Why all counselors need to know about addictions

Also inside:
- Counseling military couples
- Recognizing the danger of cyberbullying
- Revising the ACA Code of Ethics
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**Cover Story**

**Don’t turn away**

By Lynne Shallcross

Mental health counselors might not set out to see clients who battle addiction, but the reality is that these individuals often show up in counseling offices for help with depression, anxiety, grief, career issues, family issues and other common problems that have become intertwined with their addiction.

**Features**

**Life in transition**

By Lynne Shallcross

Military referrals to civilian counselors are increasing, but for counselors to work effectively with military couples, they must understand and respect how these families attempt to adapt and thrive within the military culture.

**Bullies with byte**

By Jim Paterson

Counseling experts contend that cyberbullying is both different from and potentially more dangerous than the traditional forms of bullying that many adults think of when they hear about adolescents being harassed.

**ACA kicks off major revision of profession's Code of Ethics**

By Jonathan Rollins

The first revision of the *ACA Code of Ethics* since 2005 will include a careful review and update of existing ethical standards, while also tackling emerging areas such as social media that are raising ethical questions among counselors.

**Reader Viewpoint**

**Program coordinators react to CACREP Standards**

By Louis V. Paradise, Adrianne Lolan, Kristen Dickens, Hideyuki Tanaka, Paul Tran & Erin Doherty

A research team at the University of New Orleans shares the results of a survey it conducted on perceptions of the 2009 CACREP Standards among coordinators of counselor education programs.

**Extras**

**Morris pens top essay in Ross Trust competition**
Teens in trouble

After a decade of decline, a new study from the Partnership at Drugfree.org and MetLife Foundation shows that drug and alcohol use among teenagers is on the upswing. The 22nd annual Partnership Attitude Tracking Study surveyed more than 2,500 teens in grades nine through 12, as well as more than 800 parents. Results included significant increases in teen use of marijuana and Ecstasy, as well as startling statistics among teens for alcohol use. Among the study’s findings:

- Of those teens who reported alcohol use, 62 percent said they had their first full alcoholic drink by age 15, not including sipping or tasting alcohol; 25 percent had a full alcoholic drink by age 12 or younger.
- 45 percent of teens reported they do not see a “great risk” in heavy daily drinking.
- 73 percent of teens report having friends who drink alcohol at least once a week.
- 32 percent of teens said they drank to “forget their troubles,” 24 percent said they used alcohol to help them “deal with problems at home,” and 20 percent said they drank to “deal with the pressures and stress of school.”

For more information and to see additional results from the study, visit drugfree.org.
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Learning Curve: Notes From a Novice
Suze Hirsh
cf@counseling.org

Can you believe how the year has just flown by and that this is my last column to you? As I contemplated what I would say, so many thoughts flooded my mind that I wondered how I could pull them all together and still stay within my limited word count. One of the first things I did was review my goals statement and my responses to the questions asked of all the ACA presidential candidates when I was seeking this office. I smiled when I realized how energetic, enthusiastic and lofty those goals were for someone serving in this role for only one year. Yes, when you run for this office, you understand that you are making a three-year commitment (inclusive of your year as president-elect and another year as immediate past president), but you are only president for a limited amount of time. Take my word for it, the clock goes by very fast! You have the opportunity to effect change, but not to the extent I had hoped.

Let me begin by saying what an honor it has been to serve as your president. This has been a phenomenal year, and I owe a debt of gratitude to so many people. When you make the decision to serve in this capacity, so many considerations must be evaluated, including the impact that service will have on your “real” job and your family. You also must determine whether you can exert a positive influence during your time of service.

As I delved into my true reasons for wanting to be the president of a 45,000-member organization, my thinking encompassed the leaders I had been exposed to in the past as well as the question of what I could possibly do differently. One of my primary goals was to inspire others to seek leadership opportunities. Whether this leadership manifested itself at the local, branch, region or division level, I wanted to encourage more diversity around the leadership table. I hoped through the simplicity of my story, others would be moved to realize their potential for leadership as well.

At the ACA Annual Conference in New Orleans, I received overwhelming confirmation of this goal being accomplished. This confirmation came from young and mature counselors alike who came up to me and thanked me for my example of leadership. It came in the form of the many hugs I received and the pictures I took with those who felt comfortable enough to approach me and ask. It came from the many individuals who talked about their struggles as minority counselors — whether because of their race/ethnicity, gender, sexual orientation or disability — and how they felt inspired to do more for the profession through advocacy and seeking leadership opportunities. These wonderful counselors simultaneously exuded a feeling of hope and the courage to risk having their voices heard.

I cried through some of the hugs, tears and stories that some of you chose to share with me, and I want to send a big Thank You to each of you and let you know how much that meant to me and to my personal growth this year. I might not have accomplished all of my lofty goals, but something happened along this journey that has impacted my heart, and that has been due to your personal stories. So, I am sending another big hug your way!

Mentioning goals, this has been a phenomenal year for your association.

Continued on page 59
Help ACA Complete Our Journal Archives

As part of ACA’s new partnership with Wiley-Blackwell, we are compiling back issue archives for full digitalization of the 10 journals we publish. In order to provide this benefit to members and subscribers, we need your help. We are looking for a good quality copy of each of the issues listed below to complete our collection. All journals are listed by volume and issue number.

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If you have any of these issues and are willing to part with them for the benefit of the profession, please contact Carolyn Baker at cbaker@counseling.org/703-823-9800 x356. Archive contributors will be entered into a drawing to win a $100 Visa gift card!
With thanks for your incredible efforts this year

As someone who has worked for the American Counseling Association for more than 20 years, you might think that I have seen it all and heard it all. But truth be known, I have been in learning mode the entire time I have served the association, first in the area of public policy and then as your executive director. Sure, some ideas that may not be "new" per se seem to come up every few years, but because society and the profession continue to change, an idea that was discounted in the 1990s might be worth reconsidering today.

I learn from our staff, our members and our leadership. All of you constantly amaze me with your ideas, your creativity and your suggestions that enhance our role as the world’s largest organization serving professional counselors. I think maintaining an open mind to such ideas and suggestions is what has led ACA to its premier position among the helping professions. With what has been rolled out to members over the past few years, and what we have planned for you as we begin our seventh decade of service, I am confident we can maintain our momentum in supporting and advocating for the counseling profession.

In terms of learning from those with whom I work, I referenced this at the Opening Keynote session of the ACA Annual Conference & Expo in March. In introducing our president, Marcheta Evans, I mentioned the previous day’s Giving Back to the Community event, during which more than 100 counselors spread out to lend their hands, and their compassion, to the citizens of New Orleans. I then gave credit to the person on whose vision the event was based when I said, “This project was an idea that started with the woman I am about to introduce. She is part visionary, part educator, part counselor. But what I have come to know is that for all the various roles she takes on, Marcheta Evans is 100 percent committed to whatever she devotes herself to.”

I went on to say, “I have learned from Marcheta this year. I’ve learned more about diversity, about trying to listen to all sides of an issue and about taking the time for those who are in need of that time. Marcheta has this energy that she just shares with those around her. It isn’t the kind of energy that leaves those in her wake fatigue. Rather, it is an energy that makes you know that listening, being compassionate and moving together toward a common goal really does result in an even better outcome than what may have been envisioned.”

Most of you who know me are aware that I don’t make remarks like this unless I truly believe what I am saying. It was yet another example that despite my having worked for 23 different ACA presidents, I am still learning. Each ACA president has been unique, which means I have benefited from learning something new every single year.

I encourage all of you to take a moment and think about someone who has opened your eyes this past year. It

Continued on page 59
School counselors are still capable of helping the “whole” student

My comments come to you following my review of the article on the Association for Child and Adolescent Counseling in your April issue (“ACAC becomes newest organizational affiliate of ACA”). Although collaboration amongst counselors is necessary and valuable, I felt some cause for concern when reading Randy Astramovich’s suggestion that school counselors’ roles would likely change and that it is “unrealistic” for one school-based counselor to wear both academic and emotional counseling hats. School counselors’ need for assistance is evident and critical, but I see it in terms of an improved student-to-counselor ratio, reduced administrative tasks and, consequently, increased “face time” with students — not the elimination of the comprehensive counseling role.

I am grateful that my school counseling degree program prepared me to be a multifaceted counselor who can help the “whole” student, which includes offering assistance in navigating the personal/social, academic and career domains. This opportunity to serve as a connector for all three pieces of the student puzzle is what attracted me to the field and what I believe makes school counseling unique and efficient. Adolescents deserve and benefit from as much adult involvement and caring as possible. However, they do not live their school lives in compartments, and trying to divide them up this way among counselors will only result in inefficiencies and disconnect. Picture the sobbing student holding a college rejection letter being sent down the hall or home by her college adviser to wait for her counselor — not to mention the extra class time she will have missed.

It seems that ACAC is not the only organization suggesting, quite frankly, that trained school counselors be reduced to academic advisers. I sense it in conversations at our county, state and national levels, too. I wish that the energy invested in this issue would instead be directed at stronger advocacy for an appropriate student-to-school counselor ratio and increased availability for face time with students. In the end, this would benefit the students most.

Jennifer M. Allen, NCC, M.Ed.
Professional School Counselor
Baltimore County, Md.

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 e-mail or regular mail and must include the individual’s full name, mailing address or e-mail address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication.

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.

E-mail your letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
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Members of Congress are engaged in a seemingly continual struggle over competing visions for federal budgets, spending and deficits. The debate is overshadowing consideration of other issues, and its resolution will set the framework for decisions on federal education, health care and social services policy — including funding for the Elementary and Secondary School Counseling Program (ESSCP) and Medicare coverage of counselors — for years to come.

Round one concluded with enactment of a resolution making final federal spending decisions for Fiscal Year 2011. Both the House of Representatives and the Senate passed the resolution April 14, and President Obama signed it into law the next day, thus averting a government shutdown. According to the Congressional Budget Office (CBO), the resolution will reduce federal spending by $20 billion to $25 billion. For FY 2011, the plan cuts ESSCP by $2.5 million, career and technical education by $138 million, TRIO by $25 million and GEAR-UP by $20 million, while completely eliminating other programs. Total budget authority for federal education programs is cut by more than $2 billion under the agreement, and another $10 billion is cut from programs within the Department of Health and Human Services and the Department of Labor.

A day after completing work on the FY 2011 spending resolution, the House voted on a budget resolution for FY 2012 that would make radical changes to federal programs such as Pell Grants, Medicare and Medicaid. Although proponents tout the budget as necessary for deficit reduction, it would spend hundreds of billions of dollars on reducing tax rates for the highest income households as well as for corporations.

The House-passed budget would end Medicaid and Medicare as they exist today. For anyone younger than 55, guaranteed coverage under Medicare would end, replaced by a voucher system for buying private insurance. The value of the vouchers would not keep pace with health care cost inflation and, according to the CBO, the average Medicare beneficiary’s out-of-pocket costs would roughly double to more than $12,000 a year. Similarly, the House-passed budget would turn Medicaid into a block grant program, raising the cost of nursing home care and leading to a loss of health insurance coverage and supports for seniors and individuals with disabilities. The House budget also would cut billions of dollars from the Pell Grant program, taking college off the table for many low-income families.

Obama released his own deficit reduction plan that calls for a mix of spending cuts and tax increases, and other competing proposals are being debated. The statutory federal debt limit is about to be reached, and without enactment of legislation to raise the ceiling, the U.S. Treasury will be forced to default on repayment of government securities for the first time in the nation’s history. The American Counseling Association is working with other national advocacy organizations to protect federal investments in education and health care programs from being inordinately targeted for cuts within deficit reduction.

ACA participates in VA mental health services stakeholders group

ACA staff participated in an informal stakeholders meeting that the Department of Veterans Affairs (VA) convened in April to help improve delivery of mental health services to veterans. The meeting included representatives of mental health provider organizations, veterans service organizations and VA staff. During the meeting, ACA staff discussed the difficulties counselors face in applying for mental health therapist positions within the VA. Many VA positions are advertised as being open only to social workers or to marriage and family therapists, effectively shutting out counselors from consideration.

ACA continues to push for appropriate recognition of the counseling profession by the VA. These efforts include fostering contacts within both the VA and congressional offices. Ultimately, it may take action by Congress before VA facilities fully open their doors to the hiring of counselors.

Arizona law permits counseling students to refuse certain clients

Arizona Gov. Jan Brewer signed legislation into law that will allow students in state counseling graduate programs to refuse to counsel clients whose goals “conflict with the student’s sincerely held religious belief” as long as the student consults with the supervising instructor on how to avoid harming the client while doing so. Both ACA President Marcheta Evans and Arizona Counseling Association President Gordon Gray had written to Brewer to urge her to veto the legislation. The letters are posted on ACA’s website at counseling.org/publicpolicy.

“The Arizona law is clearly in opposition to the best interests of our clients,” says ACA Chief Professional Officer David Kaplan. “It invalidates the nondiscrimination section of the ACA Code of Ethics and permits counselors to abandon clients. Professional counseling has always operated under the assumption that our clients are more important than we are. Arizona’s law stands that precept on its head.” ACA is considering options for continued advocacy against the law to ensure that clients have equal access to services regardless of their sexual orientation, ethnicity, race, religion, disability or any other characteristic listed in the nondiscrimination standard (C.5.) of the ACA Code of Ethics.
Ask representatives to cosponsor
Put School Counselors Where
They’re Needed Act

In February, Rep. Linda Sanchez
(D-Calif.) introduced the Put School
Counselors Where They’re Needed Act
(H.R. 667). This bill would create a
$5 million pilot project to support the
hiring of school counselors in at least 10
troubled, low-income high schools to
help reduce dropout rates. Sanchez has
championed this legislation in previous
sessions of Congress as well.

We applaud Rep. Sanchez for her
continued work in support of school
counselors for at-risk youth. The
American Counseling Association
encourages all counselors to ask their
representatives to cosponsor H.R. 667.
Current cosponsors include:

Rep. Raul Grijalva (Ariz.)
Rep. Lucille Roybal-Allard (Calif.)
Rep. Grace Napolitano (Calif.)
Rep. Loretta Sanchez (Calif.)
Rep. Bob Filner (Calif.)
Rep. Jared Polis (Colo.)
Rep. Eleanor Holmes Norton (District
of Columbia)
Rep. Corrine Brown ( Fla.)
Rep. Keith Ellison (Minn.)
Rep. Edolphus Towns (N.Y.)
Rep. Tim Ryan (Ohio)

Help us improve access to school
counseling services to improve
students’ success. You can identify your
lawmakers and see draft text for sending
them a letter or an e-mail on ACA’s
Internet advocacy website at capwiz.
com/counseling. You can also contact
your members of Congress by phone
through the U.S. Capitol Switchboard at
202.225.3121. Simply provide the name
of the member of Congress you wish to
reach.

Ask senators to cosponsor
Seniors Mental Health
Access Improvement Act

Legislation has once again been intro-
duced in Congress to establish Medicare
reimbursement of state-licensed professional
counselors and marriage and family ther-
apists — at the same reimbursement rates
and in the same settings as those for clinical
social workers. Sens. Ron Wyden (D-Ore.)
and John Barrasso (R-Wyo.) introduced the
bipartisan legislation, the Seniors Mental
Health Access Improvement Act of 2011
(S. 604), on March 17. The legislation
would cover only medically necessary out-
patient services.

Medicare is the single largest health insur-
ce program in the country, covering more
than 47 million Americans. Many Medicare
beneficiaries have a hard time finding quali-
fied mental health professionals, and access
problems are going to get substantially
worse as more and more Americans become
eligible for the program even as more and
more mental health professionals retire from
work. Nationwide, more than 120,000
licensed professional counselors are autho-
rized to practice independently under state
law. Private sector health plans have covered
LPCs for many years.

Ask both of your senators to cosponsor
S. 604. You can identify your senators at
capwix.com/counseling, and all senators’
offices can be reached through the U.S.
Capitol Switchboard at 202.225.3121.

The current cosponsors of S. 604 are:

Sen. Mark Begich (Alaska)
Sen. Barbara Boxer (Calif.)
Sen. Daniel Inouye (Hawaii)
Sen. Dick Durbin (Ill.)
Sen. Sherrod Brown (Ohio)
Sen. Tim Johnson (S.D.)
Sen. John Barrasso (Wyo.)

Regardless of whether you call, write or
send an e-mail, take a moment to put your
request in your own words. Studies show
that one individualized message delivered
in a constituent’s own words carries signifi-
cantly more weight with congressional of-
fices than 100 form e-mails or letters.

For more information, contact Scott
Barstow with ACA at 800.347.6647 ext.
234 or sbarstow@counseling.org. ♦
Father Kevin Conroy has a master's in community counseling and a doctorate in clinical counseling. His dissertation was on resiliency from torture.

He works with the Little Sprouts, children orphaned by HIV/AIDS in Cambodia. All 270 of these children are HIV-positive. The youngest is 6, the oldest 18.

Conroy is also helping students in Phnom Penh to treat locals with mental health issues. He told me recently about a mentally ill woman in Cambodia who spent nine years in a cage because her family didn't know what to do with her and no services were available. I asked him how that case turned out. “With a little medication and some TLC, she is doing pretty well, meaning she is functioning,” he said. Here is Father Conroy’s career story.

Rebecca Daniel-Burke: What are your current counseling positions?

Kevin Conroy: I am an instructor at the Royal University of Phnom Penh in the master’s in clinical psychology and trauma treatment program. I am also psychological adviser for our Maryknoll Seedling of Hope HIV/AIDS programs. Finally, I am a psychological adviser in the establishment of a pilot community mental health program in Takeo Province, a province two hours outside of Phnom Penh that was extremely traumatized during the Khmer Rouge Killing Fields.

RDB: Did the priesthood come first, or did a career in counseling come first?

KC: Priesthood was definitely first. I have been a priest for 29 years. As a priest, I have had many opportunities to do pastoral counseling. I began studying professional counseling after I returned from working in El Salvador in 1995. Counseling has been a good ally in living the priesthood.

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

KC: When I worked in El Salvador, I became interested in the work of a social psychologist, Father Martin-Baro, one of six Jesuit priests killed in El Salvador in 1989. I arrived in El Salvador a month after they were killed. While I never met him, I liked his idea of a “psychology of liberation.” In El Salvador, I became interested in understanding what happens to people who live in situations of war and extreme forms of violence. While I didn't know the technical term — resilience — I felt like I was seeing extreme forms of resilience and, once in awhile, PTSD among the campesinos (farm workers) with whom I worked.

After my return in 1995, I found out that John Carroll University, a Jesuit university, had a program in community counseling. At John Carroll, I could study and continue my work as a priest. I was also drawn toward counseling because it has such a natural connection with being a priest. Professional counseling has given me another tool in my work with the poor.

RDB: What led you to work with children living with HIV/AIDS in Phnom Penh? How do your students fit into your work?

KC: Maryknoll has a motto: “Go where you are needed but not wanted. Stay until you are wanted but not needed.” This also might be a good motto for counselors. Our HIV/AIDS work began because nobody was filling this need in Phnom Penh. When I was offered the opportunity to work with our children, I felt that I could exercise both my role as priest and counselor.

RDB: How is working with these children different from working with kids in other countries?

KC: I think our HIV/AIDS programs are more than a social service agency. For some of the children, our program becomes like their family. Working with orphans and vulnerable children in the developing world is an important specialization in the counseling profession.

RDB: It would be very hard not to get personally attached to many of these children. Is that a concern for you?
How do you keep boundaries — if it even matters to have boundaries in this situation.

KC: My first responsibility to these children is not as their counselor. I am like their “uncle.” Although I still do some of the counseling, I try to help set up a system where others can do counseling with our children.

RDB: Is there one theoretical orientation that you gravitate toward more than others? Why?

KC: I have always asked myself the following questions: What Western theoretical orientation would fit best in Cambodia? What theoretical orientation is able to cross the huge cultural divide between Cambodia and the U.S.? What theoretical orientation can help the most people in Cambodia? What theoretical orientation works best in Cambodia, where there are 19 psychiatrists, 15 psychologists and a couple of social workers in the whole country? My answer: The theoretical orientation that a person is willing to try. There has been little research done in Cambodia on culturally appropriate clinical interventions, but I believe all of them might need to be adapted to Cambodia.

RDB: As you look back on your career in counseling, what has been your favorite position? Why was it your favorite?

KC: Without a doubt, I am currently in my favorite positions in counseling. Why? Because our work here in Cambodia is forging new roads in the field of multicultural counseling. Hopefully, when we leave, the survivors of the Khmer Rouge will have a small group of Cambodian professionals who can assist them with the scars of the Killing Fields trauma. Hopefully, our children orphaned and living with HIV/AIDS will have the psychosocial support they need.

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?

KC: I think my mother and father saw something special in me because I was born on the first anniversary of their marriage. I was the first of their eight “special children.” We could probably solve many of the mental health problems of our world if children received the kind of love I received from my parents.

RDB: Has studying counseling been transformational for you?

KC: When I finished my M.A. in counseling from John Carroll, I thought of spirituality. I think the study of counseling has opened up new ways of looking at spirituality. I think studying counseling has been transformational because it gives me more tools that can help me in my work with the poor.

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

KC: When I need to be inspired, I read my friend Regina Brett’s book God Never Blinks: 50 Lessons for Life’s Little Detours. One of my favorite saying is “Caminante se hace camino caminando” — hiker, you make the road by building the road.

RDB: You actually are building a road in Cambodia, and it is hard work. Your work is definitely intense. What ways do you find to take care of yourself?

KC: Daily prayer and meditation and almost daily physical exercise. Spiritual direction. And once a year I travel to visit family and friends in the States. Good friends matter.

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

KC: Every time I walk into my class of counseling students, I feel hopeful. The best is yet to come for mental health in Cambodia. Each of these students is studying because they want to make Cambodia a better place in terms of mental health and HIV/AIDS. I hope that counselors who are reading this will make these words part of their counseling career: Act locally, but think globally. ♦
Transitioning into the role of new professional

The graduation caps have been tossed, and many recent counseling graduates are now preparing for their next role as new counselors. In this edition of New Perspectives, we spoke with a new professional about her first job and a master's student who is already working in a counseling role with the U.S. military.

