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If considering a career in clinical mental health counseling today, a counselor educator acknowledges that the cost of education and questions concerning whether the resulting salary will keep pace might cause him to have second thoughts.
The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. The following items appeared in Guidepost (the predecessor of Counseling Today) in 1974 and 1975:

- A U.S. government report says approximately 66,000 counselors had assignments in public schools in the spring of 1970, although many of these assignments were part time. More than 90 percent of secondary schools had counselors, with an estimated 46,700 of these counselors working full time. The pupil-to-counselor ratio in secondary schools was 420-to-1. Of the estimated 16,800 elementary school counselors, almost half had assignments that were less than full time. There were roughly 900 elementary students for every counselor. (May 3, 1974, issue)

- During a filming session in California, Carl Rogers says he sees a decline in systems in which the therapist is the “active manipulator.” He goes on to contrast “manipulative therapy approaches” with self-directed change, an approach in which the counselor serves as a non-evaluative listener and exhibits empathy. “Being listened to by an understanding person makes it possible for clients to listen more accurately to themselves, with greater empathy toward visceral experiencing of their own vaguely felt meanings,” Rogers says. “This opens people up to new facets of experience and more self-caring and more self-congruence.” Rogers further explores the concept of empathy in two new films for the American Personnel and Guidance Association (now ACA). (Dec. 14, 1974, issue)

- A bill to license counselors who work in areas outside of schools is passed by the full House and Senate in Virginia. Observes APGA Executive for Branch Activities Paul L. Collins, “This is a foot in the door for counselors. The bill is not very strong, but it is a first for licensing of guidance and counseling. The closest any other state came was the tie vote in Mississippi.” The bill will be effective until July 1, 1976, at which time proposals or amendments must be submitted for the bill’s continued existence. (March 6, 1975, issue)

- President Gerald R. Ford sends a telegram to APGA on the occasion of its convention in New York City. The telegram reads: “As the American Personnel and Guidance Association holds its annual meeting, this nation is marshalling all of its resources to overcome serious economic problems. For many years, your members have been helping Americans assume satisfying, productive roles in our nation’s economy. Across the nation, workers look to you for help as they strive to chart a meaningful course in a fast-changing and competitive job market. I hope that your 1975 sessions will aid you in meeting this challenge. I am confident that the ideas and insights you will exchange here will greatly benefit our society.” (April 17, 1975, issue)
Setting and accomplishing our goals for 2012-2013: A call to action

We have much to accomplish as a profession. Over the next year, the American Counseling Association will be focused squarely on promoting professional counseling, enhancing ACA member services and improving the services our members provide to their clients and students. I am a goal- and data-driven professional counselor. As such, I want to dedicate this initial column to identifying some of the goals and initiatives we will be pursuing this year. These include 1) supporting employment and economic issues that are central to counselors’ ability to practice and receive remuneration; 2) promoting professional identity and evidence-based, outcome research; 3) enhancing graduate student services; 4) developing new professional initiatives; and 5) promoting and supporting the internationalization of counseling. Because of their time sensitivity, I want to detail two of these goals and enlist your support as we get started on several new and exciting initiatives.

Enhancing graduate student services: This past March, the ACA Governing Council finally passed a bylaw requiring election of a student member with full voting rights on the Governing Council. We also required that the student representative become a voting member of the Executive Committee. So, for the first time in the history of ACA, students will have both voice and vote on every issue of importance to our organization and the counseling profession. We are excited to implement this long overdue justice and equity initiative. The graduate student representative to the Governing Council this year is Dodie Limberg (dlimberg@knights.ucf.edu). She will be the voice of our graduate student members until the official election is conducted later this year.

We are also working closely with the Graduate Student Committee to establish an entity within the ACA governance structure that graduate students can call home — an organization that will amplify the student voice and allow full participation in the profession to which they are about to dedicate their careers and lives. This has involved a complex discussion, and I have charged the Graduate Student Committee, under the leadership of co-chairs Dr. Victoria Kress (victoriaekress@gmail.com) and Nicole Adamson (naadamson@uncg.edu), with proposing a structure for this student organization. Noting another first for ACA, Nicole is the first student member selected to chair an ACA standing committee. This new graduate student organization will help to develop students’ professional orientation, counseling skills and knowledge, and leadership skills, while supporting and promoting employment opportunities for counseling graduates.

Finally, this year we will fully implement and support the ACA Mentoring Program. At this time, I am issuing a challenge to every ACA professional member who is a practitioner or counselor educator to adopt a mentee.
Important News for All Members

Go Green and Opt Out of Your Print Copy of JCD!

Beginning July 1, 2012, your ACA membership renewal invoice will include an additional $35 charge to continue to receive JCD in print. However, current ACA members automatically receive full text electronic access to JCD through the Wiley Online Library!

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*Note.* You must log into the ACA website each time you wish to access full text of JCD.
Lights! Camera! Action! New volunteers take their place on ACA stage

Each July, the American Counseling Association goes through a metamorphosis of sorts as we begin a new fiscal year (the one we have just begun is referred to as Fiscal Year 2013) after having completed 12 previous months of providing programs, services and other information that you and your 50,000-plus ACA colleagues need and deserve. We also welcome a new group of volunteer leaders into the ACA governance, committee and task force structure in July. In addition, thousands of other counselors, counselor educators and graduate students will take on important volunteer roles in the divisions and branches.

On behalf of the staff, let me welcome all of you to your new roles and wish you the best of success. We are here to help and to support the projects on which you are embarking.

Leading our association at the national level will be Brad Erford, whom I have had the honor of knowing for many years. In Brad, I see someone who has persevered, who has demonstrated vision in terms of moving the profession forward and whose organizational skills and knowledge of the profession will serve him well as ACA’s 61st president.

Many in this “Class of Fiscal Year 2013” are similar to Brad in that they are veterans on the ACA leadership stage. Some are returning to their positions to complete their terms of office, while others have held different positions at all levels of the organization for many, many years. I sincerely thank all of you who have been bitten by the “volunteer leadership bug” for your time and effort.

Those of you taking on your very first volunteer leadership role in ACA, the divisions or the branches are beginning what I hope will be a long and fruitful journey. Given how busy today’s professional counselors, counselor educators and graduate students are, your willingness to take on another role is quite remarkable. My hope is that the next 12 months will be so enlightening and fulfilling for you that you will recruit another colleague or two to actively engage with ACA the following year.

Our organization is dependent on the thinking, efforts, ideas and decisions of our volunteers who take on roles in governance, committees, task forces, divisions and branches. These volunteers are what make the difference each year in the advancement of the counseling profession.

Later this month, to be even more responsive in providing resources to our volunteer leadership, ACA will convene the Institute for Leadership Training. Our regional leadership team coordinates this annual event, which brings together volunteer leaders serving at the national, division, regional and branch levels. During their time together, participants network with colleagues, learn about organizational and professional issues, and visit with their elected officials on Capitol Hill.

For those unable to attend the institute, I encourage you to visit counseling.org/AboutUs/ to review the ever-growing resource library we are building for those in leadership positions. If you have an idea, suggestion or question about a volunteer leadership topic, let us know and we will look at how best to meet your needs. Send an email with your thoughts to ACA Director of Leadership Services Holly Clubb at hclubb@counseling.org.

In addition to thanking all of you for taking on volunteer roles in the organization this year, I would be remiss if I didn’t also encourage you to have some fun. Since the “pay” for volunteers won’t cover a mortgage (or even a cup of coffee), I hope you will enjoy getting to know your fellow volunteers, engaging in stimulating conversations and visiting with each other in cyberspace and at the 2013 ACA Annual Conference next March in Cincinnati.

As always, I look forward to your comments, questions and thoughts. Feel free to contact me at 800.347.6647 ext. 231 or via email at ryep@counseling.org. You can also follow me on Twitter: @RichYep.

Be well.
Veteran and counselor-in-training takes VA to task for hiring practices

The May “Washington Update” article by Scott Barstow and Art Terrazas (“Work continues in push for VA counselor positions”) sparked up some issues very close to my heart. As a second-year rehabilitation counselor student at Portland State University, I inquired on several occasions about an internship position with the Department of Veterans Affairs (VA) and never once received a call back or even a passing interest from them. Why would they want me for an internship position you may ask? Well, as a permanently disabled veteran with a B.S. in psychology, a high GPA and currently in practicum, I believe I have quite a bit to offer the veterans returning from Afghanistan, as well as those already home from Iraq.

As a veteran, I offer years of experience as a case manager and restaurant manager. In addition, with my own personal experiences coping with trauma and post-traumatic stress disorder and the resulting disability, I believe I bring a special understanding to the needs of our wounded and traumatized veterans. Yet, the VA is still only hiring social workers with absolutely no training in counseling techniques or practical application. To date, I have received zero interest from the VA for an internship position, and although I have secured a great opportunity with another employer, I believe this issue needs some attention from the powers that be.

Our veterans are being put in the hands of those with no counselor training whatsoever. I have every respect for those social workers who have worked with our veterans for many years. In those years, I am sure they have learned the skills needed to adequately treat our veterans. However, the VA is willingly being obtuse and perhaps even disingenuous in its hiring practices today by still hiring social workers when there are master’s-level counselors out there with the training needed to help our returning veterans.

I speak out not as a future master’s-level counselor expecting to benefit from any immediate changes in policy but as a fellow veteran who knows full well that the psychological and counseling needs of our veterans are just not being met. We owe our veterans the treatment they deserve, not only because of their selfless service to our country but because the right treatment by properly trained counselors is what they need to find their way back into society.

James McDonald
Salem, Ore.

Limited statistics only raise more questions

When I took statistics and courses in standards for doing studies, I learned that using the kind of information reported in the May “CACREP Perspective” article by Trigg Even was a less-than-honest (useful) way of reporting the results of a study.

Knowing that more counselors trained in non-CACREP-accredited programs had licensure problems for misconduct is meaningless without also knowing the related question of how many counselors in the study had CACREP-accredited training. It does not speak well of CACREP Standards to have such a sloppy article promoting the standards.

Paul Anderson, M.A., LMHC
(CACREP-Accredited Training)
Everett, Wash.

Editorial policy

Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published only on rare occasions.

Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Submissions can be sent via email or regular mail and must include the individual’s full name, mailing address or email address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication. Counseling Today will not publish any letter that contains unprofessional, defamatory, incendiary, libelous or illegal statements or content deemed as intended to offend a person or group of people based on their race, gender, age, ethnicity, religion, sexual orientation, gender identity, disability, language, ideology, social class, occupation, appearance, mental capacity or any other distinction that might be considered by some as a liability. ACA will not print letters that include advertising or represent a copy of a letter to a third party. The editor of Counseling Today will have responsibility for determining if any factors are present that warrant not publishing a letter.

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WASHINGTON UPDATE  - By Scott Barstow & Art Terrazas

Department of Education staff hears from school counselors

Although most education policy discussions center on teachers and principals, the staff working at the U.S. Department of Education is beginning to hear more about — and from — school counselors. The American Counseling Association and the American School Counselor Association (a division of ACA) have been in frequent discussions with colleagues at the Education Department and worked together to find a Washington, D.C., school counselor to participate in the agency’s “ED Goes Back to School” day May 9.

For part of the day, Cristina Espinel-Roberts, a counselor at Brightwood Elementary School in Washington, was shadowed by Greg Darnieder, senior adviser on the College Access Initiative. Following the school day, Espinel-Roberts and other school staff participated in a debriefing session with Secretary of Education Arne Duncan. During the debriefing, Espinel-Roberts, a member of both ACA and ASCA, spoke about the importance of addressing children’s social and emotional needs to enable them to fulfill their potential. Although school counselors are often “invisible,” she told Duncan, “it’s important to take account of us because we’re a very important part of the education process.” ACA thanks Espinel-Roberts for speaking up for the profession.

We continue to work with Education Department staff to promote the school counseling profession. The department was scheduled to host a roundtable discussion with local school counselors in June to shed light on how counseling issues can be addressed and highlighted within projects the agency is undertaking to revitalize and improve education. ACA and ASCA were working together to find panelists for the discussion. For more information, contact Scott Barstow of ACA’s public policy office at sbarstow@counseling.org.

Hiring of counselors by VA increases slightly after report

Following the Department of Veterans Affairs (VA) Office of Inspector General report discussed in last month’s “Washington Update” article, as well as a successful push by ACA to draw media attention to the lack of professional counselor positions at the VA, the agency is slowly beginning to bring counselors onboard. During the first four months of 2012, roughly 30 VA social worker positions were advertised for every licensed professional mental health counselor position advertised. During May, that ratio dropped to 10-to-1. This signifies improvement but is still far from where the numbers should be.

For more information on this topic, contact Art Terrazas of ACA’s public policy office at aterrazas@counseling.org.

TRICARE closing online mental health program

TRICARE, the Department of Defense-operated health services program for active-duty military personnel, dependents and retirees, is shutting down its Web-based video conferencing program that provided nonmedical counseling access to beneficiaries. During a two-year trial period, the TRICARE Assistance Program (or TRIAP) received 1,188 new calls for assistance. The program involved the use of instant messaging and Web-based chats to help beneficiaries with issues such as deployment anxiety, work stress, and family and relationship issues.

According to a department spokesperson, the program was deemed to be “highly inefficient.” Beneficiaries will now be directed to Military OneSource to receive confidential services.

Arizona again enacts controversial legislation

For the second time in two years, Arizona has enacted legislation allowing health and social services professionals to practice discrimination in the provision of services on the basis of religion.

In 2011, the state enacted House Bill 2565, which states that a “university or community college shall not discipline or discriminate against a student in a counseling, social work or psychology program because the student refuses to counsel a client about goals that conflict with the student’s sincerely held religious belief.” The law directly contradicts — and, unfortunately, overrides — the ACA Code of Ethics standard that counselors not engage in discrimination on the basis of religion and not impose their values on clients.

In May, Gov. Jan Brewer signed into law Senate Bill 1365, which goes even further than the previous legislation. SB 1365 prohibits the denial, suspension or revocation of a person’s professional or occupational license, certificate or registration for:

- Declining to provide or participate in providing any service that violates the person’s sincerely held religious beliefs
- Expressing sincerely held religious beliefs in any context, including a professional context, as long as the services provided otherwise meet the current standard of care or practice for the profession
- Providing faith-based services that otherwise meet the current standard of care or practice for the profession
- Making business-related decisions in accordance with sincerely held religious beliefs, including employment decisions, client selection decisions and financial decisions

The new law opens the door to professional and employment discrimination on the basis of religion. Interestingly, during consideration of the legislation in the Arizona House of Representatives, the chamber rejected an amendment requiring professionals who decline to provide services on the basis of religion to supply a reference to another provider.

For more information on this issue, contact Scott Barstow at sbarstow@counseling.org. •
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I met Andrea Holyfield during an education session I presented at the American Counseling Association Annual Conference in San Francisco this past March. When we returned from the conference, she wrote me a letter expressing interest in becoming a blogger for ACA. I reviewed her résumé and called her for a chat. I found a warm, engaging woman who is deeply interested in career counseling, women's empowerment and living well. Here is the story of her own empowering journey of blissful curiosity and chocolate chip cookies.

**Rebecca Daniel-Burke:** What is your current position? What primary tasks do you perform there?

**Andrea Holyfield:** Currently, I am the associate director of a college career center full time and operate a part-time career counseling practice on evenings and weekends. I’m also the mother of two girls, and I mention that because it is a very important position that I hold. All three of my jobs keep me pretty busy.

At the college, I meet with students to help them explore career options [and] assess their goals, strengths and skills. [I also] oversee the development of recruitment and career exploration events and activities, and develop and maintain relationships with employers who might wish to offer career-related opportunities to my students. In my private practice, I work primarily with women. I manage transitions. Typically, someone becomes a client of mine because they are occupying a vocational space that is not answering to their highest place of wellness. As a mom, I cook, clean, guide, chauffeur, model, manage the budget, organize travel, de-escalate dramatic situations, mediate, referee, kiss and heal.

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

**AH:** My personal experiences. I have always been curious. In fact, my mother says that when I was born, the doctor said I was precocious. My curiosity and blissful ignorance encouraged some not-so-great decisions in my younger years.

I was a mom by the time I graduated from high school. My ideas about what I could be when I grew up were dramatically influenced by my role as a teen mom. I wanted to be a social worker because I thought that would allow me to help girls like me, but I was discouraged by a social worker who told me that I would burn out and not make a difference to anyone, so I changed paths without counsel or direction.

After a really horrible experience with a company that I’d worked for for many years, I decided to return to the helping professions. I kind of looked around at the events that led me there and where I wanted to go and started working really hard to change my life around. Once I’d succeeded, I knew that my purpose was to help women like me over and over again.

**RDB:** When did women’s empowerment, professional development and wellness come into the equation for you?

**AH:** When studying theories of career and personal development during my graduate program, I always felt invisible. I felt like the theories and interventions that I learned didn’t take into account the “stories” of the client. I knew that for myself, there were so many steps that had to be taken internally before I was able to make a successful transition. Life had been hard. I needed to feel like I deserved better. I needed to know that better existed for “people like me.” I had a limited view of what I could do. I mean, people tell you that you can be whatever you want to be, but that comes with the assumption that I have knowledge of what I wanted to be. So, there was this empowerment as well as personal and professional development piece that I did for myself and wanted for my clients.

Wellness comes into the equation because I quickly came to see that a depressed client is a bear to work with. How we feel about ourselves is expressed in the conversations we have when networking, in our interviews, in our on-the-job banter. To successfully manage a transition, you have to address wellness.

**RDB:** How is it different for you working as an empowerment/career/wellness coach as opposed to doing traditional counseling?

**AH:** I get to be in sessions. I get to do a whole bunch of stuff that I couldn’t do as a traditional therapist. I get to be directive. I give homework. I disclose all day. My clients know that I was having sex as a teenager, that I’m divorced and that I work two jobs. They need to know this so that they understand that their challenges are conquerable. I put it all on the table as a coach and say, “OK, sister/friend, here I am completely raw and vulnerable. Please meet me here so we can get some work done.” I don’t know that a traditional therapist can be that way.

**RDB:** As you look back on your counseling career, what has been your favorite position and why?

**AH:** I love the work that I’m doing right now. I garden as a hobby. I love waking up and finding that a lily has opened all of the way and that the bees are so super appreciative of the lily being all that she can be. I feel the same way about my clients. I am honored to be part of so many “becoming.”
RDB: Do you gravitate toward one theoretical orientation more than others? If so, why?

AH: I was introduced to feminist counseling (FC) theory briefly in my grad program but have really taken to it as my theory of choice. FC and a careful blend of cognitive behavioral theory are the two theories that guide my practice. I like goals, systems and challenges and believe in supporting the individual for who he or she wants to be. I’m confrontational, but not like [Albert] Ellis!

