhays@odu.edu or visit saces.org.

The Western ACES Regional Conference will be held Nov. 4-7 in Sacramento, Calif. The conference theme is “The Fierce Urgency of Now,” embodying leadership to cultivate advocacy, research and mentorship in counselor education and supervision. For program proposal information, visit surveymonkey.com/s/B56J9LN; for registration information, visit regonline.com/waces_2010; for conference information, visit counselor.ed.unlv.edu/WACES%202010%20Registration.htm; and for hotel reservations, visit sacramento.embassysuites.com and use the group/convention code “WAC.” For more information, contact Katrina Harris at katrina.barris@unlv.edu.

NEW PODCAST

Reality Therapy, Choice Theory: What’s the Difference?
http://www.counseling.org/Counselors/TP/PodcastsHome/CT2.aspx

Speaker: Robert E. Wubbolding, EdD, internationally known teacher, author and practitioner of Reality Therapy has taught Choice Theory and Reality Therapy in the United States, Europe, Asia, and the Middle East. He has written over 125 essays and chapters in textbooks as well as ten books and has seven videos on Reality Therapy. Dr. Wubbolding is also: Professor Emeritus of Xavier University, Director of the Center for Reality Therapy, a Professional Clinical Counselor, a Psychologist and a member of the American Counseling Association, the American Psychological Association, the Ohio Counseling Association, and the Greater Cincinnati Counseling Association.

Rebecca Daniel-Burke discusses the following topics with the presenter:
♦ What is reality therapy? What is choice theory? How are the two connected?
♦ What is the WDEP System?
♦ What types of clients are most amenable to reality therapy? Are there any types of clients for whom reality therapy does not work?
♦ What can you say about research in reality therapy?
♦ Tell me about the founder of reality therapy, William Glasser, M.D. What is your relationship to him?
♦ What trends do you see in reality therapy? What do you think the future holds for this system?
Running time: 56:02

E-mail the speaker Dr. Bob Wubbolding: wubsrt@fuse.net
Link to the Center for Reality Therapy: http://www.realitytherapywub.com/
Link to the William Glasser Institute: http://wglasser.com
E-mail host Rebecca Daniel-Burke: RDanielBurke@counseling.org

Blogs, blogs, and more blogs
♦ We have a new school counselor blogger and a soldier blogger who will blog into Afghanistan — go to http://my.counseling.org/ and read the latest topics
♦ Singing for Suicide http://my.counseling.org/2010/06/07/singing-for-suicide/
♦ Hurry Up and Wait: Familiar Words to a Soldier http://my.counseling.org/2010/06/07/hurry-up-and-wait-familiar-words-to-a-soldier/
♦ Measure Twice, Cut Once http://my.counseling.org/2010/06/03/measure-twice-cut-once/
♦ ADHD, the Latest from a Top Expert http://my.counseling.org/2010/06/03/adhd-the-latest-from-a-top-expert/
♦ Hello, Group Therapy. It’s Been Amazing Getting to Know You. http://my.counseling.org/2010/06/02/hello-group-therapy-its-been-amazing-getting-to-know-you/
♦ Inconsistent Clients Will Foster Dependence http://my.counseling.org/2010/06/01/inconsistent-clients-will-foster-dependence/
♦ Songwriting is My “Drug of Choice” http://my.counseling.org/2010/06/01/songwriting-is-my%22drug-of-choice%22/
♦ Not So Normal Aging http://my.counseling.org/2010/06/01/not-so-normal-aging

While you’re on the blog page, check out the COUNSELING JOBS tab (more current job listings)
COMING EVENTS

NCDA Global Career Development Conference
June 29–July 2
San Francisco
Join more than 1,000 colleagues and friends at the premier conference for career development professionals across all areas of career development. Themed “A Bridge to a Brighter Future,” the National Career Development Association’s Global Career Development Conference will offer professional development discoveries through more than 90 sessions, 84 roundtables, eight Pre-Conference Professional Development Institutes, nine featured sessions, two amazing keynote addresses, and extraordinary networking opportunities. For more information, visit ncda.org.