Chantrelle Varnado-Johnson obtained her master's degree in human services counseling from the University of New Orleans (UNO) in 2006 and has been licensed since 2009. During her first year as a new professional, she worked in Louisiana with survivors of Hurricanes Katrina and Gustav at St. Charles Parish Hospital and at a rehabilitation center operated by the National Alliance on Mental Illness (NAMI). In this role, Varnado-Johnson provided individual counseling, family counseling and group therapy and conducted diagnostic assessments. She is pursuing a doctorate in counselor education at UNO and serves as secretary of treasury for the Louisiana Mental Health Counselors Association and as president of the Alpha Eta chapter of Chi Sigma Iota. She is a member of the American Counseling Association and the Association for Counselor Education and Supervision.

Kevin Watson, an officer of the Army National Guard, completed a U.S. Army behavioral health training program in 2009. He serves as a mental health specialist for the Army National Guard in Washington, D.C., and works as a contract counselor in a Delaware state prison through MHM-Services Inc. In both roles, he provides mental health counseling, develops and implements treatment plans and assesses and identifies clinical issues. Watson is also pursuing a master's degree in professional counseling from Grand Canyon University in Phoenix and recently was appointed as a student member of the ACA Public Policy and Legislation Committee.

What were your greatest lessons learned from your first year? Chantrelle Varnado-Johnson: As a new professional, I learned to take risks, be willing to adapt to different clients, increase openness to others and push my boundaries. I also learned that if I don't know something, ask. Most important, I learned that it was OK to keep learning although I'd earned my degree. Learning never ends.

Kevin Watson: I learned that this is a field that requires ongoing reading and research. The information that is covered in class only touches the surface. It takes additional research on the part of the counselor to get a better picture of a client's problem.

What were your major challenges on the job? How did you deal with them? CVJ: There were many stumbling blocks, including receiving less direct feedback, a more structured schedule, constant changes at work and less support from peers. For example, I was used to specific feedback from my counseling faculty supervisor, my group supervisor and my peers while completing my practicum and internship. I did not realize then that I was receiving several hours of free supervision plus consultations. In my first years out of school, I was limited to one hour of individual supervision with my LPC supervisor due to financial constraints and one hour of supervision with my immediate supervisor. My supervision date frequently changed with my site supervisor to accommodate the unexpected.

KW: After the first few weeks, you're on your own. It took me a little while to figure out that whatever problems my clients brought to me were mine to deal with. I learned to use the books that are on the shelves at many treatment facilities. There are treatment planners and many great resources that a new counselor can use to prevent drowning.

Tell us about your biggest accomplishments during the first year. CVJ: I was awarded the St. Charles Parish Hospital Heals of Recovery Award for Human Interaction & Caring. I also became more familiar with my role as a group facilitator and master's-level clinician.

KW: I received an award from my job [at the prison] for having my clinical files in order during the audit season. I'm proud of this because I had just learned the ropes, and I survived an audit while still maintaining a caseload.

Describe your job search process. What do you think helped you land a position? KW: My military and law enforcement background, as well as networking,
This month, new counseling graduate **Megan Moran** is featured as the first-place winner in the 2011 Chi Sigma Iota Leadership Essay Contest.

**Age:** 24

**Current residence:** Nesquehoning, Pa.

**Education:** M.S. in school counseling from the University of Scranton (finished in May 2011); B.A. in elementary education with a psychology minor from West Virginia Wesleyan College

**Proudest professional accomplishments:** Having the opportunity to present twice at the Pennsylvania School Counselor Association as a graduate student in spring 2010 and spring 2011.

Undoubtedly, these experiences were extremely beneficial as I continue to grow as a professional, and they served to reinforce the important role that professional development opportunities will play throughout my future career as a school counselor.

**Biggest challenge as a recent graduate:** I am enthusiastic to get out into the field and begin immediately. With that said, I am very aware that I will face numerous challenges as I transition into my role as a professional school counselor. I believe that one of my biggest challenges will be realizing that as much as I try to prepare and plan, each day will bring new surprises and unexpected predicaments. Another challenge is that I am going to want to enact change immediately to promote the best possible outcomes for my students. Despite my desire, I recognize that there will likely be resistance as I try to change the status quo. But I am willing to intentionally invest time and energy to make the process of change successful. I will certainly need to exercise patience. And, of course, there is the big challenge of finding a job!

**Words of advice for students and new professionals:** Keep an open mind and be willing to learn even after you’ve left the classroom. Throughout my graduate studies, I was extremely fortunate to have had the opportunity to learn from wonderful and insightful counselor educators who encouraged and, at times, demanded both personal and professional growth. It is my hope that I will never grow complacent in my development in either area.

Don't forget to participate in professional development opportunities. Remember this: Your goal as a new professional is to establish yourself as a counselor.

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**My life, my story**

“My life, my story” profiles individuals new to the counseling profession who are proving to be exceptional. To nominate a student or new professional to be featured in this section, e-mail dfletche@westga.edu.

really helped me obtain both jobs. I am a former sheriff’s deputy and police officer. A friend who turned down the position in the prison told me about the job opening. I submitted an online application and was called literally within an hour. However, the hiring process was long. The Department of Corrections runs an extensive background check, and the process from start to finish was nearly eight weeks, but it was worth the wait.

Regarding my counseling job with the Army National Guard, I attended a U.S. Army school in San Antonio, Texas, that focuses on assessment, evaluation and treatment of mental health disorders. The training concludes with an internship in a forensic unit located in state hospitals.

**CVJ:** The job search process was very rigorous. I made connections at professional conferences. I also thought about what I wanted in the position, experience I would gain in my position and the type of benefits I received. I actually obtained my first job at St. Charles Parish Hospital by volunteering there during my last semester in my counseling program. When a position became available, I was considered for the job.

**Any other advice for surviving the first year as a new professional?**

**CVJ:** Your first job will be one in a long career as a professional counselor. Help other new professionals who follow you.

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

Letters to the editor: ct@counseling.org
Welcome to my world

Learning Curve: Notes From a Novice

is a new column exploring the unique challenges that fledgling counselors face during their transition from the Ivory Tower of graduate school to the Real World of clinical practice. Each column will focus on a single topic as viewed through the lens of a postgrad intern in mental health counseling. Students, new professionals, supervisors and seasoned counselors alike are invited to suggest topics, offer comments and share their experiences in future columns. Contact Suze Hirsh by e-mailing her at ct@counseling.org.

I began the final year of my master's program with visions of mortarboards dancing in my head. After two years of 100 percent didactic training, I was ready to turn my gaze from whiteboards and textbooks toward living, breathing bodies. The time for hands-on clinical work had finally arrived. Yippee!

Fearful I would spend my practicum on a locked inpatient hospital unit or a prison, I was thrilled to learn I had been assigned to a community mental health outpatient clinic for adults with chronic mental health issues. This adrenaline jolt quickly gave way to another type of shock when I learned the hands-on work would be delayed just a wee bit longer. My practicum site required each new employee to complete a week of training in policies and procedures. Forty hours of human resources paper pushing? Geez Louise! How long can it take to fill out a W-2? I consoled myself with the idea that this was a chance to snooze on the job — payback for all those late nights studying for exams.

I made it through the training by silently psychoanalyzing the other individuals in my agency orientation cohort, an array of recent hires ranging from psychiatrists and clerical workers to security guards and janitorial staff. Ironically, I was the only one among them whose orientation experience did not involve filling out a W-2 form because I also was the only one who would not be receiving a paycheck. By the final day of the orientation, I had completed a covert, five-axis diagnosis of everyone in the training room. But there were still eight whole hours left. What to do?

The only person left to analyze was me. Much to my dismay, what I discovered was that I am what my "Social and Cultural Foundations" professor had termed "class bound."

Here’s the deal: I am the mom of a typical upper-middle-class family. Husband, dog, two-point-zero children living in a single-family home in the suburbs. Our community is ethnically diverse but socioeconomically homogenous. I had decided to pursue my master’s nearly two decades after earning my bachelor’s in an unrelated field. The graduate school I chose was a pricey private institution, and I am blessed that I did not even have to think about applying for financial aid or student loans. I must admit, though, that I did use the $1 discount at the local Regal Cinemas for those who can produce a valid student ID.

There was Jamal, a 20-year-old go-getter who grew up in what the politically correct call an "at-risk neighborhood."

He had taken a position as a security guard at the agency to put himself through college in hopes of becoming an accountant. He would be the first college graduate in his extended family. Then there was Queenie, a buxom woman with daggerlike fingernails painted Day-Glo yellow. She was a single mom raising five kids on a receptionist’s meager salary. Anna was a 60-something psychiatrist who had been logging 60-hour workweeks, leaving her no time for her husband or her gardening, both of which were dear to her. She had decided to ditch private practice and take a 9-to-5 job at the agency because decades of struggling and juggling the demands of a sole practitioner had "taken a toll."

And there was Luis, a quiet, churchgoing man who read Scriptures in his car each morning before entering the building for training. A recovering alcoholic now 20 years sober, he had been hired as a peer-support specialist whose responsibilities would include driving clients to their appointments, assisting them in filing disability applications and securing other community services for them. He shared that his motivation in doing this work was to "pay it forward."

Remember that Sesame Street song, "Which One of These Is Not Like the Others"? By the time we all were liberated Friday afternoon, that tune was playing on an endless loop in my brain. The song plagued me even as I returned to the agency the following Monday to begin my practicum in earnest. That is, until Supervisor handed me a file and said the magic words: "Here's your first client."

I sucked in my breath with an audible gasp, noticing soon after that I had neglected to exhale. Fortunately, respiration resumed naturally before I could take a swan dive. I'm not sure whether Supervisor noticed my little
attack, which certainly was subthreshold for Panic Disorder without Agoraphobia 300.01 but symptomatic of panic nonetheless. “It's a simple case of adjustment disorder,” she said. For a split second, I wondered whether she was referring to me or to the client. “He's been out of work for two years, and he's depressed. It will be a good one for you to start on. Do you think you can handle it?”

“Sure,” I chirped. What I was really thinking was, “Umm, yes?”

“Well then, here you go,” Supervisor said brightly, dismissing me.

I don't remember much about that first session except that I was so eager for it to end, I launched out of my chair and twisted the doorknob without giving the client any verbal indication that our time together had come to a close.

“Are we done now?” the client asked as he haltingly stood up.

I blushed under the harsh fluorescent lighting. “Real smooth,” I silently cursed myself.

Later, Supervisor debriefed me. “How did it go?” she asked.

I desperately wanted to impress her, but I didn’t want to lie. After all, I was here to learn. I compromised, opting to leave out only the part about the premature ejection at the end of the session.

“I don't know what I'm doing,” I told her. “This guy described himself literally as the ‘son of a poor, Black sharecropper from the Mississippi Delta.’ How am I supposed to ‘join’ with this client when I have absolutely no frame of reference?”

With that, I ticked off a list of our differences:

- He grew up in an agrarian community in the Deep South working on the family farm.
- He grew up the daughter of Jewish parents, a stay-at-home mom and a white-collar dad, in the suburbs of a major Midwestern city.
- He is indigent. I am affluent.
- He is clinically depressed. I am riddled with anxiety. We are quite a pair.
- Supervisor was reassuring. “What you're feeling is normal. You're going to encounter all sorts of people in this profession,” she said, “especially in agency work.”
- She told me that joining with the client wasn't so much about having shared common experiences. “Just listen to him,” she said. “You'll do fine.”

So I listened, and I learned. I would begin each session with an open-ended question, and then Franklin would talk. The topic of depression didn’t come up much. Usually, he’d tell me about his family, or his job search, or his grandkids. At first, I worried that I wasn’t helping, I told myself I should be asking him to keep thought records and teaching him to challenge his maladaptive beliefs. We should be creating positive coping skills to replace unhealthy behaviors.

“Follow his lead,” Supervisor said when I shared my concern. “Do you see any improvement, or is he still stuck in his depression?”

“Well, he says he looks forward to our sessions and he enjoys talking with me,” I answered. “But I feel like maybe he’s trying to protect me from his problems by keeping the conversation superficial. All I can think to do is reflective listening and reframing. I feel useless.”

“Check it out with him,” Supervisor advised. “Be honest. Tell him what you just told me.”

So at our next session, I did just that. “Franklin,” I began, my voice trembling slightly, “sometimes I get the impression that you’re holding back, that maybe you are concerned you are going to burden me with your problems. I feel like I’m not really helping you.”

Franklin leaned forward in his chair, placing his left hand on his thigh. He smiled as he looked me straight in the eye, pausing for a second or two. “Oh, you’re helping me for sure,” he said.

“When we talk, you help me see how I’ve already got what I need in my life to feel better. I just was feeling so low that I wasn’t raising my head up to notice what’s been right in front of me all along.”

After that conversation, I started listening to the words I was reflecting back to Franklin in session. I came to realize how he drew upon resources that I never had considered as such. I had been thinking I needed to force him to adopt the tools and coping skills I would have chosen for myself in his situation. Franklin taught me that although members of his social stratum might be considered poor from a material perspective, they have cultivated much more than cotton on their farm. In fact, he is the product of a rich network of loving, compassionate support from extended family and a tightly knit community. He simply needed to be reminded of that.

“You stopped listening to that voice of fear in your head and started listening to the client,” Supervisor told me. “Trust in that. It works.”

Franklin terminated after eight sessions. Even though he had yet to find work, his depression had lifted and he was once again participating meaningfully in his life. “My wife is so happy now,” he told me as we shared our last goodbye. “She says she sees a real difference in me. Thank you.”

I took my lunch break right after Franklin left. I surprised myself when I began sobbing in my car. “Where’s this coming from?” I wondered. I sat with the tears, listening for an answer from the still, quiet voice within. My heart told me I was crying because I had joined with this client. I hadn’t realized it until it was time for us to part.

I have never set foot in Mississippi, but this true Southern gentleman taught me that I can enter into another person’s world, no matter how foreign the soil. I simply must remember to use my ears instead of my feet. Thank you, Franklin.

Note: These columns use some illustrations from the lives of real clients. However, to protect confidentiality, these illustrations generally are composites or have been fictionalized to a degree so that the original model for the story cannot be traced. In some instances, clients have given signed consent for their cases to be discussed.

Suze Hirsh is completing her hours for licensure while working as a postgrad, state-registered intern providing counseling under supervision at a not-for-profit community social services agency in Florida. She completed her master's degree in mental health counseling in August 2010.

Letters to the editor: ct@counseling.org
The challenge of collecting outstanding balances

Q: I need some advice regarding private practice payment collections. I have a few individuals who have outstanding balances and are no longer my clients. Do you have a suggestion about how to collect? In addition, are there any HIPAA (Health Insurance Portability and Accountability Act) concerns about using a collection agency?

A: Prevention is the first answer to your question. By the time the bill to the client is older than 90 days, chances are you will have a tough time collecting. If you do not accept insurance reimbursements, collect the fee at the beginning of each session. It is prudent to accept credit cards. You can get a credit card processing service at paypal.com, professionalcharges.com or squareup.com. Make sure the credit card processor accepts debit cards and credit cards issued by an employer to access pretax savings accounts.

If you do take insurance, verify the benefits before the first appointment. To be successful in private practice, fee collection is essential. Even small amounts of outstanding balances add up. You deserve to be fairly compensated for your work.

Fee collection starts with your informed consent document. The informed consent is a binding contract between you and your client. Before counseling begins, all charges, fees and debt collection processes should be detailed in writing. If you plan to use a collection agency, check your state laws. Some states might treat this as a violation of client confidentiality. If your state laws allow you to use a collection agency, that needs to be included in your informed consent, as well as who is responsible for the fee for counseling service.

It is not a HIPAA violation to release information needed for billing and collection purposes. This potential disclosure of information should be in the payment section of the HIPAA Notice of Privacy Practices that is given to the client before counseling begins. But keep in mind that just because something is not considered a HIPAA violation does not mean it is automatically OK. The most restrictive law applies.

To find a reputable collection agency, just ask other providers in your area. Collection agencies usually charge a percentage (approximately 30 percent) of the debt owed. This percentage can increase if there is court action. We advise against going to court to collect the debt. You do not want to risk becoming the target of a countersuit that can be more expensive than the debt you were seeking to collect.

You need a sense of humor in this business

During my practicum years at a community social service agency, my supervisor told me the way to begin a session was to ask “What brings you here today?” I thought that would be a cool way to get things rolling with a family I was counseling, so I asked that very question.

The family’s 5-year-old daughter responded by answering, “Daddy’s car.” I laughed until my eyes watered. Well, that certainly broke the silence and the tension — both the family’s and my own.

I was hired by that same agency, my first paying job. I was all of 26 years old. The first family assigned to me included five kids plus mom and dad. I did my best to appear confident and in control, but halfway through the second session, the dad interrupted me with a blunt question: “How the hell old are you?” He was staring directly at me with piercing, authoritative eyes. Somehow we managed to continue, even with my face turning red. At home that night, I convinced my wife to let me grow a beard, thinking it would age me enough to resemble a real, experienced family counselor.

Some years later, I found that certain referral sources trusted me enough to send me what they considered “tough” kids. A junior high school boy had superglued all the locks to the second floor classrooms. The dean thought I could help this kid. The boy entered my office with a disgusted sneer, plopped into the overstuffed couch and announced he would never talk to me. Knowing he had been suspended, in addition to being grounded for the rest of his life by his parents, I asked him if he knew what a consequence was. “Yes,” he answered, “it’s coming to see a lame old dude like you.”

That “kid” is now 20 years old, a junior attending the same college from which I graduated. He stops by occasionally to catch up and once asked me if he could have the old couch when he starts his own practice. “After you retire, of course,” he added.

Another client called and asked to make an appointment, saying he needed some help understanding his wife. Soon it became clear that what he really wanted was for his wife to understand him. “My wife has no taste at all,” he complained. “Why, she decorated our whole house … a lot like your office here.” At this point in my career, I was experienced enough to be able to control my red face, but I decided reflective listening and “I” messages might be a hard sell with this guy.

Even now as I contemplate retirement, recognizing the humor in situations with my clients helps to keep me young. I still engage in play therapy with kids, always moving to the floor so that we can be on the same level. But referring these kids to referral sources trusted me enough to enjoy our role-playing session that involved the dollhouse. When it was time to clean up, she pitched right in, replacing all the characters in the house and closing it up. Before returning the dollhouse to the shelf, she turned to me...
and asked, “Mr. Walsh, can I help you get up?” Yes, my face was red. I told her I was fine, but I did need a nearby chair to get the old bones upright again.

The years of counseling people has been rewarding. I have learned as much as my clients have — possibly more. The best lesson was learning how to appreciate the humor, fun and humanness that I experienced in working with wonderful and challenging clients throughout the years.

Robert J. Walsh and Norman C. Dasenbrook are ending their tenure as writers and section editors for the “Private Practice in Counseling” column. Counseling Today and the American Counseling Association wish to thank them for their service and to acknowledge their many contributions both to the membership of ACA and the counseling profession as a whole.

Letters to the editor: ct@counseling.org

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Doing Therapy With Children and Adolescents With Asperger Syndrome

Imagine walking down a bustling hallway surrounded by dozens of classmates, locker doors slamming, kids shouting and laughing, bodies moving in all directions, bumping into you and causing you to stumble and fumble your books. Now try to imagine all your sights, sounds and feelings magnified by a factor of a hundred or even a thousand. You just had a peek into the world that a child with Asperger syndrome may experience daily.

Now what if you, as a counselor, are given the opportunity to help this child? What if this child’s parents or teacher brought him or her into your office and asked for help? Would you be willing to take a chance to make a difference in this child’s life? Working with children with Asperger syndrome can be both an exasperating and an incredibly rewarding experience. According to Richard Bromfield in Doing Therapy With Children and Adolescents With Asperger Syndrome, what you need to begin are essential, basic, good counseling skills, “only more.” Bromfield contends that children with Asperger’s are more similar to other children than different. They feel joy, desire friendship and experience loneliness just like everyone else. In his book, Bromfield presents a compelling description of counseling approaches and mind-sets that enable therapists to successfully care for and work with children and adolescents who face additional daily challenges in part due to having Asperger’s.

Throughout this book, Bromfield explores issues central to providing a safe and effective therapeutic environment for children with Asperger’s. He notes that counselor authenticity is especially important because these children possess a heightened sense of insincerity. Another crucial issue of which to be aware is the decreased overall functioning that many of these clients present with because of their experience of extreme anxiety. In support of this point, Bromfield shares the insights of Temple Grandin, a woman distinguished by her innovative cattle corral designs who also has Asperger’s. Grandin believes that individuals with Asperger’s almost invariably grapple with overwhelming anxiety on a daily basis. Bromfield continues by explaining how struggles with hypersensitivity, communication challenges and social difficulties add extra dimensions to the therapist-client relationship.

By providing actual case studies, Bromfield brings to life methods and approaches that proved successful as he helped youngsters with Asperger’s accept who they were, learn to cope with personal challenges and develop relationships with themselves as well as with others. One particular case addresses the need that children with Asperger’s have for sameness. Daria was a 7-year-old girl who would rearrange desks in her classroom and attempt to move her classmates around like furniture in an attempt to control everything for everyone. During one session, Bromfield respected Daria’s need for control by sitting in her chair when Daria insisted. In a following session, however, he playfully moved a water glass just slightly after Daria repeatedly returned it to precisely the same spot. Rather than battling her directly, Bromfield slowly and steadily gave in to some of Daria’s demands, while Daria gradually grew more accepting of changes both at home and at school. Although not instantaneously “cured” of the need for sameness and control, children with Asperger’s can make slow and steady changes to situations that once proved incredibly distressing, both for the children and the people in their lives.

After almost 30 years of working directly with children with Asperger’s, Bromfield illustrates the challenges and rewards of providing therapy for these clients, applying his keen insight and sensitivity within the context of captivating real-life stories. This book is an essential resource for counselors and other mental health providers willing to accept the profoundly rewarding challenge of working with children with Asperger’s.

Reviewed by Lori Evenson, master’s student in clinical mental health counseling, University of South Dakota.

Child-Centered Play Therapy

A multitude of resources are available to students and clinicians in the field of play therapy, but Child-Centered Play Therapy offers a strong addition to the current literature. One of the text’s strengths, apparent right from the start, is its accessibility. The content flows well from chapter to chapter, and each section builds on the previous one. Risë VanFleet, Andrea E. Sywulak and Cynthia Caparosa Sniscak have a combined 85 years’ experience in practicing, teaching and continually learning about child-centered play therapy (CCPT), and this experience comes through in their use of personal stories throughout the text.