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

AH: My hand has always been held by a woman who believed in me. Even when I was being downright stupid and irresponsible, there was a counselor, mentor [or] principal who would pull me to the side and say, “Why are you acting like this? This is not you.” In high school, I was part of the Upward Bound program. The director cared for me like I was her daughter, even when I treated her the way teenage girls sometimes treat their mothers. But more than anyone, my mom is my hero. I honestly believe that she has a hidden cape. My mother has always made me feel like I could do anything. I’ve never been afraid to try because I know, even today, that if I fall and break every bone, she’ll take care of me. I sometimes feel guilty that I have a mom so supercalifragilisticexpialidocious.

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

AH: People who don’t understand what I do want to limit it. In the beginning, I let other counselors put me in a box. They wanted me to stick to reviewing résumés and coaching mock interviews, but I was working with people who needed counseling, not just job skills assistance. I have learned to always have a strong referral team, supervisor and code of ethics.

RDB: Is there a saying, a book or a quote that you think about when you need inspiration regarding your work or when the going gets tough?

AH: I’m inspired by stories. Women like my mom, Oprah Winfrey, Madam C.J. Walker and J.K. Rowling, to name a few, inspire me. I appreciate struggle because I’ve struggled, but I definitely enjoy a good success story. When things get rough, I remember that there are two little girls who are looking at me and making decisions about what happiness, love, career and success look like. The one wonderful thing about being a young mom is that I’ve always had this little piece of inspiration that would look up at me and remind me that I can’t stop. I’m also reminded that every little girl doesn’t have a mom like mine. We’re not all told that we don’t have to suffer abuse or settle for less pay or devalue ourselves, so I hope that someone’s career counselor can help them find that reality.

RDB: Your work is intense at times. What ways do you find to take care of yourself and fill yourself back up?

AH: Cookies! I treat myself to a warm chocolate chip cookie whenever I need to blink back tears after an extremely intense session. I’m working with a health coach, Karlyn Benn out of Atlanta, and she is helping me to develop some healthier habits. She keeps reminding me that I have to model wellness. So, in addition to my cookies, a warm bath (no bubbles), journaling and gardening are my favorite self-care tactics.

RDB: Is there anything I have left out that you want our readers to know about you and your work?

AH: Yes, I want people to know that if done right, career counseling is personal counseling. Career counselors help people manage the job-related “stuff” that gets in the way of personal happiness. ♦

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

Letters to the editor: ct@counseling.org
Emerging fields and trends in counseling

The counseling profession has entered a dynamic era that promises significant changes. During the American Counseling Association Conference in San Francisco, there was much ado regarding the association's 60th anniversary, including black-and-white pictures and news snippets from our years as the American Personnel and Guidance Association. We next transitioned into the American Association for Counseling and Development, but the settlement after a “divorce” from student affairs professionals provided us with our current name and identity, the American Counseling Association. Although we might sometimes debate Shakespeare’s “what’s in a name” quandary, the truth is that identity or “brand” — the operative term now tossed about — is crucial. Having relatively recently achieved licensure in all 50 states and major territories, and with the landmark 20/20 initiative pushing 30-plus diverse counseling organizations to find consensus on critical issues such as a definition of the term “counseling,” we can finally say that we have our brand.

Still, name and brand represent mere marking points on the road to professional success. Medicare privileges are still out there to be realized for counselors, but given the profession’s momentum, we will achieve that goal at some point. From a developmental perspective, the counseling profession has reached early adulthood. But to continue toward full maturation, much remains for us to consider. Although colleagues in the humanities are loath to admit it, occupational placement is a crucial necessity. Fortunately, recently updated projections by the Bureau of Labor Statistics (BLS, see bls.gov) present counseling as one of the fastest-growing occupations. That this growth has occurred through a serious and prolonged recession is remarkable.

Accomplishments notwithstanding, we must be prepared to adapt to future marketplace opportunities. These opportunities might be set in motion by legislative, judicial or accrediting actions or by technological innovations that continually “move our cheese.” Counselors’ recent eligibility to work in Department of Veterans Affairs (VA) facilities is one example of this, and although the VA has been reluctant to act on this, the long-term outlook is good. Hospitals are another market just beginning to open to counselors. In my own backyard, one of our local hospitals has hired two counselors, and I have witnessed additional local hospitals in New York and Canada taking Niagara University’s counseling interns and even hiring our graduates. Granted, these are footsteps rather than a stampede, but they represent a start upon which to build.

Going beyond the traditional

The BLS Occupational Outlook Handbook (OOH) provides occupational projections for thousands of professions. The new OOH has just been updated, and the occupational growth projections for most counseling fields are very strong. Counseling fields that are “growing faster” than most occupations through 2020 are mental health counselor* (37 percent), rehabilitation counselor (28 percent) and addictions counselor (27 percent). (*Inexplicably, the BLS has combined mental health counseling with marriage and family therapy.) The growth projections for these three counseling fields have increased significantly since the previous OOH update and are likely to remain robust for the foreseeable future. In addition to these traditional counseling fields, we should also be aware of new and emerging fields.

My experience is that if you query the average counselor or counseling student regarding the different types of counseling fields, he or she likely will mention five to eight, including mental health counselor, school counselor, counselor educator and so on. My research, however, has verified that there are far more counseling occupations than most counselors would imagine.

Genetic counseling, a multidisciplinary profession incorporating counseling and STEM (science, technology, engineering and mathematics) fields, is a good case in point. The BLS and other job-tracking agencies forecast strong occupational growth for this emerging profession. Genetic counselors work in hospitals and medical centers providing counseling and advising individuals, couples and families on genetic markers related to cancers and others serious health risks. Genetic counselors must be versed both in bioinformatics and counseling skills because they often convey potentially concerning information to patients.

Recently, my Google search turned up 33 U.S. graduate programs in genetic counseling, and this number is likely to double in a few years. Given the exponential growth of STEM fields in universities and medical schools, savvy counseling programs will partner with their STEM colleagues to create genetic counseling programs. Although genetic counseling currently exists outside the counseling profession, I foresee the two professions moving toward some affiliation.

Although not a new field, adventure-based counseling (ABC) is relatively new to the counseling profession. This innovative field originated through the therapeutic recreation profession. Over time, as graduates of counseling programs began to find employment in adventure-based education/therapy, ABC developed
In the burgeoning field of professional coaching, counselors interested in this field/occupation, counselors interested in this burgeoning field should seek information through the International Coach Federation (ICF). You can bet many counseling programs will soon offer a class or certificate in professional coaching. Given its popularity among counselors and the public, an ACA division dedicated to professional coaching is an auspicious idea.

**The next frontiers**

In this dynamic century, every counselor must heed current and evolving occupational trends. Fortunately, most counseling fields are expected to continue a significant growth trajectory. State licensure, marketplace success and BLS projections provide further evidence that our profession is on track to achieve parity with our mental health colleagues. I believe Medicare vendorship will prove to be the tipping point. Once counselors attain Medicare privileges, the field of geriatric counseling holds huge growth potential, especially given increased life expectancies and the subsequent challenges related to advanced aging, including grief, depression, isolation, declining health and so on.

I have previously written on international counseling (double L) as the profession’s next frontier. Given the increasing emphasis on international collaboration in higher education, I believe many graduate counseling students will go overseas for course work and internships in the near future as U.S. counseling programs partner with those in Africa, Asia, Australia and elsewhere. This has already occurred, though such joint endeavors are in their infancy. By 2020, however, this trickle is likely to become a swiftly flowing river. In fact, international counseling programs really aren’t much of a stretch considering that undergraduate students have been involved in study abroad for decades. Imagine what an internship experience in Singapore, Cape Town or Alice Springs could teach a graduate counseling student. Imagine how these global experiences would transform the counseling profession.

International collaborations and joint counseling programs will help strengthen the international counseling profession and, in turn, open international occupational prospects for counselors.

A vibrant international counseling profession remains a few years away, but given international trends in business, industry and higher education, it’s almost certain to happen. The counseling profession must actively plan for this reality because it will arrive sooner rather than later.

**Critical points for consideration**

This column has chronicled important growth trends in the counseling profession. Because counseling occurs within a multicultural context, we must consider the shifting sands of geography and demography. Most significantly, current and future counselors must be prepared to make cultural adaptations, both within and beyond U.S. borders. Several years ago, Harvard University’s Diane Eck wrote a popular book on the changing spiritual and cultural face of the United States titled *A New Religious America: How a “Christian Country” Has Become the World’s Most Religiously Diverse Nation*. Recently, the Census Bureau reported that “minority” births now exceed those of Whites. Despite
This book is a godsend. It can be used by professors of counseling, psychology, social work, and psychiatry to help students understand and more effectively intervene on behalf of culturally diverse clients. It will also benefit psychotherapeutic practitioners.”
—Clemmont E. Vontress, PhD
Professor Emeritus of Counseling
George Washington University

This widely adopted, seminal text provides comprehensive direction from leading experts for culturally competent practice with diverse client groups in a variety of settings. Fully updated—with seven new chapters and inclusive of feedback from educators and practitioners—this book goes beyond counseling theory and offers specific information and effective techniques for work with the following client groups:

- American Indians
- African Americans
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- Latinos/as
- Arab Americans
- Multiracial individuals
- and families
- Women and men
- Older adults
- LGBQQT clients
- People with disabilities
- Deaf children and their families
- Socioeconomically disadvantaged clients
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reactive legislation to the contrary, this country will continue evolving into an even more colorful mosaic.

To be successful in this global, interconnected, diverse counseling profession, counselors must be skilled in working across the cultural demarcation lines of religion, ethnicity, socioeconomic status, gender, sexual orientation, geography and more. Counselors and counselor educators must frequently upgrade skills and be willing to relocate overseas as our colleagues in business and industry have done. Such changes require significant attitudinal shifts from a Western-centric philosophical orientation toward a more flexible, universal mindset that is better able to adapt to marketplace changes. Remember: The globe is counseling’s future marketplace.

The counseling profession’s best days can be viewed through the front windshield. Yes, Medicare privileges remain unmet, the VA continues its obstinacy (insanity?), and the international counselling profession remains a work in progress, but in examining past successes, current positioning and future trends, we can predict that the counseling profession is poised for great success. I foresee a future in which the counseling profession is as well known as psychology. No, we have not arrived at our destination, and we still have miles to go, but important trends are moving in our direction. Above all, we must be a united profession prepared to adapt to a global, technological and marketplace-driven future.
be innovative,
be a pioneer

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I try to stay away from endorsing particular products and services, but an email from a reader has prompted me to do a column comparing mobile platforms and the software apps that are helping the working counseling professional.

Mobile computing has emerged as the new platform for digital work productivity and entertainment. An estimated 25 percent of all college students own a tablet, and 20 percent of all U.S. citizens own a tablet. The percentage of tablet owners doubled over the 2011 Christmas season.

Counselors and counselor educators are part of that trend. We are discovering that most of our computing, email, document and presentation needs can be met by mobile hardware rather than the heft of a desktop computer. Users are integrating their tablets with a cloud computing service via Wi-Fi or cellular wireless connection, allowing them to access and create content anywhere they work.

One of the benefits of writing this column is that it affords me the excuse to occasionally purchase new technology in the name of “scholarship.” In the interest of full disclosure, I had been an iPad owner since the first day they came on the market. I liked the idea that the iPad would integrate into my desktop and mobile phone ecosystem. Contacts and calendars would sync easily across all three platforms. But with the Kindle Fire becoming the popular “iPad killer,” I grew increasingly interested in the smaller 7-inch screen form factor as a document reader. I purchased one to try out its Android operating system platform and to see if I could manage mobile computing tasks such as email, blogging and document production using the device. For some tasks (reading in bed, and document production using the computing tasks such as email, blogging and to see if I could manage mobile hardware rather than the heft of a plane), the iPad seemed a bit large and cumbersome.

Hardware

The lion’s share of the tablet platform currently rests with the iPad and Kindle Fire. Still, a variety of other tablet competitors exist because every computing manufacturer is trying to create hardware to respond to the market. When selecting which tablet will work for you, consider the types of tasks you want it to perform. For example, certain devices seem to work better as document readers but fail as productivity devices. Cost should be a factor when choosing a tablet, but if the device doesn’t perform the tasks you need it to when you are on the road, you may need to invest in something else. My best suggestion is to read up on what different tablets can do and then, before purchasing, see if you can demo one by testing a friend’s or going to your local technology store. The following technology sites offer reputable reviews of tablet devices and can answer some of your questions.

- TabletNation: tabletnation.com/compare
- Tablet PC Comparison (side-by-side): tabletpccomparison.net/side-by-side
- TwinPixels: tinyurl.com/7scodd
- CNET (readers vs. tablets): tinyurl.com/42xuytc
- CNET (which ebook reader to buy): tinyurl.com/42xuytc
- PCMag.com: tinyurl.com/7zekkb6
- MacWorld: tinyurl.com/78rflmz
- Squidoo: tinyurl.com/bto6z2s

Operating systems

Part of what you get a feel for when you test-drive these devices is the user experience. This experience is based on the operating system that the device uses. The operating system also controls what your device can do to a degree and whether it interacts with other applications, data sources and computers in your work environment.

The major operating systems in the tablet device line are iOS (iPad), Android (Kindle Fire, Samsung Galaxy Tab) and Windows 7. iOS is a closed operating system, meaning the user cannot modify it or easily access it to change the platform. Apps on iOS are cleared by Apple to work without disruption of the operating system. iOS does not permit the use of certain popular Internet plug-ins such as Adobe Flash. Apple’s concern is that these plug-ins demand too many resources and permit the operating system to be permeable, thus increasing potential problems.

Android, on the other hand, is viewed as a more open platform. Versions of Android are customizable, and the savvy user can tweak the operating system. There also are fewer restrictions on apps that potentially can run on the platform. These differences come out when you pick up and start to use devices that use different operating systems.

- Apple iOS vs. Android vs. Blackberry tablet operating systems: youtu.be/9yzqybYI-H-wA
- iOS and Android operating systems comparison: tinyurl.com/c2n288v
- Tech4World tablet operating systems comparison: tinyurl.com/3u2arkr
- Techtuple tablet/phone operating systems comparison: tinyurl.com/83avfay

Wi-Fi or cellular plan options

Mobile devices can be used without an Internet connection, but they really come alive in conjunction with Web resources. All devices are Wi-Fi capable, so you can connect with them as long as you have access to an open Wi-Fi network. If you venture out of the Wi-Fi space, however, you will not be able to connect to the Internet unless your device has cellular network capability.

Devices with cellular network capability have a modem built into them (at greater cost) and require the user to have a cellular data plan in addition to the cost of the device. Cellular capability means you can use the device to access the Internet anywhere that you get a mobile phone signal. Some plans can be purchased on an as-needed basis, such as if you are planning to do some traveling, for example. In my case, I have a cellular plan on my iPad because I did not want to limit my connectivity to only those
places where I have access to open Wi-Fi. From my perspective, if the device truly was going to be “mobile,” I needed to be able to get connected wherever I went. Kindle Fire devices do not have cellular capabilities built in, so they only connect to the Internet when open Wi-Fi is available.

- Choosing the 3G or Wi-Fi iPad (PCWorld): tinyurl.com/6u4qbw
- “WiFi Won’t Do: Why I Need 3G on My Tablet” (ReadWriteMobile): tinyurl.com/87sa03g
- “Going Wireless With Your Tablet PC” (Dummies.com): tinyurl.com/7ez5def

Apps
It’s all about the apps and how they perform for you on your tablet. As of March, the Kindle Fire had approximately 31,000 apps and the iOS platform had more than 500,000 combined iPhone and iPad apps. With that much choice, you can find the app that best suits your work pattern for the device you are using. Following are some of my favorite apps for the iPad (iOS) and Kindle Fire (Android).

**Productivity (iOS)**
- Office HD (office suite for the iPad): tinyurl.com/7fkozbv
- Documents To Go (document production and desktop sync): tinyurl.com/33am7fx
- Pages (word processing software that works with a variety of formats): apple.com/apps/pages
- Numbers (spreadsheet software): apple.com/apps/numbers
- Keynote (presentation software): apple.com/apps/keynote
- Simplenote (note software that syncs seamlessly with multiple Apple devices): tinyurl.com/fly5oaw

**Productivity (Android)**
- RepliGo Reader (PDF reader and editor): tinyurl.com/773z9es
- Evernote (“capturing” app for storing pictures, websites, documents, etc.): evernote.com/download
- Quickoffice Pro (office suite): quickoffice.com/store

**Social media (iOS)**
- Osfoora HD (Twitter client for the iPad): tinyurl.com/2dyp5nj

**Social media (iOS and Android)**
- Facebook (social networking app): facebook.com/mobile
- Wordpress (blogging app): wordpress.org/extend/mobile
- TweetCaster (Twitter client): tweetcaster.com

**Document Reading (iOS)**
- GoodReader (read and edit PDFs and other documents): goodiware.com/goodreader.html
- iAnnotate PDF (read and edit/comment for PDF documents): branchfire.com/annotate

**Document Reading (Android)**
- Mantano (ebook and PDF reader): mantano.com

**My comparison**
So, what is my tablet of choice? I couldn’t settle on one. My iPad is the tablet I use more for productivity because there is greater support for productivity apps (writing, email, presentations). Plus, the iPad’s 10-inch form factor is a better fit for my typing fingers. I can more easily produce, edit and comment on documents using my iPad. The interface for moving from app to app and the fluidity of action works better on the iPad than on the Kindle Fire. A noticeable lag in opening apps and turning pages on the Kindle Fire wasn’t present on the iPad.

The Kindle Fire shines in its function as an ebook reader tied to the Amazon bookstore, so my Kindle is used more for recreational reading and media consumption. The Kindle’s smaller size is easier for me to hold during long plane flights, and reading on it is an enjoyable experience (as long as the document is formatted for resizable text).

So, I haven’t chosen one favorite tablet, but I have found which device suits my work and entertainment needs better — at least until the next new one comes out.

Find these and other links on “The Digital Psyway” companion site at digitalpsyway.net. Did we miss something? Submit your suggestions to column editor Marty Jencius at mjencius@kent.edu.

Marty Jencius is an associate professor in the counseling and human development services program at Kent State University.

Letters to the editor: ct@counseling.org
Trying on new theoretical orientations during internship

Some counseling students and new professionals are preparing for "life in the trenches" this summer and fall as they start internships and new jobs. In this edition of "New Perspectives," both a student and a new counseling professional ask for guidance for issues in their clinical journeys. Addressing their questions are:

Maggie Gartner, executive director of the Student Counseling Service of Texas A&M University. She is also a former director of the Student Counseling Center at the University of Washington and past president of the Association for University and College Counseling Directors. Gartner is a certified school counselor and licensed psychologist.

Judith Durham, associate professor in the Department of Counseling and Family Therapy at Saint Joseph College. Prior to teaching, she worked in a variety of mental health settings, including inpatient psychiatric hospitals and outpatient clinics. She currently supervises students pursuing hours toward licensure. Her area of specialization is multicultural counseling. Durham has served as president of both the Association for Counselor Education and Supervision and the North Atlantic Region Association for Counselor Education and Supervision. She is also on the editorial boards of The Professional Counselor and The Journal for Social Action in Counseling and Psychology.