MAPT State Conference
July 9–10
Springfield, Mo.
Attend the Missouri Association for Play Therapy State Conference and learn about sand tray therapy from Terry Kottman, co-director of the Encouragement Zone. Kottman will present “Basics of Sand Tray Therapy” July 9 and “Partners in the Sand: Adlerian Applications of Sand Tray Play Therapy” July 10. Attendees can earn as many as 12 CEUs from these experiential workshops. For more information and to register, visit moplaytherapy.org.

AMHCA Annual Conference
July 15–17
Boston
This year’s American Mental Health Counselors Association Annual Conference, themed “Creative Therapy, Creating Change!” showcases speakers who specialize in creative ways to bring about change in our clients and in ourselves. Barbara Fredrickson will deliver an exciting keynote address. Her research reveals how positive emotions, even when fleeting, can tip our self-regulation in ways that are self-sustaining. Immerse yourself in a daylong track on Strengths-Based Engagement (SBE) or Gottman Method Therapy. Or attend one-hour and two-hour sessions in nine main content areas: assessment, clinical approaches, children and adolescents, creative therapies, current trends, education and supervision, ethics, multiculturalism, and self-care. Register online at amhca.org/member/annual_conference.aspx.

MeCA Leadership Institute
July 19–21
Castine, Maine
The Maine Counseling Association’s Annual Leadership Institute will be held at the Maine Maritime Academy in Castine, a beautiful coastal town along the Penobscot Bay. The conference committee members and executive board directors are invited to participate. Emerging leaders are also identified and invited. Golf, dining, recreation and long meetings are on the agenda. A lobster bake is also included. For more information, contact MeCA President Jim Davis at jdavis@sad34.net.

National Conference on Women, Addiction and Recovery
July 26–28
Chicago
Join with leaders, colleagues and stakeholders to discuss research, innovations and trends at the Fourth National Conference on Women, Addiction and Recovery. The conference, themed “Thriving in Changing Times,” will offer education on topics including family-centered treatment, health policy affecting women’s treatment, co-occurring mental and health conditions and culturally responsive approaches. For more information, visit sambahauomensconference.org.

AADA Annual Conference
July 30
Manhattan, N.Y.
The Association for Adult Development and Aging is cohosting a conference with Montclair State University with the theme “Advocacy and the Underserved: Developmental Issues of Sexual Orientation, Race, Gender and Age.” Attendees are offered as many as seven CEUs for attending the conference. For more information, visit aada.web.org or contact Catherine Roland at rolandc@montclair.edu or Jane Rheineck at jrneick@niu.edu.

ASERVIC National Conference
Aug. 1–3
Myrtle Beach, S.C.
The Association for Spiritual, Ethical and Religious Values in Counseling is hosting its second national conference at the Springmaid Beach Retreat and Resort. Themed “Navigating the Spiritual Journey of Life,” the conference will provide practical and experiential opportunities for the purpose of integrating spirituality and the ASERVIC spiritual competencies into counseling.

For more information, visit aservic.org or contact Mark Young at meyoung@mail.ucf.edu. Hotel conference rates are available before and after the conference so you can include the conference in your family vacation.

Rocky Mountain Eating Disorders Conference
Aug. 13–14
Denver
The second annual Rocky Mountain Eating Disorders Conference will focus on clinical advancements in the treatment of anorexia nervosa, bulimia nervosa and eating disorders not otherwise specified, as well as strategies for addressing the complexities of these disorders. For more information, visit eatingrecoverycenter.com.

NZAC & ACA Conference
Sept. 30–Oct. 2
Auckland, New Zealand
The New Zealand Association of Counsellors and the Australian Counselling Association invite colleagues to their annual conference, being held at the Langham Hotel. Conference workshop topics include culturally appropriate counseling, holistic counseling, bullying, play therapy and substance abuse. For more information, visit registration.ozaccom.com.au/el/2010/acn10.
ACCA Conference
Oct. 6-9
St. Louis
Make your plans now to come to the fifth American College Counseling Association Conference, themed “ACCA: The Gateway to Excellence in College Counseling.” Brett Sokolow, president of the National Center for Higher Education Risk Management, will be the keynote speaker. Preconference sessions will be offered for those who would like more in-depth workshops, including “Best Practices for Behavioral Intervention and Threat Assessment” presented by Sokolow. For more information, visit collegecounseling.org or contact Sylvia Shortt at accaorg@mindspring.com.

