Addressing grief and loss

Also inside:
• Helping couples through divorce
• An interview with Kathleen Sebelius
• Emotion-focused relationship enhancement
• Students’ perspective on the 20/20 initiative
EVERYTHING YOU’VE EVER WANTED IN A WEBSITE AND MORE!

WEBSITES FOR THERAPISTS. MADE SIMPLE.
With TherapySites’ easy-to-use online tools, it is easy to effectively market and run your practice. Build a successful web presence in minutes using the most comprehensive online package available to therapists. Your website becomes much more than a website - it becomes a one-stop business portal to help grow your practice. Get started now!

$0 SET-UP FEE. NO EXTRA CHARGES. $59 MONTH.
30-DAY MONEY-BACK GUARANTEE

Search Engine Optimization
100+ Search Engine & Directory Listings
Credit Card Processing
HIPAA Compliant Technology
Video & Audio Integration
Pre-Built Client Forms
Unlimited Technical Support
Psychology Today Directory Listing
See TherapySites.com for details

Build your website FREE!
www.TherapySites.com
TherapySites.com | 866.597.2674

therapysites.com
More than just a website.

STEP 1: Select design
STEP 2: Customize
STEP 3: Preview, Edit
STEP 4: Launch Site
Cover Story

A loss like no other
By Lynne Shallcross
Although loss is a universal experience, every person’s grief process is unique, and that reality has encouraged counselors to gradually leave behind one-size-fits-all approaches to grief therapy.

Features

When the vows break
By Stacy Notaras Murphy
A high priority is rightfully placed on counseling’s role in helping to prevent divorce, but the need for counseling doesn’t end even if the marriage does.

Bridging the separation between behavioral and general health care
Interview by Frank Burtnett
Health and Human Services Secretary Kathleen Sebelius discusses barriers to care for people with behavioral health needs and the changing landscape of U.S. health care.

Knowledge Share
Improving couples’ attachment security, intimacy, stability and satisfaction
By Barry G. Ginsberg
The founder of the Center of Relationship Enhancement takes a deeper look at why emotion-focused relationship enhancement therapy often achieves the best outcomes for couples.

Opinion
A student perspective on 20/20:
A Vision for the Future of Counseling
By Marte Ostvik-de Wilde, Jordan P. Hammes, Gitima Sharma, ZiYoung Kang & Denise Park
Doctoral counseling students identify the aspects of the Principles for Unifying and Strengthening the Profession that are most relevant to them.

Extras

Stacey Davidson essay takes first place in Ross Trust Graduate Student Competition
The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. These are a few of the items concerning ACA (then known as the American Personnel and Guidance Association) that appeared in The Guidepost (the predecessor of Counseling Today) from 1970 to 1973:

- Richard C. Kelsey is appointed APGA’s first executive assistant for human rights. The APGA Senate created the new position to staff an APGA National Office for Non-White Concerns. Among Kelsey’s early efforts are two workshops in Washington and Atlanta at which participants agree on two priority needs: assisting counselors in school systems in the process of desegregation and developing a non-White information and human resources bank. (February and September 1970 issues)

- The first national drug abuse prevention program for guidance counselors begins as the result of a $7,500 grant to APGA from the General Electric Foundation. Stage One of APGA’s Regional Training Institutes in Drug Abuse Prevention kicks off when regional project directors meet in Washington. Training includes a trust walk; briefings with experts on the pharmacological, psychological, legal, ethical and social aspects of drug abuse prevention; and visits to Washington and New York drug rehabilitation centers. (February and April 1971 issues)

- The Citizens’ Advisory Council on the Status of Women charges that sex discrimination is taking place in the nation’s public schools and that counselor attitudes are abetting such discrimination. “Specifically, the report states that many counselors as well as teachers lack information and sensitivity to changing life patterns of women and to widening vocational and higher-education opportunities resulting from changing attitudes and equal opportunity legislation.” (Sept. 29, 1972, issue)

- A headline in Guidepost reads “Counselor Grad: Moratorium Urged.” The accompanying article cites a report that the total number of teacher education graduates trained as guidance counselors in 1971-1972 was 2,324 but that the number of new guidance counselors hired was only 952. In response to the article, a counselor educator at Ohio University says counselor trainees are increasingly being hired in non-school settings. “It would seem,” his letter reads in part, “that APGA should acknowledge that, while school counseling has been and should remain an integral part of professional counseling, the needs point increasingly toward non-school roles, such as in community-clinical contexts. Therefore, rather than declaring an illogical moratorium, a challenge could be issued to redirect counselor education resources to new contexts.” (Jan. 12 and April 20, 1973, issues)
Passing the baton

I enjoy watching track and field competitions. I recognize the level of skill required for each of the events, but I am particularly impressed with what it takes to field a winning relay team. Each member of the team must possess certain skills and perform certain assignments to enable the team to be successful. The critical component for success, however, is the preparation for and the actual passing and receiving of the baton between members of the team.

This activity must be completed multiple times during the course of the race. Three team members must be prepared to receive the baton, two must both receive and pass the baton, and one has the task of making the initial baton pass. A single misstep or lapse of concentration can cause the baton to be dropped or bobbled, and the results are usually disastrous, no matter how large a lead the team has built. All the preparation and effort quickly evaporates into “what might have been.” Thoughts abound among the teammates concerning what each could have done to optimize the performance of the team as a whole. Could each runner have applied greater concentration to his or her responsibilities? How could each have better prepared to pass or receive the baton?

It is hard for me to conceive that my tenure as president of the American Counseling Association will close at the end of this month. I am just learning how to accept my assignment to “lead from the middle,” which I discussed in my very first president’s message to you. What once seemed like plenty of time to “take care of the business of the association” is now fading, and I face the task of taking inventory of what has been accomplished during the past several months. As I start this review, I realize that I am privileged to “carry the baton” for but a single lap in this venture. It is apparent that the passing of the baton to the next runner/leader is highly critical.

I had the good fortune to receive an excellent handoff from Marcheta Evans to start my tenure. Marcheta is one of those rare colleagues who can inspire you and force you to think beyond boundaries. I also have come to realize that part of Marcheta’s success was due to the manner in which she received the baton from Lynn Linde. Lynn is thoughtful and experienced and has provided mentorship for both Marcheta and me as we focused on the needs of our association. It is now my responsibility to ensure that the transition to Brad Erford goes smoothly, thus enabling the association to maintain its current pace and continue making positive strides.

This year has marked our 60th as an association. We have had the opportunity to reflect on the remarkable progress the profession and the association have made over that span. We have reached the 50,000-plus mark in membership, reflecting a 10.4 percent gain for the year. We have focused on membership services and increased the use of technology and social media to keep each member informed. We have made an effort to enable branches to develop leadership and encouraged membership participation at all levels in our association. We have begun work on revising our ethics code and have taken a stand relative to the revision of the Diagnostic and Statistical Manual of Mental Disorders. We are working to secure employment for professional counselors in a variety of venues. We have advocated for professional unity and taken opportunities to sit at the table with our fellow mental health professionals.

I am going to stop writing now and focus on passing the baton to Brad. Thanks for allowing me to serve as your president, and be assured that I am currently preparing for whatever will be required by the next team with which I have the opportunity to serve. ♦
The Counselor and the Law: A Guide to Legal and Ethical Practice
Sixth Edition
Anne Marie “Nancy” Wheeler and Burt Bertram

In this bestselling book, the authors discuss the legal and ethical dilemmas that can arise in practice. This edition contains a new chapter on the use of social media and other Internet-related issues, updates to HIPAA through the HITECH Act and regulations, a new legal/ethical decision-making model, and discussion of the specific legal risks for counselor educators. The issues surrounding civil malpractice liability, licensure board complaints, confidentiality, duty to warn, suicide and threats of harm to self, professional boundaries, records and documentation, and managing a counseling practice are also addressed in detail.

2012 | 288 pgs Order #72919
List Price: $52.95 | ACA Member Price: $39.95

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

This fifth edition expands and extends Gysbers and Henderson’s acclaimed five-phase model of planning, designing, implementing, evaluating, and enhancing Pre-K–12 guidance and counseling programs. New to this edition are increased attention to the range of issues that students present, counselor accountability, and the roles and responsibilities of district- and building-level guidance and counseling leaders. An array of sample forms, job descriptions, evaluation surveys, flyers, letters, and procedures used by various states and school districts clearly illustrate each step of program development. In each chapter, a new feature called “Your Progress Check” functions as a tracking tool for growth at each stage of the change process.

List Price: $69.95 | ACA Member Price: $49.95

Statistical Methods for Validation of Assessment Scale Data in Counseling and Related Fields
Dimitar M. Dimitrov

This instructive book presents statistical methods and procedures for the validation of assessment scale data used in counseling, psychology, education, and related fields. In Part I, measurement scales, reliability, and the unified construct-based model of validity are discussed along with key steps in instrument development. Part II describes factor analyses in construct validation, including exploratory factor analysis, confirmatory factor analysis, and models of multitrait-multimethod data analysis. Traditional and Rasch-based analyses of binary and rating scales are examined in Part III. Numerous examples, tables, and figures provided throughout the text illustrate the underlying principles of measurement in a clear and concise manner for practical application.