Dear New Perspectives:

Master's-level education provides an overview of possibilities, including theoretical orientations from which students eventually have to choose. How would you suggest that a student reconcile the discrepancy between his or her own preferred theoretical orientation and another theory supported and promoted for use with clients at an internship site, either in a community or school setting? — Master's Counseling Student, Florida

Maggie Gartner: The internship year is a time of growth and learning. It presents a cornucopia of knowledge that makes it hard to limit yourself to just one or two morsels. So, don't! Although your preferred theoretical orientation may have fit you to a "T" in graduate classes, your ideas may grow and change as you experience your internship. Let them!

There are many different ways to view the same situation, and research shows that the most important component in therapy is that you be consistent within that theoretical framework with your client. Try on a new theory for size. Does it fit, does it need a nip or tuck, or do you need to let out the seams? Try on another!

Your supervisor will help you expand your knowledge and your skills, and that is what internship training is all about. Be as open and nondefensive as you can be as you use this training year to mature into a competent, capable and well-grounded therapist. Good luck!

Judith Durham: It is natural in the process of learning various theoretical orientations to find ones that resonate more with who we are and others that don't seem to fit as well. Equally important to remember is that clients will have those same feelings. So, arming yourself with a wide variety of orientations will allow you to more effectively serve a wider variety of client populations. However, acknowledging that diversity of preferences exists does not necessarily help students required to learn approaches that feel at odds with who they are.

There are a number of other ideas a student might entertain to help in managing discomfort. These include adopting an attitude of critical analysis related to the theory. A student could ask questions such as: What type of person do I imagine will be most/least comfortable with this theoretical orientation or technique? What are the essential ways that this theoretical orientation is similar/dissimilar from my preferred theoretical orientation? What advantages/disadvantages does this orientation have over my preferred theory? What are the ways that this theory is the same as my preferred orientation but perhaps uses different language to describe similar concepts?

The last question intrigued me a great deal as I first began to study theoretical orientations, later as I began teaching theories courses and more recently in conversations with a colleague whose preferred orientation differs from mine. We discovered that we could describe the same client phenomena and associated treatment from our preferred theoretical orientations in language that sounded different but looked the same in practice. Think about the words counseling and therapy. One could easily argue that these are describing different processes and come from different disciplines or theoretic orientations. But in the end, don't they both promote growth, mental health and wellness? And isn't that always our ultimate goal, regardless of the theoretical orientation?

Dear New Perspectives:

What advice would you give or what resources are available to help interns and new professionals who are faced with coping with the death of a client for the first time? — New Professional, Michigan

Maggie Gartner: Losing a client is one of the hardest experiences that a therapist will ever have to face. In particular, although you did not mention that this was the case, losing a client to suicide is especially difficult for those of us in our helping profession. As therapists, we always second-guess ourselves and question what we missed, whether we did the right thing or should have done something different. This occurs whether we’ve been a counselor for a year or for 20 years.

Although self-examination and critiquing are good things and should be done, especially following a tragedy such as the death of a client, it should not be an
individual endeavor. Consultation (and commiseration) with colleagues, supervisors and others within your practice or agency will help ground you and help you to deal with the repercussions from this deal. Nearly all of us will face this during a lifetime of practice. It’s an occupational hazard. Do not face it alone.

Judith Durham: As counselors, we often expect that our emotional reactions or responses to life events should be healthier, less reactive or less severe than the responses within the general population. We assume we should somehow know how to handle all emotionally charged events. However, in placing those demands on ourselves, we negate our humanness — the very essence and most essential element we bring to the counseling process.

When a client dies, we will go through all the normal grief reactions expected of anyone. Connected to the nature of our relationship with the client, we may go through the Kübler-Ross stages of grief: denial, anger, bargaining, depression and acceptance. Much like with our clients, this loss will bring up all of our other significant losses. The degree to which we have processed those losses affects how we process this one. Similar to how we might advise clients, counselors need to allow themselves time to grieve and time to talk about the loss with others, including people who knew the client, other professionals, family and friends. This is a time when self-care is essential — both personal and professional.

The event of a client’s suicide may evoke an additional set of emotional responses in the counselor beyond one’s personal grief reaction. These often include questions related to one’s personal competence. Counselors may also experience their own grief muddled with feelings of a lack of omnipotence over the suicide, fear of reprisal from the client’s family or negative responses by colleagues.

When dealing with a client’s death, whether or not it is a suicide, understand that these are typical responses, not a unique type of distress or indicative of something pathological. Then focus on personal and professional self-care. Professional care might seem like a difficult recommendation during an emotionally charged time. Through supervision or with supportive colleagues, examine your professional actions surrounding the event to see what you can learn to use with other clients. Also consider seeking personal grief counseling.

In sum, dealing with a client’s death, especially a suicide, is never easy. Ideally, during their course of study, students should have discussions related to the inevitable occurrence of death. During these talks, students can begin to develop an understanding of the emotionally charged nature of one’s responses to such an event. Ultimately, we all need to know that in most cases, our responses are normal. What is most important is how we apply self-care both to our personal and professional grieving selves.

To nominate an exceptional student or new professional to be featured in “My life, my story,” email acanewperspectives@yahoo.com.

This month, doctoral student Mary Whitfield-Williams, a licensed professional counselor and approved clinical supervisor, is featured as the 2011 Emerging Leader Fellow for the Association for Counselor Education and Supervision.

Age: 30


Education: Pursuing a Ph.D. in counselor education and supervision at the College of William & Mary (completion in August 2012); M.A. in counseling, B.A. in psychology and B.S. in criminal justice from North Carolina Central University

Proudest professional accomplishments: The opening of my first therapy practice, New Beginnings Therapeutic Resources PLLC, with my business partner. We are celebrating five years this year. The creation of our group therapy practice has prepared me to expand into other areas of mental health in the Durham community.

Biggest professional challenge: Staying abreast of current trends and research in counseling. This is not an area in which I can afford to negotiate as I regularly fine-tune my skills to provide the best counseling, instruction and supervision. Attending continuing education training and conferences and reading research that applies to my work makes me feel more competent and energized as I embark on the road to becoming a professor this fall.

Words of advice for students: Self-care and a very good scheduling system are imperative to be successful. As a student, it is very easy to feel overwhelmed and disengage from family and friends. I also emphasize the importance of seeking out mentors. I have been fortunate enough to learn from others who either have been in similar situations or have provided me resources.

Mary Whitfield-Williams is featured as the 2011 Emerging Leader Fellow for the Association for Counselor Education and Supervision.

Donjanea L. Fletcher is a student affairs counselor at the University of West Georgia. To submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, email acanewperspectives@yahoo.com.

Letters to the editor: ct@counseling.org
Why counselors must charge for administrative requests

Janet has a full roster of clients. She schedules 35 sessions per week. This means that she's busy, but her workload is manageable and she feels well compensated for her efforts. Lately, however, Janet has been receiving client requests that are leading her to work overtime. Three clients, each going through a divorce, have asked that copies of their clinical records be mailed to their respective attorneys. Another client who has been missing his college classes has asked Janet to write a letter to the registrar confirming his depression diagnosis, his treatment and that his symptoms could be inhibiting his school performance. On top of all that, Janet needs to testify in court next week regarding a client's child custody case.

With all these requests, Janet knows she's headed toward burnout. Also, even though she is working more hours, Janet is now making less money because she's had to cut back on her client sessions to accommodate these administrative demands.

What happens when a client makes a request for her clinical record, asks for a treatment summary, asks for a letter or perhaps even has you subpoenaed to testify in court? Too often, counselors don't have policies in place for handling such requests. Hence, when they occur, counselors don't always know what to charge — or even if they should. Without publishing fees for ancillary services, providers can feel pressured to work for free when clients request services above and beyond their therapy sessions.

Records requests

Of all the administrative requests clients can make, a request for clinical records is the most regulated when it comes to fees. Under the Health Insurance Portability and Accountability Act (HIPAA), a covered entity can charge reasonable cost-based fees for providing medical records to patients (45 CFR 164.524(c)). In addition, many states have published guidelines for what constitutes “reasonable” fees (you can find state-by-state guidelines at thrive-networks.com/blog/record-request-fees). For example, Georgia’s most recent regulations are as follows:

- A charge of up to $25.88 may be collected for administrative costs.
- A fee not to exceed $9.70 for certifying medical records may also be charged.
- The cost of postage may also be charged.
- Fees for copying documents should not exceed 97 cents per page for the first 20 pages, 83 cents per page for pages 21 through 100 and 66 cents for each page copied in excess of 100 pages.
- For medical records that are not in paper form, the provider shall be entitled to recover the full reasonable cost of reproduction.

In contrast, Massachusetts’ regulations specify for allowable rates of:

- A $19.84 base charge for clerical expenses
- A fee to cover the actual cost of postage
- 67 cents per page for the first 100 pages copied and 35 cents per page for each page in excess of 100 pages

While many state-specified fees will cover the costs of counseling practices that have an administrative staff, the low rates are a tough pill to swallow for solo providers, who are taking a drastic pay cut for any time spent producing medical records instead of seeing clients.

Writing a treatment summary

At times, a client might ask for a treatment summary. In contrast to a records request, the cost of producing a treatment summary is at the discretion of the provider.

Writing a letter

Your attorney will always write you a letter. You want him or her to write a letter to your grandma demanding that her meatloaf be less spicy and cooked longer? Sure! Your attorney will write it. It will cost you, but he or she will write it.

I recently met with a clinician who experienced a situation in which a client, during her third session, requested a letter detailing that her depression was inhibiting her ability to attend class. The clinician responded that she would only write a letter if the client was in treatment for at least two months. “We're not a letter-writing service,” she told the client.

When I spoke with this clinician in more detail, I found two specific reasons for her reluctance. First, her office had no rates in place for this type of task. Therefore, every time she would write a letter, it was gratis. She wanted to reserve these time-consuming “special favors” for long-term clients.

Second, she thought such a letter would support the client’s assertion that her depression was the cause of her truancy. Although she agreed that the client was depressed, she wasn’t comfortable writing a letter that drew a firm causal relationship.

Issue one can easily be solved by publishing fees for writing letters. Wisconsin-based counselor Kendall Crook charges $37–$150 for documents, varying by document type; records requests are 31 cents per page, plus postage. These fees are presented to clients during their first appointment as part of their larger fee agreement. Regarding his rates, Kendall says, “We [his practice] use templates, which saves time, so we’re able to charge less. Depending on the nature of the letter, we can usually complete the project within 30 minutes. While the reason for the fee isn’t to deter patients, once clients hear that there is a fee, they consider whether they actually need the document they’re requesting.”

Second, counselors’ letters can be descriptive, not interpretive. Using the example above, a letter could say, “Client X has participated in three sessions of counseling with me. During these sessions, she has reported trouble waking up in the morning, feelings of despair and difficulty completing everyday tasks. She reports that her symptoms are making it difficult for her to attend class. Following the guidelines of the DSM-IV, I have diagnosed Client X as having Major Depressive Disorder.”
How to determine price

It is reasonable to charge for the time it takes to compose documents, plus any postage fees incurred. However, this does not mean a provider needs to charge by the hour. It may be wise for providers to simply charge a flat rate that includes all costs. This helps to avoid a client conflict, as in, “Did this really take you X minutes?” and (more likely) self-conflict, such as, “This took me an hour. Did it take me longer than it should have? I’m a slow typist. Should I really charge for this? Did this envelope really need four stamps?”

When setting rates, counselors should consider the actual amount of time they will need to complete such a task. Note that one’s “actual” time might be double the ideal amount of time (put simply, something that you think should take 20 minutes will probably take 40). In addition, counselors should consider what level of financial remuneration would make completing various administrative tasks a positive and rewarding experience. Counselors should not feel pressure to charge less to produce documents than they would to provide therapy (my attorney will charge his full fee whether he’s providing expert legal advice or checking my spelling). In fact, it isn’t unreasonable for providers to charge above their usual therapy rates because they are providing a special service.

Attendance in court

In a document titled “Court Action/Legal Fees” that he gives to his clients, Texas-based counselor Todd Daehnert states, “Clients are discouraged from having their therapist subpoenaed. … Even though you are responsible for the testimony fee, it does not mean that my testimony will be sole in your favor. I can only testify to the facts of the case and to my professional opinion.”

For those who fail to heed counselor Todd’s discouragement, the following fees are in effect:
1) Preparation time (including submission of records): $220 per hour
2) Phone calls: $220 per hour
3) Depositions: $250 per hour
4) Time required in giving testimony: $250 per hour
5) Mileage: 40 cents per mile
6) Time away from office due to depositions or testimony: $220 per hour
7) All attorney fees and costs incurred by the therapist as a result of the legal action
8) Filing a document with the court: $100
9) Minimum charge for a court appearance: $1,500

A retainer of $1,500 is due in advance. If a subpoena or notice to meet an attorney is received without a minimum of 48-hours notice, there is an additional $250 “express” charge. Also, if the case is reset with less than 72 business hours’ notice, then the client will be charged $500 (in addition to the retainer of $1,500). Finally, all fees are doubled if counselor Todd previously had scheduled plans to be out of town.

I spoke with Todd, who has appeared in court more than 40 times in the past seven years, mostly for child custody cases. According to him, “The first couple times I appeared for clients, I didn’t charge. Then I thought, ‘I’m never doing that again.’”

Todd began charging his usual therapy rate of $115 an hour, “but I didn’t want to go,” he says. “I’d rather make less money and not be at court all day.” To make it worth his time, he raised his rates to where they are now. Todd explains, “Clients are paying thousands or tens of thousands of dollars [for their case]. They don’t balk at my fee. It’s worth every dime.”

Honest and fair

Administrative fees are not the “hidden fees” of seeing a therapist. They are honest and fair charges for additional services that clients may want. Post your fee schedule in your office. Include it with clients’ intake paperwork. Good clients will understand why these charges exist and respect that counselors need to charge for their time.

Anthony Centore is the founder of Thriveworks, a company that helps counselors get on insurance panels, find new clients and build thriving practices. Contact him at anthony@thriveworks.com.

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**Wellness Counseling**

Counselors are by training, tradition and philosophy unique among other mental health disciplines, focusing on the struggles of clients and upon the strengths and complexities of every person. Author Paul F. Granello presents a compelling case for counselors to leverage that expertise into the field of wellness counseling. Counselors are called to explore the meaning of health and provide education, resources and assistance to promote well-being. According to Granello, the question is whether counselors will “embrace our rich history while striving for a greater role in the overall health care and well-being of our clients.” This book provides an ambitious look at the concept of wellness from historical perspectives, leading to current discussion of health care in our country and our role as counselors and providers.

**Wellness Counseling** contains 16 chapters and is divided into three parts. A brief overview with objectives is given for each chapter. Part I begins with a review of perspectives and challenges presented by the current health care model. A call is made to acknowledge the necessity of systemic change. Comparisons of historical and current statistics on leading causes of mortality and morbidity are included. Previously, infectious diseases were leading causes of death; currently, high morbidity is attributable to lifestyle and behavioral factors of chronic diseases. Chapter 1 mentions the high cost of health care being administered as remedial care for the sick versus front-end prevention and wellness. Readers are asked to consider the author’s perspective on current health care debate. This chapter urges readers to consider a new wellness paradigm to replace old health care models. As Granello describes, “The traditional medical model has a pathogenic, reductionist and disease focus, while in contrast the wellness model has a salutogenic (health enhancing) focus that is related to constant striving for optimal functioning.”

Chapter 2 introduces concepts of wellness and the evolution of wellness thought. Beginning with a historical look, this chapter offers a worldview of wellness, ranging from Eastern thinking to Western concepts to indigenous healing. Ultimately, counselors are called to become an integrated member of a multidisciplinary wellness team. The chapter mentions the foundational wellness wisdom found in the theories of Jung, Adler, Maslow and Rogers. Current theories and approaches such as positive psychology, human growth and development, longevity studies and current stress research are mentioned through the lens of a wellness perspective.

Chapter 3 delves deeper into the role of counselors in wellness, positing that counseling should strive for “the responsible integration of effective counseling approaches with a variety of complementary health practices.” Wellness themes presented here include striving for wellness, unity of all dimensions of human existence, person orientation as opposed to disease orientation, cross-cultural universal qualities, personal responsibility and self-care, and proactive versus reactive approach. The book also offers a helpful overview of various models of wellness, including the Zimpher Wellness Model, the Hettler Hexagonal Model of Wellness and the Indivisible Self-Wellness Model (5-F WEL).

Part II explores wellness counseling in practice. Chapter 4 gives a review of behavioral change theory, presenting an intriguing model developed by Granello called Counseling Model for Positive Behavioral Change (CM-PBC). This six-stage model is geared for use by counselors. CM-PBC outlines tasks and objectives for the counselor and client with a diagram for each stage. It addresses purpose, common factors, approach, questions to ask and examples. Counselors, life coaches and wellness practitioners may find this model particularly helpful.

Chapter 5 explores various complementary and alternative health treatment modalities. Complementary medicine includes treatments used alongside conventional medicine, and alternative medicine is used in place of conventional medicine. This chapter also mentions classifications set forth by the National Center for Complementary and Alternative Medicine, a branch of the National Institutes of Health. Guidelines for counselor collaboration with health care providers are provided, as are reminders for careful endorsement of research-based and informed methods and working within counseling scope of practice and ethical guidelines.

Counselors interested in specific topics of wellness concerning the physical, nutritional and spiritual can see Part III, which devotes chapters to these areas. Not surprisingly, the content of the chapters here are similar to those found on the spokes of the wellness wheel, a commonly used tool that illustrates individual wholeness.

As a whole, this book encourages counselors to learn about wellness, both professionally and personally, and with shifting paradigms, to be poised to promote wellness to those whom we serve.

Reviewed by Julie Uhernik, counselor and registered nurse in private practice in Colorado.
The Centers for Disease Control and Prevention (CDC) reported this past March that the prevalence of autism spectrum disorders (ASD) has increased to one in every 88 children (and one in every 54 boys), which represents a 78 percent increase since the CDC’s first report in 2007. As parents, educators, counselors and psychologists digest this news, the hunt for resources and support becomes a vital task.

It is widely known that early intervention and skill building lead to improved outcomes. *Raising Resilient Children with Autism Spectrum Disorders* provides advice and practical strategies for building skills in the social-emotional domain such as empathy, self-discipline and social competence. To this end, the book offers principles for parents of children with ASD, but the information is highly transferable to counselors, psychologists and other support professionals.

The book highlights eight guideposts, each defining a specific concept and providing strategies to develop and foster that concept in children with ASD. The overall goal is to guide parents in supporting the development of what the authors call a “social resilient mindset.” The guideposts are teaching and conveying empathy; using empathic communication and active listening; acceptance while maintaining realistic expectations; nurturing competence; promoting learning from mistakes; solving problems; encouraging self-discipline; and cultivating overall social competence.