Institute for CAIT
Oct. 15-26
Tuscany, Italy
The Institute for Complementary, Alternative and Integrative Therapies (CAIT) in Tuscany, Italy, is a refereed, international conference for mental health professionals and is sponsored by the Counseling Graduate Program at Old Dominion University in Norfolk, Va. We invite you to participate in an exciting new opportunity to educate helping professionals about CAIT. This event is a 10-day study institute set in a picturesque 14th-century villa on a mountainside in Tuscany. For further information, visit education.odu.edu/pcl/counselor/institute/index.shtml or call 757.683.6202.

FYI

Call for submissions
The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for The Journal of LGBT Issues in Counseling. The intent of this journal is to publish articles relevant to working with sexual minorities and articles of interest to counselors, counselor educators and other counseling-related professionals. Topic areas include new research, new/innovative practice and theoretical or conceptual pieces that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For submission guidelines, contact Ned Farley, editor, at nfarley@antiochseattle.edu.

Call for manuscripts
The Arizona Counseling Journal is soliciting manuscripts for its 2010 edition. Manuscripts should conform to the Publication Manual of the American Psychological Association, sixth edition, and be no longer than 20 pages, double-spaced. We are looking for manuscripts related to counseling practice, research and pedagogy, as well as reviews of current books in the counseling field. This year, the journal will have a “Student Focus” section. We will publish between two and three articles submitted by graduate counseling students. The deadline for submissions is July 15. Submit manuscripts and questions to jennifer.walker@nau.edu.

Bulletin Board submission guidelines
Items for the Counseling Today Bulletin Board must be submitted via e-mail to lsbalicross@counseling.org with “Bulletin Board” in the subject line. Please note that not all submissions are accepted for publication. Limit submissions to 125 words or less.
Diagnosis officially added to Connecticut counselors’ scope of practice

On June 8, the Connecticut Counseling Association, a branch of the American Counseling Association, celebrated a significant legislative victory when Gov. M. Jodi Rell signed Senate Bill 428 into law, amending the scope of practice for Connecticut counselors to include diagnosis. Connecticut joins 35 other states that explicitly include diagnosis as part of counselors’ professional practice. The change will become effective Oct. 1.

CCA began working on this issue in fall 2009 when a challenge was made to counselors’ ability to diagnose. Before enactment of Senate Bill 428, Connecticut counselors’ scope of practice only implied the authority to diagnose. As described by CCA Past President Gail Lehman, the new law amounts to “career insurance” for counselors.

ACA congratulates CCA Acting President Mike Gilles, CCA Executive Director Deborah DelVecchio-Scully and the other leaders and members of CCA for their success in gaining enactment of the new law.

ACA issues call for Editorial Board reviewers

The ACA Publications Committee is inviting applications for a position on the Editorial Advisory Board. This review board serves in an advisory capacity to the ACA director of publications and the ACA Publications Committee. Advisory Board members review proposals for publications and other media that are submitted to ACA for possible inclusion in the publishing program. The Publications Committee considers these reviews when determining which projects ACA will pursue.

If you would like to participate in the process of selecting the materials produced by ACA, please note the following:

- You will be contacted prior to receiving a proposal that needs review to determine your availability.
- Most reviews require a two- to four-week turnaround time.
- You can expect to review approximately six proposals per year.
- The initial term is for four years, and you may be offered the opportunity to serve for a second term.
- You will receive one complimentary copy of every book published by ACA as compensation for your work on the board.

The position requires belief in the peer review process, experience and skill in reviewing both print and electronic media, dedication to promoting multicultural competence in counseling, objectivity and the ability to meet deadlines. If you meet these qualifications, send a letter of interest outlining your areas of expertise and your publishing and reviewing credentials, as well as a copy of your curriculum vitae, to Carolyn C. Baker, Director of Publications, American Counseling Association, 5999 Stevenson Avenue, Alexandria, VA 22304-3300 or cbaker@counseling.org.