Although this text is more concise than other volumes on the topic, it still offers an in-depth look at CCPT. Section 1 addresses the rationale and theory for CCPT. Section 2 covers essential CCPT skills as well as playroom logistics.

Continued on page 23
I hope he has someone he can talk to.

I will throw myself headfirst into reading, writing, studying, and debating to make sure there’s always someone there who knows how to listen.
Recent books by ACA members

**Introduction to School Counseling**
by Robert J. Wright, Sage Publications

This comprehensive graduate-level text prepares readers to handle the problems and responsibilities they’ll face as professional school counselors, preschool through high school. It covers a wide range of topics in depth, including effective interventions for racism and bullying, addressing the continuing score gap between ethnic groups, playing a leadership role in implementing school-based action research and advocating for and providing services to children with disabilities.

**Starve the Ego: Feed the Soul! Souldrama: Ignite Your Spiritual Intelligence!**
by Connie Miller, Lulu

Take a journey through the method of Souldrama, a transpersonal-theoretical model for achieving the highest degree of compassion for ourselves and other people while maximizing human potential. Using an imagined dialogue, the author gives readers deep and profound insights into her skilled group processes, which are aimed at promoting internal healing and well-being.


This book offers an illuminating view of the clinical, theoretical and research work that constitutes the addiction counseling field. Presenting a pragmatic counseling framework rather than trying to reconcile differing theories, the text provides the knowledge and guidance needed to choose appropriate techniques and best practices for treating addicted individuals.

**Latinas in the Workplace: An Emerging Leadership Force**
by Esther Elena Lopez-Mulnix, Mimi Wolverton & Salwa A. Zaki, Stylus Publishing

This book, the third published in the Journeys to Leadership series, features the stories of eight successful Latina leaders in the United States. Even though each took a different route to success, these women share an overarching, almost implicit, understanding of what they aspired to: the freedom to choose where and how to invest time and energy, to establish professional and personal balance, and to enjoy the luxury of defining that balance.

**Developing Self in Work and Career: Concepts, Cases and Contexts**
edited by Paul J. Hartung and Linda M. Subich, APA Books

The digital age requires workers to be more self-directed, managing their own work lives rather than relying on organizations to support them. This volume reassesses long-standing emphases on fitting workers to jobs and moves toward empowering workers to adapt to change. Leading theorists and practitioners examine the construct of self in career theory, assessment and intervention to more effectively meet the needs of a rapidly changing global workforce.

**Sexual Civility: The Hot New College Romance**
by Tom Bissonette, BissCom Consulting

The question of how to reduce relationship violence and sexual assaults on college campuses and in general populations looms large. This book has answers, including specific ideas and methods to reduce violence and promote healthier relationships. These techniques are based on well-established concepts in adolescent and young adult development, helping young people to internalize the beliefs, values and behavior necessary for high-intimacy relationships.

**Peace Be With You: Christ-Centered Bullying Solution**
by Frank A. DiLallo and Thom Powers, ACE Press

Written for Catholic and Christian schools, this is a resource rich in research, practical strategies, teacher-guided activities and connections to Christian Scripture to aid teachers, counselors and administrators in helping students build strong Christian school communities. Geared toward grades 4 through 8, there is a teacher manual and a student workbook (sold separately).

**Peace Be With You: Three-Phase Bullying Solution**

This program for grades 4 through 8 focuses on building leadership skills, relational skills and intrapersonal skills of self-care in order to recognize, resolve and prevent bullying in schools. A teacher manual includes research on the bullying dynamic, practical strategies and teacher-guided activities, while the student workbook (sold separately) complements existing student skill building and reinforces classroom activities.

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Section 3 discusses parent involvement and describes the use of filial therapy. Section 4 focuses on detailed application of CCPT with specific presenting problems and also covers cultural/ethical issues in CCPT. Section 5 rounds out the text by examining research in CCPT and providing guidelines for ongoing training in CCPT.

The authors have taken care to clearly cover the basic skills of CCPT. Structuring, empathic listening, child-centered imaginary play and limit setting are explained and explored thoroughly. Stories and examples are used throughout to bring life to the application of these skills. The authors also cover complex issues such as touch in play therapy, combining CCPT with directive play therapy approaches, the use of CCPT with traumatized children and using CCPT in diverse settings such as hospitals, schools and home-based settings.

This text would make an excellent resource to complement a broader text on counseling children and adolescents within a master’s- or doctoral-level graduate course. It also serves practicing clinicians as an easy-to-use reference for dealing with specific presenting issues in CCPT or as an introduction to the field of CCPT.

Reviewed by Benjamin Kohls, doctoral student, University of South Dakota, and clinical supervisor, Lutheran Social Services of South Dakota, Sioux Falls.

**The Couples Psychotherapy Treatment Planner, second edition**


**The Couples Psychotherapy Progress Notes Planner, second edition**


The second editions of these three resources provide counselors with a manualized treatment plan for treating couples. Each planner provides practical methods for treating couples, prewritten progress notes for many presenting problems and preset homework assignments that can be given to couples. These three planners are meant to be used together. In addition to being very practical, the planners touch on relevant issues such as Internet sexual use, recreational activity dispute and financial conflict.

The Couples Psychotherapy Treatment Planner contains 32 chapters dedicated to informing counselors about clinical developments over the past decade. This is a very easy-to-read and well-structured review of common treatments for contemporary clinical issues. Most of the chapters promote an empirically validated theoretical model that includes a cognitive behavioral and self-regulation focus. In addition, this treatment planner provides a thorough review of common treatment goals, objectives and interventions.

The Couples Therapy Homework Planner infuses creative experiments and homework assignments with contemporary issues that face today’s couples. The homework planner provides a parsimonious, highly structured review of traditional and newly formulated homework assignments. The manual includes a CD-ROM that provides assignments that can be printed and handed out to clients. After counselors determine what problem the couple wants to solve, the manual provides multiple assignments for treating the problem at hand. It is important to note that the authors do not consider this a one-size-fits-all manual. These homework assignments should be tailored to the particular couple the counselor is working with, and the counselor needs to ensure that the assignment fits within the couple’s worldview.

The Couples Psychotherapy Progress Notes Planner provides prewritten progress notes to counselors treating couples. In addition, the client presentation matches behavior problems described in The Couples Psychotherapy Treatment Planner. The progress notes planner could be helpful for both novice and advanced clinicians because it provides contemporary and traditional relational terminology in the various clinical examples. As with the other planners, the progress notes planner provides very concise and easy-to-use examples that would provide a strong foundation for the creation of couples counseling case notes.

Reviewed by Stephen V. Flynn, assistant professor in counselor education, University of South Dakota.

Kelly Duncan is an assistant professor in the University of South Dakota Division of Counseling and Psychology in Education. Contact her at Kelly.Duncan@usd.edu.

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Express yourself

One of the experiences that impacted my appreciation of art as a child was a weekly trip to the Chicago Art Institute. A high school art teacher had enrolled my older sister Fran in a weekend class, so our dad drove us to the Chicago Art Institute every Saturday morning and dropped us both off for two to three hours. While Fran took her class, I strolled through the museum on my weekly private tour. Forced at a young age to spend hours with Picasso, Dali, Kandinsky and Seurat, I developed an appreciation for art and a memory for artists that remain with me to this day.

None of the museum exposure translated into personal artistic talent, however. My attempts to be the next Bob Dylan, to write newspaper articles (only to be kicked off my high school newspaper), to star in my high school senior play and to date an opera fanatic in college were all brushes with artistic expression that never truly matured for me. If asked what I do for expressive artistic release today, I would say web design and creating elements for web-based learning. It is where I get into my zone, and whatever else in life is distracting me is gone in that moment.

Expressive arts therapy encompasses a variety of forms, including sketch, sculpture, dance, music, song, painting and writing. Central to the concept of expressive arts therapy is the idea that clients can better understand their thoughts, emotions, feelings and bodies by engaging their expressive processes. Expressive arts therapy has benefits for a wide range of problems, from personal awareness issues to disabling mental conditions, and for a diverse pool of clients, from children to the elderly. Traditional psychotherapy relies heavily on words to convey meaning. Expressive arts therapy often taps into nonverbal expression and opens up parts of clients’ lives that might have been hidden behind the talk.

Definitions
Proponents of each expressive art form have their own understanding of how their particular art develops therapeutic expression, but the following sites provide a general overview of expressive arts therapy.

- International Expressive Arts Therapy Association: ieta.org
- National Coalition of Creative Arts Therapies Associations: nccta.org
- American Medical Association Health Care Careers Directory: tinyurl.com/3ggkocd
- ART Relief’s expressive arts therapy theoretical frame: tinyurl.com/3kcvrj2
- LiveStrong’s expressive arts therapy for children: tinyurl.com/3u5wuzr
- The Focusing Institute’s expressive arts therapies reference list: tinyurl.com/3argvul

Art therapy
Art therapy uses art supplies and combines traditional counseling theories and techniques to help clients understand themselves and their creative processes. There are two main schools of thought regarding the impact of art therapy. One emphasizes that the client process of creating art is therapeutic in itself. The other school emphasizes the symbolic communication of emotion that occurs when expressing oneself through art.

- American Art Therapy Association: arttherapy.org
- International Art Therapy Organization: internationalarttherapy.org
- Art Therapy Credentials Board: atcb.org
- Art Therapy Alliance: arttherapyalliance.org
- Art Therapy Without Borders: atwb.org
- Art Therapy Blog: arttherapyblog.com
- “So You Want to Be an Art Therapist (PsychologyToday.com): tinyurl.com/28bfecg
- American Cancer Society art therapy information: tinyurl.com/3mht4q5

Drama therapy
Drama therapy provides opportunities for clients to act out their stories, release emotions by taking on roles, solve problems through stories and experiment with ways to have broader responses to their problems. Drama therapy has been used in a variety of settings, including mental health centers, schools, psychiatric hospitals, prisons and in the workplace.

- National Association for Drama Therapy: nddt.org
- British Association of Drama Therapists: badt.org.uk
- Drama Therapy Central: dramatherapycentral.com
- Dramatherapy.net: dramatherapy.net
- Robert Landy vimeo on how drama therapy can help heal communities: vimeo.com/3353538
- “Drama-therapy program helps mental patients work toward healing” (The Seattle Times): tinyurl.com/434pbnps

Psychodrama and psychomotor therapies
Psychodrama and psychomotor psychotherapy are powerful techniques for helping clients move through impasses that have occurred in their lives. Psychodrama draws from the personal theater art form, whereas psychomotor psychotherapy developed from dance, identifying emotionally charged movements that dancers could not, for whatever reason, execute. Psychomotor psychotherapy finds the emotional blocks in the body that have settled there as physical representations.

- American Society of Group Psychotherapy & Psychodrama: asgpp.org
- American Board of Examiners in Psychodrama Sociometry and Group Psychotherapy: psychodramacertification.org
Dance/movement therapy
Movement can generate release, understanding and emotion. Dance and movement therapy is an expressive art form that provides a direct connection between mind and body. The American Dance Therapy Association (ADTA) helps maintain professional training and standards and has an annual conference each fall.
- ADTA: adta.org
- ADTA informational slide show: tinyurl.com/4x6adv6
- Association for Dance Movement Psychotherapy UK: admnt.org.uk
- National Coalition of Creative Arts Therapies Associations dance/movement therapy page: tinyurl.com/3m6k7rl
- Musings of a Dance Movement Therapist: tinyurl.com/kvnree
- American Cancer Society dance therapy information: tinyurl.com/4x9fjmp

Music therapy
Music therapy might involve the client improvising music, re-creating music, composing music or simply listening to music and responding to the emotive experience. Music therapists believe that everyone, regardless of age or whether they can play an instrument, is capable of musical expression and appreciation.
- American Music Therapy Association: musictherapy.org
- The Certification Board for Music Therapists: cbmt.org
- How Does Music Therapy Work (ABC News video): tinyurl.com/3odqhf8
- Music therapy for autistic children (TV news report) tinyurl.com/3v47rld
- Music therapy for cancer patients (video clip): tinyurl.com/3fobnhd

Poetry/writing therapy
One of the simplest and freest forms of expression is poetry. Poetry therapy involves a trained therapist selecting a poem and having the client interact with the poem in an emotional and cognitive way. Choosing the correct poem requires training and a firm knowledge of the literature. Clinical skills assist clients in examining the poem for comparisons and contrasts and then applying the meaning to themselves.
- National Association for Poetry Therapy: poetrytherapy.org
- Poetry therapy and addiction recovery (article from Illinois Institute for Addiction Recovery's Paradigm publication): tinyurl.com/3aqjw1
- “Writing for therapy helps erase effects of trauma” (CNN.com Health): tinyurl.com/s42lm
- Poetry therapists (HealthProNet.org): tinyurl.com/3wvvzoz
- Center for Journal Therapy: journaltherapy.com
- Poetry therapy references on psychology wiki: tinyurl.com/42pj4mu

It is never too late to discover the expressive arts, whether for your own personal balance, as a resource for improving client mental health or as a means of engaging counselor trainees in creativity in the counseling process. In all her years, my 90-year-old mother had never displayed much interest in craftwork. But on a recent visit home, I found that her place was filling up with watercolors she had started painting as part of her personal expressive art therapy.

Find complete links or contribute your own on The Digital Psyway companion site at digitalpsyway.net.

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

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Spotlight on Journals

Getting college information into the hands of high schoolers

Although estimates vary somewhat, it is generally accepted that college graduates earn more than high school graduates, are more likely to obtain jobs with benefits and are better able to withstand layoffs in economic downturns (see, for instance, usnews.com/education/articles/2008/10/30/how-much-is-that-college-degree-really-worth).

An article in the Spring 2011 Journal of Counseling & Development, “School Counselors as Social Capital: The Effects of High School College Counseling on College Application Rates” by Julia Bryan, Cheryl Moore-Thomas, Norma L. Day-Vines and Cheryl Holcomb-McCoy, examines the impact of college counseling services by the high school counselor. Using a large national dataset, the researchers investigated the effect of student-counselor contact for college information before or during 10th grade, after 10th grade or not at all on the number of college applications submitted by study participants. Numerous variables were included in the analysis (for example, socioeconomic status, gender, race/ethnicity, parent and student expectations for postsecondary education, parental involvement and several school-level variables).

The article merits careful reading to glean the wealth of information in the findings. The results that stood out to me were that students who obtained college information from the school counselor by or in the 10th grade were twice as likely to apply to one college than none and were 3.5 times as likely to apply to two or more schools (which increases the chances of being accepted). However, several notable race/ethnic differences also became apparent. For example, Black students who did not meet with the school counselor at all were more likely to apply to a college than those who did not see the counselor until after 10th grade, and Hispanic students who did not meet with a counselor were more likely to apply to two or more colleges than those who met with the counselor after 10th grade. In addition, differential outcomes were found by student socioeconomic status (SES). Those in the lowest three quartiles who had no counselor contact were less likely to apply to two or more colleges than students in the same SES category who had such contact after 10th grade. Further, students in the two lowest quartiles of SES were less likely to apply to two or more schools than students in the same SES group who had counselor contact by 10th grade.

As the authors note, the study’s findings offer several important implications. First, having contact with a high school counselor for college information is positively related to applying to college, and this effect is stronger when that contact occurs no later than sophomore year of high school. This suggests that middle and high school counselors need to ensure that college information is presented to all students by this time, with a strong emphasis on ninth- and 10th-graders. Waiting until junior or senior year, when applications are submitted, depletes many students of the opportunity to use that information for effective college planning. School counselor contact was especially important for those students in the lowest three SES quartiles, suggesting that school counselors are a primary source of social capital for these students, who may lack access to other resources.

In addition, these findings have implications for the programs that prepare school counselors. Given the important role school counselors play in supporting students’ decisions to go to college, a more specific focus on that role is called for in the course work for school counselor trainees. I will be thinking about how our program can best prepare our graduates to assume this essential task. The importance of reaching students in lower SES areas, perhaps using creative delivery methods, cannot be overstated. Finally, the school counselor ratio must be such that it allows sufficient time for counselors to perform this essential function. We need to continue to advocate for funding levels that allow for more appropriate student-to-school-counselor ratios.

Alcohol abuse prevention

It is widely known that once students get to college, they do not always persist until graduation. An article in the Spring 2011 Journal of College Counseling (JCC), “Decreasing Heavy Drinking in First-Year Students: Evaluation of a Web-Based Personalized Feedback Program Administered During Orientation” by Diana M. Doumas, Christina M. Kane, Tabitha B. Navarro and Jennifer Roman, addresses challenges faced by students in the college environment.

Alcohol is a significant problem on most college campuses, particularly during a student's first year. Many colleges and universities have sought effective interventions to reduce the problem, and one approach that has gained in popularity is web-based personalized feedback programs based on motivational interviewing principles. One such program, e-CHUG, has been found to be effective in several studies. However, the authors of this article note that the positive outcomes were not always maintained at follow-up.

The authors examined the effectiveness of including such a program as part of the orientation attended by some students the summer prior to their first year at college. The usable sample was relatively small — 82 students. Students who did not complete the follow-up assessments three months later scored significantly higher on all three measures of alcohol...
problems (highest levels of peak drinking, frequency of drinking to intoxication and presence of alcohol-related negative consequences) at pre-test. The researchers grouped the 82 participants into two risk groups (high and low) on the basis of participants’ initial assessment results.

Significant declines with a large effect size were found in the high-risk group on peak drinking quantity and drinking to intoxication compared with a control group. The low-risk group also had declines on those behaviors, but the effect size was not as large. Similar findings were reported for the measure of negative alcohol-related consequences. The authors found their results to be encouraging and supportive of the use of such programs as part of an orientation process before students begin their first year of college. My university uses a program based on motivational interviewing, but to my knowledge, it is not universally administered during orientation. I intend to make the appropriate individuals aware of this article in hopes that a more universal approach to alcohol abuse prevention will be considered.

Disordered eating
Another problem frequently encountered on college campuses, particularly among females, is disordered eating. In the same issue of *JCC*, Katherine D. Veazey Morris, Gilbert R. Parra and Sara R. S. Stender examined the influence of known risk factors on “restricting” attitudes and behaviors in female college students (“Eating Attitudes and Behaviors Among Female College Students”). The variables of interest were eating attitudes and behaviors, self-esteem, depression, sorority membership and unwanted sexual contact. In the preliminary analyses, sorority membership was not correlated with eating attitudes and behaviors, so it was not used in subsequent analyses. The researchers conducted several path analyses, and the final model demonstrated that depression, self-esteem and unwanted sexual contact influence eating disordered attitudes, which in turn influence eating disordered behavior.

The researchers acknowledge the limitations of their study but emphasize the practical applications of their findings. This study demonstrated that it is fruitful to consider eating disordered attitudes separately from eating disordered behavior. The implication for college counselors is that students who seek help for depression, self-esteem or unwanted sexual contact should be screened for eating disordered attitudes. In addition, the authors note that several promising prevention programs have been developed that focus on attitudes toward eating and body image. They suggest assessing participants’ eating attitudes and behaviors and using interventions that target the most problematic domain.

Sheri Bauman is associate professor and director of the school counseling program at the University of Arizona and editor of the *Journal for Specialists in Group Work*. Contact her at sherib@email.arizona.edu.
Ongoing controversies surround DSM-5

Although my primary purpose for writing this monthly column is to educate counselors about the upcoming fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), as I research the various proposed revisions and disorders, I continue to find reports of problems and controversies within the DSM-5 development process. The reports to which I pay particularly close attention come from highly respected psychiatrists, including chairs of previous DSM task forces, current DSM-5 work group members and renowned researchers. These reports raise serious questions about the outcome of the DSM-5, as well as implications for the new manual’s impact on counseling practice.

The confidentiality agreement

Early on, the American Psychiatric Association (APA) Board of Trustees stated that the process for revising the DSM would be “open, transparent and free of bias.” However, a common complaint has emerged that all DSM-5 task force and work group members were required to sign confidentiality agreements. Similar agreements were not required for previous editions of the DSM. Information identified as “confidential” has included drafts, pre-publication materials, group discussions, internal correspondence and any written or unwritten information related to the DSM-5 development process.

Robert Spitzer, chair of the DSM-III Task Force, was the first to express concern about the DSM-5 confidentiality agreement and about trying to revise the DSM without benefit of the wide, contemporaneous review that characterized all previous editions. In July 2008, Spitzer wrote a letter to Psychiatric News protesting that secrecy was contradictory to the scientific process, which “benefits from the very exchange of information that is prohibited by the confidentiality agreement.” Allen Frances, chair of the DSM-IV Task Force and a vocal critic of the DSM-5 development process, has likewise repeatedly expressed concern about the secrecy issue, stating that the work groups have conferred largely in isolation and with little supervision from DSM-5 leadership.

Responding to these criticisms, the DSM-5 Task Force stated that the DSM-5 development process is the most inclusive and transparent process in the DSM’s history and that the confidentiality agreements are simply legal documents designed to protect intellectual property. They also pointed to the workshops and open forums at conferences, the online postings of drafts and proposed revisions (see dsm5.org), as well as the public call for comments about the web-posted drafts. Frances, however, criticized the allotted time period for public comments as being too short and said the process lacked a mechanism to provide information about the nature of the criticisms or the work groups’ responses to them.

Dimensional assessments

Early in 2009, the DSM-5 Task Force announced the inclusion of “dimensional assessments” with existing categorical diagnoses. The current DSM utilizes a categorical (binary) classification system, whereas the dimensional approach uses rating scales to measure characteristics of a disorder. The goal of providing diagnostic rating scales to each disorder is to help standardize interviewing and to increase the reliability of diagnosis.

The DSM-5 work groups were given the option of choosing existing rating scales or creating new ones. Despite the availability of hundreds of already available, well-established rating scales that cover almost every aspect of psychopathology, the work groups have, for the most part, chosen to develop new scales. It was surprising that the task force would take on the enormous job of developing psychometrically sound scales that would be ready for field testing (which is occurring right now).

Scale development is a time-consuming process. It can take years to adequately develop a new scale. Items must be written, expert-reviewed and pilot-tested. Then items have to be revised, tested again and revised again, continuing in this way until enough validity and reliability evidence is obtained to support that the scale measures what it is intended to measure.