Each of the eight guideposts has its own chapter dedicated to it featuring specific principles for development. For example, in Chapter 5 (“Accepting Our Children for Who They Are”), Principle 4 is “Build Up, Don’t Chip Away at, Your Children.” In Chapter 9 (“Disciplining in Ways That Promote Self-Discipline and Self-Worth”), Principle 1 is “View Your Child’s Inappropriate or Counterproductive Actions as Based on a Lack of Skills.” These principles highlight an important theme in the book: to move from approaches focused on “fixing deficits” to approaches focused on “building assets.” The principles, which are discussed throughout the book, are devoted to providing parents with strategies to build assets that lead to a social resilient mindset. The book’s penultimate chapter offers guidance for the ongoing growth of a partnering relationship between parents and school professionals to positively affect academic outcomes for children with ASD.

In aggregate, the book functions as a guidebook for parents who wish to use specific methods to encourage social competence in their children with ASD. Practitioners will recognize that these strategies are built on a foundation of research, although the research base is not explicitly stated because the target audience is parents rather than professionals in the field. The book is well-written and accessible to a large audience. For practitioners, it nicely packages distinct but interconnected topics into a high-quality resource for clients.

*Reviewed by Susan Jarmuz-Smith, doctoral student, University of Southern Maine.*

**Counselor Preparation: Programs, Faculty, Trends, 13th edition**

As was the case with its prior editions, *Counselor Preparation* continues to be a phenomenal preparatory manual for prospective counselors, educators or researchers. It is separated into three sections, with subchapters reviewing various counselor-related organizations and statistical information.

The editors provide beneficial information such as a succinct history of the American Counseling Association and the Association for Counselor Education and Supervision. The resource also includes the credentialing process for professional counselors, data sources for universities with counseling programs and information regarding state licensure dates for professional counselors. The editors review the history and future goals of the Council for Accreditation of Counseling and Related Educational Programs as well as the mission and purpose of the National Board for Certified Counselors. Chi Sigma Iota, an international honor society for counselors, is also briefly discussed.

The final section reviews basic, specialized and doctoral programs in counseling. Of interest is information regarding the prevalence, importance and challenges of supporting international counseling students. The editors also discuss the potential difficulties that international students can have in American-based programs and the importance of their role as counselors in a culturally diverse world. Other highlights include recommendations for trainees and supervisors in cross-cultural supervision and training, as well as a review of counseling programs outside of the United States.

The editors have also gathered expectations that respondents from several schools shared concerning continued suggestions and changes in counseling programs. These include statistics of the program’s accreditation status, program changes anticipated by departments, planned course changes and the availability of counseling-related programs at institutions where counselor preparation programs are offered.

The final section reviews data on each university that offers a counseling program. The data include the names and contact information for the current dean and administrators, plus information on
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the uniqueness of the program, program accreditation, faculty research and the types of degree programs the university offers.

The 13th edition of *Counselor Preparation* provides valuable information regarding current trends in the counseling field. It would be a beneficial resource for counseling programs to use in the initial stages of their program courses to orient students to counseling history and trends. It also has great value because of the statistics and data regarding programs in the United States that offer counseling degrees, as well as descriptions of their programs and accreditation. Although the information is beneficial and scholarly, the read is not entertaining. It is recommended to approach this book as a reference for counselor education programs or to use it in beginning mental health counselor or counselor education and supervision courses.

Reviewed by Jamison D. Law, clinical director of Alpine Treatment Services in Midway, Utah, and adjunct faculty at Argosy University, Salt Lake City.

Kelly Duncan is an associate professor of counseling and director of the University of South Dakota Counseling and Psychological Services Center. Contact her at Kelly.Duncan@usd.edu.

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A primary purpose of having a psychiatric classification manual is to promote diagnostic agreement (interrater reliability). In other words, would different clinicians conducting independent evaluations of the same client come to the same diagnostic conclusion? In 1980, the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) introduced a key methodological innovation of specific diagnostic criteria with established reliability that promoted diagnostic agreement and, at the time, preserved the credibility of psychiatric diagnosis. The DSM-III-R and DSM-IV further emphasized the reinforced reliability and diagnostic agreement.

In May, at the American Psychiatric Association (APA) Annual Meeting, results of the DSM-5 field trial were announced, including reliability levels (kappa reliability) for the proposed revisions to the fifth edition. Concerns were quickly expressed that many of these diagnoses had unacceptably low reliability levels and yet were still slated for inclusion in the DSM-5.

Historically, diagnostic reliabilities of 0.6 or above have been considered acceptable, whereas kappas below 0.4 have been considered poor. However, APA’s DSM-5 Task Force proposed a new set of standards for interpreting reliability levels that considers kappas from 0.2 to 0.4 as “acceptable.”

The rationale for this change reportedly came from research studies showing that standard medical diagnoses typically fall within the 0.2–0.4 kappa range. The DSM-5 Task Force specifically cited three test-retest reliability studies from different areas of medicine (diagnosis of anemia, diagnosis of pediatric skin and soft tissue infections, and bimanual pelvic examinations) in which kappas fall within ranges of 0.36–0.60, 0.39–0.43 and 0.07–0.26, respectively. From these three studies, the DSM-5 leadership concluded that kappas for DSM-5 diagnoses above 0.8 would be “almost miraculous,” while those between 0.6 and 0.8 would be “cause for celebration.” They further concluded that a “realistic” kappa level would be between 0.4 and 0.6, while kappas between 0.2 and 0.4 would be “acceptable.”

The chart below shows kappa levels for several DSM-5 disorders, many of which have reliability levels well below the historically acceptable cutoff level of 0.6.

Several proposed disorders with low kappas have been dropped from the DSM-5, including mixed anxiety depression (k = 0.06), attenuated psychosis syndrome (k < 0.01), attenuated psychosis syndrome (k = 0.46), obsessive-compulsive personality disorder (k = 0.31), non-suicidal self-injury (k = -0.03) and antisocial personality disorder (k = 0.22). The DSM-5 Task Force has been praised for rejecting these disorders. However, criticism continues concerning the task force’s decision to proceed with diagnoses that have unacceptably low reliability levels.

**Implications**

Why should we be concerned about low reliability levels? For psychiatric
classification, reliability evaluates the consistency of diagnoses over time or across raters. It is essential to the trustworthiness of diagnoses. Without reliability, a diagnostic category cannot be valid.

The *DSM* not only has provided a system for classifying mental disorders, it has also become the “bible” of the mental health field in the process. *DSM* diagnoses are the basis for treatment, used for communication among clinicians and researchers, and facilitate research in mental health. For counselors, clinical utility is probably the primary purpose of the *DSM*. With treatment planning contingent on a client’s diagnosis, the importance of diagnostic reliability cannot be overstated. An accurate diagnosis is essential for providing clients with the appropriate treatment.

What should be done about this? APA’s *DSM-5* Task Force originally planned to have a second-phase field trial, but it was later canceled due to time and money constraints. Some suggest that the *DSM-5* publication date should be delayed, allowing time to rewrite poorly performing diagnostic criteria and then to retest the revised criteria in a second-phase field trial. If this action were taken, it would give APA an opportunity to ensure that the *DSM-5* is the diagnostic manual that mental health professionals can trust.

K. Dayle Jones is a licensed mental health counselor and associate professor and coordinator of the mental health counseling program at the University of Central Florida. She served as chair of the American Counseling Association’s *DSM-5* Proposed Revisions Task Force, which was formed to provide feedback to the American Psychiatric Association on proposed revisions to the *DSM-5*. Contact her at daylejones@ucf.edu.

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(M-F 8am – 6pm)
What’s on the radar of today’s counselor?

CT asked counselors which contemporary and emerging theories, models, techniques and approaches are gaining influence in how they work with clients

By Stacy Notaras Murphy

What’s the next big counseling theory or technique out there? Earlier this year, Counseling Today posed that question informally to American Counseling Association members in an edition of ACAeNews. We wanted to get a sense of what is grabbing the attention of today’s counselors — what approaches are influencing the way they do their work, what new topics they are most curious to learn more about and how they are making room for these fresh ideas every day in the counseling room.

Not surprisingly, the responses revealed that ACA members are a diverse and creative group. You are mixing old theories with new techniques, while remaining flexible and attuned to the individual needs of your clients. You are building unique tool kits with extra training in the tried-and-true orientations you came to appreciate in graduate school, such as cognitive behavioral and existential approaches. Yet, you also are building on traditional skills with new approaches as varied as mindfulness, family systems and even equine-assisted psychotherapy.

Despite the wide range of responses to our question, a handful of subjects came up again and again on the knowledge wish lists of counselors, including a structured approach to couples therapy, ways to integrate mind-body techniques and guidance for getting a handle on “all that brain science stuff.” Regarding these topics as an admittedly partial snapshot of what is gaining momentum in today’s counseling circles, we asked counselors in the field to discuss how they made their training decisions and what others can expect by following their lead.

Body-centered psychotherapies

The increasing acceptance of a mind-body connection in mental health has yielded a number of new body-centered approaches to counseling in the past few decades. A wide variety of therapies are considered body-centered: sensorimotor psychotherapy, eye movement desensitization and reprocessing, somatic psychotherapy and even therapeutic massage and bodywork. As more clients seek assistance in connecting how their bodies feel with how they feel about their lives, some counselors are diversifying
their skill sets by adding body-centered competencies found to enhance more traditional counseling techniques.

Evolved from the work of Wilhelm Reich, body psychotherapy helps people recognize their bodily sensations while considering emotions and behavior. Body psychotherapists operate from the belief that all experiences are reflected in the way clients move, in addition to how they think and feel. Techniques vary but may involve meditation, deep breathing, appropriate touch and observation that invites clients to notice how their bodies react to certain thoughts and feelings.

Jesse Virago is a licensed professional counselor in Verona, Pa., who discovered body-centered work while exploring her own “stuckness” in a previous career. “I found body psychotherapy to be the most fascinating thing I had ever experienced, and I soon realized I had found my own work too,” she says. To become a “somatic psychotherapist,” Virago completed her master’s degree in clinical mental health counseling while also engaging in somatic and psychodynamic training. Additionally, she studied massage, bodywork, hydrotherapy and other therapeutic arts, including yoga and tai chi.

“I don’t think of a focus on the body in counseling and psychotherapy as a ‘technique,’” Virago says. “It is more of an understanding that what we call ‘mind’ is, in fact, a function of the body — the whole body, not just the brain or the head. Thus, psychotherapeutic interventions can and do occur at what the transtheoretical researcher and theorist Wilma Bucci, Ph.D., calls the ‘subsymbolic level,’ as well as the symbolic — verbal and nonverbal — level. Given my experience, interests and training, it’s natural for me to integrate attention to the body in psychotherapy sessions. What can be difficult is finding relevant, accessible, high-quality training.”

Virago has discovered that a wide range of clients can benefit from counseling techniques that incorporate the body. “[I]t can be a natural for very physical people — dancers, athletes, actors, artists, yoga and other somatic practitioners, etc. Conversely, it can be extremely helpful for those who are very out of touch with their bodies and want to address that in therapy,” she says.
“Diagnostically speaking, I have found that both the general public and mental health professionals tend to assume that somatic psychotherapy is most appropriate for conditions with a clearly identified physical component like somatoform, pain or eating disorders, hypochondria or body dysmorphia. But I find somatic psychotherapy extremely useful for clients with mood and anxiety disorders, and especially well suited for addressing the effects of developmental and situational trauma.”

“Developmentally speaking,” she continues, “somatic psychotherapy can be especially helpful with issues originating in the first three years of life, many of which are preverbal but can be very effectively engaged with somatic interventions. In terms of situational trauma, working with the body can be invaluable in helping clients integrate and recover from traumatic experience.”

Jan Beauregard, an LPC and American Counseling Association member in Fairfax, Va., founded the Integrative Psychotherapy Institute of Virginia, where she serves as clinical director. She had long surmised that body memories could be part of her work with trauma survivors, but she didn’t possess a solid framework for incorporating body memories until she took part in a workshop by Pat Ogden in 2004 and learned about sensorimotor psychotherapy. For the next two years, Beauregard traveled to Boston to participate in intensive training weekends through Ogden’s Sensorimotor Psychotherapy Institute (SPI). Sensorimotor psychotherapy unites traditional, verbal counseling with body-centered therapeutic techniques to help clients face trauma, attachment and developmental struggles.

“The training was both didactic and experiential,” Beauregard says. “We had peer partners and process groups and extensive practice of the sensorimotor techniques throughout the training. One of the hallmarks of an excellent training for me is when I learn new things about myself through application of a new model. I knew immediately that sensorimotor psychotherapy would deeply inform how clinicians do trauma treatment.

“What I like about sensorimotor psychotherapy is that it incorporates what we have learned about the brain, mindfulness and neurobiology. Pat Ogden’s work has given clinicians a systematic and engaging way to help a client release the negative energies held in the nervous system as a result of traumatic experiences.”

Initially, Beauregard found it challenging to introduce sensorimotor techniques to clients who had what she calls a “very cognitive, left-brain orientation.” So, she found herself focusing on the psychoeducational tools provided in her training. When presented with Beauregard’s own enthusiasm for this method, “even the most reluctant clients were eventually willing to step into some of the simple experiments,” she recalls. “Once a client experiences relief or feels a new sense of empowerment, they are eager to learn more.” Beauregard also discovered that moving to a more spacious office and purchasing chairs with rollers that allowed clients to navigate the space based on their own “body wisdom” helped them become more comfortable with the work.

Body psychotherapists, because they are counselors, must be more careful with the use of therapeutic touch than, say, body workers who apply sensorimotor techniques. “The way I solved this problem was to explain to clients that I would be using props like pillows, balls and other objects and that, sometimes, these objects were used in the trauma processing,” Beauregard says. “I demonstrated a variety of scenarios in how the objects would be used so that changing to the sensorimotor method would not be perceived as too invasive or different from other treatment techniques.”

Beauregard says sensorimotor psychotherapy helps clients release blocked energies and then decode and process the nonverbal experiences of trauma. She also has found it effective in working with addictions, anxiety and depression because, she explains, these diagnoses often result in somatic complaints due to unprocessed traumatic experiences.

Virago plans to continue training in somatic psychotherapies and to explore how to incorporate movement into her work. “I found that engaging in somatic psychotherapy myself — ‘learning
I find that more and more, clients come to my practice seeking an integrative approach using modalities beyond traditional talk therapy.

through the body — was a great way to begin,” she says. “If this work speaks to you, read everything you can on the subject, train in a variety of approaches, seek out like-minded colleagues, join professional associations, consult with experienced practitioners, but most importantly, experience somatic psychotherapy for yourself.”

Numerous options are available for those wanting to incorporate body-centered therapies into their counseling practices. Boulder, Colo.-based SPI offers three levels of training, with prices based on location. In addition to her SPI training, Bearegard also has studied the Hakomi Method, LifeForce Yoga, Yoga Warriors and other body-based healing methods. She notes that maintaining her skill set requires ongoing peer supervision, and she plans to continue participating in telephone consultations and webinars with the SPI trainers. “I am continually searching for other body-based interventions that I can add to my tool kit,” she says, “[because] I have found incorporating Pat Ogden’s method to be transformative in terms of my effectiveness with trauma clients.”

EMDR for trauma treatment

It’s difficult to ignore the role that trauma plays in our interpretation of modern life events. From the trauma of losing a spouse through death or infidelity, to losing the opportunity to become a parent because of infertility, to the rise of traumatic brain injury, trauma is at the core of many counseling interactions. It makes sense that more counselors are seeking tools for helping clients understand trauma and release the pain around it. Increasingly, many counselors are turning to eye movement desensitization and reprocessing (EMDR).

Francine Shapiro developed EMDR psychotherapy and went on to found the EMDR Institute, which offers training to therapists and spearheads research on the technique’s effectiveness. The approach has been shown to help clients look at their distressing memories and develop better coping mechanisms. Practitioners guide clients through eight phases of treatment, including history taking, stabilization, identifying distressing memories, considering negative beliefs about self and naming a preferred positive belief. The client is then asked to focus on the targeted memory, considering both the negative thoughts associated with it and any related body sensations, while following the therapist’s fingers as he or she moves them back and forth across the client’s field of vision for approximately 30 seconds.

This process is repeated throughout the session, with the goal being to make the client’s experience of the memory less and less painful. Eventually, the client will attempt to replace the negative memory with a preferred positive belief, gaining confidence in this belief as the process is repeated. Clients are asked to pay attention to both positive and negative body sensations throughout the session.

Martina Glasscock-Barnes, an ACA member and LPC with offices in Arden and Asheville, N.C., learned about EMDR while working with hospice clients grieving losses due to violent ends. “I researched trauma recovery techniques and saw that the numerous clinical studies conducted on EMDR clearly yielded the highest trauma-recovery results,” she says.

She decided to start training in EMDR, which took place over the course of two intensive weekend seminars. Once comfortable with the techniques, Glasscock-Barnes began introducing EMDR to clients who had been exposed to the traumatic or sudden death of a loved one. “I found my clients to be quite open to the modality,” she says. “It is a simple eight-step model and easy to explain to a potential recipient.”

Learning to work with her clients’ distressing arousal was more challenging, Glasscock-Barnes acknowledges. “Simply talking about the traumatic memories is emotionally triggering,” she says, “so the clinician has the challenge of eliciting the pertinent information, while helping contain and calm the client’s distress. For me, it helped that I had considerable experience as a meditation instructor and teaching self-soothing skills such as [dialectical behavior therapy]. … The clinician cannot move forward until she can help the client develop a fair ability to self-soothe. Due to this, we might need to spend many sessions teaching these skills. Eventually, the template [will be] created for the event, and we can move forward to the EMDR application of bilateral stimulation to the brain.”

EMDR training fees may vary. Shapiro’s EMDR Institute charges a total of $1,530 for the two basic training weekend workshops required for certification. Students also must complete 10 hours of case consultation with an approved supervisor. Glasscock-Barnes encourages her fellow counselors to make the investment to train in EMDR. “Money and time spent on learning this excellent technique will more than pay for itself in the results you will yield helping your clientele. I find that more and more, clients come to my practice seeking an integrative approach using modalities beyond traditional talk therapy,” she says, adding that EMDR has significantly accelerated the healing process for her clients. “Not only will your clients experience relief; they [will] have the opportunity to experience resolution. The fact that a client suffering traumatic flashbacks and nightmares could have lasting resolution is life changing. My own clinical experience is consistent with the studies that show treatment results are maintained over time.”

Judy Vellucci is an ACA member who works in private practice in Northville, Mich. She uses EMDR with clients who have been sexually abused, those who are adult children of alcoholics and those who experience anxiety or depression. “People with everyday issues can be helped significantly [by EMDR] too,” she adds. Vellucci has observed that those clients who are initially most fearful of the EMDR experience typically yield the greatest benefit from the process. “Counselors can expect good results, especially for those clients whom they have been seeing long term,” she asserts.