List Price: $69.95 | ACA Member Price: $49.95

Counseling and Psychotherapy: Theories and Interventions
Fifth Edition
edited by David Capuzzi and Douglas R. Gross

This student-friendly text provides a thorough overview of 14 widely used theories. Experts examine each theory from the perspective of its historical background, major constructs, goals, cross-cultural considerations, and limitations. Traditional and brief interventions integrate theory with specific counseling strategies, giving students further insight into the counseling process and guidance in developing their personal counseling style. A consistent case study across chapters reinforces the differences between theories and illustrates assessment of client concerns and treatment planning. A complimentary test manual and PowerPoints for instructors’ use are available by request on university letterhead.

2011 | 408 pgs Order #72902 | ISBN 978-1-55620-271-1
List Price: $69.95 | ACA Member Price: $49.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.
Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 6pm)
Current leadership lays groundwork for 2012-2013

Sine the late 1990s, I’ve had the good fortune to serve as your executive director. I am sometimes asked if it’s difficult serving under a new president each year. My response: Not really. Perhaps that’s because I am flexible and have already worked with the president during his or her president-elect year, as well as potentially when that person served on an ACA committee or was active in a particular division, region or branch.

Whatever the reason, I routinely look forward to building a leadership partnership with the ACA president. Tackling the varied challenges and working in a strategic way is rewarding. However, it can also be bittersweet as we head toward the conclusion of the president’s term on June 30. This year will be no different as Don W. Locke completes his term as ACA’s 60th president.

I first met Don when he served as a leader in the mid-1980s. Don has been active in ACA through five different decades, and I have come to appreciate his ability to recall an issue from our past — because he was actually around when that history was being created! But I am especially impressed by what he said to me upon his being elected.

Don told me he had been part of ACA for five decades and had learned a great deal about the association during that time. And then, without skipping a beat, he said, “And I also have five decades of things to unlearn.” What a bold and progressive statement. I admired the foresight he possessed in recognizing that today’s ACA was in many ways a very different organization. It told me Don was going to be a president with an understanding of the past but also a willingness to embrace the “new” ACA.

As our program year closes, I am pleased by how much your leadership team has accomplished. But we owe a great deal of thanks to you, the members of ACA, for meeting one key goal — namely, our reaching the 50,000-member mark by the end of the fiscal year in June. Actually, the goal was accomplished in March! The world still grapples with an uncertain economic picture, but reaching our goal three months early is an indicator that members value the services, resources and professional advocacy that ACA provides.

In the coming year, ACA will do its best to save you time — whether you are a seasoned counselor or a new graduate looking for that first job — by making a concerted effort to help you find those resources that enhance your work. You have told us what you expect for the limited membership dollars you will spend in the coming year.

In early 2013, we will launch a totally new ACA website with many features, including improved search capabilities and a better way to connect with like-minded colleagues by creating community around various issues. You can also expect even more ways to earn continuing education credits from us without having to leave your office or home. In addition, ACA will better target what you want in hopes that we can reduce the number of emails, text messages and other communications that bombard each of us daily. We want to help you separate the useful from the not-so-useful. We will do our best to aggregate timely and relevant information for you through our enhanced ability to curate resources.

So, to all who served in addition to ACA President Don W. Locke this past year as volunteers at the Governing Council, committee, task force, region, division and branch levels, please accept our thanks for a job well done.

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

Be well. ◆
Time is ripe to push for license portability

As a new student in the counseling profession, employability is a main concern. One of the first things graduate students become familiar with is the incredibly convoluted process to becoming licensed. Although students usually live in the same state where they go to school, it does not mean they will stay there. As someone who has already lived in three different states by age 24, the thought of sticking to one state for the rest of my career is not appealing. Neither is the thought of doing all the work to obtain my counseling license in one state and then moving to another state. After reading Thomas J. Sherman’s article about his frustrating experience (see “License portability: One counselor’s journey across state lines,” January), I began to worry whether my desired career might prevent me from being very mobile in the future.

Other health professions have unified national certifying boards that make state-to-state portability of their licenses much easier, but these laws seem nonexistent for professional counselors. I am just getting familiar with counseling, but for the profession to move forward, it seems as though license portability should be a main concentration of political agitation for all counselors and all counseling organizations.

When I began looking into the issue of license portability for counselors, I discovered countless stories of counselors who felt trapped in their states because of the incredibly varied licensure requirements that different states have. Although the profession of counseling can be divided at times, most fields agree on certain core requirements to becoming a counselor. With the ball rolling on 20/20: A Vision for the Future of Counseling’s portability initiative, it is the perfect time for all current counselors and all soon-to-be counselors to become more vocal about license portability issues.

In February, the U.S. Department of the Treasury and the Department of Defense released a report titled “Supporting Our Military Families: Best Practices for Streamlining Occupational Licensing Across State Lines.” This report focuses on ways to make military family life a little easier, and license portability is one of the main topics.

Due to the publicity this report has received, and coinciding with the increased attention to license portability issues in the counseling community, now is the perfect time to become aware of the issue and to be open to change. I can guess that within my lifetime, state-to-state portability issues will be somewhat resolved and national standards will be in place that will make it much easier for counselors to move around. I say within my lifetime, but for most, the next five years are a lot more crucial.

The more counselors are aware of and willing to help find solutions to fix this problem, the sooner it will no longer be a problem.

Anna Sumerlin
Montclair State University

Editorial policy

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

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

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

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

Email your letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
Offer good for the first 3 therapists in each zip code.

Use Promo Code: ctjune
Pressure increases on VA to improve mental health treatment

The American Counseling Association has been fighting for years with frustratingly little success to get counselors hired as mental health clinicians within veterans hospitals, facilities and Vet Centers. It now appears that even the Department of Veterans Affairs’ (VA’s) own analysts are frustrated too. In a report released at the end of April, the Veterans Affairs Office of Inspector General (OIG) faulted the Veterans Health Administration (VHA) for providing highly misleading information that paints an inaccurate picture of veterans’ access to mental health services. The report was the subject of a hearing by the Senate Committee on Veterans’ Affairs.

The VHA has claimed that 95 percent of first-time patients receive a full mental health evaluation within 14 days. What the OIG discovered, however, was that the VHA was measuring how long it took to conduct the evaluation, not how long the patient waited to get the evaluation. Analyzing the data more closely, OIG found that only half of patients received evaluations within 14 days; for the other half of patients, the VHA took about 50 days to conduct a full mental health evaluation.

Similarly, although the VHA claimed that 95 percent of patients received appointments to begin treatment within 14 days of the desired date, OIG found that this happened for only 64 percent of patients. The OIG report is available at va.gov/oig/pubs/VAOIG-12-00900-168.pdf.

The lack of adequate staffing undoubtedly is one source of the problem. According to an informal VHA survey, 71 percent of front-line mental health professionals reported that their facilities didn’t have enough staff to meet treatment demand. However, the OIG report concluded that the VHA’s data on staffing and productivity are too complex and unreliable to be of much use.

The VA has thus far responded to the report with press releases. On April 19, the VA announced that it would add 1,600 new mental health clinicians to its workforce. On April 24, another press release announced that the VA would be recruiting mental health counselors and marriage and family therapists to its workforce as part of the hiring for those new positions.

Although ACA is pleased with the VA’s announcement regarding the hiring of licensed professional mental health counselors (LPMHCs), we need action, not words. For the past three months, ACA has tracked VA mental health position postings on the USAJOBS.gov website. During that time, 350 positions were posted for social workers; only eight positions were posted for LPMHCs. In its initial press release touting the hiring of new mental health clinicians, the VA listed the new hires as consisting of “nurses, psychiatrists, psychologists and social workers as well as nearly 300 support staff.” The same day this release came out, VA Undersecretary for Health Robert Petzel wrote to our coalition, which includes ACA, the National Board for Certified Counselors and the American Mental Health Counselors Association, denying our request for counselor trainee positions because “[i]t has been determined that at this time there is not a need to set up a training program for this discipline.”

The law establishing recognition of licensed professional counselors (LPCs) as mental health specialists (P.L. 109-461) was enacted five and a half years ago, and it has been over a year and a half since the VA adopted an occupational standard for LPMHCs. Yet counselors are still being told no positions are available for them at VA facilities. In addition to being trained and licensed therapists, many of these counselors are veterans themselves and are thus uniquely qualified to provide treatment and support to their fellow veterans. Counselors are an untapped resource for the VA — a resource veterans in need of mental health treatment could use desperately.

Congress is becoming increasingly frustrated with the VA’s failure to provide adequate mental health care, and ACA is working with members of the Senate and House of Representatives to let them know that opening the door to LPCs should be part of the solution. During the hearing on the OIG report by the Senate Committee on Veterans’ Affairs, Sen. Jerry Moran (R-Kan.) told VA officials that among other steps, he wanted to see the VA begin hiring more LPCs. He also expressed dismay that the VA has not done more to recruit counselors in recent years. The House Committee on Veterans’ Affairs is likely to hold its own hearings, and we will work with committee members to raise the issue of counselor hiring again.

Congress is likely our best hope for ensuring appropriate recognition of counselors within the VA. The VA central office can take several steps to begin recruiting and hiring counselors and incorporating the counseling profession into its mental health service delivery system. ACA will work both with the VA and Congress to see that these steps are carried out. Counselors can help in this effort by sharing their stories. Please see “The Two-Minute Advocate” on page 11 for more information, and contact Art Terrazas with ACA’s public policy staff at aterrazas@counseling.org if you have any questions or concerns.
Ask Congress to make counselors part of the solution at the VA

As part of the American Counseling Association’s ongoing efforts to establish full recognition of counselors within the Department of Veterans Affairs (VA), this month we are asking you to contact your members of Congress directly about this issue.