The deadline for applications is Sept. 8. Incomplete applications will not be considered.

Consumer Reports includes counselors in survey for first time

In a major step forward for recognition of the counseling profession, Consumer Reports included professional counselors for the first time in its annual article on depression. The article, “Depression & Anxiety: Readers Reveal the Therapists and Drugs That Helped,” appeared in the July 2010 issue.

In the past, the magazine has neglected to include professional counselors on its list of mental health providers rated by readers, and ACA had written letters to point out the omission. But in the most recent issue, professional counselors are included and placed on par with social workers and psychologists. Under the subhead “Type of therapist doesn’t matter,” the four-page article states: “Psychologists (Ph.D.s), social workers (M.S.W.s) and licensed professional counselors (L.P.C.s) receive equal helpfulness ratings from those who had talk therapy.”

To be included in a research survey of a mainstream publication such as Consumer Reports is a breakthrough for the counseling profession. Raising awareness of the counseling profession continues to be a high priority within ACA.

Counseling center directors surveyed

The 2009 National Survey of Counseling Center Directors, published by the International Association of Counseling Services (IACS) and sponsored by the American College Counseling Association, a division of ACA, provides a comprehensive look at programs and services at 302 U.S. colleges and universities representing 2.6 million students. Among the findings:

- 10.4 percent of enrolled students sought counseling in the past year, representing approximately 270,000 students from the surveyed institutions.
- The ratio of students to counselors is 1,527-to-1.
- The average number of counseling sessions for all students was 6.2 sessions per client.
- 93.4 percent of counseling center directors reported that the recent trend toward greater numbers of students with severe psychological problems on their campuses continues to be true.

To access the 2009 national survey, visit the IACS website at iacsinc.org.

Proposals pour in to present at ACA Conference in New Orleans

ACA members submitted a total of 1,276 proposals for Learning Institutes and Education Sessions for the 2011 Annual Conference & Exposition in New Orleans next March. The ACA Conference is the world’s largest gathering of counselors, annually attracting 3,500 to 4,000 professional counselors, counselor educators and counseling students across the broad spectrum of settings and specialties.

This is the fourth year in a row that the ACA Conference has received more than 1,000 program submissions. The conference is a great example of counselors helping other counselors to grow.

Those submitting program proposals will be notified of their status by Aug. 12.
ACA membership benefits you more than you know

The American Counseling Association knows that counselors need to get the most bang for their buck in today’s economy. That’s why we offer exclusive members-only discounts on the things you need most.

Professional liability insurance

In today’s world, professional liability insurance is a must for any professional counselor. This insurance protects your assets and covers your expenses in the event of a malpractice suit. ACA’s plan is designed by ACA for ACA members to meet the unique needs of professional counselors.

The plan is administered by Healthcare Providers Service Organization and underwritten by American Casualty Company of Reading, Pa. It has earned the exclusive endorsement of ACA and the ACA Insurance Trust. Coverage is competitive and offers broad benefits, covering up to $1 million for each claim and $3 million aggregate. In addition, the plan offers license protection coverage and 100 percent payment of covered legal expenses.

Professional members
Receive a 10 percent discount on a new or renewing policy with a HPSO liability insurance premium of $100 or more.

Students
Liability insurance coverage is part of the ACA master’s-level student membership.

New graduates
Receive a 50 percent discount on your liability insurance premium through HPSO.

For more information on the ACA professional liability insurance discounts, visit acait.org. For other questions about or concerns with your ACA membership, contact the ACA Member Services Team at 800.347.6647 ext. 222 or 703.823.9800 ext. 222 (Monday to Friday, 8 a.m. to 7 p.m., ET).
Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers preparing for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Employment ads are listed under international or national by state.

Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers preparing for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details. Classified and employment ads are not commissionable and are billed at net rate only.

ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.

Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.

Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org.

Phone: 607.662.4451
Fax: 607.662.4415

Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertisers or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.

Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

### Classifieds

### Merchandise/Services

**American Academy of Medical Hypnoanalysts**

Psychotherapy in an Altered State Hypnosis training for mental health professionals. www.AAMH.com

**Sanctuary of the Soul:**

www.soulpoetry.org: Poems of anguish, healing, hope, comfort and celebration. Endorsed by Elie Wiesel, Wayne Dyer, Nikki Giovanni, Patricia Evans and Drs. Alice Miller, Larry Dossey, Frank Ochberg, Ellen Langer. This is a book which would fit well in your office.

**Need Tools to Manage Your Practice?**

Do you feel like you’re drowning in paperwork? Are you spending too much valuable time on the phone either on hold or fighting with insurance companies? Have you experienced the shock of seeing your actual hourly rate after factoring in all the time you spend on this? Practice Solutions offers efficient, cost effective solutions for billing, online scheduling, accepting credit cards, continuing education, tracking practice finances, claims submission, marketing and virtually all of your practice management needs in one convenient location. www.Practice-Solutions.com 866-450-3463

**Treating Trauma, SRA**

New book by R.N., Ph.D., ACA member on her own journey gives successful counseling strategies, hope to survivors. See excerpt, info at www.suzieburke.com

**Become a Licensed Heal Your Life® Workshop Leader.**

Train to lead up to 14 different workshops from the philosophy of Louise Hay. Authorized by Hay House, Inc. Complete manuals and materials. www.healyourlifetraining.com

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List your practice on Find-a-Therapist.com. Thousands of visitors search our site each month and over half of them are private pay clients! Niche market your practice by listing on 5 of over 50 directories to choose from. 1-866-450-3463

### Let Us Do Your Newsletter for You!

Unique, guaranteed service used and loved by other counselors to grow their practice! www.NewlettersForTherapists.com (866) 200-6945.

### The Family & Marriage Counseling Directory


### Licensure Exam Review

NCE & NCMHCE Exam Prep Review. Multiple choice questions, mnemonics. Exam Tips, online and interactive. Check out our FREE SAMPLER!! Hutchibi@usa.net www.CounselingExam.com

### Crazed by Client Billing?

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

Executive Director, Career Development Services

Loyola Marymount University is seeking an Executive Director of Career Development Services. Reporting to the Dean of Students, the Executive Director of Career Development Services provides visionary, strategic leadership to define and provide the services needed by our students as they prepare to compete for employment in an ever-increasing competitive and global workplace.

CDS is a comprehensive department serving the career development, experiential education, student employment, job search, post undergraduate education and exploration needs of LMU undergraduate students, graduate students and alumni. Career Development Services enhances the student academic experience by fostering and developing relationships with the LMU, regional, national and global communities and facilitating lifelong career exploration.

We are seeking experienced professionals who are able to provide leadership through collaboration with key constituents within the LMU community and beyond by engaging employers, seeking new opportunities for experiential learning and providing professional development for our students and alumni.

The ideal candidate has demonstrated competencies in the following: developing vision, collaborative initiatives resulting in advancements in career and graduate school preparation, practical experience and employment opportunities for students and alumni. Demonstrated understanding of career services related technology, strategic thinking, relationship skills and outcome orientations are critical to success.

A Master’s Degree in Higher Education Administration, College Student Personnel or related field or equivalent experience is required. A Doctorate is preferred. Minimum 5 years experience in progressively responsible positions within Career Development Services and/or Higher Education is required.

Loyola Marymount University shares in a rich intellectual heritage fostered by the Jesuit and Marymount educational traditions and founded on social justice and ethical values. The main 150 acre campus is located in West Los Angeles and supports seven colleges/schools. Enrollment includes 5,746 undergraduate and 1,899 graduate students. LMU employs over 2,200 faculty and staff. The university cherishes its Catholic identity while at the same time welcoming people from diverse social, religious and cultural backgrounds.

We offer a competitive salary and comprehensive benefits package. Interested candidates may apply online by submitting an application, resume and letter of interest to http://jobs.lmu.edu (reference #010-287). Please direct inquiries to Katie Kusske, Director of Recruitment, Retention and Staff Relations (kkusske@lmu.edu) at (310) 338-4420.

SOKA UNIVERSITY OF AMERICA

Counselor

Soka University of America is seeking a Counselor. The Counselor will be responsible for providing counseling services to enrolled students during the academic school year which runs from August through May.