After reviewing the proposed dimensional assessments on the DSM-5 website, I found many of the scales in their present state to be inconsistent, confusing and unwieldy (as an example, review the personality disorder rating scales on the DSM-5 website). It is questionable whether there will be enough time to revise and retest these new scales before the DSM-5’s May 2013 publication date.

Empirical basis

I am particularly concerned about the criticisms charging there is a lack of empirical support for the proposed revisions. Any change to the DSM should be well supported through a) systematically gathered empirical evidence and b) independent review of the quality of the evidence. Both should occur prior to field-testing.

Although the DSM-5 is intended to be grounded in empirical evidence and reflect new scientific understanding, it appears there is inconsistency in the comprehensiveness of empirical review. The 13 diagnostic work groups were given the responsibility of conducting literature reviews. However, there were no guidelines or standardized methodology for conducting these reviews and no quality control or editing of these groups’ work. As a result, the different work groups varied in the thoroughness, quality, methodology and clarity of their proposals.

An example is the proposal on personality disorders. In December 2010, John Livesley, professor emeritus at the University of British Columbia,
distinguished researcher in the area of personality disorders and a highly respected member of the Personality Disorders Work Group, published a critique of the disorders, expressing concerns about the lack of empirical support. Rather than basing proposed revisions on existing, well-researched personality models or on an integration of these models, the Personality Disorders Work Group chose to construct its own new, unique model that has no continuity with the DSM-IV, is so complex as to be unusable and has little empirical evidence to support it.

The lack of empirical support for the proposed revisions led Jane Costello, a neuroscientist and full professor at the Duke Institute for Brain Sciences, to resign her prestigious position on the DSM-5 Work Group on Disorders in Childhood and Adolescence. She voiced concerns about the DSM-5 process being rushed to completion without adequate scientific basis. In her letter of resignation, she stated that “changes seem to be made for reasons that have little basis in new scientific findings or organized clinical or epidemiological studies.”

The APA Board of Trustees appointed a scientific review work group to evaluate the quality of evidence supporting the DSM-5 proposals. Unfortunately, the group is reportedly not independent, with all but two of the members involved with the DSM-5 development process. Furthermore, the scientific review began after the field trials had already started. What purpose is there in field-testing a proposal that may be eliminated because of limited scientific support?

**Diagnostic thresholds**

An ongoing criticism is the overall lowering of diagnostic thresholds across disorders — that is, reducing the number of symptoms required to meet a diagnosis. For example, the DSM-5 Mood Disorder Work Group proposed removing the bereavement exclusionary criterion from major depressive episode. This criterion excludes the diagnosis from people with depressive symptoms that develop after the death of a loved, which historically has been considered a normal (not pathological) response to loss. Another example is generalized anxiety disorder, in which the proposed revision includes a) reducing the number of symptoms to one out of four rather than the DSM-IV’s criteria of three out of six and b) reducing the symptom duration from the DSM-IV’s six months to three months. Other examples include reducing the number of symptoms to diagnose attention-deficit/hyperactivity disorder in adults; subsuming substance abuse and dependence into one disorder (making it substance use disorder); and incorporating Asperger’s disorder, autistic disorder and several other conditions into a single autism spectrum disorder.

Another controversial proposal is including subthreshold diagnoses in the DSM-5. Subthreshold conditions are those that do not meet the full symptomatic or duration criteria for a specific disorder. For example, the DSM-5 Neurocognitive Disorders Work Group is proposing adding minor neurocognitive disorder, a subthreshold condition in which an individual experiences decline in just one of six neurocognitive domains: attention, executive ability, memory, language, visuoconstructional-perceptual ability and/or social cognition. What makes this disorder subthreshold is that individuals are not required to have any functional impairment as a result of cognitive deficits; however, they may use “compensatory strategies” to maintain independence. An example of compensatory strategies for an individual with memory problems includes increased reliance on list making or a calendar to help remember tasks and events. Using this example, most individuals older than age 50 (or, in my case, older than 45) could be diagnosed with minor neurocognitive disorder.

Other subthreshold conditions proposed to be added as mental disorders include binge eating disorder, psychosis risk syndrome (now called attenuated psychosis syndrome) and temper dysregulation disorder.

The given rationale for reducing diagnostic thresholds and adding subthreshold conditions is to improve early detection and promote preventive treatments. Although this is a noble cause, the DSM-5 work groups have been criticized for failing to consider the potential risks of increased stigma, unnecessary treatments (including needless psychiatric drugs) or even overdiagnosis to the point of creating false epidemics. In a letter to the APA Board of Trustees, Spitzer and Frances warned about the unintended consequences of adding these diagnoses, stating, “If these were to become official categories in DSM-V, they could add tens of millions of newly diagnosed ‘patients’ — the majority of whom would likely be false positives subjected to the needless side effects and expense of treatment.”

**Implications for counselors**

Reading about so much criticism from such credible sources leaves me extremely worried about what the final DSM-5 will look like, whether it will be valid or reliable, how it will affect our jobs as counselors to diagnose and what its ultimate impact will be on our clients. The manual is scheduled for publication in 2013, just two short years away. The criticisms leveled against the DSM-5 have been ongoing since at least 2009, and I keep finding articles, published as recently as April, articulating these same concerns. At this point, I fear putting my trust in a book whose validity is being questioned by renowned members of the profession for which it was designed — psychiatry. I urge counselors to keep apprised of the DSM-5 development process by reviewing proposed revisions on the DSM-5 website (dsm5.org) and taking part in the next call for public feedback, which is scheduled for August to September.

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 chairs the American Counseling Association’s DSM Task Force, which was formed to provide feedback to the American Psychiatric Association on proposed revisions to the DSM-5.

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Letters to the editor: ct@counseling.org
Julie Bates offers a sobering thought to anyone who assumes that certain individuals choose a life of addiction. Bates, a doctoral candidate in counselor education at Penn State University, worked for three years at a methadone clinic in Massachusetts. One of her clients, a 23-year-old woman who exhibited track marks running from her shoulder down to her knuckles, had already been addicted to heroine and cocaine for a decade.

How had she gotten so far off track by the tender age of 13? Because her mother had injected her.

Bates, a member of the American Counseling Association, says that story stays with her wherever she goes, reminding her very clearly that clients with addictions need empathy and help, not judgment. While in treatment with Bates, the woman’s most difficult struggle involved rebuilding herself, redefining who she was after a decade of addiction and learning how to function as an adult without the addiction component.

In working with the woman for three years, Bates learned that addictions counseling is a long-term process. “Be patient,” she advises. “It’s not something that changes overnight or even over a couple months.” Although her client was able to stop using heroine after only about two months, it took closer to 10 months before there was any decrease in her cocaine use.

What helped the client finally make inroads in beating her addiction was writing letters to her mom, even though the letters were never mailed. In the beginning, the letters were positive, with the woman thanking her mom for her sacrifices and love. But as time went on, the letters became more “real,” Bates says, expressing such thoughts as, “Mom, you said you loved me, but you injected me when I was 13. What chance did I have?”

Through the process of writing the letters, the client realized she had been brought up to believe that when you love someone, you lessen their pain through drugs. Through counseling, she was able to tweak that worldview, learning that drugs do not equal love and that she was worthy of being loved on the basis of who she was, not what drugs she used or gave to others.

Counselors who don’t work in addiction clinics might not experience situations quite this extreme, but experts in the field warn that addictive behavior is often intertwined with many of the problems for which clients seek counseling. The realization that a client has addiction issues is daunting to many counselors who don’t specialize in that area. But Bates encourages those counselors not to turn away. “Don’t be afraid to talk to the client,” she says. “A big disservice would be ignoring [the addiction].”

Gerald Juhnke, professor and doctoral program director in the Department of Counseling at the University...
of Texas at San Antonio, says many clinical mental health counselors start their careers not wanting to work with anyone who has an addiction. In fact, Juhnke admits, when he set out in marriage and family counseling, he was one of those counselors who wanted to avoid addiction issues. But the reality is, when it comes to fairly common issues such as depression, anxiety or career and family problems, there is often an overlap with additions, Juhnke says. Existing problems might compel a person to begin using drugs or alcohol or to engage in some other addictive behavior as a coping mechanism, or the problems the person presents with might be the result of a preexisting addiction. “Even though you don’t plan on seeing people with additions, it will happen,” says Juhnke, a past president of the International Association of Addictions and Offender Counselors, a division of ACA, and former editor of the Journal of Addictions & Offender Counseling. “People rarely come in saying, ‘I have an addiction problem.’ They come in saying I lost my job, have problems in my family, etc.”

**Sticking with an addicted client**

Even when counselors don’t think they are skilled enough to work with addicted clients, Juhnke says automatically making a referral isn’t the best idea. Accredited master’s-level counseling programs include training in additions work, so most counselors possess at least some knowledge in this area. Juhnke strongly recommends that counselors consult with a supervisor and then attempt to continue working with addicted clients. “The client might have a good relationship with you as the counselor,” he says. “If the counselor panics and says, ‘I can’t work with you anymore,’ then the client feels abandoned. They feel like, ‘I won’t tell anyone again that I have an additions problem.’ If you’ve already got a good counseling relationship, don’t abandon the client. Get someone who can give you ideas and direction, and follow what they have to say,” advises Juhnke, who coauthored Counseling Addicted Families: An Integrated Assessment and Treatment Model with W. Bryce Hagedorn.

Kerrie Fineran, an assistant professor of counseling at the University of North Texas (UNT), offers similar advice to counselors who don’t specialize in additions. She recommends that counselors seek supervision, educate themselves on the resources available in the community for addicted clients and refrain from automatically referring or including language in intake paperwork that indicates they won’t work with clients who are using. A referral may be necessary if a client needs help beyond what you’re able to provide, especially in cases in which outpatient therapy might not be enough, says Fineran, a member of ACA and IAAOC. “But the process of referral should be something that promotes hope and your belief in their ability to change and doesn’t destroy the trust they’ve built with you.”

If counselors are unsure about whether a client is exhibiting addictive behaviors, IAAOC President Juleen Buser says research often references the three C’s of addiction as a way to conceptualize some of the core characteristics. “Counselors can be on the lookout for these three C’s as they work with clients as a preliminary way to assess the presence of addiction: loss of control over addictive behaviors, despite the client’s aim to stop; compulsive use; and continued use regardless of negative consequences,” says Buser, assistant professor in the Department of Graduate Education, Leadership and Counseling at Rider University in Lawrenceville, N.J.

The additions counseling field has made a significant transition over the past few decades, according to Juhnke. It used to be that most additions counselors were former addicts in recovery, whereas now, Juhnke says, there is a movement of mental health professionals heading into the field with master’s-level degrees and a specialization in additions work.

Juhnke notes the licensure situation regarding work with addicted clients can be complex. Requirements vary state to state, meaning that any licensed counselor might be permitted to practice additions counseling in one state, while in another state, the counselor must also be licensed as a chemical dependency counselor to perform the same work. This can be frustrating and confusing, Juhnke acknowledges, especially for counselors with advanced degrees who are then informed they need yet another license to practice additions counseling. On the positive side, he says, the effort to make the field more professional with licensed caregivers is laudable.

Although master’s counseling programs touch on additions, Fineran says counselors who want to specialize in additions work should seek additional training and continuing education opportunities such as conference presentations, workshops and specialty certification programs.

Addictions can come in the form of process or substance additions, but regardless of form, addiction is still...
Addiction, Juhnke says. “All addictions are very difficult. One isn’t more difficult than another. In general, substance disorders revolve around ingesting, inhaling, huffing, injecting or taking some type of substance. Process disorders generally revolve around ‘doing behaviors,’ such as gambling, shopping, eating, sex, pornography, running, weightlifting, etc. The No. 1 thing in treating addicted clients is respecting them and treating them as if they were your mother, father, sister or brother. Failure to treat persons with addictive disorders as a loved one first often results in misperceiving the client’s addictive behaviors as [being representative of] the person.”

Understanding the struggle
Students who enroll in Fineran’s drug and alcohol counseling class at UNT are going to feel deprived — and that’s just the way she wants it. Each semester, Fineran asks her students to commit to giving up a substance or a process for the duration of the course. The goal of the exercise is for the students to understand the process of addiction and develop empathy for the addicted clients with whom they’ll someday work.

“Many of them think that people with addictions should just stop, quit it and pull themselves up by the bootstraps,” says Fineran, who likewise commits to giving something up each semester. “It seems like a simple thing to stop something, but [with this exercise], they understand what the body goes through and what the mind goes through. They really struggle with it. They start to understand what individuals with these problems go through and gain an increased sense of empathy that they can tap into when working with individuals from this population.”

At the beginning of the course, about half of the students are excited to accept the challenge because they’ve been wanting to give something up but needed a nudge to follow through, Fineran says, while the other half are terrified and don’t see how the exercise will help them learn anything. By the end of the course, roughly 95 percent of the students say the exercise was an excellent tool that taught them about the process of addiction and about themselves.

Many of the students give up something that has a physical impact,
such as cigarettes or caffeine, so it doesn’t take long for them to experience symptoms of withdrawal. Most of the students relapse at least once during the semester, so Fineran addresses that topic in class. Some of the students acknowledge that they simply no longer felt like abstaining, whereas others slip up without thinking, such as by ordering a Coke at a restaurant. Regardless of the reason, Fineran says, the students learn about the shame and guilt that accompany a relapse and, more important, learn about the process that led to their relapse. Fineran works with the students to create plans to recognize warning signs of a possible relapse and to head it off before it happens. The project is particularly worthwhile because these counselors-in-training may one day create similar plans with clients who have addictions, Fineran says.

The class also discusses how life presents continuing challenges in the recovery process. For instance, Fineran says, students who commit to giving up beer for the fall semester might not realize until later how this decision affects their football watching. Or perhaps they give up sweets only to realize what a challenge that will pose during the holidays. “They go home for Thanksgiving and find out what it’s like to live in a world where everyone else isn’t trying to give up what they’re trying to give up,” Fineran says.

In addition to giving up a substance or a process, Fineran asks her students to attend at least two recovery meetings in the community, followed by writing a personal reflection to share with their peers. The meetings are as impactful as the attempt to abstain from something, she says, because they show the students that real people — often those similar to themselves or even people they know — are struggling. In addition, students are often impressed and humbled by the sense of community and hope that they witness at the recovery meetings.

“People with addictions are often maligned,” says Juhnke, who requires students in his addictions classes to give up both a process and a substance for the semester in addition to attending multiple 12-step meetings. “We think they’re old drunks or old addicts and we shouldn’t pay attention to them. But if we think of them as moms, sisters, dads, etc., we see them as people, not as the behaviors.”

It can be easy to focus on the behaviors that often accompany an addiction — such as stealing, lying or cheating to secure another hit — without realizing that those behaviors take place as a result of a physical or psychological dependency, Juhnke says. “Take, for instance, an addict who steals his mom’s silverware or credit cards. We might say, ‘What a bad son.’ But those are the components of the addiction, not the person behind the addiction.” Putting his students in the shoes of an addicted person is an effective way of building empathy, Juhnke says.

Empathy is one of Carl Rogers’ core conditions of counseling, along with congruence and unconditional positive regard, but those conditions have a tendency of disappearing when the client has an addiction, Fineran says. “We often look at people and think, ‘Just quit! You lost your home, you lost your job, so just quit this.’ But empathy helps counselors see that clients with addictions aren’t really any different than other counseling clients.”

Motivation for change

Historically, treatment for clients with addictions has often been directive, confrontational and harsh, Fineran says, but the trend is moving toward a model that is more supportive and inclusive of Rogers’ core conditions. That’s good news, she says, because research shows people do better when they are encouraged and when someone helps

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them elicit their own motivation for change instead of simply “throwing the book at them.”

“One movement that has gained steam over the past two decades is a shift to treatment models such as motivational interviewing, which differ from earlier models that focused on more intensive confrontation of clients,” Buser says. “Motivational interviewing works from the premise that clients come to counseling at various levels of motivation. A counselor’s role is to meet the clients at their current level of motivation — not presuppose a client is ready for action when, in fact, [he or she] may only be contemplating the need for change.”

Buser says a counselor might first assess a client’s level of motivation and then work toward increasing that motivation. “Authors have discussed the use of scaling questions to assess readiness to change at the start of counseling. If a client is ambivalent about treatment, gentle questions and door openers can be used by the counselor to help the client explore this ambivalence. For example, a counselor might acknowledge the client’s tentativeness about change, while also pointing out the client’s dissatisfaction with at least certain elements of the addictive behavior.”

Empathy is a critical component of motivational interviewing, Buser says. “For example, clients who struggle with eating disorders, termed a process addiction, often hide their behaviors and experience a sense of embarrassment about … binge eating and purging behaviors. Empathy is critical in this sense, as clients will be more likely to open up and disclose their disordered eating practices if they feel accepted and understood by a counselor.”

Juhnke is also a proponent of motivational interviewing with addicted clients. Through the process of a counselor asking questions about which parts of a client’s life are going well and which parts are not, the client can reach a clearer understanding of what is going on in his or her life, he says. For instance, a client might present with marital problems, trouble holding a job or failing grades before the counselor figures out that an addiction is intertwined, Juhnke says. Although the client at first might deny that an addiction is part of the problem, as the counselor asks questions and the client continues to want a solution to the problem, he or she may begin thinking about the impact that addictive behaviors have on the situation. Motivational interviewing helps move clients from a precontemplative stage to a contemplative stage, Juhnke says, and often encourages them to “bite into the whole treatment process.”

If motivational interviewing doesn’t prove helpful, Juhnke next tries a solution-focused approach, which creates a target the client wishes to aim for. Instead of focusing on the problem and how bad it is, which can be overwhelming for the client, Juhnke says solution-focused techniques urge the client to think about what an improved life would look like and what changes need to take place to get there. “Clients can tell you what they need if you listen to them, and this allows them to have influence on the kind of treatment they need,” he says.

If a solution-focused technique isn’t the right fit for an addicted client, Juhnke recommends trying a cognitive behavioral approach in which the counselor helps the client gain insight into his or her addiction triggers and how to respond once those triggers hit. For example, with a client who comes home from work to an empty house, feels lonely and reaches for a beer, Juhnke might ask the individual for alternative ideas of how that void could be filled. Keep in mind, he cautions counselors, that the same solutions won’t work for every client.

Buser mentions additional therapies that are sometimes referred to as the “third wave” of addiction treatment, including narrative therapy. “Counseling strategies associated with this theory include externalizing the problem, which often involves naming the problem,” she says. “Counselors work to separate the addiction from the client, often by giving the addiction a name, such as ‘bulimia’ or ‘alcoholism.’ The idea is that, through this process of externalizing, clients will no longer internally connect with the addiction. Clients may come into counseling with the view that addiction is a part of them. In this narrative therapy technique, however, the addiction is cast as an external force, and the client takes on the role of actively working to fight against this addiction. Optimally, this reduces self-blame and inspires efforts to combat the addiction.”

A different kind of referral

Clients with addictions won’t always come through a counselor’s door by their own volition. Instead they arrive because they are mandated to counseling by the court system. Although that circumstance might appear to create an entirely different counseling situation, Rochelle Cade says much of the counseling process mirrors that used with other addicted clients. Another similarity is that empathy and unconditional positive regard remain crucial to the process, she says.

Cade, a visiting assistant professor at the University of Houston-Victoria who worked with court-mandated clients for five years, often allowed these clients to use the first or second session to ‘get things off their chest,’ she says. Many clients are upset about why and how

Spotlight on eating disorders

IAAOC President Juleen Buser’s work focuses on process addictions and, more specifically, eating disorders. For her thoughts on the circumstances that lead to eating disorders as well as helpful techniques for treatment, visit the Counseling Today section of the ACA website at counseling.org and read “Spotlight on eating disorders.”
they were arrested, the court process, their punishment or their perceived treatment by a parole officer, among other things, Cade says. “In my experience, just listening with unconditional positive regard and empathy early in the counseling process is probably the single most effective intervention for establishing the counseling relationship with these clients. I have been told over and over again that no one else — not the arresting officer, attorney, judge, probation officer, family members, friends or bosses — just listens.”

Some people contend that clients who enter counseling of their own free will are more motivated or ready for the counseling process, says Cade, a member of ACA and IAAOC who serves on the editorial board for the Journal of Addictions & Offender Counseling. “Some would prefer that clients enter the counseling process with some insight into the problem or issue or at least have identified the issue for themselves. Court-mandated clients by title and referral do not usually meet these prerequisites for entering counseling.”

Although she uses the phrase “court-mandated,” Cade prefers to think of clients on a continuum of voluntarism rather than of dichotomies such as voluntary/involuntary or mandated/nonmandated. Many clients, not just those who are court-mandated, first come to counseling on the involuntary side of the continuum, she points out. For example, there is the client who goes to counseling because his wife threatens to divorce him or because his boss threatens to fire him if he doesn’t.

Although much of the counseling process is the same, Cade does acknowledge a few unique challenges in working with mandated clients. One is defining the identity of the counselor’s “client.” This most definitely includes the person in the room engaging in the counseling process but might also include the referral source, such as a judge, parole officer or case manager, or other elements of the community. Issues of confidentiality can also arise, she says. “Counselors, with a signed release of information from the client, complete progress reports and submit them to a probation officer, parole officer or case manager, report them to a drug or mental health court, or submit them to an attorney or judge.” Cade explains. “The counselor may abide by the ethical and/or legal parameters of confidentiality in providing these documents, but the recipient of the documents may not.”

Client autonomy can be another sticking point, Cade says, because when clients are referred through the legal system, typically, their “problem” has already been defined for them and the goals of their therapy have been predetermined. Many of Cade’s clients are ordered to participate in substance abuse counseling as a condition of probation for drug-related offenses. “The problem has been defined: marijuana use,” she says. “The goals have been established by the conditions of probation: Submit to urine analyses and have clean results, participate and complete counseling, and abstain from drug use.”

But if clients don’t agree that marijuana use is the problem or decide they’d simply like to decrease their use, that can be out of line with the court’s goals. “I have had several clients who smoked marijuana all day every day decide to cut their use to one joint at night before bed,” Cade says. “Is this reduction in marijuana use [considered] progress? According to the court, it is not. If the results of a urine analysis are positive for TCH, indicating the client is still using, [the court deems this a] lack of progress or failure to abstain from drug use.”