With the recent Office of Inspector General report making news in the media (see page 10), there is renewed focus on the quality of mental health care being provided (or, in this case, not being provided) to our nation’s veterans. This represents a new window of opportunity for counselors to highlight the important contributions they can make to the well-being of veterans and their families. We need to bring this to the attention of members of Congress and help make sure that the VA follows through on its promises to begin hiring counselors and improve access to mental health treatment at its facilities.

This month, we need you to contact your senators and representatives to tell them that you want the VA to get serious about including counselors as full-fledged members of the VA mental health treatment system. Tell them it has been more than five years since Congress established recognition of counselors within the VA, but so far almost no licensed professional mental health counselors are being hired. This needs to change, and the VA could take several steps to make this happen. These steps include establishing paid internships for counselors, creating a liaison to work with groups such as ACA to create recruitment and retention programs for counselors, and incorporating the counseling profession within broader mental health planning boards and processes.

In addition to calling your senators and representatives, we also want to ask you to take a moment to call the offices of the veterans' affairs committees in both the Senate and the House of Representatives, especially if you have contacted the VA about working as a mental health clinician and have been turned away. It’s important that the staff people associated with these committees know what is really going on in the counseling community and that they hear counselors’ stories from the front lines. Counselors can be part of the solution at the VA, but only if the VA allows them to be part of the solution.

You can locate your senators by visiting senate.gov and your representative by visiting house.gov. After identifying who represents you in Congress, you can call their Washington office by using the U.S. Capitol switchboard at 202.225.3121.

To contact the House Committee on Veterans’ Affairs, call 202.225.3527.
To contact the Senate Committee on Veterans’ Affairs, call 202.224.9126.

For more information, contact Art Terrazas with ACA at 800.347.6647 ext. 242 or aterrazas@counseling.org.

THE TWO-MINUTE ADVOCATE - By Scott Barstow & Art Terrazas

The Two-Minute Advocate - By Scott Barstow & Art Terrazas

Ask Congress to make counselors part of the solution at the VA

As part of the American Counseling Association’s ongoing efforts to establish full recognition of counselors within the Department of Veterans Affairs (VA), this month we are asking you to contact your members of Congress directly about this issue.

With the recent Office of Inspector General report making news in the media (see page 10), there is renewed focus on the quality of mental health care being provided (or, in this case, not being provided) to our nation’s veterans. This represents a new window of opportunity for counselors to highlight the important contributions they can make to the well-being of veterans and their families. We need to bring this to the attention of members of Congress and help make sure that the VA follows through on its promises to begin hiring counselors and improve access to mental health treatment at its facilities.

This month, we need you to contact your senators and representatives to tell them that you want the VA to get serious about including counselors as full-fledged members of the VA mental health treatment system. Tell them it has been more than five years since Congress established recognition of counselors within the VA, but so far almost no licensed professional mental health counselors are being hired. This needs to change, and the VA could take several steps to make this happen. These steps include establishing paid internships for counselors, creating a liaison to work with groups such as ACA to create recruitment and retention programs for counselors, and incorporating the counseling profession within broader mental health planning boards and processes.

In addition to calling your senators and representatives, we also want to ask you to take a moment to call the offices of the veterans’ affairs committees in both the Senate and the House of Representatives, especially if you have contacted the VA about working as a mental health clinician and have been turned away. It’s important that the staff people associated with these committees know what is really going on in the counseling community and that they hear counselors’ stories from the front lines. Counselors can be part of the solution at the VA, but only if the VA allows them to be part of the solution.

You can locate your senators by visiting senate.gov and your representative by visiting house.gov. After identifying who represents you in Congress, you can call their Washington office by using the U.S. Capitol switchboard at 202.225.3121.

To contact the House Committee on Veterans’ Affairs, call 202.225.3527.
To contact the Senate Committee on Veterans’ Affairs, call 202.224.9126.

For more information, contact Art Terrazas with ACA at 800.347.6647 ext. 242 or aterrazas@counseling.org.
Anna White, a licensed professional counselor and certified clinical mental health counselor, was looking for counselors to fill vacant positions at the company where she worked, so I invited her to interview candidates at the American Counseling Association Annual Conference & Expo. In striking up conversations during brief breaks in our schedules, I found her to be a very interesting counselor and person. Here is her story.

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

Anna White: I am currently a regional manager for a psychological health program on a contract for the military. I lead 15 licensed professional counselors, social workers and psychologists on a team that covers seven states. I assist in recruiting and hiring, overseeing documentation quality and making site visits to the 15 military bases. One of the exciting aspects has been the challenges involved in "standing up" a new program.

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

AW: I knew, probably in junior high school, that I wanted to be a healer of some sort. I grew up in a family with a chronically ill parent, which gave me some experience in actively caring for others. While attending Presbyterian College in South Carolina, my ideas about becoming a counselor were nurtured by the faculty of a counseling-focused psychology program. I volunteered at the local mental health center during college. When I graduated, my mentors at the mental health center encouraged me to get a master's degree in counseling.

I enrolled at the University of Virginia (UVA) in the master's program in 1976, just one month after graduating from Presbyterian. The UVA master’s in counseling program was at the forefront of developing professional counseling as a field. It provided a great foundation.

Last year, I had the opportunity to take an ethics class at a local university. I needed the class for Maryland licensure. I was overwhelmed by the quality of the students in the master’s of counseling program, the excellence of the faculty and the level of professionalism demonstrated in the program. Professional counseling education has really flourished in the past 30 years.

RDB: When did management of programs come into the equation for you?

AW: I am currently working as a manager. I have completed about half of the requirements for a Ph.D. in industrial and organizational psychology at Grand Canyon University. I have noticed over the years while working in nonprofits and agencies that the better counselors are often selected for managerial positions. However, the skill set that makes one a great counselor is often different from that of an effective manager. I enjoy studying leadership styles, organizational consulting, etc. In the nonprofit sector, I have seen a great need for more-effective business practices to enhance the bottom line of providing quality services. I often turned to colleagues in the corporate world for advice on how to maximize program potential and fully utilize boards of directors.

I believed that my experience in family systems work, groups, etc., would enhance an understanding of organizations. I have found that to be generally true. However, I am enjoying learning more about how to translate clinical theory and understanding to organizations.

RDB: In what ways is it different for you working as a manager as opposed to practicing face-to-face counseling?

AW: I am enjoying not doing clinical work right now. I have the opportunity to flex other muscles and build new skills. Full-time clinical work is intense and very tiring for me. I want the best of both worlds and will eventually do some part-time clinical work to keep those skills sharp.

RDB: As you look back on your career in counseling, which position that you held was your favorite?

AW: I have to say that my favorite position is the one I am doing right now. I am privileged to work with a group of people who represent the very best in their respective fields. It is an amazing experience to be able to serve our military members. My family has served in the military dating back to the Revolutionary War. My aunt was one of the first women to be wounded in Europe during the Second World War when her hospital was bombed in France.
RDB: That is an amazing piece of family history. Is there one particular theoretical orientation that you gravitate toward?

AW: I know this dates me, but I am really influenced by Carl Rogers. I believe that counselors must connect with people to effect change. If that connection or rapport isn’t there, it really doesn’t matter what theoretical stance is taken.

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

AW: My mother was my hero. She always believed in me. As an elementary school teacher, she was bothered by the increasing number of students who came from troubled families. She worried about the children not getting what they needed. She saw the impact on the students’ performance and self-esteem. She encouraged me to be of help to families. She also challenged me to be there for marginalized people who had limited resources.

I knew in college and graduate school that the classroom experiences would not be enough. Getting a master’s degree did not make me a good clinician. I actively sought mentoring from more-experienced therapists. I did some personal work with a Jungian analyst for several years. I encourage other novice counselors to do the same. Ask the questions, look inward and don’t be afraid to face the answers.

RDB: Has working in the counseling field been transformational for you?

AW: Absolutely! Being with people as they share feelings of great pain, sadness, loss, etc., is a humbling experience. When a solid connection is made between a counselor and a client, both are transformed.

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

AW: When I graduated from UVA, I thought I had made a mistake by not getting a degree in social work. I often felt discounted as a professional. As time moved forward, it became exciting to see the field of professional counseling come to fruition. I have come to respect the contributions that professional counselors, social workers, pastoral counselors and psychologists bring to the business of helping people lead better lives through understanding human development and behavior.

RDB: Is there a saying, a book or a quote that you lean on when you need inspiration? What do you try to think about when the going gets tough?

AW: Not to be too silly, but the quote that I remember is from a children’s show that aired in the 1960s in Charlotte, N.C. Joey the Clown always closed the show by saying, “Remember, boys and girls, all we have in this world is each other.”

I have suffered many losses during my life, which has led me to realize the importance of living in the moment. We say, sometimes tritely, that life is too short. To fully understand and grasp the fleeting nature of life minimizes the tough times and underlines that need to be there for each other.

A wonderful colleague and excellent pastoral counselor, Dr. Ernie Hall, once told me that we can be in the manure pile and fight and flail to get out — which succeeds in us covering ourselves with manure — or we can settle down and grow violets. I try to grow as many violets as possible.