“EMDR release[s] the sights, sounds, feelings and emotions that are locked in a part of the brain and allows [clients] to
process these things adaptively,” she says. “It has freed clients who have been stuck in life to move forward in their recovery. Truly, the outcomes have been amazing for many, many clients.” Vellucci, who says she is moving toward retirement, completed the EMDR training four years ago and says it has added excitement to her working life. “I only wish I had made the choice to do the training earlier,” she says. “Anyone who seeks to enhance their self professionally and help their clients at the deepest level should seriously investigate the benefits of EMDR.”

Mel Gardner, an ACA member in Scottsdale, Ariz., began EMDR training in 2005 while working for a nonprofit organization serving populations with severe mental illness. “My DBT [dialectical behavior therapy] and CBT [cognitive behavior therapy] training applied to this difficult population was effective without question,” says Gardner, an LPC. “However, what I found was that the continuously high levels of emotional arousal that maladaptive coping styles were driven by could be significantly reduced by addressing the early life challenges that established them in the first place. Sometimes, disturbing memories like a rape or abandonment can be targeted. Sometimes, childlike ‘rules to live by’ or conclusions about self or the world drawn out of chaotic parenting are better targets. Whatever appears to be driving the present dysfunction … directs what needs to be targeted.”

Gardner firmly believes EMDR can benefit anyone who is open to the process. Today, she introduces EMDR as an option during the second session with a new client. She estimates that 80 percent of her clients opt to try the technique. “Whether the target is outright panic attacks, nightmares and overwhelming anxiety, or habitual behaviors of avoidance or dependence on sleep, substances, food or destructive relationships, once the target is clearly defined, the work can begin and the differences can begin to take hold,” she says.

All three practitioners recommend ongoing supervision and continuing education in EMDR. Gardner also believes that counselors who take the time to experience EMDR with an individual therapist will cultivate a deeper understanding of its power. “The most important piece in building my own proficiency,” she says, “was to get my own EMDR work done by a local professional who — I knew from having the training myself — used the protocol as it is taught and had the specialization that I myself was looking to learn for my own population.”

**Emotionally focused therapy for couples**

With half of all first marriages ending in divorce (according to the Centers for Disease Control and Prevention), counselors are sitting across from more and more couples these days. Although most graduate counseling programs offer some insights into working with couples as part of broad courses on family therapy, few counselors leave school with a fully developed understanding of how to work with couples facing disconnection, infidelity, parenting struggles and, potentially, divorce. One research-based approach attracting counselors is emotionally focused therapy for couples, known as EFT.

Developed by Les Greenberg and Sue Johnson in the 1980s, EFT is an empirically based treatment approach rooted in attachment theory that guides the partners in a couple in identifying their emotional attachment and dependence on each other. Following a short-term schedule of structured sessions (usually between eight and 20 appointments), EFT counselors aim to help couples create a secure bond while developing new ways of interacting as loving adults.

The International Centre for Excellence in Emotionally Focused Therapy (ICEEFT) administers training and certification of EFT therapists. Those seeking certification must be licensed psychotherapists who have had graduate-level study in couples or family therapy. Potential EFT therapists can follow two tracks to certification, including a mix of externships, skills trainings, and group and individual supervision totaling more than 70 hours. Therapists also are required to present videotapes of their work for supervision. Training fees vary, but most two-day training workshops cost around $700, while individual supervision and tape review can be $75 or more per session.
**EFT practitioner Jack Childers, an LPC in Leesburg, Va., and a member of ACA, notes that the training process was not an easy one. Childers provided a new tape of himself working with a couple for each of the eight required individual supervision sessions and then submitted an application, including two DVDs showing his work, for final approval. He says the individual supervision and tape evaluation proved to be the most helpful part of his training experience. Today, Childers estimates that he uses EFT about 95 percent of the time when working with couples.

“Once the EFT concepts sunk in for me, I found it pretty hard to [use other approaches with couples],” he says. “I also find myself thinking in EFT terms quite a bit in my work with individual clients. I think that in a way similar to intimate partner relationships, people often struggle with fear and pain when they try to connect with aspects of themselves.” Childers and a colleague currently are co-leading an EFT couples group that has been getting positive reviews. He says counselors learning to use EFT can expect to see their couples clients develop a safer and more secure emotional bond.

After visiting eight different couples therapists early in her marriage, Jenny Proudfoot longed to find an approach that would help her feel more connected to her partner rather than just resolve surface issues such as problem-solving and conflict management. She also left a job in the corporate world to study counseling but encountered EFT only after graduating from her program. Today, Proudfoot is an EFT therapist and ACA member practicing in Charlotte, N.C. “I would be lying if I said there is anything easy about learning EFT,” she says. “One needs to view it as a lifetime commitment to learning. It is such an experiential approach that it makes it far more challenging to master than some of the more cognitive approaches.”

Proudfoot plans to continue participating in EFT training opportunities and supervision while also connecting with EFT professionals nationwide through a Web-based message board. “[Learning EFT] is definitely not for the faint of heart. It takes a huge time commitment and is very challenging, but when you see your couple’s [conflict] magically begin to de-escalate and are able to help them create a safe haven, it makes it all worthwhile,” she says.

ICEEFT notes research suggesting that 70-75 percent of EFT couples move from distress to recovery, but the organization says the approach is contraindicated for couples experiencing “ongoing violence in the relationship.”

Childers adds that significant addiction issues and emotional abuse also may impede EFT’s efficacy. “Other contraindications, I believe, include cases where one of the partners has already decided they want out of the marriage and is coming to couples counseling for reasons other than wanting to save the marriage, such as to appear to have done ‘everything possible.’ This is fairly common but, unfortunately, not very easy to assess,” he explains. “Clinically, once EFT has started, some partners are unable to focus on the pattern of interaction they have with their partner and stay with the narrative that the other partner is ‘the problem.’ These cases do not resolve successfully.”

Both Childers and Proudfoot recommend that anyone interested in EFT start with some of Sue Johnson’s publications, including the books *Hold Me Tight* and *The Practice of Emotionally Focused Couple Therapy: Creating Connection.*

**Neuroscience: Banking on the brain**

One topic creeping beyond the borders of counseling and into popular culture is neuroscience and its potential impact on happiness and well-being. Clients are walking into counseling armed with their own studies and expectations about neuroscience and its implications for their lives. According to ACA members Mary Bradford Ivey and Allen Ivey, both well-known professors and authors in the counseling field, this shift should be both exciting and motivating for counselors. Their recent live webinar describing neuroscience as the “cutting edge of counseling’s future” (see counseling.org/Resources/Webinars.aspx) was one of the most popular webinars ACA has produced thus far.

“The popular media is almost forcing neuroscience on counseling, psychology and medical practice,” Bradford Ivey says. “Almost every day we now read about exciting new research. And our clients are reading the same stories and watching it happen on television. Clearly, neuroscience represents a paradigm change and the cutting edge for the future. Neuroscience has vast implications for counseling practice. And, frankly, this is fascinating material. It draws our attention, and then we want more. The scientific literature is astounding, enriching and growth-producing, with many immediate, practical implications.”

Specifically, the Iveys point out that neuroscience has provided data-based evidence for what counselors have believed for decades: that the counseling process can change the human brain. “Millions of new connections — synapses — are gained and lost each day. Effective counseling strengthens positive connections, and new ideas produce new neural connections,” says Ivey, explaining the concept of neuroplasticity. “Neuroscience provides a new, broader and practical scientific base for counseling and validates what we have always done. We now have scientific evidence for empathy’s concrete existence.”

The counseling field’s tendency toward social justice is also supported by neuroscience, Ivey notes. “The best research that we’ve seen supporting the need for social justice comes from neuroscience. Poverty, child abuse, violence [and] bullying all impact our children and adolescents in negative ways, destroying neural connections and permanently shrinking brain size. But, fortunately, a wellness approach coupled with a positive, stimulating environment is able to build resilience for many of our clients,” he says.

As such, the Iveys now teach workshops on “brain-based counseling,” which emphasizes the counselor’s role in helping clients create “change goals” that can strengthen the power of the prefrontal cortex to override the negative feelings streaming from the separate amygdala and limbic system. “Our task is to shore up and strengthen the positive versus the negative,” Ivey says, noting that exercise and meditation have been shown to increase the brain’s gray matter.

The ultimate goal is not to ignore the negative emotions created in the limbic system and amygdala, however. “While we need to focus on positive emotions and strengths, we still need to support
appropriate reactions to fear,” Ivey advises. “For example, some abused women ‘think’ [using the frontal cortex] that their abusive partner will straighten out. In this case, we need to use both natural fear plus cognitive reframing to help this woman move out on her own. And social support is needed. Neuroscience reminds us that we are social animals, and we cannot and should not leave clients alone to drift.”

The Iveys believe the blending of traditional counseling techniques with brain-oriented psychoeducation and interventions will become well established in the next 10-20 years. They point to the National Institute of Mental Health’s efforts to institute a brain-based approach to counseling that will create criteria for multidimensional diagnosis, integrating medicine, developmental psychology and multicultural issues with neuroscience.

“Neuroscience represents a paradigm shift for counseling and psychology,” Ivey notes. “Our teaching and research is already changing. Our curriculum and textbooks will as well. Very shortly, practitioners will be discussing with their clients how counseling and stress management have the potential to change the brain. This will become important in motivating clients to act on and take home discoveries made in the interview. With neuroscience, we will become more accountable and results oriented, but still aware that empathy, listening and our existing modes of practice remain central.”

Counselors in particular may be better suited to incorporating these changes into their work, according to Bradford Ivey. “The counseling profession is potentially ahead of other more pathology-oriented helping professionals such as psychologists and social workers due to our long history of a positive wellness approach,” she says. “However, recently we have partially succumbed to the allure of DSM [the Diagnostic and Statistical Manual of Mental Disorders], and we continue an emphasis on theories that focus on client ‘problems.’ It is time to discard that word and substitute ‘issue,’ ‘concern,’ ‘challenge’ and ‘opportunity for change.’ Neuroscience speaks so clearly to the importance of a wellness and positive approach. We need to adopt neuroscience findings and show the world that counseling and wellness is what is needed for the future.”

One way counselors already may be incorporating the benefits of neuroscience into their work is through efforts to help clients make what the Iveys call “therapeutic lifestyle changes” (TLCs). Examples may include establishing a healthy exercise routine, practicing meditation, getting more sleep, improving nutrition and seeking cognitive challenges. Other TLCs may require the subtraction of certain behaviors, such as being sedentary, consuming junk food, watching too much television, spending too much time in front of a computer or being too set in an unchallenging routine.

“The TLCs need to become central in counseling practice,” Ivey says. “These key elements of mental health are insufficiently stressed in our books and training systems. We can help both our clients’ brains and their bodies through this move to wellness.”

The Iveys recommend that anyone interested in learning more about neuroscience start by reading John Ratey’s book Spark: The Revolutionary New Science of Exercise and the Brain. They also suggest studying the work of Daniel Siegel, Jon Kabat-Zinn and Louis Colozino. They credit Robert Sapolsky’s lectures (available through The Teaching Company at thegreatcourses.com/greatcourses.aspx) with launching their own interest in neuroscience.

**Integrative models: Finding your own perfect blend**

With so many opportunities and avenues now available for learning new counseling theories and techniques, it’s growing increasingly rare for counselors to limit themselves to a single theoretical system. Many counseling graduate programs require students to explore and incorporate a variety of theories as they develop their own individual approaches. Gerald Corey, professor emeritus at California State University at Fullerton, is a psychologist, author and ACA fellow who has devoted his life and work to helping counselors and students develop their own blended orientations. His reasoning is simple: Individual clients come from a variety of backgrounds, and counselors need to possess the skills and experience to meet them right where they are.

“One reason for the current trend toward an integrative approach to the
counseling process is the recognition that no single theory is comprehensive enough to account for the complexities of human behavior when the full range of client types and their specific problems are taken into consideration,” Corey explains. “Most counselors now acknowledge the limitations of basing their practice on a single theoretical system and are open to the value of integrating various therapeutic approaches. Those clinicians who are open to an integrative perspective may find that several theories play crucial roles in their personal approach.”

In the process of uncovering their own integrative approaches, Corey suggests that counselors study all of the theories and accept that each theory has strengths and weaknesses, particularly when it comes to working with clients from different cultures and backgrounds. “Each theory represents a different vantage point from which to look at human behavior, but no one theory has the total truth,” he says. “Because there is no ‘correct’ theoretical approach, it is [best] for students to search for an approach that fits who they are and to think in terms of working toward an integrated approach that addresses thinking, feeling and behaving. To develop this kind of integration, students need to be thoroughly grounded in a number of theories, be open to the idea that these theories can be unified in some ways and be willing to continually test their hypotheses to determine how well they are working.”

Corey stresses that creating an integrative approach is no easy task. It is a mistake, he contends, to “simply pick pieces from theories in an unsystematic manner or based upon personal whim.” Rather, developing a blended theoretical orientation requires significant thought about the compatibility of certain theories. Corey emphasizes that it is not a method for avoiding committing to one direction or another.

“Attempting to practice without having an explicit theoretical rationale is like flying a plane without a flight plan. If you operate in a theoretical vacuum and are unable to draw on theory to support your interventions, you may flounder in your attempts to help people change,” he says. “Ultimately, the most meaningful perspective is one that is an extension of your values and personality. Your theory needs to be appropriate for your client population, setting and the type of counseling you provide. A theory is not something divorced from you as a person. At best, a theory becomes an integral part of the person you are and an expression of your uniqueness.”

Corey, who says he personally has been influenced by the existential and person-centered counseling approaches, among most of the other contemporary approaches, recommends that counselors master a primary theory that can serve as their foundation and that exemplifies their own beliefs about human nature and the change process. “Take the key concepts of several theories that have personal relevance for you and apply these ideas to your own life,” he says. “What aspects of the different theories would most help you as a client in understanding yourself?”

“Personally, I do not subscribe to any single theory in its totality. Rather, I function within an integrative framework that I continue to develop and modify as I practice,” he explains. “I draw on concepts and techniques from most of the contemporary counseling models and adapt them to my own personality and therapeutic style. My conceptual framework takes into account the thinking, feeling and behaving dimensions of human experience.”

Continuing education and ongoing supervision are particularly beneficial in helping counselors to articulate the rationale for the techniques they choose, Corey says. “Don’t adopt ideas without first putting them through your personal filter,” he says. “As you experiment with many different counseling techniques, avoid using techniques in a rigid or ‘cookbook’ method. Techniques are merely tools to assist you in effectively reaching your clients. Personalize your techniques so they fit your style, the needs of your clients, and be open to feedback from your clients about how well your techniques are working for them.”

Noting the importance of client/counselor attunement, Corey adds that experienced counselors are able to assess what is happening in the counseling room and then adjust their interventions to meet the client’s unique needs. “Perhaps the best way for a new professional to develop this ability is to be committed to listening to how clients perceive and react to their experience in counseling,” he says. “Counselors need to educate clients about the importance of their active participation in the process … and one way of being active is being a collaborator with the counselor and providing honest feedback on what they are getting from the counseling.”

By investing in continuing education and challenging one’s self through career-long supervision, a counselor’s active skill development truly can be a reflection of her or his own evolution as a human being, Corey says. “Continue reflecting on what fits for you and what set of blueprints will be most useful in creating an emerging model for practice,” he says. “Although you will have a solid foundation consisting of theoretical constructs, realize that the art of integrative counseling consists of personalizing your knowledge so that how you function as a counselor is an expression of your personality and life experiences. No prefabricated model will fit you perfectly. Instead, your task is to customize a counseling approach, tailoring it to fit your personality and the needs of your clients.”

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Letters to the editor:
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Roughly one in 10 Americans over the age of 11 takes antidepressant medication, according to data released this past fall by the Centers for Disease Control and Prevention. Antidepressants are the third most common prescription taken by Americans of all ages and the most common among Americans ages 18-44. The rise in popularity of antidepressants has been meteoric in recent decades. Since 1988, the rate of antidepressant use nationwide among all ages increased almost 400 percent.

These data, collected as part of the National Health and Nutrition Examination Surveys between 2005 and 2008, don’t surprise Dixie Meyer. In fact, they further support the message she tries to share with counselors: You need to know about the antidepressants your clients are taking.

Antidepressants, which are prescribed not just for depression but also for anxiety disorders, pain disorders, learning disabilities and more, are the medication most requested by patients, says Meyer, an assistant professor in the Department of Counseling and Family Therapy at St. Louis University and a member of the American Counseling Association. She notes that primary care physicians prescribe the majority of antidepressants. “This suggests that a large portion of our clients on antidepressants sought out the medication without knowledge of why individuals need medications, and in most cases, an expert on psychotropic medications did not prescribe the medications,” says Meyer, who teaches psychopharmacology and has been researching the topic since 2007.

“While counselors are not experts on antidepressants either, counselors need to understand when their clients may need to have the medication reassessed or when the counselor may need to meet with the medication prescriber.”

Elisabeth Bennett, chair of the Department of Counselor Education at Gonzaga University, says even though counselors are not prescribing the medications, they are in a prime position to assist clients who are taking antidepressants. “Medical professionals see their psychiatric patients an average of about eight minutes each … three to four meetings per year. This is not enough time to do all the tasks they must do, let alone to build a relationship [with the patient, which] is likely the most critical element contributing to successful compliance and treatment,” says Bennett, an ACA member who also works as a counselor in private practice and has researched, taught and presented on neuropsychology and psychopharmacology.

Counselors, on the other hand, see their clients two to four times per month for an average of 50 minutes per session, Bennett says. When counselors understand what an antidepressant is meant to do and what side effects it may cause, they can better prepare their clients to follow the regimen prescribed by the medical professional, she says.

Counselors can also help prepare clients to note negative side effects that might need immediate attention, note when the medication is effective or when there are breakthrough symptoms, and to otherwise gain the most benefit while experiencing the least harm.

A second set of eyes
Meyer echoes Bennett, noting that the regular interaction counselors have with their clients positions them to help
with management of antidepressant medications and, in some cases, to act as the liaison between clients and the prescribing doctor. To play that role effectively, however, Meyer emphasizes that counselors must educate themselves about antidepressants. “It is important for counselors to be knowledgeable about potential side effects of antidepressants, the empirical support for antidepressants and how antidepressants work, including how they alter neurochemistry,” she says. “Counselors also need to understand the neurochemical differences of depressive symptoms and how to monitor symptom improvement when clients are taking antidepressants. This is especially important when clients think their antidepressant is not working.”

Bennett points out that the liability and authority for all elements of a medical regimen remain with the prescribing physician but says counselors can be of great value to clients by educating them about the medications and the regimens that doctors prescribe. “Often, the time limitations of the doctor make such educational sessions rushed, and the counselor can supplement at a time when the client is better able to understand, thus increasing compliance,” she says. Among the topics Bennett suggests that counselors consider discussing with these clients:

- How antidepressant medications work
- Why complying with the regimen is critical
- How long it takes to reach therapeutic windows (when enough medication is in the bloodstream to be effective)
- Potential side effects that might arise
- Which side effects to be concerned about and which to endure
- How to talk with the prescribing doctor about symptoms

Meyer encourages counselors to stay alert to the side effects their clients are experiencing. If the side effects appear to be getting out of hand, Meyer suggests talking with the client and perhaps encouraging him or her to ask the prescribing physician to reassess the medication or dosage. Sometimes, too many side effects mean the dosage of the antidepressant is too high, Meyer says. “Other side effects may lead a physician to prescribe an additional medication to alleviate the unwanted effect,” she says. “For example, for individuals experiencing sexual side effects [such as] lack of desire, a physician may prescribe Wellbutrin, which has been shown to help with unwanted sexual side effects.”