Termination often poses a final hurdle. Cade has had clients participate in counseling for several weeks or even months and then suddenly stop showing up, oftentimes because they’ve been sent to jail for probation violations, new offenses or other reasons. “When the client is incarcerated, the counselor does not have the opportunity to process the closure of counseling and ethically terminate the counseling process with the client,” she says.

Connecting the dots

Considering that people are complex, complicated beings, counselors say it’s not surprising that addictions often coexist with other issues. Certain personality disorders, including antisocial, borderline, narcissistic and dependent personality disorders, seem to have a “robust” connection with addictions, Juhnke says. Anxiety, depression and trauma also commonly accompany addictions, he says.

“Unresolved trauma can be common with many diagnostic subpopulations,” Juhnke says. “For example, I have often found my clients who fulfill Axis II borderline personality disorder have unresolved trauma resulting from sexual abuse or incest, or feelings — real or imagined — of abandonment by significant others. Drinking and drugging behaviors were common ways of attempting to cope with such unresolved or experienced trauma. Thus, asking clients about their history and paying close attention to potential traumatic unresolved issues is important.”

One client told Juhnke that drinking and using drugs were her way of dealing with feelings of abandonment after her ex-husband ran off with a younger woman. “She was able to clearly articulate why and how this unresolved trauma led to her addictive behaviors,” he says. “Removing her addictive behaviors without addressing the underlying trauma would have left her extremely vulnerable. Therefore, it is important to concurrently address any unresolved trauma and addictive behaviors.”

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Recovery communities

Although popular among many people recovering from addiction, 12-step programs aren’t a perfect fit for everyone, says Gerald Juhnke, professor and doctoral program director in the Department of Counseling at the University of Texas at San Antonio. For clients who don’t connect with the spiritual emphasis of 12-step programs, Juhnke says a number of alternatives exist, including Rational Recovery and Secular Organizations for Sobriety.

Some clients might not be comfortable with the personal interactions that 12-step programs require throughout the various stages of recovery. “If that is the situation, the counselor needs to understand how to get the client the necessary environmental supports without 12-step programs,” says Juhnke, a past president of the International Association of Addictions and Offender Counselors, a division of ACA. “I must say, however, that it is exceptionally difficult to try to recover without changing one’s interactions with current ‘using’ friends. Twelve-step programing immediately provides a group of interpersonal supporters and a social environment where all are in recovery and most, if not all, are very supportive of the client’s personal recovery.”

Although the 12-step approach won’t work for every addicted client, Juhnke says one significant benefit of these programs is that they offer a good mix of people just beginning the recovery process with those who are further down the road. For those just starting out, he says, it can be vital to gain support from more experienced peers, while also being able to look to others for advice and wisdom when relapses occur.

— Lynne Shallcross

Grief and loss are also significantly intertwined with many addictions, Bates says, whether the losses occurred prior to the addiction beginning, were incurred as a direct result of the addiction or took place during the person’s recovery and set the client back. In circumstances in which clients were using when they experienced a loss, they may not have processed the loss properly and can come to counseling with built-up grief, Bates adds.

Common losses resulting from addictions are wide ranging, Bates says, and can include family, friendships, jobs/careers, freedom, health, finances and educational opportunities. Even in recovery, she says, addicted clients face the likelihood of loss, particularly as it relates to their friends and social identity because, in many cases, those things were tied to the person’s addiction. In losing the old support system, even if it was an unhealthy one, the person faces the daunting task of starting from scratch, Bates says.

“If you take the substance away, you have to reconstruct the identity,” Bates says. “When you have someone who hasn’t really had to form relationships without the presence of a substance, it can be hard to do. You have to relate to the new friends through personality, not through the substance. Sometimes it’s really difficult for people to do. They forget how to behave socially without the drug.”

Other losses that occur while the person is going through recovery, such as the death of a family member or a friend, can trigger a relapse, Bates cautions. Counselors should work with clients on the area of prevention, talking about how they can rebound from losses that might take place while they’re working through recovery.

Grief can also stem from giving up the addiction itself, Fineran says. “The addiction has been their best friend and their coping mechanism. When they give that up, there’s a process of grief they go through [in] reorienting to their lives without it.” Although counselors can focus on many positive aspects of recovery with clients, Fineran says it’s also imperative to recognize what clients might be giving up, such as the sense of comfort the addiction provided them when things weren’t going well and the people, places and things they fondly associate with the addiction.

Working through the grief

No matter what type of loss or when it occurs, Bates says the best thing counselors can do is to address it with addicted clients. Counselors don’t intentionally skip over grief work, she says, but sometimes more pressing concerns pop up in the context of addictions work, such as immediate health, safety and shelter concerns. But whenever possible, Bates suggests, counselors should remember to address losses the client has experienced along the way because those losses might be contributing to or sustaining the addiction. In many cases, she says, grief work enables the client to make better progress in recovery.

Bates says the focus of these interventions should be on recognizing both the positives and the negatives of the losses that addicted clients have experienced. One intervention Bates recommends is writing, whether it involves clients keeping a journal of their feelings and thoughts or writing letters. For instance, clients can write letters to the addictive substance, both ending the relationship and grieving the loss. Or they can write letters to their “using self,” such as “Dear using self, this is why I don’t want to be with you, this is what you took away from me, and this is what I’ll miss about you,” Bates says. A client in early recovery might write to his or her “recovering self,” explaining what he or she is looking forward to in the future.

“It’s really having them acknowledge what things they’re going to miss about the addiction, whether it’s numbing their feelings or feeling high when they need a pick-me-up,” Bates says. “It’s also remembering why we need to get rid of it and why it’s not useful.”

Whereas writing letters encourages clients to take the time to acknowledge both the positives and the negatives of their losses, journaling can help them create a log of their thought processes. Seeing their thoughts on paper aids addicted clients in identifying triggers and patterns they may have been unaware of previously, Bates says — for instance, how having a fight with a parent led to the client using afterward. The client’s journaling can also alert the counselor to grief and loss issues that had not come to light previously.
Another intervention Bates suggests is the creation of memory books, which can take either a positive or a negative focus. A client might make a positive memory book about a loved one who died, including what the client loved about that person, photos of the client and the loved one together and words or pictures cut out of magazines to describe the relationship. Creating the book can help the client process and acknowledge the loss, while memorializing the good things the person contributed to the client’s life.

On the other hand, Bates says, a negative memory book works well for addicted clients who are having a hard time ending their use. These clients might make a book about their addiction, including pictures of doctors or scars or any other bad memories associated with the addiction. “It’s a reminder of why I shouldn’t be using this, even if my body’s telling me I should,” Bates says.

Bates suggests additional techniques that can be helpful to clients dealing with addictions and grief, or addictions alone. Bibliotherapy is effective, she says, as is role-playing in groups, where clients can practice saying no to the addiction or work on new social interactions. Bates also recommends using music to help clients relax and having them draw or paint as a way of sketching out what their lives might look like with or without the addiction. Depending on the individual client’s coping skills, techniques such as guided imagery, meditation and progressive muscle relaxation can offer the client a tangible way of relaxing and regulating his or her body without a substance, Bates says.

Bates also points to Robert Helgoe’s book *Hierarchy of Recovery: From Abstinence to Self-Actualization* as a good resource for counselors working with addicted clients. Helgoe proposes two phases in recovery: the pull and the push. In the push phase, Bates says, addicts are pushed to remain sober to avoid the consequences of their addiction, such as jail time or liver failure. In the pull phase, the addict is pulled toward a new way of being and enjoying the rewards of recovery. Helgoe’s theory, Bates says, is that to move into the pull phase, a client must first fully grieve the addiction and all the losses associated with it.

“*This is the first addictions counseling text I have found that accurately describes and addresses the real work done by substance abuse counselors. I have searched for such a text for years; I will definitely be adopting it for my addictions counseling course.***”

—Charles F. Gressard, PhD
College of William & Mary
The spiritual side of addiction

Throughout history, spirituality and addictions have been linked, says Keith Morgen, assistant professor at Centenary College in Hackettstown, N.J., and a member of ACA. Using alcohol as an example, Morgen says that leading up to Prohibition, it was thought that alcoholics didn’t possess any morals, spirituality or godliness. “Addictions were considered as being immoral,” says Morgen, secretary-elect of IAAOC and chair of its Spirituality Committee. “[The thinking was], ‘Because they’re drinking or doing drugs, they’ve turned their backs on society or God.’”

But when Alcoholics Anonymous and the 12-step approach came into being in the 1930s, Morgen says spirituality became a source of strength and comfort for addicted individuals, a way to build themselves back up. “It’s a model for how [those with addictions] can spiritually exist in the world,” he says. The spirituality or higher power invoked in 12-step programs can be a traditional god or any other kind of spiritual, philosophical idea that guides one’s life, Morgen says. “When you do reach that last step, you’re said to have had a spiritual awakening. It’s at the end of the 12 steps, not the start. It helps you get to the point where you’re a spiritual, living member of the world around you.”

Reconnecting spiritually with family, friends, society and oneself is a key piece of the 12-step recovery, Morgen says. “The idea is that your addiction isolates you from the rest of the world. The 12 steps are a road map to get back to the world, the community, the people in your life and also yourself.”

Outside 12-step programs, spirituality can still be a crucial ingredient in the work that counselors do with addicted clients, Morgen says. Tackling spirituality is intimidating to many counselors, so Morgen recommends looking at it from the perspective of how clients see their place in the world — what they value and believe in, what gives them strength and what makes them feel full inside.

Counselors used to try to find out if clients had spirituality as a strength or coping mechanism and then wouldn’t delve any deeper, but they need to do more than simply “check the box” after asking the question, Morgen says. “If you conceptualize it as how [clients] have fulfillment, courage, strength, how they see the world — if all that stuff rolls into spirituality, you almost have to talk about that because that’s who the person is. To try to talk to [clients] about their issues, fears, addictions and trials without talking about values, beliefs, where it comes from, how it has meaning, how it shapes them, it’s almost impossible to do.”

Morgen’s advice to his fellow counselors is to understand that everyone has a different definition of spirituality, and each definition is right for that particular person. Even if clients don’t believe in a god or a higher power, just talking about their philosophical sense of what makes the world spin can be helpful to them, Morgen says. What benefit can spirituality offer to addicted clients? For one thing, Morgen answers, it provides a point of reference. Many times, he says, in living with an addiction, what addicted individuals do, whom they hurt and what they lose become a blur to them. Spirituality provides these individuals a sense of foundation that they didn’t possess when they were in the throes of the addiction, Morgen says. “It gives you a way to look around and make sense of what’s gained, what’s lost, where you’ve come from, where you’re going and how you fit in to all of that. It gives you an ability to find some kind of meaning, direction and an anchor point.”

Bates says counselors may find it worthwhile to talk with clients about the two phases and what will help them want to stay sober. “Consequences get you [the client] into treatment, but will they keep you here? We have to find something more valuable, and that’s [the client as a person],” she says. “If we can focus on the client as a thing of value, that’s worth working on.”

ACA addiction resources

The following books can be ordered directly through the ACA online bookstore at counseling.org/publications or by calling 800.422.2648 ext. 222.

- Developing Clinical Skills for Substance Abuse Counseling (order #72895) by Daniel Yalisove provides a framework for understanding substance abuse and teaches the basic concepts and skills necessary for effective counseling ($29.95 for ACA members; $44.95 for nonmembers).

- A Contemporary Approach to Substance Abuse and Addiction Counseling: A Counselor’s Guide to Application and Understanding (order #72888) by Ford Brooks and Bill McHenry offers a basic understanding of the nature of substance abuse and addiction, its progression and clinical interventions for college/university, school, and community/mental health agency settings ($35.95 for ACA members; $49.95 for nonmembers).

- Critical Incidents in Addictions Counseling (order #78058) edited by Virginia A. Kelly and Gerald A. Juhnke explores the opportunities and challenges of working with clients struggling with addiction ($19.95 for ACA members; $24.95 for nonmembers).
Don’t Turn Away
1. When counselors don’t think they are skilled enough to work with an addicted client, Gerald Juhnke recommends they:
   a) Make a referral to a more skilled counselor
   b) Consult with a supervisor and attempt to continue working with the client
   c) Engage in focused addiction counseling training
   d) Partner with a second counselor more knowledgeable about addiction

2. To fully comprehend the addiction struggle, Kerrie Fineran has found it useful for counselor education students to:
   a) Observe addicted clients participating in medical treatment
   b) Give up a substance or a process for a period of time
   c) Review case studies prepared by experienced addiction counselors
   d) None of the above

3. As an initial step in working with an addicted client, Juleen Buser suggests the counselor:
   a) Assess the client’s level of motivation and readiness to change
   b) Create a client support group
   c) Require the client to participate in drug testing
   d) All of the above

Bullies With Byte
4. According to experts, the percentage of students involved in cyberbullying incidents, either as perpetrators or as targets, is:
   a) 5-10%
   b) 10-20%
   c) 20-30%
   d) More than 30%

5. Because cyberbullying is done with technology, Jessica Lingo has found the behavior to:
   a) Spread much faster than other bullying acts
   b) Be more permanent as a bullying tactic
   c) Invade spaces previously thought to be safe
   d) All of the above

Life in Transition
6. To become better connected to military clients, Lynn Hall recommends that civilian counselors:
   a) Volunteer to participate in programs such as Give an Hour
   b) Ask installation family support and mental health units to add their name to referral lists
   c) Ask to be placed on National Guard and Reserve referral lists
   d) All of the above

7. It is crucial that counselors working with military couples understand what aspect of their culture?
   a) Roles and responsibilities of deployed service members
   b) Life and family styles
   c) The authoritarian structure of the military
   d) The psychology of separation and loss

8. What counseling approach does David Fenell suggest as a good starting point with military families?
   a) Rational emotive therapy
   b) Existential approach
   c) Humanistic approach
   d) Cognitive behavioral approach

NBCC Perspective
9. The organization formed to protect and support public access to professionals and organizations who have demonstrated competence in the administration and interpretation of assessment instruments, including psychological tests, is the:
   a) National Center for Fair and Open Testing (FairTest)
   b) Fair Access Coalition on Testing (FACT)
   c) Appraisal and Measurement Alliance (AMA)
   d) Test Users International (TUI)

10. NBCC believes the proposed Standards for Assessment Service Delivery: Procedures and Methods to Assess People in Work and Organizational Settings are important to counselors because of the stated emphasis on competency.
    a) True
    b) False

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David Fenell has been on both sides of the fence. As a retired colonel and behavioral sciences officer with the U.S. Army and Army Reserve, he has counseled many soldiers returning from deployments on how to fit back in with their families at home. He would advise them to take it slow and to prepare themselves to find that their spouses had changed in some way. “Recognize and value the things he or she has done to keep the home fires burning while you’ve been gone,” he would tell soldiers.

Fenell, who retired in 2009 after 26 years of service, including tours in Afghanistan and Iraq, found it necessary to heed that advice himself when, following a deployment of his own, the transition back home ended up feeling a little less than seamless. While Fenell was deployed, his wife had enrolled in graduate school for counseling. He returned to find that she had turned their house into a quasi-library, with each room serving as a study zone for a particular area of counseling. “I came back home, and the house was completely changed,” says Fenell, interim dean and professor of counselor education in the College of Education at the University of Colorado at Colorado Springs.

Fenell, a member of the American Counseling Association, made a conscious decision to take it slow, respecting what his wife had accomplished while he was gone. But roughly three weeks after his return, nothing had changed, so he broached the subject with his wife. “I don’t feel like there’s really anyplace for me in the house right now,” he told her. “Every room is dedicated to a counseling subject, and it doesn’t feel like home anymore.” His wife quickly moved things around and, before long, Fenell felt like he had a place in the home again.

Fenell’s bumpy transition isn’t unique among those serving in the military, but he was lucky enough to have a counseling background that enabled him to remedy the situation. Those aren’t skills that the average returning soldier possesses. With increased deployments during the past decade, more soldiers are in need of counseling support, Fenell says, and because there aren’t enough military providers to handle the need, referrals to civilian counselors are on the rise.

Lynn Hall, dean of the College of Social Sciences at the University of Phoenix, echoes Fenell, saying that because of today’s extended conflicts, military members are often experiencing multiple deployments. The stress on the family and the couple is greatly enhanced each time a service member is deployed.
says Hall, an ACA member who worked for about 10 years as a school counselor in Department of Defense schools in Germany.

The makeup of the military has changed through the years, Hall notes, with more of its members married now than in the past, meaning multiple lives are affected by frequent military moves and deployments. After the change to an all-volunteer military in the 1970s, the military began promising to support military families, Hall says, making it easier for service members to choose the military as a career while still maintaining a family.

In general, according to Hall, military couples marry and have children earlier than civilian couples. Although service members receive the housing, salary and benefits to support a family, the military life often necessitates that these young families move away from extended family, leaving them with less familial support, Hall says. With more military members deploying and leaving their families behind, the need for counseling, including couples and family counseling, is on the rise, says Hall, who wrote Counseling Military Families: What Mental Health Professionals Need to Know, published by Routledge in 2008.

Like Fenell, Hall says more civilian counselors are needed to help military families. The military is stretched too thin to meet the current demand, she says, in part because the military is deploying more mental health workers overseas to be with the troops. In addition, more members of the National Guard and Reserves are deploying. When those individuals return to their civilian lives, they will be more likely to need civilian counselors, Hall says, especially if they don’t have the ongoing support of military resources.

Hall recommends that counselors who want to get connected with military clients contact the family support centers or military mental health providers on local military installations and ask to be added to their referral lists. Counselors can also check with local National Guard or Reserve offices to inquire whether they have referral systems in place. Another option Hall mentions is Give an Hour (giveanhour.org), a program for which counselors can sign up to volunteer their time to work with military families. The program “would be a great way to get in the door,” Hall says.

Fenell also offers ideas for counselors who want to work with military personnel and their families, including reaching out to military chaplains and requesting consideration as a referral source, placing ads in military installation newspapers and informing local Veterans Affairs hospitals and service facilities about their qualifications as counselors.

The significance of couples counseling with military couples shouldn’t be lost on counselors, Fenell says. “It is always a plus for the warrior when he or she is in a stable, loving marriage. It enhances performance in combat or any other military situation. On the other hand, a highly stressful marriage can take the warrior’s focus away from the mission and can lead to problems for the military unit in life-threatening combat situations.”

**Culture shock**

“There’s a much greater demand for civilian providers, and it’s especially important that they have familiarity with military culture and the things that military couples go through,” Fenell says. Understanding the culture of your client is integral to being an effective multicultural counselor, and the military is most definitely a distinct culture, he emphasizes. Counselors need to connect with clients in ways that validate their culture, their ethnicity and their perspective. In counseling service members and their families, that means letting the clients inform you about their lifestyle, Fenell says.

There seems to be a mentality among service members that civilians don’t understand the military, Hall says. “It could be something as simple as [the counselor] calling an officer by his first name,” she says. “And then the officer says, ‘The counselor doesn’t get it. I don’t want to be here.’” Not understanding the differences between being an officer and being enlisted, not being familiar with military acronyms or not being aware that service members don’t have the power to decide when they’re going to move are common examples of mistakes counselors can make that will turn military clients off from the start, Hall says.

It’s also crucial for counselors to understand and respect the authoritarian structure of the military, Hall says. “As counselors, we’re trained in an egalitarian mentality that everybody in a family should have their rights and everyone should be open to listening and being respectful,” she says. “In a military authoritarian structure, civilian counselors have to put their own values on the shelf and realize that the military has to be the way it is in order to survive, and the couples need to realize that is the culture they live in. They don’t get to make decisions about when they’re going to move or where they’ll live. Their life is regimented.” Within the individual household, a couple can respect each other and care about feelings, Hall says, but it’s important for counselors to understand that the couple’s larger community might not share those same values.

If the nonmilitary spouse is feeling stress from the regimented structure, the counselor can help that spouse express how difficult it is to his or her partner, help the couple respect each other’s feelings and help the struggling spouse to meet his or her own needs within the existing military structure, Hall says.

Fenell concurs that counselors must understand that service members have many of their decisions made for them. Certain decisions are ultimately beyond their control. “There’s a strict protocol in terms of following orders and doing your duty,” he says, “and counselors are more inclined to want to help people find their own solutions and seek the best course of action for themselves. Sometimes, those two dimensions can come into conflict.” Although military values and strict obedience to orders might clash with the values counselors normally support and encourage in their clients, Fenell says it’s necessary for counselors to understand the context of a military couple’s problems in terms of the values they work under.

A certain set of “givens” exists in the military culture, Fenell says, including...
anything having to do with following direct orders, such as when and where to deploy. “You don’t really have a choice to say, ‘I don’t want to go this time and I think I’ll leave the military now,’” Fenell says. “The goal for the counselor is to help the military member make the best of those givens, finding areas that are not amenable to change and those that are.”

**Ever-changing family dynamics**

As Fenell experienced firsthand, one of the biggest hurdles for military couples is the change that occurs when a spouse deploys. “I always tell my couples change is ubiquitous,” Fenell says. When spouses deploy, they tend to think their family will remain exactly as it was before they left, he says. “When [the service member] returns, he or she has freeze-framed what it was like prior to the separation, expecting to step into a family dynamic that is unchanged. But it **has** changed.” If the couple has children, they have grown. The spouse who remained behind has shoudered additional responsibilities and has likely grown into a more autonomous and independent person as well, Fenell says.

He recommends that counselors encourage the couple to identify the changes that have taken place. It’s often the case that both spouses have changed, Fenell points out, even though each partner is more likely to notice only the changes in the other person. It helps to have the couple discuss how things played out during the deployment, how responsibilities shifted and how they can renegotiate the division of labor, he says. One area in which problems can arise is when one spouse has grown more autonomous and the other feels threatened by that development. When this happens, Fenell says the counselor should help the threatened spouse recognize that the relationship is evolving, becoming more healthy and less dependent. Having a service member return and automatically expect the spouse to give up all the duties he or she was shouldering, essentially relegating the person to a subservient role in the relationship, is not ideal, Fenell says.