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

AW: I am fortunate to work for a manager who focuses on wellness and self-care. I enjoy playing word games, watching movies and going to baseball games. My favorite thing is to cook for my friends, enjoy long dinners and tell entertaining stories.

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

AW: Counselors can and do change the world — one connecting moment at a time.

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

Letters to the editor: ct@counseling.org
‘Value-added’ moments from the ACA Conference

L
ight and glass, space and crowds, joyous sunshine and moody clouds, crowds of women and men sporting two-tone shoulder bags, lanyards dangling like acolytes’ icons, crisscrossing the marble floors of the futuristic Moscone Center, moving staircases ferrying counselors to and fro, the famous — Jerry Corey, Sam Gladding et al. — mixing with unknowns in the robust, twisting kaleidoscope that was the 2012 American Counseling Association Annual Conference & Expo in San Francisco.

Although I have been a regular attendee of ACA Annual Conferences for well over a decade, each year brings forth new experiences to share in and reflect on. There are the usual sights: a cavernous exhibition hall with scores of booths representing affiliate organizations, book company representatives (all of whom nod in sage fashion at your new book pitch), universities both traditional and virtual, and residential treatment centers, their pictures promising only glorious sunny days. There are graduate students with confident or nervous smiles; counselors and counselor educators mincing about, making small talk with new acquaintances and trading hugs with old friends; the harried ACA staff, including ACA Director of Publications Carolyn Baker pirouetting deftly from one situation to another; and the look of dazed wonderment etched on the faces of first-time attendees.

Although promoted primarily for its educational offerings, ACA Conferences are all about engaging the social vestiges of our DNA. Naturally, there are educational sessions (legion in number), recesses (Starbucks was ooh so close by!), happy hours and dinners with friends and colleagues. No doubt, the stitch that binds ACA’s disparate fabric together is the social connections forged through divisions, committees, task forces, social hours and impromptu encounters between graduate students, counselors and counselor educators. Everyone who expressed enthusiasm for the conference related at least one significant social interaction that occurred while seated in a session, in the coffee line, at a reception, etc. Networking in the “old” world fashion is clearly still very much in vogue, even in this high-tech, postmodern era of LinkedIn, Facebook and iPhones.

What’s new?

There were also the “new” aspects of the ACA Conference, including the rock-star-length lines in which attendees stood in hopes of sharing a personal moment and receiving a scribble from renowned psychiatrist Irvin Yalom. Craig Windham, previously just a “voice” for NPR aficionados, gamely held up his end of the keynote sessions. First-time attendees, including many bright-eyed graduate students brimming with enthusiasm, showed their eagerness to seize the yoke of professional leadership roles and transform the organization and profession.

In fact, I find students attending their first ACA Conference to be the most interesting of all attendees — above keynote speakers, famous names, A-list ACA luminaries and high-ranking officers — because they represent the unblemished future. Generally easy to spot, their faces oscillate between flushed excitement and the dazed squint of sensory overstimulation. I can empathize. During my neophyte experience, everything at the conference seemed larger than life. I vacillated between giddy excitement at spotting the big names I’d seen previously only on book covers and in videos, and a sense of unworthy angst while standing in their shadows.

During that initial conference, I attended a reception where Gerald Corey, Sam Gladding, Allen and Mary Bradford Ivey, and Courtland Lee, among others, were milling about. Profoundly intimidated, I took refuge among a herd of graduate students quietly grazing at the hors d’oeuvres table before Reese House, my former professor, cut me from their ranks and drove me toward the august group.

Despite a perpetual feeling of being out of my element, my first ACA Conference experience was rewarding. I resolved to become an annual attender, extend my comfort zone and become more engaged with our flagship organization. ACA Conferences have become an annual pilgrimage for me ever since, and my official involvement has increased exponentially.

Windows to the future

Despite a hectic schedule, I was able to make it to some educational sessions other than my own. Conference sessions provide opportunities to view a concept, idea or philosophy through the eyes of the presenter. Craig Windham’s keynote allowed me to put a face with the radio voice. Seeing this famed NPR correspondent and practicing counselor, whom I listen to regularly, sent a jolt of pride through me.

In his presentation on the International Association for Counselling, Courtland Lee provided his perspective on the progress of the international counseling profession, what has been accomplished, what challenges remain and the adaptations necessary for our profession to become sustainable in non-Western countries. He also posed a question in the reasonable tone of an elder who has witnessed the evolution of the counseling
profession from the vantage points of graduate student, professor, ACA president, IAC president and co-founder of the University of Maryland/University of Malta transcultural counseling program: “What is the value added of counseling to a given society?”

The most significant impression I took away from his presentation is that a great deal of work remains to be done in adapting the Western counseling model in societies that possess cultural norms and practices that differ significantly from our own. The good news is that our profession has spread to countries as diverse as China, Saudi Arabia and Singapore, as well as to the United Kingdom, New Zealand and Australia. Hopefully, within a decade, the international counseling profession will be vibrant and the “value added” well understood from Argentina to Zambia.

This conference, which celebrated the 60th anniversary of ACA, also represented a further step in my professional evolution. I came of age as a counselor working in the very distinct spheres of student affairs and community mental health, which conditioned me to cram in as many sessions and CEUs (CEUs does sound better than CEs, right?) as possible. Through the years, my professional responsibilities (pedestrian as they are) at ACA Conferences have multiplied. At my initial ACA Conference, I longed for such responsibility. In 2012, my wish came exhaustingly true, causing me to spend the entire conference in motion, seemingly dashing from meeting to meeting, gasping for breath and longing to attend sessions. This year was about editorial board meetings, a town hall presentation, task force work sessions, meetings with various book, journal and magazine editors, and the sundry other minutiae that vacuum up time during such gatherings. My Zen and monastic background has much to say regarding human “grasping” and the manner in which it complicates life. Perhaps I need to reread Pema Chödrön’s When Things Fall Apart: Heart Advice for Difficult Times as a reminder of the perils of ambition.

**The good, the bad, the concerning**

My favorite experiences at the ACA Conference always involve renewing...
old friendships and crafting new ones. On opening day, while lingering at the American College Counseling Association booth, I was devasted by their free chocolate supply. Two longtime friends and colleagues, Perry Francis and Mark Scholl, strolled past. I performed the appropriated affectionate bonding rituals that sensitive postmodern counseling males observe when greeting after an extended absence. My wife and I shared a steaming Thai dinner with Allison Smith on a dank, chilly, inhospitable evening. I chatted with Brooke Collison about our mutual desire to travel and teach in Africa and held numerous informal tête-à-têtes over coffee with counselor educators. Perhaps this annual social renewal, more so than educational sessions, is what draws so many habitual attendees to set aside significant time and money to return every year. Perhaps ACA Conferences are a refutation of the social isolation that Robert Putnam details in his popular and depressing book *Bowling Alone*.

Each year it seems I make at least one notable contact during the ACA Conference. This occasionally leads to scholarly collaboration, ongoing consultation or simply an email “buddy.” Occasionally, these relationships are born at the conference per se but during idle moments. This year was a good case in point.

On our return flight from San Francisco to Atlanta, my wife and I sat next to Julia, a friendly counselor educator and native of Barbados. Squeezing into that ridiculously tight aisle seat beside me, we spent most of the flight swapping personal stories (grandparents), exchanging shop talk (colleagues, research), comparing our respective occupational settings (large flagship institution with a doctoral program vs. small private university with master’s programs), concerns (far too many meetings), joys (our students), frustrations (our students!) and future dreams (teaching internationally).

Though we had grown up in different cultures, we shared the common bond of having influential relatives who nurtured and cultivated our aspirations. We both had somewhat nontraditional academic careers in that we became faculty after protracted years as counseling practitioners. Most significantly, we each harbor strong desires to create international links between our respective counseling programs and those in locations such as Barbados, China, India, Australia and other diverse geographic locations. By the time we deplaned, Julia seemed like family!

Having covered what I liked about the 2012 ACA Conference, I’ll briefly address the less attractive flip side. With any large conference, there will always be mistakes, things that go wrong, people who aren’t where they’re supposed to be, equipment that abruptly refuses to work at the least opportune moment, the occasional lifeless presentation and disgruntled attendees. This year, I heard complaints about the lengthy line for Dr. Yalom’s book signing, and given his stature, perhaps that could have been anticipated. The Moscone Center charging for Wi-Fi seemed nitpicky. My personal cavil was the rainy schlepf from the Moscone Center to the Hilton, where various meetings were held. (“Oh, stop kvetching and pull up your big boy pants!” my wife might say.) But these were minor annoyances as opposed to major detractions. To me, the biggest disappointment was that only about 60 people attended the Ethics Revision Task Force’s Town Hall Meeting. Given that professional ethics are the operating standards of the profession, this modest turnout was concerning.

Regardless, the San Francisco conference was as smooth as any I have attended. After all, no one was threatening to start anything close to a schism. Younger members might scoff, but some 20 years ago, we had a “divorce” from the college student personnel association, so one never knows what drama might unfold.

**Capturing the spirit of the profession**

To paraphrase Courtland Lee, what is the value added of an ACA Conference? Through the years, my contacts and responsibilities at the conference have diversified considerably. What has not changed, however, is my belief that our grand homecoming is not about famous authors, notable keynote speakers, new and improved educational sessions or flashy exposition booths with sparkling trinkets. Above all else, I believe it is about a sense of community. The ACA Conference represents many career facets (school counseling, mental health counseling, counselor education, etc.), offers much in the way of professional education (sessions on individual, group, couples, family, career counseling and more) and displays a literary mountain of books and journal articles. These aspects of the conference help us to measure the miles we have traveled on the road toward parity with our mental health siblings. But I refuse to believe such concrete representations, although important, adequately address the “spirit” of the counseling profession.