The counselor’s role in medication monitoring is to check in weekly with the client, Meyer says. “It is important for counselors to ask their clients if they are noticing anything unusual physically or mentally,” she says. “Counselors then need to be knowledgeable about what may be expected during the course of treatment. For example, some individuals report increased anxiety when they begin taking an antidepressant, but the anxiety subsides after a few weeks of treatment. It is important for counselors to know if certain side effects are transient.”

Sattaria Dilks, a licensed professional counselor who teaches at McNeese State University, says some antidepressants can have serious or even life-threatening side effects that counselors should be aware of and educate clients about. For instance, certain foods can have life-threatening interactions with monoamine oxidase inhibitors (MAOIs), a class of antidepressants, Dilks says. Other medications potentially can produce a life-threatening rash. Being knowledgeable of such side effects will alert counselors that a client needs to see a medical professional immediately, says Dilks, an ACA member who works in private practice as a psychiatric nurse practitioner in Lake Charles, La.

All medications have side effects, but there are two major concerns when it comes to antidepressants, Meyer says. One is increased risk for suicide among
Article: What’s on the radar of today’s counselor?

Learning Objectives: Reading this article will help you:
1) Reflect on emerging theories, models, techniques and approaches that influence the work of today’s counselor.
2) Evaluate how professional counselors can strengthen the counseling profession and provide the community at large with more effective mental health services by staying abreast of empirically based trends within the field.

Continuing Education Examination

1) Which of the following was not addressed in the article as an emerging theory or technique within the counseling profession?
   a) Body-centered psychotherapies
   b) Behavioral Therapy for substance abuse
   c) Eye Movement Desensitization and Reprocessing (EMDR) for trauma
   d) Emotionally Focused Therapy (EFT) for couples

2) Which approach asks the client to focus on the targeted memory, considering both the negative thoughts associated with it and any related body sensations?
   a) EMDR
   b) EFT
   c) Body-centered psychotherapies
   d) None of the above

3) Counselors already may be incorporating the benefits of neuroscience into their work by helping clients make “therapeutic lifestyle changes” (TLCs), which might include:
   a) Establishing healthy exercise routines
   b) Practicing meditation
   c) Increasing sleep and improving nutrition
   d) Seeking cognitive challenges
   e) All of the above

4) Neuroscientists have provided data-based evidence that the counseling process can actually change the human brain.
   ____ True  ____ False

Rate the following:

Strongly agree  Agree  No opinion  Disagree  Strongly disagree
5  4  3  2  1

______ I learned something I can apply in my current work
______ The information was well presented
______ Fulfillment of stated Learning Objectives were met
______ This offering met my expectations

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children and young adults, and the other is serotonin syndrome, in which a person's serotonin level can increase to a potentially lethal level. Among the symptoms of serotonin syndrome are extreme anxiety, cognitive disturbances, cardiac disturbances, hyperthermia, seizures and coma, Meyer says.

Although not life-threatening, antidepressants can also have sexual side effects. As Dilk's points out, clients might be more likely to disclose these side effects during regular sessions with a counselor than during a short visit with the prescribing physician.

Engaging in a conversation with clients about the relationship between physical wellness and mental wellness as it relates to antidepressants also can be worthwhile, Meyer says. "Many clients expect their antidepressant to be a 'happy pill,'" she says. "They are disappointed, then, when they do not feel euphoric after taking the medication or assume the medication is not working because they don't feel euphoric. Oftentimes, though, when working with these types of clients, it is important to ask about what changes they are noticing. In these situations, clients may report they are sleeping better or are not tired all the time. That is a great opportunity to discuss how those changes are positively affecting their lives. This helps clients see the big picture with how their medication may help them feel better, even if it is not an instant happy pill."

Weighing the options

These experts also agree that counselors should know when to refer clients who aren't taking antidepressants to a medical professional for additional help. If the client's depression is mild to moderate and is of short duration, oftentimes, no drugs are needed, Dilk's says. But if a client has a family history of depression, anxiety or bipolar disorder, has experienced multiple depressive episodes or has become suicidal, the counselor needs to refer the client for additional assistance, she says.

"Antidepressants are the most helpful for individuals suffering with the somatic symptoms of depression, anhedonia, worsened mood in the morning or concentration disturbances," Meyer adds. "For many individuals experiencing grief, transient reactive depression or depression related to early life traumas, they may be better off processing the root of the depression with a counselor."

With those clients who are considering antidepressant use, Meyer suggests that counselors review both the risks of taking an antidepressant and the risks of not taking an antidepressant so these individuals can make informed decisions. Counselors might also talk with clients about how diet, exercise, sleep and counseling may alter neurochemistry in a way that alleviates depressive symptoms without medication, she says.

Also worth discussing, Dilk's says, is the fact that needing an antidepressant is not a failure on the part of the person taking it. "[Counselors can] help them work through that this is not a weakness [and] it's not something they did or didn't do," she says. "It's the genetic deck they got dealt."

Meyer and Bennett point to multiple studies comparing the effectiveness of antidepressants only, counseling only and a combination of medication and counseling in treating depression. Meyer believes the results of these studies are worth discussing with clients so they will have the best information possible for reaching a decision concerning antidepressants. "Generally, the research suggests that medication only is the least helpful for treating depression," Meyer says. "[Regarding] the best options for clients, some studies suggest counseling only is just as effective as a combination treatment. However, the majority of the research indicates the combination of counseling and medication as the best practice for depression. If the client chooses an antidepressant, it would be appropriate to address when he or she could expect to experience symptom relief, what type of symptom relief, how the medication works, the potential side effects and the expected length of treatment."

Counselors should also be aware that antidepressants won't work for every person or for every type of depression, Meyer says. "For example, one of the most common types of antidepressants, selective serotonin reuptake inhibitors (SSRIs), focuses on serotonin," she says. "Yet, not all symptoms of depression are associated with serotonin."

Effects can also vary among different populations of people, she adds. For

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Antidepressants and bipolar disorder

When working with clients who are taking antidepressants, Dixie Meyer, an assistant professor in the Department of Counseling and Family Therapy at St. Louis University, is careful to assess for Bipolar Disorder I and II. Many people with bipolar disorder don’t seek counseling for manic or hypomanic episodes, Meyer explains, but they might seek counseling or medication for depression. For that reason, she advises counselors to be on the lookout for undiagnosed bipolar disorder.

It is especially important to be cognizant of undiagnosed bipolar disorder because the use of antidepressants may precipitate a manic episode, says Meyer, who teaches psychopharmacology at St. Louis University and has been researching the subject for five years. “Caution should also be utilized when working with individuals who have a family history because they may be at risk for bipolar disorder,” Meyer says. “When counseling clients who are on antidepressants, we address how they are feeling after using the antidepressants. If clients report irritability, racing thoughts or distraction, I also look for other indicators of mania or hypomania such as increased motor behavior or rapid speech. If symptoms of mania or hypomania are observed, I recommend the client meet with a psychiatrist about treatment with a mood stabilizer.”

— Lynne Shallcross
Gerald Chertavian

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Creating a common language

20/20 delegates reach consensus on licensure title, continue work on other building blocks to license portability

By Jonathan Rollins

D uring the long march to obtain licensure status for counselors in each of the 50 states plus the District of Columbia and major U.S. territories — beginning with Virginia in 1976 and ending with California in 2009 — the profession as a whole rightfully celebrated each individual victory.

“Unfortunately,” points out American Counseling Association President Bradley T. Erford, “the unintended consequence of this success is that we now have 50-plus different licensure laws, and if you want to move your practice from one state to another because you or your partner were transferred, you have to meet the qualifications for that new jurisdiction. Sometimes, the qualifications are very different. Sometimes, there are qualifications that came after the time you received your education and training, so you do not qualify without meeting new standards. It is extremely frustrating to be deemed ‘qualified’ in one state and practice for a number of years and then move, only to be deemed ‘not qualified’ by another state. I am licensed in three states, and the hoops I had to jump through were somewhat different in each jurisdiction.”

The long-standing and knotty problem of license portability is precisely what delegates to 20/20: A Vision for the Future of Counseling are working to resolve. The delegates, representing 31 diverse counseling organizations, have been tasked with three objectives as part of the Building Blocks to Portability Project: to reach consensus on a common licensure title for counselors, to reach consensus on a licensure scope of practice for counselors and to reach consensus on licensure education requirements for counselors.

“The goal of the 20/20 Building Blocks [project] is to agree on a model for training, education and scope of practice so that jurisdictions can standardize their requirements and promote portability of licensure across states. If we had the foresight to construct this standardized process 30 years ago, perhaps we would not have thousands of frustrated counselors annually trying to reestablish a licensed practice in another state or territory,” says Erford, who was the Association for Assessment in Counseling and Education’s delegate to 20/20 before joining the 20/20 Oversight Committee, first in his role as ACA president-elect and now as ACA president.

At the ACA Annual Conference in San Francisco this past March, the 20/20 delegates reached consensus on “Licensed Professional Counselor” as the designated licensure title. They also endorsed the concept that having a single education accrediting body would be a clear benefit for the counseling profession. Finally, the delegates decided that the two 20/20 work groups focused on counselor education requirements and counselor scope of practice should develop their respective recommendations by mid-September so the 20/20 delegation as a whole can reach consensus on these two areas at the 2013 ACA Annual Conference in Cincinnati.

In March 2010, before turning its attention to the Building Blocks to Portability Project, the 20/20 delegates reached consensus on a unified definition of counseling as a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.

Burt Bertram, who headed up the 20/20 work group that recommended LPC as the consensus licensure title for counselors, sees commonality in much of the work the 20/20 delegation has engaged in since its inception in 2006. “So much of what we’re doing throughout this whole process revolves around the issue of naming things so we can communicate and talk about them,” says Bertram, the Association for Specialists in Group Work’s delegate to 20/20. “In some ways, ‘things’ don’t really exist until they are named. … When the name of something is understood and accepted, the thing becomes more real, and there is less likelihood of confusing the named thing with other similar things.”

Perry C. Francis, who is leading the scope of practice work group, has a similar view concerning the work of 20/20. “We as a profession have struggled with defining counseling and what counselors can and cannot do for decades,” says Francis, the American College Counseling Association’s delegation to 20/20. “That is a reflection of the many different types of counseling specialties that make up the profession — school, clinical, college, etc. Each has a unique way of applying counseling to their population or setting. Creating a common language will help unite these specialties under the banner of professional counselor.”

Licensure title

Recommending LPC as the consensus licensure title to the overall 20/20 delegation wasn’t a difficult decision, according to Bertram. “There really wasn’t much debate [within the licensure title work group]. It seemed like the obvious choice,” he says.

In deciding which licensure title to recommend, the work group weighed several factors, including:

- How easy the title would be for the public to grasp
- Whether the title would offer a “pathway” for all counselors
- Whether the title aligned with the previously established consensus definition of counseling
- How consistent the title was with terms already in use in jurisdictions across the United States
- How well the title distinguished “professional” counselors from other groups using counselor in their names (such as funeral counselors, financial counselors, camp counselors and so on)
Bertram says the title LPC is already in use in 32 states. “If our goal is to get all 50 states … to come around to one term, this made the most sense,” Bertram says.

In addition to already possessing “name recognition,” LPC owns an advantage because the terminology isn’t inherently limiting, Bertram says. “When you put something in front of the word counselor — for example, clinical mental health counselor — that narrows it,” he says.

The counseling profession has confronted a long-standing identity struggle in part because many counselors identify themselves by a specialty title rather than by a title that presents their core identity as a counselor, Bertram says. LPC should readily communicate that core identity. “The importance of the title is that it reduces confusion and increases understanding,” he says.

At the same time, the licensure title work group also recommended that an ability to recognize specialties be included for counselors, similar to physician licensing laws. The 20/20 delegates voted 22-2 in favor of adopting LPC as the consensus licensure title.

Erford views this as a very important step. “Across the 50-plus jurisdictions, counselors have 40-plus titles. Think about it,” he says. “If we cannot even decide what to call ourselves, how can we expect U.S. citizens to know who we are and what we do? Calling ourselves licensed professional counselors and promoting a unified role and definition of counseling help protect the public from those unlicensed individuals who would harm the public and set our profession and professionals back in the process. When legislators in every state find out that every major counseling organization in the United States supports the title LPC, and then adopts that title, we are one step closer to a unified profession.”

Licensure education requirements

The 20/20 delegates did not vote on consensus licensure education requirements in San Francisco, but they did endorse their preference for having a single educational accrediting body (by a vote of 20-1, with three abstentions).

“Except for counseling, all mental health professions have a single accrediting body,” Erford points out. “They decided this issue long ago, and their professions are unified and powerful as a result. Having a single accrediting body sends a strong message to universities, and when governmental entities recognize an accrediting body, the profession becomes more unified and powerful. … It is crucial that we adopt standardized professional accreditation standards under a single accrediting body so that we can move forward as one profession with a single voice and huge influence.”

Currently, there are two accrediting bodies participating in the 20/20 initiative — the Council for Accreditation of Counseling and Related Educational Programs (CACREP) and the Council on Rehabilitation Education (CORE). Several people involved with the 20/20 initiative have indicated their hope that the two organizations, which explored the possibility of a merger several years ago, will unify in some fashion.

“To achieve licensure portability for the counseling profession, it is imperative that the criteria for licensure become comparable across the states. The profession does not currently have this,” says Carol Bobby, president and CEO of CACREP and chair of the licensure education requirements work group for 20/20. “What we have instead is 50 different states with 50 different sets of educational and supervised practice requirements. Some states require only a master’s degree, while others specify...
the number of graduate hours in the degree program. And these numbers can range from 42 to 60. Thus, students who graduate from 48-hours states will likely find themselves at a disadvantage, needing to go back to graduate school to gather more hours when they move to a state that requires a minimum of 60 graduate hours. … It gets more complicated than just hours, though, because some states list specific courses that must be included in the degree, and the lists of required courses can also vary from state to state.

Bobby points out that when the Institute of Medicine (IOM) conducted research to determine whether counselors should be recommended to work as independent providers in the TRICARE health system, it raised concerns, saying there was “substantial variability among the states in training programs and requirements for licensure as a counselor.” IOM also noted that only some counselor education programs were accredited by CACREP and that in some states, a counseling license could be obtained with a postgraduate degree in a field other than counseling.

“One of the primary reasons that the IOM included graduation from a CACREP-accredited [mental health counseling] program in its final recommendations to Congress was to ensure consistency in the educational preparation of counselors hired within the TRICARE system,” Bobby says. “The IOM report indicated that they could not guarantee this level of consistency through acceptance of the use of the LPC status only.

“It is difficult for the counseling profession to gain the respect of our external publics with such variability in what it means to be a counselor, since the profession has offered so many pathways to becoming a counselor. Other professions, such as architecture, engineering and physical therapy, have one pathway to getting licensed, and that pathway is through graduation from an accredited program. This allows for the public to know what has been required in the licensee’s curriculum and supervised practice. This also allows for greater comparability of state licenses, and thus allows for greater mobility of professionals.”

Linda Shaw, CORE’s delegate to the 20/20 initiative, says she understands the sentiment behind endorsing a single educational accrediting body. She is concerned, however, about rehabilitation counselors’ ability to get licensed if the 20/20 delegates ultimately recommend CACREP accreditation as the sole educational criterion accepted by licensure boards, particularly if CACREP and CORE do not end up merging in some fashion.

“Counseling has always been a critically important part of our identity,” Shaw says. “We label ourselves as ‘rehabilitation counselors,’ our accreditation and certification standards strongly emphasize counseling, and every role and functions study ever conducted identifies counseling as being a central role of rehabilitation counselors. The American Rehabilitation Counseling Association has been a division of ACA since 1958. … We, too, seek to secure for the counseling profession a strong, unified identity and to advance the profession. While the specialization of rehabilitation counseling has different accreditation and certification organizations, the primary reason is that CORE and CRCC (Commission on Rehabilitation Counselor Certification) actually predate CACREP and NBCC (National Board for Certified Counselors), not because we see ourselves as being so different from other counselors that we must have different organizations. It was our very ‘sameness’ that led to the merger talks [with CACREP]! It would be a grave disservice to rehabilitation counselors and to individuals with disabilities who may need to access the services of rehabilitation counselors to exclude them from the credentialing process. As counselors, we value inclusion and we value the similarities that bind us together, as well as respecting the things that make us unique. I have confidence that these values will continue to guide us as we work together to create building blocks that will serve the best interests of the profession and of the individuals we serve.”

**Licensure scope of practice**

The scope of practice work group is reviewing a content analysis of all counselor scopes of practice across all 50 states. As is the case with licensure titles and licensure education requirements, scopes of practice vary from state to state.

“Simply put, licensure laws, which generally contain the scope of practice, are governed by each state, and each state has different politics and constituencies that seek to influence what those laws [include],” Francis says. “Some constituencies are supportive of our field, while others seek to restrict what counselors can do based on ignorance about our profession or hoping to limit competition for the ever-shrinking mental health dollar.”

The work group conducted a frequency analysis of the words used in the different scopes of practice to define the tasks that counselors are allowed to do, Francis says. “This gives us an understanding of the common tasks we are allowed to do and increases our awareness of the tasks we are not allowed to do but are trained to do, such as administer different types of assessments and inventories.”

“We will look at the tasks that are common across the board and seek to standardize the language and definitions used to create a scope of practice,” he continues. “Additionally, we will compare the laws to our education and abilities to identify those areas of practice that we may be denied, even though we have the skills and training to accomplish those tasks. Once we have that information, we can then create a scope of practice statement that will reinforce not only what we are already doing, but also expand into areas that we are capable of doing.”

“The scope of practice issue also signals insurance companies that professional counselors are equally competent as our cousins in the other mental health fields,” Francis adds.

**Maturing of the profession**

“The 20/20 Building Blocks initiative is all about developing a standardized process for title, educational requirements and scope of practice that will allow professional counselors to move across a state line and continue a professional practice and livelihood, just like medical doctors, psychologists and social workers do every day,” Erford says. “This process reflects the maturing of the profession of counseling. It also reflects the importance of vision and forethought as the counseling profession continues its forward momentum. We have to visualize where we want to end up, and then plan an efficient path to get there. Otherwise, we will be cast about by capricious winds and chaotic, tumultuous times. If we cannot explain to the public and our legislators who we are, how we were educated and trained, and what we can do — all in a unified voice — then how can we expect the public and our legislators to embrace the counseling profession?”