**“Giving up autonomy is not a recipe for a good marriage.”**

The transitioning of one spouse out of and then back into the household can be extremely stressful, Hall says. When one spouse leaves, the remaining spouse and their children learn to function as a single-parent household. But when the soldier returns, all roles and responsibilities must be shifted again. In some cases, the returning spouse expects to take over right away. “Family members think, ‘Hey, wait a minute. I did this job for nine months. Why are you now telling me what to do?’” Hall says. In other cases, service members are unable to help pick up the slack at home because they are still overwhelmed by what they experienced during their deployment. This can also heighten tension in the home.

Part of the solution is for counselors to help each person understand the other person’s perspective, Hall says. The spouse who remained behind might think he or she has done a great job running certain aspects of the household and could be reluctant to surrender those duties now that the service member is home. On the other hand, Hall says, the service member needs to feel that he or she can contribute to the household again. “Get both people to hear the other person’s side,” she says, “and then start making some reasonable accommodations to get the service member back involved in the household without the spouse feeling like she’s giving up everything.”

There are also instances in which the spouse who stayed behind makes it known that she or he can’t take another deployment, Fenell says. If the service member doesn’t want to consider giving up a military career, the circumstances can turn into a major roadblock for the couple. “One of the things you try to discover in working with the couple is whether it’s more than ‘I just can’t do it anymore,’” Fenell says. For example, he says, the spouse might feel overwhelmed by the prospect of handling the kids again solo while the military member is deployed. In that case, he says, helping the spouse determine ways to secure more support in caring for the children during the next deployment might offer a possible solution. “But if it’s pure ‘I can’t do it again, and I won’t,’ and the warrior won’t leave the military, then you can help them disengage in ways that are least damaging to themselves and to the kids. Make [the split] as amicable as possible.”

In many cases, Fenell points out, when the nondeployed spouse is doing well during the deployment, the kids are also managing well. But when the spouse is feeling stressed out and overwhelmed, the kids pick up on that and might start struggling, too. The family’s anxiety can transfer to the deployed service member as well, Fenell says, creating extra difficulty in the combat situation. He believes the best-case scenario is to encourage the nondeployed spouse and children to seek counseling during the service member’s deployment. This offers them a sense of stability, an outlet where their concerns can be heard and a place to receive concrete suggestions for overcoming life’s challenges as well as assistance in finding additional support systems.

On a different front, combat stress is something that can and often does return home with soldiers, Fenell says. But in his opinion, post-traumatic stress disorder is being overdiagnosed among returning military members. “Many returning veterans do have some symptoms. However, most are having normal reactions to very abnormal circumstances,” he says.

If everyone, from society at large down to the service members’ military units and families, treats them as if they are “damaged goods,” then the service members are going to have a more difficult time recovering, Fenell says. But if the culture, the military and the service members’ families come to perceive these symptoms as a normal reaction to the stressors of combat, “they’re creating a context for healing rather than a culture that pathologizes,” he explains. Counselors with expertise in trauma therapy might be especially well equipped.
to help military couples navigate this healing process, he says.

Beyond deployments, Hall says the repeated transitions military families must face in getting reassigned and moving every few years can place a strain on them and make them feel as though they don’t fit in with the way the rest of the world works. When people don’t possess a feeling of belonging, Hall says, they often end up feeling “less than.” Her recommendation to counselors is to assist these families in acknowledging some of the positive aspects of being involved in the military as well as ways the experience has made them stronger.

At the same time, Hall says, it’s equally important to address the grief that accompanies a life of constant transition, which includes saying goodbye to friends, family members and even pets. “The military mentality is that you move on and you don’t worry about it,” Hall says. “You’re not allowed to grieve.” But working with military families means allowing them — giving them — that space to acknowledge what they are leaving behind and what they will miss. That is an important piece in helping these families make healthy transitions, Hall says.

The right approach

When working with military couples, Fenell says basic counseling techniques such as establishing a healthy relationship based on trust and reflecting each person’s perspective can go a long way. “A skillful therapist can connect with both partners in each person’s own way without feeling more of an inclination [that] one person is right and one is wrong,” he says. “Once they see you’re going to be objective, they’ll trust you more.”

Family therapy can be helpful in letting the counselor experience firsthand how the family interacts and attempts to solve its own issues, Fenell says. This approach also allows the counselor an opportunity to normalize the reconnecting process in situations in which a spouse is returning from a deployment and trying to bond with the children.

In terms of specific counseling techniques, both Hall and Fenell agree that going straight for the couple’s feelings isn’t the best approach. “Military men are trained right from the beginning that they’re not supposed to acknowledge their feelings,” Hall says. “If we go there first, we’re basically going to lose them.”

“We want to get in touch with thinking in the realms of ‘What do you believe about this? What do you believe that relationships should look like? Where did you learn that? What do you think you could change that might make a difference?’ If we’re lucky,” Hall continues, “we’ll be with them long enough that we’ll get to the emotional piece. But first, focus on what the military focuses on: ‘What are the goals? What do I have to change about my thinking or attitude? And how do I change my behavior in order to reach my goals?’”

A cognitive behavioral approach works well with military clients, Hall says, as does solution-focused therapy and Adlerian techniques. With this particular population, Hall is a proponent of reducing the chaos and finding ways to get problems resolved in a timely manner. “We need to get in and help them make a change quickly. If we do, then they’ll probably come back,” she says. Hall adds that because of the ongoing cycle of relocations and deployments, the “next session” is never a guarantee with military clients. For that reason, counselors should focus on being goal oriented in each session, she says.

Fenell agrees that a cognitive behavioral approach is a good starting point with military families. As the counseling relationship grows and the couple learns to trust the counselor more, he says the counselor might move into more affective approaches. When appropriate, Fenell recommends emotionally focused couples therapy because it is grounded in a systemic viewpoint, recognizes healthy dependence as a strength and helps couples affectively tap into feelings present in the relationship. Structural family therapy is another technique to which a military mind-set might more readily relate, Fenell says.

Guiding a struggling military couple to retrace why they selected each other as mates can also prove fruitful, Fenell says. The counselor can help the couple review what attracted them to each other, what values they had in common and why they bonded, with the goal of enabling them to build on that foundation moving forward.

Hall says that when she worked in the overseas schools, military families often came to her looking for concrete answers and solutions to their problems. Befitting the authoritarian structure of the military, these families pledged that if she simply would tell them what to do, they would do it. “If we as counselors buy into that and it doesn’t work, then we’re the bad guys,” she warns. Instead, Hall recommends turning the situation around and helping these clients explore for themselves what solutions might work within the military structure in which they operate as well as within their own families. “We can give them some things to consider or help them look for the consequences of each one of their actions,” she says, “but we’re probably not doing anyone a favor by saying, ‘Here’s the answer.’”

Beyond the counseling sessions, Hall advises that counselors stay on top of other resources in the community and promote their availability to military clients. Many military installations have family support centers, support mechanisms for families going through a deployment and even career counselors, but military members aren’t always aware of these tools, she says.

Civilian counselors should understand ahead of time that military couples are unlikely to look like or interact like civilian couples, Hall says, regardless of the specific problem that has brought them to counseling. “We’re not trying to take them to a place where they can sit down and make decisions about whether they’re going to move to a new community or not,” she says. “Hopefully we can get them to make decisions as to how they raise their kids or spend their money, but you always have to help them understand that it’s within the military structure.”

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Letters to the editor:
ct@counseling.org
There are those who think cyberbullying is an overpublicized issue, a passing fad that counselors and school authorities should be able to handle in the same way as they would schoolyard bullying.

But bullying experts have grown to realize that these online attacks are both different from and more insidious than traditional bullying. For one thing, perpetrators of cyberbullying may not be the type of students one would normally expect to find involved in traditional bullying. For another, the attacks can take place anonymously and quickly involve hundreds of other participants and onlookers. Cyberbullying effectively isolates its intended targets and haunts its victims relentlessly because the attacks reside and proliferate throughout a primary social network for today’s youth — the Internet.

Some experts worry that despite the growing frequency and severity of such incidents, counselors either don’t believe that cyberbullying is a critical concern or don’t know how to address this modern-day problem effectively.

“I don’t see the topic much discussed in counseling circles,” says Sheri Bauman, associate professor and director of the school counseling program at the University of Arizona. “That really concerns me. It is an important issue, and it’s here to stay.”

That perceived knowledge gap led Bauman, an American Counseling Association member of 25 years, to write Cyberbullying: What Counselors Need to Know. The new book, published by ACA, describes the problem of cyberbullying, the reasons why it occurs and recommendations for prevention and treatment.

Bauman and others in the field suggest it is imperative that counselors quickly get up to speed on the complexities of the problem and possible counseling approaches to address the problem, including the need to educate young people and their parents.

A pervasive issue
Cyberbullying is not only a different problem than traditional harassment, experts say, but also a growing one. Most estimates suggest that 20 to 30 percent of young people are involved in cyberbullying incidents, either as perpetrators or as targets. Cyberbullying can involve sending e-mails or text messages, posting on social networking sites or participating in “trash-polling” sites, where visitors are invited to post unflattering comments about someone, often on the basis of the individual’s photo.
Unfortunately, plenty of examples speak to the impact these tactics can have:  
- Ryan Halligan, a middle school student with a learning disorder, was the focus of bullying and suggestions that he was gay. He hanged himself after a girl who claimed to be his friend (a relationship he sought out to dispel conjecture about his sexual preference) told him publicly that he was a “loser” and that she had been pretending to like him just so she could post their conversations online and humiliate him.
- Ghyslain Raza, a slightly overweight Canadian youngster, was famously dubbed the “Star Wars Kid” for a video he made in private pretending to fight with a lightsaber. Another student made it public by posting it to a website and, eventually, it was viewed more than 900 million times, with music and other features added on. Raza dropped out of school after being taunted repeatedly and sought psychiatric help.
- Megan Meier, 13, hanged herself after a boy she developed a relationship with online dismissed her by telling her, “The world would be better off without you.” The boy, however, was fictitious, created by the mother of one of Meier’s former friends and rivals.
- Jesse Logan sent nude pictures of herself to her boyfriend, who then circulated them online after they broke up. She was ridiculed and began skipping school. The school was notified, but didn’t act, according to her mother. Logan went public with her story in a TV interview but shortly thereafter hanged herself.

Increasingly, instances of cyberbullying are being reported in school counseling offices nationwide, often starting early in middle school. Even elementary school children can harass each other online through seemingly friendly chat rooms.

**A different animal**

How is cyberbullying any different from other types of bullying that take place during adolescence? “The nature of technology magnifies the potential for harm [with cyberbullying],” Bauman says. “The size of the audience who could potentially witness the humiliation of a target is enormous. The bullying takes place without restrictions of time and place, so the target has difficulty finding a safe haven.”

Jesica Lingo, a school counselor at Lake Chelan Middle School in Washington state, conducted her thesis on cyberbullying and has been close to cases at nearby schools. “Because the bullying is done with technology, it can spread much faster, is more permanent and invades spaces that were previously safe,” says Lingo, a member of ACA. “At the very least with traditional bullying, a victim could get a reprieve at home. Now, there is the possibility of 24-hour victimization.” With time, she adds, past verbal assaults and past incidents of traditional bullying can be partially forgotten and can begin to lose their power, but with online bullying, the taunts and insults remain in cyberspace to be read over and over again, causing the target to relive the bullying each time.

Because online social connections have taken on such importance for today’s students, having that environment contaminated by a personal attack can serve to dramatically isolate any young person who becomes a target, Bauman says. “Also, the anonymity of the Internet, and sometimes text messages, increases the boldness of the perpetrator and the fear of the victim,” she adds. “If the source of the behavior is unknown, it could be anyone, including an assumed friend. So, the victim’s basic trust is undermined.”

By its very nature, cyberbullying often draws in young people who wouldn’t normally be bullies, Lingo says. “There aren’t consequences because of the anonymous nature of the Internet and because they don’t see firsthand the negative effects of the bullying,” she says. “There is a lack of empathy.” According to Lingo and others familiar with the issue of cyberbullying, that divide between victim and perpetrator can have an even more serious effect on the emotional health of a young person who feels powerless and vulnerable.

Sexting, the practice of sending sexually suggestive or explicit messages or pictures via a mobile phone (as in the Jesse Logan case), adds another problematic layer to the issue of cyberbullying, says Christine Bhat, assistant professor of counselor education at Ohio University and a member of ACA. “The sexual component in sexting or ‘outing’ someone who isn’t ready to be outed can silence the victim because it is hard for a betrayed or embarrassed teen to seek help from a parent or other adult knowing that the adult might be offended or angered by the information or photos,” explains Bhat, who has studied cyberbullying and spoken broadly on the topic, including at the 2011 ACA Annual Conference in New Orleans this past March.

In addition, she says, although adults normally have a general grasp of traditional bullying, they are not always familiar with new communication technology, making it harder for them to detect a problem or to intervene to help resolve it. “Several things make cyberbullying potentially more harmful,” Bhat says. “A large number of people are privy to the humiliation of the victim, not just those on the bus or in the cafeteria. It could be online for the world to see, laugh at or comment on. Victims become overwhelmed with the idea that everyone is tuned in [to their humiliation].”

**Supportive therapy**

Those most familiar with cyberbullying say the issue oftentimes isn’t taken seriously, which is a mistake. “The
consequences of any type of bullying are not trivial,” Bauman says. “They are long-lasting and, in many cases, very serious, resulting in depression, anxiety and social withdrawal.” The emotional concerns of young people often cascade, she says, meaning that the anxiety and fear brought about by cyberbullying can cause social withdrawal and a lack of attention to schoolwork, then lower grades and, eventually, more unhappiness at home. Bauman says the resulting state is comparable to that of someone experiencing post-traumatic stress disorder.

“When someone writes a nasty comment on their wall in Facebook, it can be devastating for teens,” Lingo says. “Not only can all of their 352 [Facebook] friends read what was said, but all of the 576 friends of the person who wrote it can read it. For many adolescents, their Internet world is as real and as important to their social lives as their daily lives and school.”

As is the case with traditional bullying, counselors have three responsibilities when it comes to the phenomena of cyberbullying: assisting targets of the bullying, assisting the bullies themselves and educating young people, parents and other adults.

Marilyn Campbell, associate professor of psychology at Queensland University of Technology in Brisbane, Australia, specializes in the study of bullying and offered four principles she believed counselors should follow in a 2007 report on the topic.

First, she said, counselors should ask targets of bullying how they want to be helped. “As with any client, one needs to individualize the solution,” Campbell wrote. Second, counselors should reinforce with young people being bullied that they are not at fault. “Avoid saying, ‘You need to be assertive. You need to stand up to the bullies. Just tell them to stop or ignore them.’ [The person being bullied] may feel blamed for the event and may retaliate,” Campbell wrote. While being careful not to blame the individual being targeted, other experts note that it is important to educate young clients about why they might be a target for bullies and discuss when and how these clients can be more assertive.

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Third, Campbell wrote, counselors should find out if the person being bullied has other serious emotional issues, assess whether the other issues are related to the bullying and explore those issues along with the more practical aspects of the bullying incident to ensure that the client is fully treated.

Fourth, counselors should attempt to provide the client with some “positive peer relations and social cohesion, where peers and friends can support and protect him or her,” Campbell said.

“Victims need supportive therapy that does not blame them and skills training to help them behave differently in the future,” Campbell emphasized.

**Treating both sides**

Bauman mentions six topics Australian psychologist Evelyn Field developed to help targets of bullying: regulating feelings, understanding their role in the incident, building self-esteem, communicating confidentially, creating personal power and developing a network of support.

Bauman also recommends four types of therapy she believes to be helpful in cases of cyberbullying — in some instances, both for the target and the perpetrator.

**Brief solution-focused counseling.** This approach is “most appropriate for responding to incidents of low-level severity,” says Bauman. She notes that a 2000 study showed brief solution-focused counseling was very successful in helping both bullies and their victims. The approach encourages clients to focus on exceptions to the problem, build on their self-identified strengths, consider life without the issue and develop strategies for similar situations in the future.

**Support groups.** This approach can take on a number of different forms, Bauman says, including groups composed of various individuals who have been targets of bullying or groups made up of a single victim’s supporters and friends, plus individuals involved in the incident and the primary perpetrator, all of whom work together to come up with supports for the victim. In school settings, administrators can establish rules requiring that perpetrators participate in such groups. Oftentimes, the perpetrators are repentant and willing to help in an effort to rectify the situation.

**Shared concern.** Counselors hold meetings with cyberbullies and supporters of the person who was bullied to determine what happened and what might be done to improve the bullied individual’s circumstance, especially in cases in which a group was involved. The perpetrators of the bullying are encouraged to help the person they targeted and are supported in their efforts. Bullied individuals are also interviewed for their perspective on the problem, including what might have made them targets.

**Restorative justice.** Reserved for the most serious cases, this more formal technique is designed to rebuild relationships, while also allowing bullies and other perpetrators to make amends. The process allows targets of bullying to express themselves in a session in which the goal is to reach a formal agreement on how the victim can be aided. This approach has prescribed steps and a tight structure that might require additional training on the part of counselors, according to Bauman.

When it comes to perpetrators of bullying, Bauman points out that traditional punitive responses rarely change the person’s behavior. “Punishment teaches the offender what not to do, not how to behave appropriately,” she says. “And it may be that what he or she learns is just not to get caught.”

ACA member Scott Schaeble, assistant professor for counselor education at the University of Colorado Denver, emphasizes that bullies need counseling, too. “Old-fashioned empathy is important for victims and bullies,” he says. “Many cyberbullies are also victims of cyber- or traditional bullying, and empathy will help with rapport. Also, a harsh approach can just drive online activities further underground and make them more harsh, compounding the problem.”

Bhat adds that cognitive interventions may be effective in correcting bullies’ thinking errors, including disengagement and hostile attribution bias, in which bullies assume that others are always wrong about how they are contributing to the problem of bullying when they choose not to intervene and to recognize them when they step forward with information, he says.

Schaefle supports that notion, including in instances of cyberbullying. “If a slanderous web page gets hundreds of visits, it reinforces the bullying behavior,” he says. “If it is reported to adults who follow through and do something, that sends a very different message.”

Educating parents and other adults so they understand the technology, how it
is being used inappropriately and how they can help cyberbullying targets is key, Bhat says. “People have realized that intervention in cyberbullying cases has to be systemwide. Having clear, widely known policies with descriptions of unacceptable behaviors and clear consequences evenly applied is necessary,” she says. “There are some schools that have policies that no one knows about.”

Counselors can also help their schools develop acceptable use policies (AUPs) and then make certain these policies are understood and adhered to by students (samples of AUPs are available online and in the book Cyberbullying and Cyberthreats by Nancy Willard). Some schools have students sign pledges and display the AUP prominently in the school building and online.

Bhat also believes parents can be reminded that because they pay for electronic media, they should take responsibility for its proper use by their children. She suggests that counselors pass on the following tips to parents:

- Set ground rules for the amount of time children can spend online. “Parents need to be aware that online addiction is becoming a mental health issue of concern, with a pattern similar to other types of addictions,” Bhat says.
- Establish rules about whom children can interact with and where, as well as what information will be shared with parents.
- Discuss appropriate versus inappropriate content and public versus private conversations.
- Discuss clear consequences for not abiding by the agreed-upon rules for using technology.

“Educating students, parents and teachers is a must,” Lingo says. “It’s not just a school issue or a home issue anymore. It needs to be dealt with as a community.”

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When the American Counseling Association last completed and released a revised version of its Code of Ethics in October 2005, issues of multiculturalism and diversity received special focus because they were increasingly coming to the forefront of counseling practice but had not been addressed in much depth in previous versions of the ethics code.

The 2005 revision also highlighted the ethical use of technology applications, including guidelines for a then-burgeoning movement by counselors to launch and maintain professional websites. Fast forward roughly six years, and a technological revolution that wasn’t on many people’s radar screens in 2005 — social media — has opened up a new frontier of ethics questions and implications for counselors.

Not coincidentally, ACA announced this spring that it would again be undertaking a major revision of the ACA Code of Ethics, which began with an April call for participants to serve on the Ethics Revision Task Force. The process of revising the ethics code is expected to take three years, with a goal of presenting a final draft for approval by the ACA Governing Council in March 2014.

The rapid rise of social media in and of itself did not determine the need for a revised code of ethics — in practice, ACA reviews and revises the code every seven to 10 years — but the widespread use of Facebook, Twitter and other social media applications did have some influence in getting the latest revision process started sooner rather than later.

“There definitely are some newer areas of concern within our profession that need to be addressed by the ACA Code of Ethics,” says ACA President Marcheta Evans. “Social media stands out as one of those areas. With Twitter and Facebook, there are some ethical boundary issues just floating out there with counselors.”

Even so, the revision process will focus on far more than social media. The Ethics Revision Task Force will be reviewing and updating all sections of the existing ACA Code of Ethics as appropriate, while also trying to anticipate emerging issues that could present counselors with ethical dilemmas down the road.

“The ACA Code of Ethics helps to define who we are, how we operate and how we function as counselors,” Evans says. “Revising our ethics code periodically is part of our professionalization. We want it to be as extensive and as inclusive as it can be while also looking at issues that may pop up in the future. It’s a positive for the public to see us examining ourselves as a profession as we move forward.”

In appointing ACA members to serve on the Ethics Revision Task Force, Evans says she will be “looking for diversity of thought. That diversity covers everything from ethnicity to gender to background and experience. I’m really open to having a lot of color and flavor on this task force so we can perhaps uncover some things that we may have missed or that hadn’t become apparent yet when we did previous revisions.”

The desire is to assemble a task force composed of counselor practitioners from varied settings and specialties who have experience applying the ACA Code of Ethics in their work as well as counselor educators who have engaged in scholarly activities pertaining to the ethics code.

“I’m excited to be able to have a hand in moving this very important process forward,” says Evans, who will review applications and appoint eight to 10 ACA members to the Ethics Revision Task Force before she concludes her term as ACA president at the end of June.

“It’s important to get a cross-section of counseling professionals, inclusive of those teaching and practicing, involved in the revision process because it will make for a richer review and update,” says ACA Executive Director Richard Yep. “The ACA Code of Ethics is a central part of the counseling profession, and it helps define who our members are at their very core, while also reflecting ongoing changes in society. I would encourage every member of ACA to participate in this process in some way.”