For me, the ACA Conference is about relationships — personal connections that call out above the clamor of famous people, dueling textbooks and exotic locations. Although we are scholars, practitioners and students, licensed and certified, notable and anonymous, the ACA Conference is a broad-based therapeutic community — one that preserves traditions while strategizing for and adapting to a dynamic future. More poetically, the conference represents keepers of the professional flame and artisans diligently molding the profession in exacting detail. Whatever the future holds for ACA Conferences — and rest assured it will be different given this global, high-tech, virtual era (I predict we will soon have virtual attendees and international counseling organizations representing many countries) — we must keep our eyes focused on the collective gestalt. Otherwise, our annual gathering runs the risk of becoming yet another dinosaur unable to adapt to a rapidly evolving future.

Shannon Hodges is a licensed mental health counselor and associate professor of counseling at Niagara University. Contact him at shodges@niagara.edu.

Letters to the editor: ct@counseling.org
PSYCHOLOGICAL STUDY IS THE KEY. HANDS-ON EXPERIENCE IS WHAT TURNS IT.

MASTER’S AND DOCTORAL AREAS OF STUDY
Clinical Psychology
Counseling Psychology
Marital and Family Therapy
Forensic Psychology
Business and I/O Psychology
Applied Behavior Analysis
School Psychology
International Psychology
Organizational Leadership
Counselor Education & Supervision

OUR UNIQUE COMBINATION OF WORLD-CLASS CURRICULUM AND UNRIVALED REAL-WORLD EXPERIENCE PREPARES YOU TO

UNLOCK HUMAN POTENTIAL

• 20+ graduate programs in psychology-related fields
• Regionally accredited, not-for-profit institution
• Named to the President’s Honor Roll for Community Service

Call 800.721.8072 or visit thechicagoschool.edu for more information.

Copyright © 2012 The Chicago School of Professional Psychology. All rights reserved.
Counselors by definition are People Persons, not Paper Pushers. So, on my first day of practicum at the local community mental health agency to which I had been assigned, I was woefully unprepared for the sheer volume of forms required. Since there are so many, I will start a new paragraph to list them (and some I will omit because my editor allows a max of 1,600 words for this column). Just for fun, take a really deep breath and see if you can read this list out loud before passing out:

W-2 (even though “student intern” is not a paid position); Daily Time Sheet; Weekly Schedule of Clients; Time Off Requests; Reimbursement Requests; Informed Consent indicating I have explained office policies, including confidentiality and its limits; HIPAA; Income Verification; Fee Verification; Consent for Treatment; Proof of Insurance (or, rather, proof of no insurance; as we all learned in our Ethics, Laws and Professional Issues course, state law dictates interns are not permitted to treat those who are insured); an eight-page Bio-Psycho-Social report; Treatment Plan for Medical Management (if applicable); Treatment Plan Addendum for Individual Therapy; Medication Inventory; General Assessment of Functioning (GAF) score; Functional Assessment Rating Scale (essentially a GAF rating, but required nevertheless); Consent Releases and Record Requests for Client’s primary and prescribing physicians and (if applicable) previous mental health care professionals; Treatment Plan update; and something cryptically labeled “OMG.” (Yes, I did ask. And no, it is not an acronym for “Oh My God,” although no one at the agency could tell me what the initials stood for. What they could tell me was that OMG was required to be filled out quarterly to document treatment progress. Required by whom, God only knows.) And, of course, the dreaded Progress Note. (That’s a grand total just short of two dozen forms, in case you were wondering.)

Is it any wonder I fled the office at my lunch break that first day and called Husband for moral support? At first he couldn’t understand what I was saying because I was crying, babbling and hyperventilating all at the same time. By this point I felt more like Tree Killer than Counselor. To top it off, I envisioned in my future a crippling case of carpal tunnel syndrome because each form was to be filled out by hand. Shoestring budget at agency = no computer for underlings. Adding insult to wrist injury, I even was required to provide my own writing instruments.

Sufficiently soothed by Husband, I returned to the office and began the onerous task of acquainting myself with the various forms. To my delight, I discovered an upside to my obsessive-compulsive tendencies. I broke out the three-hole punch miraculously provided by the agency and dutifully threaded each form on the three rings of a ginormous binder — yet another office supply I had to purchase with my own money. Between the pricey graduate school tuition and this unpaid position, I calculated I was already in the red to the tune of five figures and counting. I say “red” metaphorically, of course, because Medical Professionals must write in black ink only — to avoid liability issues.

Second, I write fast. Third, I scored points with Supervisor, who shared early on that he had developed a unique shorthand that proved virtually useless in this new practice. When I inadvertently reverted to shortcuts were thoroughly ingrained. In any case, the TUMS came in handy when I later learned the agency allowed only an approved list of abbreviations to be used when writing progress notes. In my previous incarnation as a journalist, I had developed a unique shorthand that proved virtually useless in this new setting. To make matters worse, my shortcuts were thoroughly ingrained. When I inadvertently reverted to contraband abbreviations, I cursed myself.
Supervisor stipulated that progress my memory when, at a later date, I could phrases on a legal pad in session, with a fail-safe. I would jot key words and what occurred in session. I developed time to write a note, I often had forgotten documentation. By the time I found the in constant catch-up mode with the providing a full hour of face time, I was the customary 50 minutes, routinely Because I have a tendency to run over therefore was rather time consuming. BIRP required writing in detail and if a change in strategy was necessary. major triggers in Client’s experience and coping skills effectively, what were the practice gave me a reference point to determine whether Client was applying the next session. Also, making a habit of noting presenting behavior each week, I could track Client’s ups and downs. This was especially helpful in determining several treatment aspects. For example, the exercise background, however is this: Person comes and otherwise. The most important lesson and the one inviolable rule of our profession, however, is this: Person comes in handy once again. As a newspaper reporter, I had cultivated the ability to take notes in Real Time, as people spoke. I even could do this while listening! For the most part, I have found this method works for me. I can give Client 10 minutes of Bonus Time, maximizing my post-session allotment of Me Time in the process. At first, I worried maximizing my post-session allotment of

Letter to the editor:
suz.hirsh@gmail.com

Somatic Experiencing® (SE®), developed by trauma-expert, Peter A. Levine, PhD, and founded in leading-edge neuroscience, is the revolutionary, naturalistic approach to the healing, resolution and prevention of trauma.

Contact her at suze.hirsh@gmail.com.

Letters to the editor:
ct@counseling.org
Electronic health records in today’s private counseling practice

While some counselors today are reaching for their pens and notepads, others are reaching for their laptops. With the help of electronic health record (EHR) and practice management (PM) software, counselors are trashing their metal filing cabinets and announcing that they’re “going green.” Eco-friendship aside, a good EHR-PM program can help a practice to organize files, improve treatment planning, measure client sessions and attrition, monitor client balances and accounts receivable, track authorizations, file insurance claims, schedule appointments and more … or at least that’s what it says on the box!

The technological learning curve aside, counselors today face numerous roadblocks when implementing EHR-PM software into their practices. This column will address a couple of those roadblocks and share several counselors’ journeys into the paperless.

**Roadblock No. 1: The cost**

“Go paperless and earn up to $44,000 in incentives.” This is the sales pitch many EHR software companies use. And it’s true. In 2009, President Barack Obama signed into law the Health Information Technology for Economic and Clinical Health (HITECH) Act. Under HITECH, qualified providers can receive as much as $44,000 in Medicare bonus incentives if they demonstrate the “meaningful use” of an EHR system.

But wait … did you catch that? Medicare. Counselors can’t accept Medicare! In fact, even if they could, a “qualified provider” is defined as a physician — not a licensed professional counselor. Unfortunately, the HITECH stimulus package doesn’t account for mental health professionals trying to turn the electronic corner. Worse yet, the generous incentives have served to inflate the price of EHR programs across the board. This makes sense when considering that even if an EHR-PM software suite costs $50,000, a group practice of four medical doctors will still turn a six-figure bonus for implementing the EHR-PM software.

Wendy Molinaroli, a counselor in Charleston, S.C., is no stranger to EHR. In fact, she’s been looking for suitable software for her solo private practice since 2000 and has logged hundreds of hours in the search. One of her findings: Most EHR-PM programs are priced too high for counselors. For example:

- Amazing Charts: $1,999 per year for the first provider, $995 for each additional provider
- All Scripts: $699 per month per doctoral-level provider, $474 for master’s level
- Soapware: $3,000 per year per provider
- Praxis: $6,995 per year for the first provider, $2,995 for each additional provider
- AdvancedMD: Nearly $1,000 per month per provider

What’s notable is that many programs aren’t just expensive — their prices are incompatible with counseling practices of any size. Even if a group counseling practice made lots of money, it still wouldn’t be able to afford the per user cost of these programs. Master’s-level clinicians don’t bill enough to justify a software fee of several hundred (or thousand) dollars per month. The same is true for practices that include part-time clinicians.