The Counselor will provide counseling on issues such as handling personal crises, coping with anxiety and depression, establishing and maintaining relationships, working on changing relationships with parents and other family members, dealing with losses and handling new academic demands. The Counselor is expected to provide on-going support for students with psychological disorders in consultation with the student’s physician and/or psychiatrist and the university’s health services. In addition, the counselor is expected to support international students in their adjustment to life in the U.S. and advise students in the areas of cross-cultural and diversity issues. The Counselor is expected to collaborate with faculty and other university personnel when necessary.

Candidates should have: Master’s Degree in a related field (counseling, social work, psychology); Licensed as a professional counselor, psychologist, psychotherapist; Minimum of two years of counseling experience in higher education; Experience working with students from different social, cultural and ethnic backgrounds; Demonstrated understanding and sensitivity regarding cultural traditions, language barriers, and differential experiences; Foreign language ability a plus; Demonstrated ability to effectively communicate and an enthusiasm for working with students, faculty and other university personnel; A student-centered philosophy; High ethical and professional standards.

Salary will be commensurate with qualifications and experience. Review of applications will begin immediately and continue until the position is filled. To apply send a letter of interest, resume, salary history and three professional references, to:

Human Resources, Re: Counselor, Soka University of America, 1 University Drive, Aliso Viejo, CA 92656-4105 E-mail: jobs@soka.edu

CENTRAL CONNECTICUT STATE UNIVERSITY

Counseling & Wellness Center: Substance Abuse Coordinator [#C10-121]

Central Connecticut State University’s Counseling & Wellness Center seeks a Substance Abuse Coordinator to develop, manage and expand substance abuse programs to ensure the delivery of comprehensive, coordinated, innovative programs and services for our student population.

Required Qualifications: Currently Licensed (or immediately license eligible) by the State of Connecticut as a mental health provider or alcohol and drug counselor; Master’s Degree in social work, counseling or related field; 4 years of direct counseling experience working with a college population; 2 years experience in grant management; and experi-
ience with program design in the area of substance abuse prevention, intervention and education required. Credentials and/or experience substantially comparable to the above may also be considered.

Preference will be given to applications received by June 9, 2010 and the position will remain open until filled. To begin the application process, please complete the Applicant Cover Page at http://www.ccsu.edu/page.cfm?p=1335. Submit the Applicant Cover Confirmation Page along with a letter of application, resume and names and contact information for 3 professional references via email to: Mr. Montez Johnson at Johnsonmon@ccsu.edu.

IOWA

NORTHERN IOWA UNIVERSITY

Visiting Professor

The counseling program at Northern Iowa University seeks a counselor educator to join our faculty for the academic year of 2010-2011 in a non-tenure track position as a visiting professor. Primary responsibilities will include teaching four core counseling courses each semester in the areas of clinical mental health and career counseling in a CACREP-accredited master's and doctoral program. Applicants should have an earned doctorate in Counselor Education (ABDs are encouraged to apply) from a CACREP accredited program with work experience in clinical mental health, be eligible for licensure in Iowa, have experience teaching at the graduate-level, and be an experienced supervisor. Appointment will be for one year starting August 16, 2010.

APPLICATION INFORMATION:
Please send electronically (1) a letter of application; (2) a current vitae; (3) contact information for three references; and (4) copies of transcripts for graduate coursework to: Visiting Assistant Professor Search Committee; Department of Counseling, Adult and Higher Education cah@niu.edu

DEADLINE: Application review will begin immediately and will continue until position is filled. QUESTIONS:
Contact Jane Rheineck at 815.753.8722 or Debra Pender at 815.753.4906; E-mail: jrheineck@niu.edu.

Northern Illinois University is an equal opportunity institution and does not discriminate on the basis of race, color, religion, sex, age, marital status, national origin, handicap, or status as a disabled or Vietnam-era veteran. The Constitution and Bylaws of Northern Illinois University afford equal treatment regardless of political views or affiliation and sexual orientation. NIU recognizes dual career issues.

VIRGINIA

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

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

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

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

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

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

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– Norman B. Rice

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