The proposed timeline for revising the ACA Code of Ethics calls for ACA to solicit input from its members this coming fall regarding new areas that the code needs to address as well as existing standards that may need to be changed in some way. After collecting and reviewing this input, the Ethics Revision Task Force will turn its attention to composing a draft revised Code of Ethics between April 2012 and March 2013. Once the draft revision is released, ACA will issue a call for feedback from its members, and the task force will then consider this feedback in developing a final draft to be presented to the ACA Governing Council.

“The ACA Code of Ethics provides the counseling profession with our framework for acting in the best interests of clients, students and supervisees,” says ACA Chief Professional Officer David Kaplan. “As such, we have taken its revision very seriously, and President Evans has mapped out a comprehensive three-year approach for updating the code that includes expert practitioners and scholars and multiple layers of input and feedback from a variety of constituencies — the most important being the ACA membership.”

All ACA members agree to abide by the ACA Code of Ethics when they join the association, and more than 20 state licensing boards use the ACA code as the basis for their standards of practice and the adjudication of client complaints.
Program coordinators react to CACREP Standards

In 2009, the Council for Accreditation of Counseling and Related Educational Programs approved its substantially revised standards for training counselors at the master’s and doctoral levels. After more than two years of review, member discussion and comment, revision, debate and controversy, the new program accreditation standards were received with cautious concern by many in higher education. With more than 550 CACREP-accredited counseling programs at approximately 250 different educational institutions, the impact of these sweeping new guidelines loomed large. Program faculty, administrators and university officials were concerned that the greater emphasis on program objectives for specific specialty areas of counseling, as well as the methods of assessing outcomes, would be costly in terms of resources and time. Coupled with the country’s economic downturn and fiscal problems for states, these issues have wreaked havoc with university budgets and left many counseling program leaders and their university administrators quite vexed as to how to implement comprehensive new program standards with little advance notice and fewer university resources.

Since accreditation of counseling programs began almost 30 years ago, a few research studies have looked at the perceived problems and benefits of accreditation. Generally, most research has shown, at least qualitatively, that CACREP accreditation has produced improvements in the training of counselors, identifiable accountability benchmarks, pride in the profession and a clear sense that the work toward CACREP accreditation was highly valued by institutions, faculty and students. In 2006, Susan Adams reporting in the Journal of Professional Counseling: Practice, Theory and Research found a clear quantitative difference in the National Counselor Examination (NCE) scores of graduates from CACREP-accredited programs and the scores of graduates from non-CACREP programs. CACREP-trained students performed significantly better on the NCE than their non-CACREP counterparts. Research has yet to be done on whether improved NCE scores lead to more competent practitioners. Nonetheless, the value of CACREP as an educational accreditation choice among the nation’s counselor education programs has been well verified.

At the same time, there was no research examining the impact of the 2009 CACREP Standards and how counselor education program coordinators viewed these new standards. Thus, I and my research team surveyed 580 CACREP-accredited counseling programs at 240 institutions nationwide on their perceptions of the revised standards. What follows is a preliminary report on the findings of that survey.

Survey procedures and results

We developed a short instrument with demographic and program information together with nine items related to perceptions of the new CACREP Standards. Items were scored on a seven-point Likert-type scale (strongly disagree to strongly agree). We also asked one qualitative open-ended question: “What do you perceive as the barriers to implementing the new CACREP Standards?”

Using various sources, we created an e-mail list of program coordinators at institutions offering master’s degree or master’s and doctoral degree programs accredited by CACREP. After receiving our institutional review board approval, we used an online survey program in November 2010 to send the survey to 246 different institutions. We received 135 usable complete surveys, a response rate of approximately 55 percent. Although many universities have multiple programs, we assumed that each respondent would be representing a separate university. Unfortunately, there was no way to verify this assumption because we deemed coordinators’ reactions to the CACREP Standards to be sensitive information and thought it was important to have an anonymous survey to further encourage honest reporting. This was especially important for the open-ended qualitative comments. Thus, there would be no way for us to identify the names of the program coordinators or their institutions.

The findings were revealing. The vast majority (89 percent) of program coordinators answered that they were familiar to extremely familiar with the revised CACREP Standards, while less than 2 percent said they were unfamiliar with the standards. When asked if the 2009 standards were an improvement over the old standards, 60 percent agreed that they were, 20 percent did not see the new standards as an improvement, and almost 20 percent were still undecided on the revised standards more than a year after their adoption.

Asked whether the new standards would be a hardship to implement, 42 percent agreed to strongly agreed that it would be a hardship, while 38 percent disagreed or strongly disagreed with that statement. Once again, almost 20 percent of respondents remained undecided. Asked if they believed the standards were arbitrary, 19 percent agreed or strongly agreed with the statement, while a majority of program coordinators (56 percent) disagreed or strongly disagreed. In line with several earlier questions, 23 percent were undecided concerning the arbitrariness of the standards. Almost one-third of respondents indicated their belief that the new standards would require more resources than their university could afford, while 48 percent thought the needed resources for implementation would be affordable. The remaining 18 percent were undecided on affordability.

Concerning whether the new standards were “a step in the right direction,” 46 percent agreed to strongly agreed with the statement, while 22 percent did not. Surprisingly, almost 32 percent remained undecided. On a related question, 49 percent agreed that the new standards would require all programs to be “essentially the same,” while 31 percent disagreed or strongly disagreed. Once again, approximately 20 percent were undecided. Finally, 40 percent of the program coordinators agreed or
strongly agreed with the statement that the new standards “will put counseling at the forefront of professional training.” Equally, 40 percent disagreed or strongly disagreed, while 20 percent had yet to decide.

So, what are we to conclude from the quantitative data? It seems almost all program coordinators were familiar to some extent with the new standards, and most held a positive impression of the standards. In fact, a preponderance (60 percent) believed the new standards were an improvement over the old ones. Conversely, almost 20 percent thought the new standards were not an improvement. One in five program coordinators is a sizable minority.

Additionally, depending on the exact question, a rather large percentage (approximately 20 to 30 percent) were undecided in their appraisal of the new standards. This number seems large given the discussion and debate periods surrounding adoption of the 2009 CACREP Standards. With about 60 percent of program coordinators viewing the new standards as an improvement and 40 percent either unsure of or not seeing them as an improvement, it seems that the CACREP leadership has some work to accomplish.

The qualitative findings were helpful in identifying some of the specific concerns of program coordinators. We reviewed the comments and saw certain themes or common concerns emerge in the written responses. More than 60 percent of the coordinators responded to the open-ended question “What do you perceive as the barriers to implementing the new CACREP Standards?” Many responded with detailed reactions and sentiments. The most common responses dealt with perceived problems related to their ability to assess learning outcomes. One person stated it well: “[H]aving clear guidelines for what is expected as evidence of outcomes is needed … examples of assessment systems are tedious and enough to make programs not want to be CACREP approved.” Another indicated a difficulty “operationalizing all of the long-winded, multifaceted objectives!” One person captured a sentiment expressed by many others: “Standards keep being added without anything being taken away.”

Perhaps the most strident comments concerned the hiring of only counselor education-trained faculty. One pointed statement by a coordinator captured this sentiment: “The most difficult to implement and the most unnecessary is the arbitrary exclusion of counseling psychologists. … Counselor education and counseling psychology share roots that should be respected!”

Another common theme was concern over the new supervision requirements for practicums and internships and the added cost for staffing. Some respondents felt strongly that this would be a hard sell to their administrators. One coordinator reflected a common frustration: “Some of our current site supervisors will not meet the new standards.”

Money and resources were frequently mentioned as being necessary to accomplish supervision requirements and student-faculty ratios for class sizes, but respondents didn’t generally see their administrators as likely to approve additional money and resources. As one coordinator commented, “Key is having the support of your dean.”

Despite the specific criticism concerning perceived barriers, it should be noted that many coordinators reported that they did not perceive any barriers to implementation of the 2009 CACREP Standards, had already met the new standards or were in the process of meeting the new standards.
Conclusion

Although the survey of CACREP program coordinators revealed majority support for the 2009 standards, the somewhat large amount of uncertainty among program coordinators, especially after more than two years of discussion and adoption of the standards, could bode poorly for certain currently accredited programs. Overall support for the new standards was qualified and tempered with real concerns related to limited resources, increased and costly supervision, and a possible lack of university support. These issues, together with reduced financial support for public institutions from state governments, suggest a need for programs to be proactive in their accreditation efforts.

The most telling and instructive information came from the qualitative findings. Many coordinators responded by detailing perceived barriers to meeting the new standards. Although several coordinators indicated that no barriers existed or that they had already implemented the new standards, of those who responded to the question on perceived barriers, the majority were critical of the standards and the necessary initiatives to meet them.

Clearly, although the program coordinators think the 2009 CACREP Standards are a step in the right direction, they also believe there are many barriers to overcome in the accreditation process.

Louis V. Paradise, Adrienne Lolan, Kristen Dickens, Hideyuki Tanaka, Paul Tran and Erin Doherty composed the research team within the University of New Orleans Department of Educational Leadership, Counseling and Foundations that conducted the survey on program coordinator response to the 2009 CACREP Standards. Correspondence concerning this article should be addressed to Louis V. Paradise at louis.paradise@uno.edu.

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Jessica Morris of Louisiana State University was named the grand prize winner in the Ross Trust Graduate Student Essay for Future School Counselors competition. Morris wrote about the role of school counselors in college and career readiness.

For submitting the top-rated essay, Morris earned a $1,500 scholarship grant and free registration to the American Counseling Association Annual Conference & Exposition held earlier this year in New Orleans. Each of the four authors of the winning runners-up essays received a scholarship grant worth $500. The essay competition was open to all counseling graduate students working toward a career in school counseling at the elementary, middle or high school levels.

Note: The following essays have been edited only for spelling and minor style issues. The views expressed are those of the essay authors.

Grand Prize Winner

Jessica Morris

Jessica Morris received her master’s in school counseling this past May from Louisiana State University. She first became interested in school counseling upon realizing the deficit of support systems students possess regarding personal, social, academic and career concerns. She hopes to eventually pursue a doctoral degree in counselor education, but her current goals involve working with middle or high school students in the Louisiana school system.

What is the role of the school counselor in college and career readiness?

Preparing students for college and career opportunities after high school is a challenge most schools struggle with. How does one know a student is completely ready for college or a career? How does a professional school counselor track if and how an intervention in college and career preparation directly benefited a student?

With a multitude of options in the military, technical colleges, four-year universities and in the workforce, students may become overwhelmed with such a decision or not know where to go to receive answers to questions they may have.

School counselors, at all levels, are vital to the college and career readiness process. At the elementary school level, school counselors can use opportunities during classroom guidance lessons to help students become more aware of various careers through activities resembling “Go Fish” games and “Career Bingo.” Exposure and identification of careers is key in kindergarten through fifth grade. Middle school counselors work to help students find relationships between their core classes and postsecondary options through group career assessments. Middle school students tend to be egocentric, which provides professional school counselors the opportunity to assist students in learning more about their own personality characteristics and how it relates to the world of work. Here, counselors help students become aware of the importance of becoming involved in extracurricular activities, volunteer work and exploring other activities that may be of interest to them. Secondary school counselors are one of the most important resources students have available to them. PSCs are responsible for providing career exploration opportunities, ensuring that high school course choices prepare students for college or a career and providing developmentally appropriate information about various careers, technical schools, colleges, scholarships and other opportunities.

School counselors use data from a multitude of sources, including student, faculty, parent and community needs assessments and interviews to determine what schoolwide activities (career days, guest speakers, college and technical school fairs, campus field trips) are suitable to encourage college and career readiness at their school. In addition to providing exposure to careers and colleges, PSCs must serve as advocates for college and career preparation, for students, for parents and for their schools. Counselors can encourage their school to have a postsecondary mind-set, where graduation from high school is a step in a journey for both the student and the school, never the final destination. School counselors encourage students to set the bar high, even when others may not agree. Advocating for and with the student to reach his or her highest potential socially, personally, academically and in his or her college and career decisions is at the heart of the PSC’s role.

Runners-Up

Jennifer Berry

Jennifer Berry received her M.Ed. in school counseling from Clemson University in May 2011. She plans to pursue a career in professional school counseling.
What is the role of the school counselor in college and career readiness?

Many people would agree that one of the most important components of their professional life is satisfaction with their chosen career. Career satisfaction, however, is often overlooked in career and college preparation for K-12 students. Most, if not all, school counselors would agree that preparing students for postsecondary success in their college and career is an important aspect of a counselor’s job. For many school counselors, this preparation takes the form of test preparation, college and career fairs and possibly a career inventory. While all of these things are important, the most essential component of this preparation is lost: the student.

Too often the goal in college and career preparation takes the form of what the school counselor, parents, teachers or school administration think is the best choice for the student. In many instances, a student enters postsecondary life with a road map developed by others that did not take into account the individual needs and wants of the student. This situation implies that a student’s needs and wants were ignored or, as is more usually the case, unknown because they were not sufficiently explored. What may seem like the best choice may not always be the best fit. Career theorist John Holland would state this best fit has been achieved when the career choice is in congruence with one’s personality. The task then, as school counselors, is to aid students in the discovery of what career would provide the most satisfaction and, in turn, the steps needed to pursue that career.

Supporting students in finding this best fit requires school counselors to become leaders in awareness and exploration. Awareness can begin as early as the elementary years and continue through high school and include a wide variety of activities that not only expose students to a range of careers but also address career stereotypes (i.e., boys can’t be a nurse, girls can’t be a firefighter). Beginning in middle school, counselors should begin assisting students in the self-exploration process. On a very basic level, this exploration should include some sort of personality or career inventory, including a discussion about their results. Ideally, this process would have the counselor treating the student as the expert of their self, learning from this expert (the student) and then collaborating with this student to connect who they are with what they want to pursue in life.

Even though preparing students for college and career often seems like a daunting task, counselors must make the commitment to help prepare students for this postsecondary life. This preparation does include the more traditional modes of college readiness such as test preparation, college fairs, etc., but more importantly includes awareness and exploration. Students are the experts of their life, and helping them explore themselves will support students in their postsecondary goals and decisions.

Holly Salters

Holly Salters is a 2011 graduate of Missouri Baptist University’s master of arts in counseling program. She aspires to be a school counselor and a licensed professional counselor, instilling joy in life and in learning.

What is the role of the school counselor in college and career readiness?

Ideally, solidifying plans for college and future careers would be at the top of any student's educational bucket list. For many, however, the prospect of life after secondary education appears quite elusive. Given the economic and social conditions of our nation, it is imperative for our students to gain the academic, personal and interpersonal skills necessary to prosper in postsecondary endeavors. From the youngest students in the nation to our graduating seniors and students in alternative programs, school counselors are responsible for implementing a systemic approach to college and career readiness. This multifaceted approach should include the identification of skills and interests in terms of future careers or education, the selection of appropriate and challenging course material, the teaching and modeling of appropriate social and interpersonal skills, as well as the deliverance of information about postsecondary planning.

Many schools succumb to the motto of “getting students through.” That is simply not enough in today’s challenging economic and social times. School counselors have the unique opportunity to equip students with an education tailored to their needs, while simultaneously instilling the unwritten skills necessary to function in college or in a career. Through the usage of observation, interest inventories, aptitude tests and other pertinent educational data, school counselors may guide students to select courses that will prepare them for postsecondary education or for the workforce. Such programs should build upon student strengths, interests and abilities.

School counselors must also expose students to a variety of experiential learning circumstances. Many of today's successful adults may reflect on their childhood and remember the time when the school nurse let them use his/her stethoscope to hear a heartbeat. Experiences such as these can prove to be inspiring and poignant for even the youngest of students. School counselors may also arrange for internship opportunities for high school students, wherein students spend part of the day at school and part of the day obtaining practical skills in a supervised work setting. School counselors should establish networks within the community to provide students with exposure to and experience in various fields.

Proactively, school counselors can also begin instilling positive character traits that would lend to adequate college and career readiness. This can occur via character education within the school setting, service learning projects and a number of other modalities. One of the best modalities is through
the usage of positive role models. The school counselor and other educational professionals may serve as role models of a strong work ethic, appropriate interpersonal skills and ethical decision making.

The final role of the school counselor in college and career readiness is simply the impartation of information to students and their parents or guardians. Navigating postsecondary education can be difficult, but school counselors should be knowledgeable and forthcoming with news of financial aid, career profiles, college entrance exams, application and interview processes, tuition and many other challenges of entering life after secondary education.

Jacquelyn Scott-Bell

Jacquelyn Scott-Bell is a graduate student in the school counseling program at George Mason University. She will begin practicum this fall and will graduate in May 2012. Her goal as a school counselor is to contribute to the improvement of education and help increase graduation rates among at-risk youth.

What is the role of the school counselor in college and career readiness?

Gone are the days when a high school diploma was sufficient preparation for a manufacturing job and the opportunity to earn middle-class wages was plentiful. Today’s young people must be prepared to exit high school ready to attend college or enter into a very competitive workforce. Whether recent graduates choose to pursue a college education, compete with experienced workers in an already challenging employment climate or volunteer to serve their country by joining the military, school counselors are relied upon to offer guidance and support. It is the role of the school counselor to supply students with the knowledge they need to pursue their chosen careers. Through exploration, planning and providing resources, school counselors help students prepare for life after high school.

It is the role of the school counselor to ensure each student has an opportunity to explore career options. Many school counselors utilize career assessment tools that can help students identify interests and goals. Resources such as Internet websites and books offered by the school counselor can help students decide which career pathway to pursue. “Career Day” is a popular event organized by school counselors that allows students to actually meet and speak with people from a variety of professions and become familiar with many careers. During the event, students have the opportunity to learn about educational requirements, working conditions and pay compensation. Exploring career options exposes students to endless opportunities and is essential in helping to identify both personal and professional goals. Many school counselors host college information fairs that allow students to interact with recruiters from colleges and universities across the country.

Once a career path is chosen, it is the role of the school counselor to assist students in planning for the required education and training. Whatever career choice is made, the school counselor can be relied upon to provide the necessary information. If the career choice requires a college degree, it is the role of the school counselor to help prepare students to take entrance exams such as the ACT or SAT, select and apply to schools that meet their academic needs, arrange for college visits and write letters of recommendation. Paying for college is an important concern for both parents and students. School counselors provide information about grants, scholarships and financial aid.

Students can also receive information from their school counselor about professions that do not require a college degree, apprenticeship training programs and military service requirements. Information regarding preparation or job skills required for a specific career can also be obtained through a meeting with the school counselor. Advance preparation can make the transition from high school less complicated. Helping to create a viable career path is just one of the many reasons why school counselors are essential to the growth and development of the students they serve.

Sarah Smitter

Sarah Smitter is a graduate student at the University of San Diego studying school counseling.

In these tough economic times, recent graduates are having greater difficulty than usual finding their first counseling position. What can and should ACA do to assist new professionals with employment issues?

The current economy has counseling students and recent graduates concerned about their job prospects as new professionals. Hiring freezes, budget cuts and reduced discretionary spending have left many counselors without jobs.

In these tough economic times, it is going to take brilliance along with knowledge and seized opportunities to secure our first counseling positions. The American Counseling Association can assist in this quest by providing current data, successful examples and extending its networking opportunities to assist emerging counselors in securing their first jobs.

As the popular saying goes, “knowledge is power.” We need the facts. ACA could conduct research and provide trend reports in its publications. The reports could highlight where the greatest number of job opportunities exist and what fields they are in. The current statistics could show who is hiring, where they are hiring and what they are hiring for. Not only would this help guide new professionals in their choice of specializations, but it would also help emerging counselors meet the current demands of our field.
Beyond just providing a trend report, ACA could also feature success stories in their publications of recent graduates who were triumphant in obtaining their first counseling jobs in this tough economy. Their stories, as captured through interviews, would serve as an example to those of us about to embark on the journey. It would provide encouragement for us to keep trying.

In addition to providing information, ACA can extend the opportunities it provides to network. Networking is an incredible resource for all professionals. A social network page and group could be launched just for emerging professionals. This would allow students and recent graduates to connect in a way that is convenient and popular. Discussion boards could also be included on the social networking page.

Perhaps ACA can host or cohost regional counseling job fairs. Job fairs allow employers and prospective employers to connect. Additionally, ACA can also provide regional job boards on its website where employers can list their current job openings.

At the Annual Conference & Exposition, ACA could dedicate time for professionals to impart wisdom to the emerging professionals. Workshops could be held just on current employment opportunities and strategies.

As an emerging professional counselor, I am about to navigate my way through this bleak economy. I will need brilliance to shine through this storm to achieve my calling and dream of becoming a school counselor. With the correct tools and resources, I am confident a way can be made through the storm.

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In this book, group work and college counseling leaders offer step-by-step instruction in the effective use and processing of structured group activities on topics such as test anxiety; stress and anxiety management; ADHD; career development; substance abuse; eating disorders; and the unique concerns faced by GLBT students, first-generation students, ethnic minority populations, student athletes, and combat veterans. The descriptions of each activity include tips for successful implementation as well as an overview of relevant theory and research on the topic. Handouts throughout the text enhance the book’s usefulness in the classroom and with faculty and parents. 2011 | 312 pgs

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Developing international assessment standards

Since its incorporation in 1982, the National Board for Certified Counselors has advocated for the rights of counselors as part of its dedication to promoting the growth and professionalization of counseling. This advocacy has included standing up for the rights of professional counselors who have been appropriately trained to administer and interpret assessment instruments.

The Fair Access Coalition on Testing

In 1996, the Fair Access Coalition on Testing (FACT) was formed through the combined efforts of NBCC, the Association of Test Publishers and the American Counseling Association. FACT (fairaccess.org) is “an independent organization of professionals dedicated to the protection and support of public access to professionals and organizations who have demonstrated competence in the administration and interpretation of assessment instruments, including psychological tests.”

FACT is a multidisciplinary organization with membership that includes organizations such as ACA, NBCC, the American Association for Marriage and Family Therapy, the American Mental Health Counselors Association, the American Speech-Language-Hearing Association, the Association for Assessment in Counseling and Education, the Association of Test Publishers and the National Association of School Psychologists. FACT has been actively involved in advocating against legislation within states that restricts fair access to appropriately trained professionals, including counselors. The coalition has written and distributed model advocacy letters. NBCC houses FACT and provides the majority of funding and staff administration for the organization’s efforts.