**Roadblock No. 2: Software problems**

Fred Porter (name changed), owner of a New England psychiatry practice, paid thousands to get started with his web-based EHR-PM program. But when he loaded his patient list of several thousand into the system, it slowed to a crawl. Fred explains, “We would watch the appointment calendar load, one line of text at a time. It could take 10 minutes to check a patient in.” In addition, there were state-specific regulations for filing insurance claims that the out-of-state software vendor wasn’t used to, so claims were getting denied.

And so began a ritual for Fred of finding bugs and calling the software company to try to get them fixed. “If you deal with a larger company like Siemens, you won’t have delays, and they have experience with practices nationwide,” Fred says, “but a small practice can’t afford that. So I’d call [the software company] and say, ‘This or that doesn’t work,’ and they’d say they’d look into it. It felt to me like I was teaching the vendor.”

A month into his implementation, Fred received an unexpected bill in the mail for customer support. “I couldn’t believe it — I’m helping them fix their software,” he says. “But what are you going to do? Once you’ve committed to a program, had it installed, trained your staff, it’s a nightmare to switch. They not only have all your data, all your insurance claims are in their software.”

It’s hard to believe the lack of viable programs, especially when an Internet search turns up pages of results. In the past year, both Wendy and I have tested dozens of programs, sharing our notes (and disappointments) about each. Names have been removed to protect the guilty, but the problems are numerous and pervasive and render many EHR-PM software options on the market unusable. Among the problems we encountered:
the financials weren’t working, I wasn’t
to begin using the EHR side. “Because
of the software is working, but he has yet
year and a half of struggles.” The PM side
provider through what he describes as “a
counselors,” she laments.
software program I could recommend to
my searching, I haven’t found a single
software vendors again. “Even after all
that Wendy is being forced to switch
side is poor. Some software is the other
way around. No one seems to have a
complete, usable package.”

Trial and error
Ryan Neace, a counselor based in
central Virginia, has gone paperless
without the use of EHR software. In his
practice, every therapy office is assigned
its own iPad loaded with a simple
note-taking program called smartNote,
available in the iTunes app store for
$2.99. “The client files are password
protected,” Ryan explains. “Besides that,
the application couldn’t be more basic.
It can’t run reports, such as sessions
booked, and it has no billing capabilities
whateossoever. The program works for us
because we don’t need much in the realm
of reporting and because we’re a cash-only
practice.”

Meanwhile, Wendy is on her fourth
software suite in as many years. Her first
software had “updating and syncing”
problems, the second company went out
of business and the third software never
ran properly (“They blamed Bill Gates for
their software being crappy,” according to
Wendy). As for the fourth program, the
note-taking side works well, but the PM
side has so many serious billing problems
that Wendy is being forced to switch
software vendors again. “Even after all
my searching, I haven’t found a single
software program I could recommend to
counselors,” she laments.
Fred has stuck it out with his software
provider through what he describes as “a
year and a half of struggles.” “The PM side
of the software is working, but he has yet
to begin using the EHR side. “Because
the financials weren’t working, I wasn’t
going to tie myself to the EHR,” he
explains. “I’m already paying for it. I’ve
just been reluctant to use it.”
He says he feels fortunate that his
software developer “got it” and was able
to make adjustments to the software.
He plans to begin using the EHR soon
and is excited about some of the other
features such as automated reminder
calls. “Reminder calls keep the no-show
rates down to 5 percent, but it takes
an enormous amount of resources for
receptionists to manually make each call,”
Fred says.
Fred also shared one final issue. Despite
choosing a small EHR-PM vendor, even
one add-on feature is out of his budget.
“The electronic prescription writing is a
bit expensive,” he says. “It’s $60 a month
per provider. I have 12 prescribers, but
some only work one day a week, so I can’t
justify the cost.”
Still, Fred is positive about the
prospects of EHR-PM. “We’re getting
there,” he says. “Slower than I had hoped,
but we’re getting there.”

My experience
As for my practice, we began using
EHR-PM software in 2009. We thought
that an EHR system would help us to
better organize records and make records
easier to retrieve when clients requested
them. As director, I also saw value in
having a solution that combines note
taking with insurance billing.
In choosing an EHR-PM platform,
our team sorted through which features
would be most helpful for our practice.
We wanted to find a web-based program
that didn’t need installation on every
office computer. This eliminated many
options. Price eliminated others. Trying
demo versions of various suites eliminated
even more because many looked like a
flashback to DOS. In the end, we found
a low-cost program called Office Ally.
(Cost for EHR is $29.95, plus $15 per
provider per month. The PM software is
basically free.)
The team was excited about
the program. Once implementation began,
however, excitement waned. The software
was not nearly as easy to use as we had
hoped, and the learning curve was brutal.
There is a lot of dialogue during the
training process that goes like this: “You
need to click here, then here, then click
the drop-down menu here, and ignore
those sections there because those features
don’t apply to us.”

Today, several years into our Office
Ally subscription, our staff still dislikes it,
as does our in-house billing department,
which warns that the software will
become decreasingly able to meet our
needs as the practice grows. Also, it only
works well on Internet Explorer, and it
has regular bugs, crashes and downtime.
In 2011, in an attempt to phase out
Office Ally, we tested a new software
program with a handful of staff. Although
the notes side worked well, the PM side
was wrought with problems. We are now
in the process of implementing a third
software program. This time, the practice
purchased a higher-priced solution in
hopes that it will lead to better outcomes.
In the next year, we will be spending
north of $10,000 on EHR-PM software
(we’ll let you know how it goes).
Despite the troubles, overall EHR-
PM software has helped the practice.
Note taking has improved, as has the
organization of client files. We can view
a history of sessions at a glance as well as
how much has been paid to each clinician
from insurance and copays. It’s also a nice
perk not to have a growing mountain of
filing cabinets crowding the office.

No one’s missing the boat
Sometimes it’s not worth being an
early adopter. As someone who has
spent hundreds of hours searching for
and testing EHR-PM programs, it’s
infuriating to know that at some point in
the future — perhaps even soon — there
will be a clear industry leader. Choosing
software will be quick, easy and maybe
even affordable. But if you feel like you’re
missing the boat on EHR-PM software at
the moment, you’re not. The boat isn’t
even in the water yet! ♦

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

Letters to the editor:
counseling.org

June 2012  | Counseling Today | 21
**Stress Management and Prevention: Applications to Daily Life, Second Edition**  

Rarely do students have the opportunity to enroll in a class that focuses entirely on themselves. The authors of *Stress Management and Prevention: Applications to Daily Life* have written a text that not only describes how all students feel at times — overwhelmed, frustrated, anxious, stressed — but also provides insightful strategies for preventing and overcoming the obstacles of college life.

This comprehensive manual is divided into three sections: understanding the nature of stress, strategies for stress management and prevention, and stress prevention and synthesis of self. The introduction offers a personal account of the life challenges that led the authors, Jeffrey A. Kottler and David D. Chen, to the practice and eventual teaching of stress management and prevention. Each chapter features “For Reflection” exercises that readers can apply to gain insight into their own lives. Each chapter also contains personal accounts of students who have faced similar challenges and learned how to apply stress management techniques. Checklists and tables provide additional resources, information and quick reference guides. The text is written in a conversational style, as though the authors are speaking directly to students, creating an informal and intimate relationship between them.

In Part 1 of the book, the authors define stress as a survival mechanism from early evolution, a “physiological and psychological response to a real or perceived threat,” that enables us to make split-second decisions. They devote a section to the “fight or flee” response and provide a detailed overview of the body’s stress mechanisms housed in the central and peripheral nervous systems. This overview is beneficial to those who are not familiar with the intricacies involved in executing human functions.

This is followed by a chapter on various stressors throughout the life span, including peer relationships, academics, career decisions, intimate relationships, raising a family, retirement and death, and how each phase of life attempts to resolve the stress. Chapter 4 details adaptive and maladaptive behaviors as applied to psychoanalytic, cognitive behavior and humanistic theories. Next is a discussion of depression, anxiety, aggression and eating disorders and how these issues either contribute to or result from stress. This information may be a review for social science majors, but it is helpful in understanding the possible origins of behavior. The section ends with a discussion of individual differences that have an impact on stress and stress management. Personality traits, gender differences and cultural differences are among the factors that help determine how individuals develop and respond to stress.

This transitions readers into Part 2, which focuses on stress management interventions. The authors take a holistic approach to stress management, believing that individuals need to care for the mind, body and spirit to overcome obstacles. Their interventions are also comprehensive in that they provide techniques that can positively affect thoughts, feelings and behaviors. Reframing, thought stopping, time management, organization, yoga, exercise, mindfulness and relaxation techniques such as progressive muscle relaxation and meditation are just a few of the methods the authors introduce. They also devote a chapter to nutrition and other healthy living options (such as good medical care and abstinence from substances) to keep the body — and thus the mind and spirit — prepared to manage stress. All of these techniques have the added benefit of reducing the impact of stress before it starts, which is a good message for college students learning how to manage their new responsibilities. Finally, the authors emphasize the importance of preparing for the future to prevent unnecessary stress. College and occupational stress are listed as challenges for which students can at least partly prepare by practicing good study habits, prioritizing workloads, preventing burnout and integrating fun into their schedules.

The closing section encompasses what the student has learned and describes how to stay focused and motivated to create lasting change. Emphasis is placed on resilience as a character trait that contributes to positive change and stress reduction throughout the life span.

This text is an excellent resource for college students and clinicians. It would be ideal for first-year students as part of an orientation class, but it would also be a useful resource in college counseling centers to promote stress management either in individual sessions, groups or educational trainings.