Jonathan Rollins is the editor-in-chief of Counseling Today. Contact him at jrollins@counseling.org.
Phyllis L. Mable, 78, died on May 9, 2012, in Washington, D.C., her residence since 2001. Mable was born Feb. 13, 1934, in Delhi, N.Y. She completed her Bachelor of Science degree in home economics, child development and family relationships at Cornell University in 1956. She went on to earn her Master of Science degree in college student personnel administration from Indiana University in 1959 and attended the Institute for Education Management at Harvard University in 1985.

Mable spent her entire career in education. Her first job was teaching nursery school in Winnetka, Ill. From there, she worked as a resident assistant in graduate school and spent the first 20 years of her career in college residential life, holding various positions at the University of Florida and Virginia Commonwealth University. In 1982, she accepted the position of vice president of student affairs at Longwood University, a position she held until her retirement in 2001.

Mable was dedicated not only to students but also to the profession of student affairs. She joined the American College Personnel Association (ACPA) and the American Personnel and Guidance Association (now the American Counseling Association) in 1959. She served as president of ACPA from 1979-1980 and as president of the Council for the Advancement of Standards in Higher Education (CAS) from 1989-2001. She was the first executive director of CAS, a position she held from 2001 until her death in 2012. She also served as the ACA representative to the CAS Board of Directors for many years. She was the co-editor of three professional books on the educational role of college residence halls. Mable also chaired the Financial Affairs Committee for ACA and served on the advisory board of the ERIC Counseling and Personnel Services clearinghouse.

ACPA honored Mable with the Annuit Coeptis Award (1981), as a Senior Scholar Diplomate (1987), with the Esther Lloyd-Jones Professional Service Award (1983) and with its Lifetime Achievement Award (2003). Mable was recognized as an ACPA Foundation Diamond Honoree recipient and as a Pillar of the Profession by the National Association of Student Personnel Administrators (NASPA) Foundation.

In addition to Mable’s many professional accomplishments, she was a dedicated friend, enjoying nightly dinner dates, visits to the Kennedy Center, Broadway shows and travels to friends around the globe. She spread her message of “living, loving, learning and leaving a legacy.”

Mable is survived by her extended loving family in Delhi, N.Y.; “nephew” Drew Hudson from Annapolis, Md.; thousands of beloved friends and countless admiring colleagues. She was “Aunt Phyllis” to many generations of the children of her dear friends.

Questions, condolences or wishes can be sent to phyllislegacy@gmail.com. In lieu of flowers, friends may send memorial donations to the Phyllis Mable Citizen Leadership Award Fund at Longwood University or the ACPA Phyllis L. Mable New Professionals Institute Fund. Donations for the Phyllis Mable Citizen Leadership Award may be sent to University Advancement, Longwood University, 201 High St., Farmville, VA 23909. Checks should be made to “Longwood University Foundation.” Donations for the ACPA Phyllis L. Mable New Professionals Institute may be sent to ACPA - College Student Educators International, One Dupont Circle NW, Suite 300 Washington, DC 20036. Checks should be made to “ACPA Mable Institute.”

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Individual psychology: Relevant techniques for today’s counselor

I presented a workshop at the 2011 American Counseling Association Annual Conference in New Orleans at which I demonstrated some of the main theoretically based techniques that Adlerian counselors use with clients. Adlerian psychology, or individual psychology as it is also known, refers to the theory that Alfred Adler developed at the turn of the 20th century. The strategies I covered in the workshop included life style interpretation, early recollections and social interest. Many of the participants shared that they had always believed in the importance of personality traits, sibling relationships, early memories and using a strengths-based model. What they really appreciated was revisiting the theory behind these techniques because they said it reminded them of how to conceptualize their clients from a holistic perspective.

The purpose of this article, however, is not to provide a thorough review of the theory (for that, counselors should read Adlerian Therapy: Theory and Practice by Jon Carlson, Richard Watts and Michael Maniaci, published in 2005). Instead, I’d like to share some of those Adlerian ideas and strategies that counselors can use with clients in a variety of settings.

In my opinion, what distinguishes Adlerian practitioners from other counselors is the emphasis on the purposefulness of behavior. This isn’t necessarily a true technique that one needs to rehearse or practice, like learning how to collect early recollections. Rather, it is a philosophy about the root of the problems clients present with in counseling. We, as Adlerians, do not focus on the symptoms and behaviors that a client experiences, but rather on what underlying purpose those symptoms serve in that client’s life. The only way for a client to truly understand the problem and bring about lasting change is to see the deeper meaning of the situation. So, as the client narrates his or her story, the counselor is listening for the purpose behind the symptom — the “benefit” the client experiences in continuing the behavior.

For instance, a client discussing a struggle with anxiety states, “I would love to go on a date with this person, but every time I get the chance to ask, I get nauseous and feel like I’m going to be sick, so then I don’t ask.” An Adlerian counselor will explore and listen for the reason behind the symptom. In this instance, it may be that feeling nauseous keeps the client safe from possible rejection. Through the course of a therapy session or sessions, a counselor can use questions and other methods to help the client gain insight into the purpose of the symptom. The counselor might ask the client, “What purpose does the nausea have?” or “If your stomach could talk to you about dating, what would it say?” (For more information on Adler’s concept of organ jargon, see the 2006 book Readings in the Theory of Individual Psychology, edited by Steve Slavik and Jon Carlson.)

Upon the client’s recognition that the fear is keeping him or her from a potential opportunity, the client can decide, in collaboration with the counselor, how to rid himself or herself of that fear. It may be that at the heart of the problem, the client views himself or herself as unworthy of love, and the anxiety is an outward sign of that core belief. The goal in counseling may then be to dismantle that self-perception, allowing the client to move toward a love relationship rather than remaining stuck in an inferiority complex. So the point is to listen for the music behind the words rather than focusing solely on alleviating symptoms. If the counselor and client superficially alleviate the symptom without addressing the underlying purpose, then a new symptom will take the place of the old one. In his book Understanding Human Nature, Adler said we must never neglect the client’s own use of his or her symptoms.

From this understanding, counselors can view clients as creative problem-solvers whose coping skills are no longer working the way they used to. This is more encouraging for clients because they begin to see themselves as capable of handling the situation rather than as slaves to their symptoms. This philosophy underlies all of the techniques that Adlerian counselors use.

Individual psychology is not about what traits, memories, experiences, cultural backgrounds or beliefs a client possesses, but rather how the client uses these things to accomplish the tasks of daily living.

Life style assessment

One of the main tools Adlerian counselors use to examine how a client is functioning is a life style assessment. Life style refers to an individual’s subjective view of oneself, others and the world that develops based on childhood experiences and perceptions of those experiences; it does not equate to contemporary uses of the word lifestyle (Lifestyles of the Rich and Famous, for example). Life style assessments can take many forms, from paper-and-pencil questionnaires such as the BASIS-A Inventory to a series of questions that seems more like a conversation than an assessment. The goal of any life style assessment is to explore the client’s perceptions of his or her childhood experiences to discover the influence those perceptions have on the client’s current functioning.

One very basic life style assessment involves asking clients to complete...
relationships, family values and beliefs, so already would be to ask about sibling the client (assuming we have not done of childhood, so a smart next step with style develops based on our perceptions From Adlerian theory, we know that life self-doubt and fear about how to fit in? client approaches life with some anxiety, demands, or is a better guess that the feels capable of successfully meeting life's through life? Do you think the client to belong, I should try to make other place. Therefore, in order to have a place to belong, I therefore, in order to have a place to belong, I should try to make other people like me.”

How might this client be moving through life? Do you think the client feels capable of successfully meeting life’s demands, or is a better guess that the client approaches life with some anxiety, self-doubt and fear about how to fit in? From Adlerian theory, we know that life style develops based on our perceptions of childhood, so a smart next step with the client (assuming we have not done so already) would be to ask about sibling relationships, family values and beliefs, and other family dynamics. A more thorough picture of when, where, how and with whom these beliefs developed will provide the client with a deeper understanding of himself or herself.

Although we cannot change a client’s past, we can support and encourage the client to evaluate what beliefs he or she wants to retain and what mistaken self-conclusions he or she wants to discard. As the client takes baby steps toward new thoughts and behaviors, the counselor’s role remains one of support and encouragement, both of which are crucial in effective Adlerian counseling.

Early recollections

Early recollections are a great accomplishment to life style assessment. In fact, many Adlerians would say that a life style assessment is incomplete without them. Of all the memories we have, why is it that when someone asks us about our childhood, certain memories quickly come to mind? In his 1937 article “Significance of Early Recollections,” Adler discussed early recollections as a means for uncovering “valuable hints and clues in finding the direction of a person’s striving. They help reveal values to be aimed for and dangers to be avoided. They help us see the kind of world a particular person feels he lives in, and the early ways he found of dealing with that world” (excerpted from Henry Stein’s The Collected Clinical Works of Alfred Adler, Volume 7).

Adlerian counselors collect early recollections, or ERs, because they offer corroborating evidence of a client’s life style. The basic technique involves asking a client to think back before the age of 10 — preferably before the age of 7 — and to verbally share a memory that comes to mind that plays like a video, with a beginning, middle and end, and that has a feeling connected to it. The counselor’s job is to write down the memory as the client shares it, using as many of the client’s words as possible. When the

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client is finished recalling the memory, the counselor asks, “If you could assign a feeling to that entire memory, what feeling would you give it?” After writing down that overall feeling, the counselor asks a second question: “If you could take a picture or freeze a certain frame of the most vivid part of that memory, what would it be?” Once the counselor notes that information, a final question is posed to the client: “What feeling would you give to just that snapshot of the most vivid part?” The last step is to write down the feeling associated with the most vivid part of that memory. (This process is fully explained in a 2004 article titled “Early Recollections: A Guide for Practitioners” that I wrote with Roy Kern and Daniel Eckstein and that was published in The Journal of Individual Psychology.)

Counselors need to collect a minimum of three ERs to have enough data in which to look for themes. These themes will most likely reinforce life style information, but even more important, they may offer insight into the presenting concern. There are many ways to interpret themes from ERs. Arthur Clark wrote a book in 2002 titled Early Recollections: Theory and Practice in Counseling and Psychotherapy in which he explains in detail how to interpret ERs. The most important thing for counselors to remember is that the feedback process must be collaborative. Therefore, counselors should be tentative about sharing the themes they see or hear and instead invite clients to share their suggestions on possible themes. Some basic interpretation ideas include noticing who is (and who is not) included in the ERs, how many people are present in the ERs, the level of detail included and which parts are emphasized (for example, nonverbal behavior, somatic complaints or physical movement).

Another significant point when using ERs is deciphering whether clients are sharing a true memory or whether it is a report of a memory that someone previously told them. True memories will play like a movie and have a feeling attached to them, while reports typically do not have vivid feelings connected to them because clients only recall the memory on the basis of what someone told them. From developmental psychology, we know that we tend to remember and more easily recount events that hold meaning for us and, typically, our most meaningful life events are emotional in nature. So, having a definite feeling attached to a memory is a clue that the memory is true rather than a report.

ERs can also be adapted to the age or developmental level of a client. When working with children, counselors can ask about favorite storybook or cartoon characters, favorite Bible stories or favorite fairytales. The key is to ask why that story or character is their favorite because their answer reveals a glimpse of how they see the world. If a child shares that her favorite story is Cinderella and the reason why is because Cinderella is no longer being picked on by her family at the end, then the counselor may have a sense of the child’s current struggle in life (feeling picked on or bullied) and her hopes for the future (she sees that life can be different). The counselor should ask for other favorite stories or characters to more clearly identify themes and strengths.

ERs are useful in uncovering life style themes connected to the presenting concern as well as strengths that can be used to encourage clients as they try out new thoughts and behaviors.

Social interest

Adlerian practitioners believe that Alfred Adler was ahead of his time when he proposed the concept of Gemeinschaftsgfühl, which means a feeling for and an active part in shaping one’s community. Heinz and Rowena Ansbacher, in an effort to simplify this concept, translated it as “social interest” in their 1956 book titled The Individual Psychology of Alfred Adler: A Systematic Presentation in Selections From His Writings. Adler said that our mental health is epitomized by our connection to others and our supportive contributions to society. When we feel good about ourselves, we tend to do good for other people, which usually leaves us feeling good about ourselves and more inclined to repeat that pattern. I consider social interest to be an outward expression of an inner self-evaluation or feeling. If we feel worthless, we will probably convince ourselves that we are beyond help and therefore unable to help anyone else. In contrast, if we feel capable of handling life, we may be more inclined to reach out to others.

What does social interest look like as a strategy? Simply put, counselors will encourage clients to volunteer or contribute to their communities. This could include helping a neighbor with something or volunteering at a soup kitchen or animal shelter. The purpose is to help clients reconnect with the outside world in a way that will leave them feeling better about themselves while also helping others.

For me, this process starts in the first session or two by asking clients what their hobbies are or what they like to do. If this is hard for some clients to answer, rephrase the question to focus on a time
when they felt good in life. What things did they do then, or what do they hope to do again in the future? The next step is for the client to choose one thing from his or her list to explore as a possible volunteer activity (find a location, identify someone in need of help, search the Internet for local shelters and so on). Gradually, as the client feels ready or shows progress toward counseling goals, the counselor encourages the client to try engaging in the identified activity just once between sessions and explains the potential benefits the client may receive.

As is the case with any homework, counselors need to inquire about the outcome of the activity and process it with clients. If the activity went well, the counselor uses encouragement to acknowledge the client’s effort and then establishes a new goal (for example, doing the activity two times) for the next week. If it did not go well, explore what happened, acknowledge the client for trying something new and gauge the possibility of choosing a different activity.

In my experience, clients — particularly those who are depressed or anxious — are hesitant at first, but once they start exploring the possibility of helping others, their mood becomes more positive, which fosters confidence toward completing the activity. I have also used this technique with clients struggling with eating disorders, and the results have typically been positive as well.

Counselors must use their discretion before implementing this strategy and guide clients toward interests that are more likely to produce a positive outcome, especially in light of the purposefulness of the symptoms and presenting concern. For instance, I might not encourage a client with a history of eating disorders to volunteer at a soup kitchen because that could trigger a return of symptoms or unhealthy behaviors. Knowing your client and what he or she can handle is always a good place to start.

Putting it all together

These strategies serve me well with every client I see. They provide structure for developing a strong rapport and a comprehensive assessment of how the client approaches life’s demands. Most clients enjoy discussing life style and early memories because they gain a new perspective on how their early years still influence and affect them today. Adlerian theory is quite useful, and I would be glad to answer questions about Adlerian psychology or how to apply these ideas with specific clients.

“Knowledge Share” articles are based on sessions presented at past ACA Conferences.

Susan Belangee is a licensed professional counselor in Collegeville, Pa. She continues to learn about Adlerian psychology through her involvement with the North American Society of Adlerian Psychology (NASAP; alfredadler.org). She coordinates NASAP’s Emerging Leader Program and also teaches online courses for the Adler Graduate School in Minneapolis. Contact her at susan@courageouscounseling.com.

Letters to the editor: ct@counseling.org
Imagine this scenario: A college senior enters the office of a counselor educator.

“You see, it was suggested that I come to see you,” the student starts. “I’ll be graduating in May, and I’m thinking about graduate school. I guess I’ve always been interested in counseling at a mental health facility, and I’ve done well in my undergraduate major. I’m pulling a 3.8 GPA, have done some presentations with my adviser at a couple of conferences and will have an article published with another professor. Well, I know that you teach in the counseling department here, and, um, do you think it might be a good decision to apply to the clinical mental health counseling program?”

The counselor educator looks away and ponders intently before responding. “Let me ask you three questions. First, are you prepared to be in a master’s degree program for two and a half or three years?”

“I think so,” the student replies. “Second, unless someone is covering your tuition, are you ready to have to pay … oh, say $20,000 or more in tuition in order to get this master’s degree?”

“Hmm, that sounds like a lot of money,” the student says hesitantly. “I understand,” the professor acknowledges. “And now to question No. 3. Your starting job, if you find one right after you graduate, about three years from now, could be in the vicinity of $35,000. Is that OK with you?”

Now it is the student’s turn to look away, think intently and pause momentarily.

“Professor, thank you for your time today. I think I’ll go in a different direction. This counseling idea isn’t going to happen for me.”

End of conversation.

What is the economic tipping point related to the decision to pursue a degree in clinical mental health counseling? According to the 2009 CACREP Standards, “As of July 1, 2013, all applicant programs in Clinical Mental Health Counseling must require a minimum of 60 semester credit hours or 90 quarter credit hours for all students.” Under the same standards, a program accredited as “community counseling” and undergoing a name change to “clinical mental health counseling” is required to be 60 credits in duration by the time it applies for reaccreditation.

The point of this article is not to dispute the CACREP Standards, nor is it to dismiss the personal gratification received while engaged in a career as a clinical mental health counselor. Rather, it is to take a quick look at the costs of entering — and perhaps remaining in — the counseling profession and to raise questions about how much longer these costs will remain sustainable if the profession wants to keep attracting new counselors-in-training.

First, let’s begin by acknowledging that the college debt load for an undergraduate education is escalating. According to a recent New York Times article, student loans amount to more than $1 trillion, with 94 percent of students borrowing money to pay for their undergraduate education. The average amount of debt carried by students was $23,300 in 2011. Incurring such debt prior to even completing an application for a graduate program in counseling is significant.

Second, if pursuing a 60-credit clinical mental health counseling degree at a full-time, year-round pace (nine credits per semester), students would invest nearly eight semesters, including summers, to earn their degree in three years. For part-time students (six credits per semester) trying to juggle their studies with employment or other obligations, it could take as long as five years (without summer enrollment) to gain the master’s degree.

Third, the cost of graduate school tuition over these three to five years is significant, particularly when added to the possible student debt accumulated during undergraduate studies. Although tuition fees vary among institutions, the average price tag for a master’s degree in education is noteworthy. According to Mark Kantrowitz of FinAid.org, students earning a master’s degree in education have loans amounting to an average of $26,487 from their graduate education alone. Although financial aid, assistantships and scholarships may lighten this amount, the financial burden is still clearly considerable.

Finally, the paycheck earned after gaining a master’s degree is a critical ingredient. According to O*Net OnLine, the median annual income for “mental health counselors” in 2011 was $39,190. The Occupational Outlook Handbook offered a comparable median annual income of $38,150 for 2010. To place these figures in perspective, a U.S. Census Bureau report issued in September 2011 found that the median non-family income in 2010 was $29,730. This means many counselors may earn only about one-third more than the national non-family median.

Regardless, the trend is troubling. With graduate school tuition rising and programs lengthening for some students in this specialty, one can only wonder if the annual income of clinical mental health counselors will keep pace. If these patterns continue, to what extent would this area of counseling be affected in another, say, 20 years?

If considering a career in clinical mental health counseling today, I might have to think twice. From a personal perspective, the counseling profession would still hold the same level of attraction and for the same primary reason that initially drew me: the opportunity to make a difference in the lives of others. Yet, in 2012 and beyond, I would have to carefully...
consider the economics of the required investment, including the cost of a master's degree, probable and consequent long-term debt, and the projected post-degree salary.