In 2007, one of its members informed FACT that efforts were under way to develop international assessment standards through the International Organization for Standardization (ISO), an internationally respected and prestigious organization that sets standards for business, government and society. When creating standards, ISO (iso.org/iso/home.html) involves a wide variety of professionals from the profession or industry for which it is creating standards. FACT identified the creation of these international assessment standards as a priority and encouraged member organizations to become involved to ensure competency-based testing rights.

The technical advisory group

The American National Standards Institute (ANSI) is the official U.S. representative to ISO and took the lead in advising ISO on these international assessment standards. ANSI, in turn, needed assistance and guidance from testing experts on the practice of administering assessments in the United States so that it could best advise ISO.

William G. Harris, CEO of the Association of Test Publishers, is a longtime board member of FACT. The Association of Test Publishers has been a strong partner in challenging unfair restriction of access to testing. In 2007, ANSI formed a technical advisory group specifically to advise it on this issue, and the Association of Test Publishers became the leader in organizing this group. NBCC leadership thought it vital to be involved in the technical advisory group to have a voice in these international standards and to advocate for the interests of the counseling profession. NBCC became a dues-paying member of the technical advisory group and asked James Sampson, a counselor educator from Florida State University and a longtime NBCC assessment consultant both domestically and internationally, to represent NBCC on the group.

The standards

During the past four years, Sampson has attended a total of five meetings and worked with NBCC staff to respond to multiple standards drafts. During this process, he has continually advocated for access to the administration and interpretation of assessments on the basis of proven competencies rather than on the basis of possessing a credential in a certain profession or completing a specific degree. At the end of 2010, the Standards for Assessment Service Delivery – Procedures and Methods to Assess People in Work and Organizational Settings was in its final draft stage. The standards were recently sent to ISO for editing and approval. The draft will then be released for public comment and subsequent approval.

Why this matters to counselors

The standards that were sent to ISO included the responsibilities of assessment service providers, the responsibilities of clients receiving these assessments and the professional competencies required to administer assessments. One of the draft standards’ most important elements is that the professional competencies required to administer assessments are based on proven competencies and not on membership in a specific profession or program.
the attainment of a specific degree. Although these specific standards apply most directly to professionals who administer assessments for work and organizational settings, they are important to all counselors because of the stated emphasis on competency in relation to administering assessments. Because ISO is both well known and well respected internationally for standard setting, the inclusion of competency in these standards sets an important precedent for future standards that may be created not only by ISO but by other organizations, both domestically and internationally.

The NBCC Board of Directors and staff are enthusiastic about the draft standards and the precedent it sets for professional access to administering and interpreting assessments across professions that engage in this type of work. Both NBCC and FACT will be commenting on the draft when it is released for public comment.

Wendi Schweiger is associate vice president of NBCC International.

Letters to the editor: ct@counseling.org

FROM THE PRESIDENT

We have experienced a 6 percent increase in membership; the finances are in great shape; we held the most well-attended conference in more than a decade; plans were initiated for the establishment of a research and policy center; international collaborations are at a historically high level; disaster and crisis protocols are being developed; a task force is being appointed to work on a revision of our ACA Code of Ethics; ACA provided feedback concerning proposed revisions for the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders; technology innovations are being incorporated into how we operate as an organization; graduate student initiatives are under way; and I could go on and on.

Needless to say, these things did not happen because of my leadership. I am sure you are familiar with the adage “It takes a village.” Well, that is an understatement for ACA. The people who were instrumental in all the successes of this past year include our awesome staff under the leadership of Richard Yep. Also, the Governing Council will continue to ensure that your needs are heard under the experienced leadership of Incoming President Don Locke. Your division, region and branch leaders continue to be phenomenal as well.

In the coming months, you will hear from the outstanding candidates who are running for the office of ACA president. I urge you to look for those who are enthusiastic about serving you in this profession. I know I am leaving you in capable hands, and I look forward to the upcoming leadership of Drs. Locke and Bradley Erford, your incoming president-elect.

Again, thank you for this honor, and I hope to see you next year at the ACA Conference in San Francisco!

EXECUTIVE DIRECTOR’S MESSAGE

might have been a colleague, a student, a child or even a furry four-legged friend. I would love for you to e-mail me your story about someone from whom you have learned. I can’t say it will appear in Counseling Today, but I do think that sharing the experience helps to make it even more special. In some ways, it is like acknowledging the impact that individual had on you this year.

Speaking of thanking people, as the program and fiscal year comes to a close for ACA at the end of June, we will bid farewell to an outstanding group of leaders who have served the association at the national level. We will also see the conclusion of terms for many leaders at the division, region, branch, committee and task force levels. To all of you, I am very appreciative of your efforts. The profession is grateful for your service.

Please know that many good things took place on your watch. Although you might have hoped that even more would be completed, remember that you have planted seeds of ideas and projects that will germinate and flourish in the years to come.

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

Thanks and be well.
ALGBTIC journal seeks submissions on spirituality

Submitted by Ned Farley
efarley@antioch.edu

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling is inviting submissions for the next special issue of The Journal of LGBT Issues in Counseling. The focus of this special issue is “Finding the Spirit Within: Spirituality Issues in the LGBT Community,” and the submission deadline is June 30. The intent of the 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 a diversity of fields, including schools, mental health settings, family agencies and colleges and universities. The Journal of LGBT Issues in Counseling welcomes submissions of articles that focus on one of the following areas: new research in the field of counseling, introduction of new/innovative practices within the counseling field, or theoretical or conceptual pieces, including literature reviews that reflect new ideas or new ways of integrating previously held ideas.

The journal is published quarterly by Taylor & Francis. For detailed submission guidelines, contact Connie Matthews, associate editor, at ermatthews1@comcast.net.

AACE prepares for annual conference

Submitted by Casey Barrio Minton
casey.barrio@unt.edu

The Association for Assessment in Counseling and Education is an organization of counselors, counselor educators and other professionals that advances the counseling profession by providing leadership, training and research in the creation, development, production and use of assessment and diagnostic techniques. Our mission is to promote and recognize scholarship, professionalism, leadership and excellence in the development and use of assessment and diagnostic techniques in counseling.

This year’s annual conference will be held Sept. 8-10 in Fort Worth, Texas. We will be focusing on how professional counselors can use assessment and evaluation to advocate for services and resources, create knowledge for the profession, and empower clients and communities. Conference highlights include:

- Preconference workshop regarding using data to advocate in schools and agencies
- Two plenary sessions with recognized leaders in assessment and evaluation
- Keynote address by Bradley Erford
- 1.5 days of education and poster sessions
- Networking luncheon and reception
- CEUs included

Known as the “City of Cowboys and Culture,” Fort Worth is a modern city with a unique character. Attractions include the distinguished Cultural District, Sundance Square, Stockyards District, Fort Worth Zoo and major professional sports venues. Our conference venue includes easy access to and from Dallas/Fort Worth International Airport and Dallas Love Field Airport, discount super shuttle transfers and a special $89 per night single-quad room rate with complementary Internet, fitness center, business center, parking, shuttle and pool.

For more information about AACE, the conference and the call for proposals, visit theaaceonline.com/conference. The proposal submission portal is open, and we will be accepting proposals and super early-bird registrations through June 1. AACE offers wonderful opportunities and support for emerging and new professionals. Please consider submitting a proposal and attending our conference. We hope to see you in Fort Worth!

NECA hosts summer institute on workplace wellness

Submitted by Kay Brawley
kbrawley@mindspring.com

Human energy reverberates through work environments, impacting everybody. People are experiencing exceptional stress in the current economy. Long-term unemployment is common. Many have stopped looking for work, and those who are working are being asked to do more, sometimes for less pay. The challenges of the 21st century threaten the health of counselors, coworkers, supervisors and clients. These challenges also offer incredible opportunities for growth. At its best, employment counseling is a healing profession.

Michael Lazarchick, a past president of the National Employment Counseling Association, has been presenting wellness workshops at the American Counseling Association Annual Conference & Exposition for years. He has more than 40 years of experience helping people function more effectively within the world of work. It is not surprising then that he chose “Wellness at Work” as the theme for the 2011 NECA Summer Institute, to be held Aug. 16 in Annapolis, Md.

Counselors are in a unique position to provide the techniques needed to create a truly healthy environment. At the Summer Institute, keynote speaker Gina Myers will empower you with her story of overcoming workplace stresses, while Sandy Lundhal will help you understand your workplace style using the Enneagram, and a panel of successful entrepreneurs will address wellness in the pocketbook, covering ways to get hired and promoted, expand income options, successfully compete for government jobs and secure contracts with the federal government. With Lazarchick leading the institute, you can rest assured that you will be entertained while also consuming practical information in an easy-to-understand format. We’ll explore energy work, chakras (life force centers), a little qigong, the effective use of visualizations and even a powerful short meditation.

It will be an incredible day that promises rejuvenation for attendees. You will hear about, experience and learn techniques to make your energy a truly positive force in the universe. The institute will be jam-packed with inspirational messages, healing thoughts and experiential processes to expand your consciousness and heal your body anywhere, anytime, especially at work. For more information, visit employmentcounseling.org.
ACA provides input for Standards for Educational and Psychological Testing revision

Standards for Educational and Psychological Testing, the seminal resource for the development and use of standardized tests and assessment instruments, is being revised, and the American Counseling Association has provided input for the new draft on behalf of its members. Published jointly by the American Educational Research Association, the National Council on Measurement in Education and the American Psychological Association, the current edition of the standards was published in 1999. ACA President Marcheta Evans charged the ACA Research and Knowledge Committee with reviewing the proposed revision and outlining areas for feedback. Members of the task force are Dale-Elizabeth Pehrsson (chair), Ken Coll, Dilanni Perera-Diltz, Brenda Freeman and Thomas Harrington.

The task force provided constructive feedback in three critical areas: the need to pay greater attention to fairness in testing; especially as it relates to diversity, multiculturalism, computer-generated interpretation and reading capabilities; the need to better integrate case examples; and the need to include professional counselors when providing examples of qualified test professionals. On the basis of the task force’s recommendations, Evans wrote a letter to the management committee for the revision of the Standards for Educational and Psychological Testing.

ACA receives NIMH update

ACA represented the counseling profession at the seventh annual meeting of the National Institute of Mental Health (NIMH) Professional Coalition for Research Progress in April. NIMH is the primary U.S. government agency responsible for mental health research and the largest research organization in the world specializing in mental illness, with a $1.5 billion annual budget.

One focus of the meeting concerned research indicating that the suicide rate in the United States has been climbing for the past six years. NIMH Director Thomas Insel said a major goal has been set by NIMH to reduce the suicide mortality rate by 20 percent over the next five years. He also noted that suicide rates for Army personnel are even more acute, doubling over the past six years. To address this epidemic, NIMH is conducting a major study to identify stressors and resilience factors related to suicides in the armed services.

NIMH also announced the formation of the Mental Health Research Network, a consortium of 10 major private research centers that will develop a standardized mental health research infrastructure throughout the United States.

Finally, it was noted that the budget for publicly funded mental health research this year is “worrisome” and that the budget for the following year is likely to be worse. NIMH has reduced its funded projects from 550 to 425 this year and anticipates deeper cuts next year.

For detailed information, visit the NIMH website at nimh.nih.gov/index.shtml or contact ACA Chief Professional Officer David Kaplan at dkaplan@counseling.org.

Input requested from grad students, new professionals

An important ACA initiative is its special “For Graduate Students and New Professionals Only” series during the ACA Annual Conference & Exposition. Each year, ACA provides education sessions on topics specifically chosen by graduate students and new professionals and presented by some of the most famous authors, theorists and leaders in professional counseling.

ACA needs help in determining the lineup for the 2012 ACA Conference & Exposition in San Francisco next March and is asking graduate students and new professionals to respond to the following two questions:

1) Other than a faculty member in your own program, what famous counselor would you most enjoy seeing and meeting in person at the ACA Conference?

2) What topic or topics would you like to see included in the 2012 “For Graduate Students and New Professionals Only” series? ACA is especially desirous of topics that are meaningful to master’s-level students and new professionals.

For information on the conference in San Francisco, including how to submit a proposal before the June 8 deadline, visit counseling.org/conference. ACA is interested in receiving your ideas for the series even if you know you won’t be able to attend the conference. Send your thoughts directly to ACA Chief Professional Officer David Kaplan at dkaplan@counseling.org.
COMING EVENTS

AACE National Conference
Sept. 8-10
Forth Worth, Texas

The Association for Assessment in Counseling and Education National Conference, themed “Assess. Advocate. Create. Empower,” will focus on how professional counselors can use assessment and evaluation to advocate for services and resources, create knowledge for the profession, and empower clients and communities. We will accept early-bird registrations and program proposals through June 1 and advance registrations through July 15; hotel discounts are available through Aug. 7. For more information, contact Casey Barrio Minton at casey.barrio@unt.edu.

ASERVIC Spiritual Journey
Dec. 28-Jan. 4
Italy

Join the Association for Spiritual, Ethical and Religious Values in Counseling on a tour of Roman, Christian and Jewish religious and spiritual sites in Italy. The tour is limited to 30 people. The price will include airfare from Atlanta to Rome and from Milan to Atlanta on return, as well as all transportation, entrance fees and the services of a full-time tour guide. Continuing education credits are available. For more information, contact ASERVIC President-Elect Mark Young at myoung@cfl.rr.com.

FYI

Call for proposals

The Oregon Counseling Association is pleased to announce a call for proposals for the 2011 Oregon Counseling Association Fall Conference, scheduled for Nov. 3-5 in Bend, Ore. Proposals are sought for one-hour and two-hour workshops and 15-minute poster presentations. Please consider submitting a program proposal that reflects the conference theme, “How We Serve.” For more information, visit or-counseling.org.

Call for reviewers

Counseling and Values, the journal of the Association for Spiritual, Ethical and Religious Values in Counseling, is seeking several new Editorial Review Board members. If you would like to be considered for a position on the Editorial Review Board, submit a copy of your curriculum vita and a cover letter describing your experience as a reviewer; your expertise regarding spiritual, ethical and religious values in counseling; your experience with quantitative, qualitative and mixed methods research; and your willingness to join ACA and ASERVIC (if you are not already a member). E-mail materials to Editor-Elect Rick Balkin at richard.balkin@tamucc.edu.

Bulletin Board submission guidelines

Items for the Counseling Today Bulletin Board must be submitted via e-mail to lshallcross@counseling.org with “Bulletin Board” in the subject line. Limit submissions to 125 words or less. Non-calendar items will be published for a maximum of three consecutive months. The deadline for submissions is the first of the month at 5 p.m. ET for publication in the following month’s issue (for example, the deadline for the July issue is 5 p.m. ET on June 1). Did you Know?

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Veterans’ mental health is a top priority

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

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

FAIRMONT SCHOOLS

College Counselors

Founded in 1953, Fairmont Schools is the oldest non-sectarian private school in Orange County serving preschool through twelfth grade. Fairmont Preparatory Academy, one of our 5 campuses, is a lively campus where students are encouraged to explore the depth of their intellectual, physical, emotional and social potential. Our college preparatory curriculum provides accelerated learning opportunities through comprehensive core subjects, a strong emphasis on research and an exhaustive array of elective coursework. Currently, Fairmont seeks two additional College Counselors to enhance our strong counseling team. The Counselors will provide academic counseling, college counseling, guidance and support to students and parents. Serve as liaison between student, family, school and faculty. Provide comprehensive guidance in all realms of student education.

The ideal candidates should have the following qualifications: Administrative experience specifically in the area of academic counseling; Must be organized, multi-task oriented and have outstanding communication skills; A bachelor’s degree in a related educational field with strong preference for a Master’s degree in educational counseling or related field; Four to six years experience working with students in a high performing college preparatory program and/or in a college/university setting with a preference for experience in admissions; Knowledge of admissions and enrollment trends at selective institutions of higher education with the ability to guide students towards the best fit and most relevant programs; Excellent interpersonal skills and ability to connect with various constituencies such as students, parents, faculty, admissions representatives, advisory board members, etc.

Strong technical skills, particularly in database software. Knowledge of a second language preferred.

Fairmont Schools offers competitive wages and excellent benefits. Send cover letter and resume to careers@fairmontschools.com Visit our website at www.fairmontschools.com for more information. EOE.

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College Counselors

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Counselor Education

Assistant Professor, tenure-track position in School Counseling to start August 17, 2011, Stetson University, Florida. Responsibilities include teaching graduate counseling courses, coordinating the School Counseling program on our DeLand and Celebration campuses, pursuing an active research agenda, and performing service activities for the university community. Applicants must hold a Ph.D. in Counselor Education (CACREP-accredited), Counseling, or Counseling Psychology. Details are posted at http://www.stetson.edu/academicaffairs/openfac_CounselorEd.php. Applicants must send the following materials for consideration: 1) a cover letter that includes the candidate’s philosophy of teaching in a liberal arts university, 2) a curriculum vitae, 3) transcripts (copies are acceptable for screening), 4) three letters of recommendation (at least one of which should include an evaluation of teaching ability), and 5) samples of scholarly work. Review of applications will begin immediately and continue until the position is filled. Application materials may be submitted electronically to bnoonan@stetson.edu or mailed to Brigid Noonan, Chair, Dept. of Counselor Education, Stetson University, 421 N. Woodland Blvd. Unit 8389, DeLand, FL 32723. Stetson University, an equal opportunity employer, affirms the values of diversity and inclusion.

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and goals of diversity and strongly encourages applications from women and groups historically underrepresented in higher education.

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### MISSOURI

**WEBSTER UNIVERSITY**

**Asst/Assoc Professor of Counselor Education and Worldwide Director**

The Department of Behavioral and Social Sciences at Webster University invites applications for a tenure-track appointment at the level of Assistant/Associate Professor with administrative responsibilities for the Counselor Education program effective August 2011. This is a twelve (12) month academic/administrative position with a reduced teaching load owing to administrative responsibilities as well as advising and clinical supervision responsibilities. The administrative duties of the position entail oversight of the program currently at 25 campuses, with 2,000 students, and several hundred adjunct faculty. Qualified applicants will hold (1) an earned doctorate in counselor education and supervision or counseling psychology is preferred; (2) licensure (or be license eligible) as a professional counselor (LPC) in the state of MO; (3) certification as an Approved Clinical Supervisor through NBCC; and (4) possess evidence of excellent teaching ability and a record of scholarly activities such as publications, presentations, grants and awards. The ideal candidate will have (1) experience as an academic (CES) administrator of a counselor education program; (2) experience teaching in a counselor education program; (3) experience implementing/adhering to professional standards (e.g., CACREP, NCATE, etc.), and (4) experience working with local, state, national, and international professional counseling agencies and organizations. Webster faculty members are expected to participate in department, college and university governance activities, and other university events. Opportunities for faculty research exist. Applicants must have evidence of teaching and supervision excellence and interpersonal skills that lend to direction of a multi-site program.

Webster University, founded in 1915, is a private, multi-campus and international institution with academic programs in 106 locations in the United States, Europe, and Asia. The St. Louis campus provides an academic home for more than 3,500 undergraduate and 3,300 graduate students. http://www.webster.edu Review of applications will begin immediately and will continue until the position is filled. Applicants should forward: (1) a cover letter, (2) curriculum vitae, (3) statement of teaching philosophy, (4) teaching evaluations, (5) statement of research interests and relevant publications, and (6) at least three professional letters of references. Please mail application materials to Counseling Worldwide Director Search Committee, Human Resources, Webster University, 470 E. Lockwood Avenue, St. Louis, Missouri, 63119-3194.

Webster University is an Equal Opportunity/Affirmative Action educator and employer. We are committed to maintaining a culturally and academically diverse faculty of the highest caliber. We strongly encourage applications from those who identify as diverse in terms of gender, race, ethnicity and/or sexual orientation.

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### PENNSYLVANIA

**ELIZABETHTOWN COLLEGE**

**Director of Student Wellness**

Elizabethtown College (located in southeastern Pennsylvania), is expanding our Student Wellness team, and we are seeking a motivated professional to lead this team. The primary purpose of this position is to advance comprehensive health and wellness programs and services for Elizabethtown College students. A doctorate in clinical or counseling psychology is preferred; a master's degree in clinical social work or psychology is required. Licensed psychologist in Commonwealth of PA preferred; LPC or LCSW required. Five to eight years of increasingly responsible leadership experience related to the administration of college student wellness services, including the supervision of college health care/counseling professionals, is preferred. Candidates should have demonstrated successful experience in health promotion programs and a demonstrated commitment to serving students with diverse backgrounds, interests, goals and abilities. To apply, candidates should send a letter of interest, employment application (found at www.etown.edu/humanresources - Job Opportunities), resume, and contact information of three references to: hr@etown.edu (preferred)

OR Elizabethtown College, Attn: Human Resources, One Alpha Drive, Elizabethtown, PA 17022. For full ad visit: www.etown.edu/humanresources

As an affirmative action/equal opportunity employer, Elizabethtown College is seeking candidates who will enhance the diversity of its faculty, staff, and administration.

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### VIRGINIA

**JUVENILE DETENTION HOME**

**Mental Health Clinicians**

Mental Health Clinicians to provide services to youth in secure detention; Licensed or be license-eligible in any state; must be bilingual (English/Spanish). Training in trauma specific treatment a plus. Ideal applicants will have experience providing psychotherapeutic and casework services to youth in a multi-cultural environment.

QUALIFICATIONS: Master's degree in counseling, psychology or social work; licensed or license-eligible in any state; post-graduate experience with adolescents; and must be bilingual (English/Spanish). Training in trauma specific treatment a plus. Ideal applicants will have experience providing psychotherapeutic and casework services to youth in a multi-cultural environment. For a complete job description, please contact: kfurr@jdcnv.org

Submit cover letter/resume to: HR@jdcnv.org or fax to: (703) 823-3842m Mailing address: Human Resources, Northern Virginia Juvenile Detention Home, 200 South Whiting Street, Alexandria, VA 22304.

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A counselor’s story…

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

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

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

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

12:00 Grab lunch at desk. Check email. Sign up for CE class on crisis management. Read an article on lawsuits filed over ‘client confidentiality.’ It is important to know when to protect a client’s privacy and when it’s required by law to report certain behavior.

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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.

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A special thank you to Dr. Frankel who helped me through a few study questions I had. She took time to answer my concerns very quickly and with great support.

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Cleveland, OH
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