 Reviewed by Stephanie McGuire Wise, clinical counselor, the University of Toledo Counseling Center, and doctoral student, University of Toledo counseling education and supervision program.

**How to Help Children Through a Parent’s Serious Illness, Second Edition**  

In the second edition of *How to Help Children Through a Parent’s Serious Illness*, Kathleen McCue provides tangible guidance for facilitating healthy child development in the midst of chaos and tragedy. This edition maintains the central thesis that children need to know the truth about a parent’s illness and the situation in which they currently find themselves living. Through case examples, she provides clear guidance for communicating these truths with children ranging from infants to adolescents at different points of the illness trajectory.

The book is organized to take the reader from diagnosis to the end of treatment. There are chapters detailing special circumstances such as preparation for...
Practical Clinical Supervision for Counselors: An Experiential Guide

Clinical supervision is an integral part of counseling practice. Therefore, *Practical Clinical Supervision for Counselors: An Experiential Guide* is a useful resource for counseling professionals, especially supervisors and educators who are engaged in gate keeping, intervention, training, evaluating, monitoring ethical practice, mentoring and shaping the identity of new professionals, as well as maintaining the safety and welfare of clients being seen by trainees and supervisees.

Supervisors and educators alike will find this text valuable in understanding their roles and responsibilities and grounding them in the supervisory process and relationship. Author Lisa Aasheim examines clinical supervision and its components in a comprehensive manner, with insights provided by guidelines from the Association for Counselor Education and Supervision, a division of the American Counseling Association. Activities at the end of each chapter enhance reflection and problem-solving skills tied to the topics being discussed. In addition, the appendices include samples of forms used in supervision.

Chapters 1 through 4 provide an introductory lens into clinical supervision, covering its definition, occurrence, purposes, ethical practices, the supervisor’s stage of growth, reflection and what a proficient supervisor looks like. This section also examines the tools necessary to prepare for efficient supervision. The qualities of a competent supervisor are outlined, as are issues of role clarity when functioning as both a supervisor and counselor. The importance of identifying and choosing a model of supervision on the basis of evidence-based practice is also highlighted. Explanations of each model of supervision are provided, giving counselors the opportunity to revisit, reflect on and ground themselves in their chosen style. Finally, this section offers a preamble to the beginning of supervision sessions, including do’s and don’ts, interviews, fees, schedules, contracts, informed consent and professional disclosure statements.

The next section covers the substance of supervision, with Chapter 5 continuing to examine the preliminary session, the environment and requirements for an effective supervision process. Chapter 6 focuses attention on elements of the supervisory relationship and ways to navigate the multiple roles of manager and supervisor.

Chapter 7 examines factors that enhance or drain the supervisory relationship and offers solutions to resolve such issues as needed. Chapters 8 and 10 look at methods of conducting supervision, whether in individual, dyadic, triadic or group formats. The advantages and disadvantages of each format are outlined. Chapter 9 summarizes emotional issues that may continue to arise in the supervision process and offers tools and tips to address them.

Chapter 11 calls on counselor supervisors to be innovative and to employ techniques using simple or complex technologies and materials as their abilities allow.

The final section covers challenging and vital aspects of clinical supervision. Chapter 12 focuses on ethics, competence, confidentiality, malpractice, liability and the ethical decision-making model. Chapter 13 examines the core of supervision experience, including evaluation, documentation and case review. Chapter 14 highlights the integral role that feedback plays in supervision.

This text contains extensive practical information for counseling supervisors and educators. It is well-written and consistent with relevant counseling terms and current matters in supervision. I recommend it for any counselor or educator who wants to become an expert in clinical supervision.

Reviewed by Mary Ollor Onungwe, doctoral student, counselor education and supervision program at North Dakota State University.

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

Letters to the editor: ct@counseling.org

June 2012 | Counseling Today | 23
Males may be more influenced by gender stereotypes, adult role modeling

This will be my final “Spotlight on Journals” column for Counseling Today. Each quarter for the past three years, I’ve had the pleasure of scouring the journals published by the American Counseling Association and its divisions and sharing my reactions to current research articles. But it is time for readers to hear from a new voice in these pages — someone who will choose different articles than I might have and who will bring his or her own lens to the column. I will remain an avid reader of the column.

In most counseling programs, career development is a required course because future counselors need to possess skills to assist clients and students with career and advanced educational decisions. It is important to be aware of research that might shed light on the career development process.

In the March 2012 issue of The Career Development Quarterly, researchers Christine T. Schuette, Michael K. Ponton and Margaret L. Charlton report findings from their study of the career aspirations of students in a single middle school in a low-income suburban neighborhood in Norfolk, Va. (“Middle School Children’s Career Aspirations: Relationship to Adult Occupations and Gender”). Students (N = 89) participating in the study had two adults of different genders in the home who held occupations the students could identify. The researchers investigated the relationship between the occupations of those adults and the students’ occupational aspirations. Aspects of those occupations that were of interest to the researchers were the status of the job, the student’s interest in the job and gender.

Their findings were quite intriguing. The boys all aspired to stereotypically male jobs or gender-neutral jobs, and their choices were significantly different from what would be expected by chance. Although not statistically significant (perhaps due to sample size), 45 percent of the girls listed stereotypically male jobs for their career aspiration. Only 21 percent aspired to traditionally female jobs, while the remainder chose gender-neutral occupations.

Participants were also asked to give a reason for their choice. Although no statistical differences were detected, 58 percent of the entire sample made their choice on the basis of interest; 38 percent of girls and 21 percent of boys explained their choice by mentioning a role model who inspired them. Furthermore, although boys’ aspirations were related to the occupation of the male with whom they identified in the demographic section of the survey, this was not true for the girls. Although not statistically significant, the researchers also detected a trend toward the students choosing occupations of higher status than did the adults with whom they identified.

On the basis of their findings, the researchers note that gender stereotypes and adult role modeling may be more influential for adolescent males than for adolescent females. That is good news about females, but career counselors at all levels might work toward encouraging more flexibility among males.

Multicultural, sexual orientation competence appears lower among school counseling students

As an educator of school counselors in a program that highly values multicultural competencies, I found Markus P. Bidell’s study, “Examining School Counseling Students’ Multicultural and Sexual Orientation Competencies Through a Cross-Specialization Comparison,” in the April 2012 issue of the Journal of Counseling & Development to be especially relevant. The sample included 164 second-year master’s students across four counseling programs around the country. Of this sample, 75 had a school counseling specialization, while the rest were in community agency counseling specialties. All were currently enrolled in internship classes, so they already would have completed much of their coursework.

The sample was ethnically diverse and also included 16 students who identified as lesbian, gay, bisexual, transgender or questioning (LGBTQ). Of the LGBTQ students, 13 were in the community agency specialization. On the measure of LGB counselor competence, the school counseling students had significantly lower total and subscale scores than did the community agency students. In addition, the school counseling students also scored lower on the measure of multicultural counseling knowledge and awareness, although the magnitude of the difference was not as large as it was on the LGB competence scale.

Although the researcher acknowledges the study’s limitations, as one does for all research, these findings cannot be dismissed. As Bidell accurately notes, the political climate in many school districts makes it quite risky for employees in any position to be strong advocates for minority groups, whether sexual or cultural. I work in Tucson, Ariz., and readers may be familiar with the controversy surrounding the Mexican American Studies program that was canceled in the largest school district in the area. I believe school counselors must be especially sensitive to and skilled in working with students in these groups precisely because students in such environments are likely to need considerable support and may otherwise find it to be a scarce commodity.

Bidell also notes that the national rate of self-identified LGBTQ students is lower in school counseling programs than in counseling programs in general, which may be a consequence of the perception...
that schools are not always welcoming to this population. The analysis also showed that LGB counselor competence was related to the number of LGBTQ friends the counselor had. Having fewer LGBTQ classmates reduces the possibility of students expanding their network of LGBTQ friendships within their school counseling programs.

Another relevant observation was that although multicultural course work predicted scores on the measure of multicultural competencies, the relationship was minimal for course work and LGB competencies. This may indicate that existing course work does not sufficiently address sexual orientation as a cultural group or, as Bidell suggested, that those in school counseling specializations need specialized training for work with LGBTQ students in educational settings. It is well established that these students experience harassment and bullying at higher rates than do their heterosexual and gender-typical peers. It is necessary that school counselors be well prepared to assist and advocate for these students.

These articles remind me once again that research is necessary to inform counseling practice at all levels and provides an empirical basis for professional decisions. Counselors must be well-informed consumers of research, and I have been pleased to have had the opportunity to alert readers of Counseling Today to studies that have particular relevance to practitioners.

Counseling Today and ACA would like to thank Sheri Bauman for serving as the column editor of “Spotlight on Journals” and for her commitment to raising awareness of the research being conducted in the counseling community.

Sheri Bauman is a professor and director of the school counseling program at the University of Arizona. Contact her at sherib@u.arizona.edu.

Letters to the editor: ct@counseling.org
Imagine this scenario: You are a counselor, and you have two clients. They are the same age and same gender, and both experienced the death of a partner at roughly the same period in life. So, you can reasonably expect that both will have similar reactions to that parallel loss and both will benefit from similar counseling techniques to deal with the residual grief, right? Not likely.