About three years ago, the following question was posed in Yahoo! Answers: “I’m hopefully going to Graduate school next fall to pursue a masters degree in Counseling. Does anyone know what the starting salary is? What is the average salary? I’ve always been good at listening to people and helping them out. I really enjoy it. But it never occurred to me what the salary is until now. Anyone know?”

The designated “Best Answer” to this query? “Starting salary is about 30-35k/year. Few benefits. It’s not worth the cost of the degree. You’re better off going to law school or becoming a bartender or masseuse. It’s the same kind of work, you have less liability, and you’ll make more money.”

Disheartened to read this response? Me too. Surprised to read this response? Me neither.

Counselors can make a difference in this scenario though. First, a silver lining may be emerging. Perhaps mental health counselors’ salaries are rising: The median salary for a mental health counselor in 2002 was $29,940, according to the 2004-2005 edition of the Occupational Outlook Handbook. When that figure is compared with the more recent data on annual salaries mentioned earlier, you’ll notice a sizable increase has taken place in a relatively short period of time. Advocacy on behalf of the profession can heighten awareness of the value of professional counselors, which will hopefully result in a continued rise in salary levels.

Because of the escalating costs associated with the pursuit of a graduate degree, however, I believe the path to becoming a counselor could be more difficult than ever. The availability of funding at many universities has shrunk or been eliminated, and competition for the monies that remain is fiercer. Grants, scholarships, monetary awards and fellowships are vital, and counselor educators can become critical facilitators of financial support by identifying these resources for students. Examples include the National Board for Certified Counselors Foundation Scholarships, the Corey Graduate Student and Ross Trust Graduate Student essay competitions administered by the American Counseling Association Foundation, the American Mental Health Counselors Association Donald Mattson Award/Scholarship and awards associated with other professional associations.

Finally, although I acknowledge that counselor educators are not financial aid counselors, I do believe that sensitivity and empathy toward the monetary challenges associated with attending graduate school can be tremendously helpful to students. Even seemingly small, empathy-laden comments can be meaningful to trainees in the midst of their degree programs. In my mind, they are to be commended when successfully juggling various academic and life responsibilities, particularly when a considerable financial investment is overarching.

In the end, we need students — and good ones at that — if the counseling profession is going to survive and thrive into the future. I hope those same good students won’t be walking out of the professor’s office.

John McCarthy is a professor in the Department of Counseling at Indiana University of Pennsylvania. Contact him at jmccarth@iup.edu.

Letters to the editor: ct@counseling.org

FROM THE PRESIDENT

Continued from page 5

through this program. Not surprisingly, there was an overwhelming response from students as this new program was rolled out. Unfortunately, there are about seven mentees for every mentor who has signed up for the program thus far. Please immediately send an email to mentoring@counseling.org for more information and to receive a mentor application, and become a huge part of the future of our counseling profession!

Promotion of professional identity and evidence-based, outcome research: This fall, we will open and staff the brand new ACA Center for Counseling Practice, Policy and Research, and we will appoint a National Institute for Counseling Research Task Force. The purpose of the center and task force will be to accumulate evidence-based practice information to disseminate to members and policymakers — evidence that will promote the legislative and practice goals of the profession. Related to this initiative will be the generation, publication and dissemination of evidence-based practice guidelines presented in the form of fact sheets and guideline documents. These user-friendly documents will allow professional counselors, counselors-in-training and faculty to stay abreast of state-of-the-art practices in treatment and intervention. I will be reaching out to many members to contribute their expertise to this initiative.

From July 25-28, the ACA Institute for Leadership Training will take place in Washington, D.C., with division, region and branch leaders from around the country convening for four days of leadership and legislative training. This leadership training will culminate in a “Day on the Hill,” when we will all visit our elected officials and advocate for the needs of professional counselors and the consumers we serve. All are welcome to attend this event, so please see counseling.org/Institute/index.aspx for details. We have also established a Leadership Development Task Force that will focus on identifying, nurturing and fostering future leaders at all levels of the profession.

This is going to be a busy year. We hope that you become involved in these and other initiatives that aim to help elevate the counseling profession to new heights!
SCCA seeking submissions for peer-reviewed journal
Submitted by David Scott
dcott2@clemson.edu

SC Counseling Forum (SCCF), the journal of the South Carolina Counseling Association, is seeking submissions for possible publication in the Winter 2012 edition. SCCF uses a peer-review process before articles are accepted for publication.

SCCF publishes articles that are relevant to the mutual interests of counselors who practice in the various realms of our profession. There are three article categories: a) counseling research, b) counseling practice and perspectives and c) student voices.

The counseling research category may include quantitative or qualitative studies relevant to best practices, evidence-based approaches and developing issues in the counseling profession. All studies must include implications for professional practice and future research.

The counseling practice and perspectives category is designated for conceptual manuscripts developed for the presentation and discussion of cutting-edge practice techniques, approaches and conceptual practices.

The student voices category allows students to have a forum to present manuscripts related to counselor training, professional and personal developmental, practicum and internship experiences, and other conceptual student perspectives.

Complete submission guidelines are located in the "SC Journal" link at sccounselor.org. If interested in submitting a manuscript for review, email your manuscript to the co-editors at briggsw@winthrop.edu and dcott2@clemson.edu.

ACCA heads to Disney in October
Submitted by Sylvia Shortt
sshortt@westga.edu

Make your plans now to come to the sixth American College Counseling Association Conference in Orlando, Fla., at the Disney Contemporary Resort from Oct. 3-6. Online registration is now open. Take advantage of the low ticket prices to Disney and extend your stay before or after the conference at the same rate, as long as the hotel has availability.

We have two preconference workshops. “Orientation to College Counseling” is an all-day certification program designed to provide those interested in college counseling with a foundational overview of its key elements. “Acedia” by Tom Balistrieri is a day of learning about the spiritual malady that affects our students. Balistrieri will define acedia, share its history, illustrate how it is being unconsciously witnessed and referred to in our culture, share his belief about the current face of acedia in college students and older middle-aged adults, and finally, offer ideas on what we can do to assist those suffering from this ancient problem. A significant portion of this day will be spent encouraging participants to share their professional experiences and stories regarding acedia. The presenter will be utilizing a number of approaches, including presentation, group discussion, Prezi, video, case examples and cultural examples. The day will be exciting, lively and enlightening.

Our keynote speaker is the renowned Colleen Logan, a past president of the American Counseling Association, who will speak on “Stop Bullying in Its Tracks! The Time Is Now.” We also have an excellent slate of programs and offer up to 16 CEUs during the regular part of the conference. The preconference has an additional six CEUs available.

For the conference schedule, program information, preconference information and Disney information, visit collegecounseling.org/conference. If you have any questions, please do not hesitate to contact Sylvia Shortt at accaorg@ mindspring.com. We hope to see you there!

ASGW approves multicultural, social justice competence principles
Submitted by Janice DeLucia-Waack
asgwexd@gmail.com

In March, the Association for Specialists in Group Work approved newly revised and expanded Multicultural and Social Justice Competence Principles for Group Workers. The principles reinforce ASGW's commitment to understanding how issues of multiculturalism and social justice affect all aspects of group work. The current revised document adds several new dimensions to the earlier version of diversity principles, including:

- Integration of multicultural and social justice competencies based on more recent literature
- Collapsing of awareness of group workers’ and group members’ world-views into one subset; removal of attitudes and beliefs, knowledge and skills sections under each dimension to avoid repetition; and incorporation of the concepts throughout
- Integration of ASGW Best Practice Guidelines (2008) and an expanded delineation of skills under the skills and strategies section
- Introduction of a Social Justice Advocacy principles section
- Provision of two examples of what a group worker who is seeking multicultural and social justice competence may “look like” or “be doing”

The present competencies also draw from the scholarship on multiculturalism and recent research (Ingene, 2011) examining the previous “Principles for Diversity-Competent Group Workers” (Haley-Banez, Brown & Molina, 1999) document. In addition, the recent scholarship on social justice, advocacy and group work has been added.

ASGW has endorsed this document with the recognition that issues of multiculturalism and social justice affect group process and dynamics, group and individual outcomes, facilitation, training and research. Oppressive systems (racism, classism, sexism, heterosexism, ableism, sizeism, nationalism, adultism, ageism and so on) affect everyone in substantial and different ways. As individual members of this organization, it is our personal responsibility to address these issues through developing multicultural awareness, knowledge and skills, as well as social justice advocacy skills. We are responsible for increasing our awareness of personal biases, values and beliefs and
how they impact the groups we form, facilitate, participate in and evaluate. Finally, we must increase our ability to facilitate groups that are diverse on many dimensions, leading with confidence, competence and integrity as we assist group members in forming and maintaining relationships that emphasize respect.

For the full document, visit asgw.org and click on “ASGW Standards and Practices.”

**ASERVIC searches for journal editor**

Submitted by Harriet Glosoff
glosofh@mail.montclair.edu

We are beginning our new year with a search for a journal editor for *Counseling and Values*, a national, peer-reviewed journal with a distribution of approximately 2,000 and a readership that includes counselor educators, practitioners and graduate students. Its mission is to inform the readership of research, recent innovations and critical issues related to the integration of spirituality and religion in counseling as well as ethical issues. The appointment of editor is for a three-year term beginning July 1, 2013, but will include working with the interim editor beforehand to ensure a smooth transition. Appointment is conditional upon the following qualifications: a) experience as an editorial board member of a professional publication or similar experience (associate editor or editor of another publication); b) a record of scholarly publications in refereed journals; c) a history of involvement in and contribution to the counseling profession, including a focus on spirituality, religion and ethics; and d) an understanding of and commitment to the mission of the Association for Spiritual, Ethical and Religious Values in Counseling, including ASERVIC membership at the time of application submission.

Applications are due by Sept. 21, 2012. Applications must include the following materials: 1) a letter of interest including a statement of vision for the editorial direction for the *Counseling and Values* journal; 2) a current curriculum vitae; 3) a complete list of publications and reprints of no more than five of the applicant’s most significant publications; and 4) a statement from an administrator of the applicant’s institution or organization describing support for the appointment (if applicable). Interested individuals should contact Harriet Glosoff, Search Committee chair, at glosofh@mail.montclair.edu for additional information.

**AADA to hold summer conference in Williamsburg**

Submitted by Radha Horton-Parker
rparker@odu.edu

The Association for Adult Development and Aging and Old Dominion University’s Darden College of Education will co-host AADA’s 2012 Summer Conference on July 13 at the Williamsburg Hospitality House Hotel in beautiful and historic Williamsburg. The conference theme will be “Adult Development Matters: Fostering Resilience in Times of Crisis and Transition.” Mark your calendars for an exciting day of learning to include programs on ecotherapy, post-traumatic growth, gerocounseling, self-acceptance, visual journaling, adult cultural relativism, resilience in midlife women, identity development in gay men, caring for aging relatives, ethics and end-of-life care, sexual harassment of college students, workplace bullying, vicarious trauma and many more important topics. The complete program list is available on AADA’s website.

This will be an excellent way to earn as many as seven CEUs while developing new awareness, techniques and skills. Additionally, you can meet friends you haven’t seen in awhile or enjoy the many local educational and entertainment possibilities. Opportunities include experiencing what daily life was like when our country first began in Colonial Williamsburg, exploring North America’s first permanent English-speaking settlement at Jamestown, traversing Revolutionary War battlefields at Yorktown and discovering thrilling rides and shows at Busch Gardens. For more information and to register, visit aadaweb.org.

**AACE plans conference, revamp of mission**

Submitted by Amy McLeod
amcleod@argosy.edu

The Association for Assessment in Counseling and Education’s Annual Research and Assessment Conference will be held Sept. 14-15 in Orlando, Fla. The theme this year is “Measurement of Outcomes in Counselor Preparation and Practice.” Come present and learn about research and assessment in counseling. The hotel rate is $97 (book by Aug. 14) for suites; this rate includes complimentary cook-to-order breakfast and a nightly cocktail reception for two adults. Your conference registration also includes a luncheon and a reception. Visit the conference website at theaaceonline.com/conference.htm to register and submit proposals. If you have questions, please contact conference chair Jacqueline Swank at jswank@coe.ufl.edu.

In other news, AACE members will be voting on important changes to the division name, mission and vision at the September business meeting in Orlando. Please review the document by visiting theaaceonline.com before this event. These changes were proposed to better reflect AACE’s expanded vision to address research and evaluation in our profession, in addition to continuing its focus on assessment and diagnostic considerations. Please send feedback regarding the changes to 2012-13 President Carl Sheperis at csheperis@gmail.com.

**Submit your news and upcoming events**

All divisions, regions and branches of the American Counseling Association can submit monthly news articles of 350 words or less to “Division, Region & Branch News.” In addition, divisions, regions and branches are invited to list upcoming events in “Bulletin Board.” For submission guidelines, contact Lynne Shallcross at lshallcross@counseling.org.

Please be advised of the following deadlines for submitting items to either section. Due to production schedules, the traditional submission deadlines have been changed in many cases:

- **September issue:** July 27 at 5 pm ET
- **October issue:** Aug. 30 at 5 pm ET
- **November issue:** Sept. 28 at 5 pm ET
- **December issue:** Oct. 26 at 5 pm ET
- **January 2013 issue:** Nov. 30 at 5 pm ET
COMING EVENTS

AADA Summer Conference
July 13
Williamsburg, Va.

The Association for Adult Development and Aging’s 2012 Summer Conference will be themed “Adult Development Matters: Fostering Resilience in Times of Crisis and Transition.” The conference will provide opportunities for networking and professional development for counseling professionals and students with an interest in adult development across the life span. Presentation topics will include wellness, resilience, self-acceptance, post-traumatic growth, adult transitions, LGBT adults coming out, sexual harassment, adult bullying, caring for aging relatives, gerocounseling and adult cultural relativism. For more information, visit the AADA website at aadaweb.org.

AACE National Assessment and Research Conference
Sept. 13-15
Orlando, Fla.

Save the date for the Association for Assessment in Counseling and Education’s National Assessment and Research Conference, themed “Measuring Outcomes in Counselor Preparation and Practice.” For more information, contact Jacqueline Swank, conference chairperson, at jswank@coe.ufl.edu.

ACCA Annual Conference
Oct. 3-6
Lake Buena Vista, Fla.

Register now for the annual American College Counseling Association Conference at collegecounseling.org/conference. As we celebrate our 21st year, join us at the Disney Contemporary Hotel. There are two excellent preconference sessions (up to six CEs available) and 16 sessions with CEs available during the conference. Colleen Logan, a past president of the American Counseling Association, will give the keynote speech on the timely topic of bullying. Enjoy lower-priced tickets to Disney World and lower hotel rates before and after the conference based on availability. Email Sylvia Shortt at accaorg@mindspring.com with questions.

TCA Conference
Nov. 17-20
Nashville, Tenn.

The Tennessee Counseling Association Conference will be held at the Sheraton Nashville Downtown. “Counseling as Music: Facilitating Harmony for Mind, Body and Spirit” will be the conference theme. Anyone interested in presenting at this conference is asked to download the program proposal form at tncounselors.org. The deadline for program submissions is July 7. Questions regarding the submission process should be sent to Jeannine Studer at jsstudier@utk.edu. Presentations may focus on practice or theory, a single technique, programs, innovative strategies and/or research. The keynote speaker will be author and motivational speaker Dave Weber. Contact Mike Bundy, president-elect and conference chair, at mbundy@cn.edu with any questions.

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 that are both relevant to working with sexual minorities and of interest to counselors, counselor educators and other counseling-related professionals who work across diverse fields. Topic areas include new research, new/innovative practice and theoretical or conceptual pieces (including literature reviews) that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For detailed submission guidelines, contact editor Ned Farley at efarley@antioch.edu or visit the journal webpage at tandfonline.com/action/authorSubmission?journalCode=wlco20&page=instructions.

Bulletin Board submission guidelines

Email lshallcross@counseling.org for submission guidelines. See page 55 for upcoming submission deadlines. ♦
 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 prepaying 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 prepaying 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 email at kmaguire@counseling.org.

Phone: 607.662.4451
Fax: 607.662.4415

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

- Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.
have an earned doctorate in Counselor Education and Supervision, preferably from a CACREP-accredited program, or have been employed as a full-time faculty member in a CACREP-accredited counselor education program for a minimum of one full academic year. Preference will be given to candidates familiar with the CACREP accreditation process and program assessment. A record of scholarly productivity or potential, teaching experience, and professional service will enhance the candidate’s application.

Responsibilities: Responsibilities include graduate teaching in a learner-centered environment, practicum and internship supervision, graduate student advisement, curriculum and program development, scholarly activity, and service to the university and community. Appointment at the rank of Assistant Professor is dependent on qualifications and experience. Salary is commensurate with rank and experience.

Northern State University offers both faculty and students access to a uniquely sophisticated e-learning environment, providing an unparalleled opportunity to advance innovative practices in education. The School of Education is developing a faculty reflecting cultural diversity and is strongly committed to the recruitment, hiring, and retention of underrepresented groups.

Northern State University is a premier regional institution characterized by outstanding instruction, extraordinary community relations, and unparalleled extracurricular opportunities. For the past five years, NSU has been named by US News and World Report as one of the best undergraduate institutions in the Midwest. It is organized into the College of Arts & Sciences, School of Business, School of Education, and the School of Fine Arts. Graduate programs are offered at the master’s level in e-learning, leadership and administration, counseling, and teaching and learning through the School of Education. NSU is fully accredited by NCATE, NASM, NIBS and HLC. NSU is located in Aberdeen, South Dakota, a vibrant community in northeastern S.D. The city has a population of approximately 25,000 people and is a retail hub for the region. The University enjoys a positive and strong relationship with the city and region.

Application: Review of applications will begin June 4, 2012. Positions are open until filled with an anticipated August 22, 2012 start date. For more information regarding this position, and to apply, visit: https://yourfuture.sdbor.edu. Click on Northern State University in the Quick Search section. The system will guide you through the electronic application form. AA/EOE
A counselor sued for slander triumphs in court.

A 52-year-old physician arrested for DUI, denies the counselor’s assessment of substance abuse and sues for slander and $700,000 in damages.

Read the details of this case study involving a malpractice lawsuit against a counselor insured through HPSO at www.hpso.com/ct1.
Dr. Frankel,

I received my NCE results last night - 142/160. Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!

Heather Hamilton
Atlanta, GA (Nov. 2011)

EXPERT CONSULTANT
Janis Frankel, Ph.D.
Also known as “Dr. J,” Dr. Frankel has been preparing candidates for licensing exams for 25 years. After completing her undergraduate degree at the University of California, Berkeley, she earned her Ph.D. in Clinical Psychology. Dr. J has many years of experience as a private practitioner, making her full-time consulting work for AATBS as an Educational Consultant a benefit to participants in our programs.

“Dr. Frankel,

I received my NCE results last night - 142/160. Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!”

Heather Hamilton
Atlanta, GA (Nov. 2011)

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