In fact, says Vincent Viglione, an adjunct professor of counseling at Kean University and Montclair State University in New Jersey, one of the most important things for counselors to understand about grief and loss is that although the experience of loss is universal, every individual’s grief process is unique. “We as counselors recognize that certain client responses are not necessarily pathological,” says Viglione, who is doing his doctoral dissertation on adult sibling grief and continuing bonds at Montclair State. “As such, we attempt to normalize our client’s feelings. In doing so, however, we must preserve the idea that their circumstance is unique to them. Normalizing, then, is never saying, ‘You’re just like everyone else.’”

Keren Humphrey, a retired professor of counseling at Texas A&M University-Commerce, agrees about the unique nature of each person’s grief experience, not only because of her work with clients but also because of her own experience with grief and loss. “In the last two years, I have experienced a number of significant losses, including breast cancer with a double mastectomy, my husband’s extended illness and death, and my mother’s decline from Alzheimer’s and her death only a month after my husband’s death,” says Humphrey, whose book, *Counseling Strategies for Loss and Grief*, was published by the American Counseling Association in 2009. “These experiences have certainly reiterated my view that each person’s experience of loss and grief is unique. The meanings I attach to my losses and my ways of grieving are specific to me.”

Understanding that notion of uniqueness and applying it in session as a counselor means there is no one “right” approach to grief-related counseling work, Humphrey asserts. Rather, to work effectively with these clients, practitioners must be capable of drawing from a variety of counseling skills and techniques and tailoring a therapeutic approach that is custom fit to the client’s specific personality, situation and needs.

A good starting point for counselors is to take the role of “witness” and realize that the client is the expert, Humphrey says. “It’s a time for you to shut up and facilitate the client in telling [his or her] story. We too often in counseling jump too quickly into reflecting feelings and attending and worrying about the next thing we’re going to say to the client. That interferes with [clients] telling their story. Back off of those automatic responses and just allow clients to tell their story of loss.”

A loss is the absence of something we deem meaningful, Humphrey explains, while grief is our response to that sense of loss. People normally associate loss with the death of a family member or close friend, but it can also be inclusive of the loss of a house, a relationship, a job or any number of other things. Sometimes, says Anne Ober, an assistant professor in the Department of Counseling and Human Development at Walsh University, it can even be the loss of a particular feeling. For instance, Ober points out that after 9/11, even people who weren’t directly affected by the terrorist attacks might have felt a loss of the sense of security they had presumed previously.

Elizabeth Doughty Horn, an assistant professor in the Department of Counseling at Idaho State University, says grief can also stem from the loss of expectations that weren’t met. From the
outside, to those observers who aren’t experiencing the loss personally, the loss might not appear particularly significant — for example, a high school student failing to make the cheerleading squad. Many of the losses people experience are disenfranchised, Horn says, meaning they aren’t recognized or appreciated as losses by society. Hallmark doesn’t make cards for disenfranchised losses, she notes.

In some instances, only certain aspects of loss get recognized, while other often more complicated aspects go overlooked. Consider a person recently diagnosed with cancer. “Once someone has been diagnosed with cancer, his or her identity is often linked with the disease,” says Horn, a member of ACA who has researched, published articles, taught classes and presented at conferences on the topic of grief and loss. “The bulk of their day-to-day life is spent focused on cancer — scheduling, getting to and from doctor appointments, reassuring well-wishers, letting people know about their illness, processing their own emotions as well as their family’s. Obviously, people acknowledge grief and loss associated with getting cancer, but they may not view it in terms of the loss of self.”

Many times in cases of disenfranchised loss, clients themselves don’t recognize the issue as one deserving of feelings of grief. They come to a counselor saying, “I shouldn’t be so upset about this,” Horn says. One of the most helpful things counselors can do is to acknowledge the extent of the losses clients have experienced and assist them in connecting the way they are feeling with those losses.

Even in situations in which loss is generally recognized by society at large, counselors say it is common for clients to come into counseling feeling unsure about why they are struggling. “It happens so often,” Horn says. “People come in and recognize there has been a major change, but they’re not seeing it in terms of grief. They might say, ‘I know I lost my job, but I have a new job, so why am I still focused on the job I lost a year ago?’”

Society often emphasizes getting over things and moving on, Horn says, but in many situations of loss, the process of “getting over it” doesn’t happen quickly, if ever. One of the newer trends in grief and loss counseling is the rejection of the idea of “closure” as a completed process, Horn says, especially as it relates to death. But many times, she says, clients either think they should be “over” something already or they don’t even recognize that their pain stems from an issue of grief and loss.

“I believe that once counselors begin to view transitions in terms of grief and loss,” Horn says, “they really won’t have to look for these issues in their clients. Rather, they will see an aspect of them in almost every client issue. I’m not suggesting that everything in life is grief and loss — how depressing — but there can be an element of these in much of day-to-day life in varying extremes.”

Viglione, an ACA member who runs a private practice in Denville, N.J., agrees. “For every client that I see, I find an element of loss in what they’re presenting if I look closely enough.”

Stepping away from the stages

Counselors say one of the more significant changes in the area of grief

New!

Rooted Sorrows—Emotional Burden to Emotional Health: Veterans With PTSD

presented by Mitchell Young

In this compelling and heart-wrenching DVD, Dr. Mitchell Young, a licensed psychotherapist and combat veteran who has counseled Vietnam veterans for more than 15 years, discusses PTSD and the lasting effects of combat and severe trauma. Drawing from his own experiences in Vietnam as a member of the Marine Corps, he examines the emotional scars that occur after a traumatic event, night terrors, chronic isolation, and emotional numbness. He also discusses complex PTSD and secondary PTSD, the most common form of PTSD he has seen in Vietnam veterans and their families.

Produced by R-Squared Productions, LLC
2010 50 minutes DVD Order #78241
List Price and ACA Member Price: $59.95

Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 6pm)

American Counseling Association
and loss counseling in recent years has been the move away from using Elisabeth Kübler-Ross’ stages of grief model. Ober, a member of ACA who has researched, counseled and taught on the topic of grief, points out that Kübler-Ross herself said her stages were misapplied and that she originally designed them to be used with individuals coming to terms with their own death. Although Kübler-Ross’ work was very beneficial and started a larger societal conversation about death and dying, Ober says applying the stages to clients going through grief and loss isn’t very helpful and in some cases can even be harmful.

The problem is that the stages model doesn’t fit everyone’s experience, Horn says, especially in light of how each person’s reaction to loss is unique. Humphrey agrees, saying the model suggests that everyone experiences grief the same way. “That just simply is not true,” Humphrey says. “It does not respect the differences among people in terms of personality, social-cultural influences and that kind of thing. We need models that allow us to focus on uniqueness of people. It also ignores process. Instead, we need to understand that clients are in a process of adapting, renewing and reviewing. They’re in a process, not in a stage.”

Horn says research conducted on how the stages were used in therapy has shown that counselors were doing harm to some clients by trying to shoehorn them into stages. For example, if a client wasn’t having the particular experience the counselor thought he should be having according to the stage model, the client may have tried specifically to have that experience, she explains. “And that’s when people get into trouble — when they’re not following their own natural process, when they try to do something that doesn’t fit into who they are,” Horn says.

The stages also gave the impression that if clients went all the way through each of the stages — denial, anger, bargaining, depression and acceptance — they would encounter an end point to their grief, Horn says. “But grief is an ongoing process of adaptation,” she says. “The idea of closure is no longer seen as being possible for most people. Rather, it’s ‘How do I adapt or integrate this loss into who I am and into everyday life?’”

Humphrey again emphasizes that the trend in grief and loss counseling in the past decade or two has been toward realizing there is no one-size-fits-all model or therapeutic approach to helping clients. “Instead, the counselor helps clients focus on useful material and implements therapeutic strategies appropriate to the uniqueness of a given client,” she says. “For example, I would use nondirective methods with a client who is uncomfortable with more directive approaches. I might use narrative therapy strategies to help a client explore cultural influences and later use solution-focused or behavior-based strategies for specific problems or to increase awareness of personal strengths for the same client. I might use cinematherapy to highlight multiple issues, but not with people who hate movies. It is important that counseling professionals remember that effective grief counseling is not about the counselor’s specialty. … Rather, it is about selecting and adapting various therapeutic approaches to the particular needs, preferences, personal history, grieving style and multiple contexts of a given client. Using only one approach with every client is ineffective and, worse, very disrespectful.”

Go with what’s natural

The main goal in working with clients who have experienced a loss is to help them experience and express their grief in the style that is most natural to them, Horn says. That might mean encouraging clients to disregard outside influences or the internal “shoulds,” she says. For instance, a person who has just experienced the death of a loved one might get the message from his church that the death was “meant to be” and that it is time to let the person go. “Maybe that ends up making the client feel they should be happier this has happened or that they should be feeling so sad,” Horn says. When clients refer to what family members, their religious community or some other outside influence thinks, Horn suggests counselors raise clients’ awareness of this and ask what they are experiencing.

Helping clients find their natural grieving style starts with listening to them and supporting what they say they’re thinking or feeling. “A client might say, ‘I’m really sad, but I haven’t cried and I feel guilty for not crying. I’m more focused on the logistical details of what led up to the person’s death,’” Horn says. “So we try to help foster that rather than putting pressure on them to cry or telling them that they’re in denial.”

In fact, Horn says, one of the newer models some counselors are using in loss and grief work, the adaptive grieving styles model from Terry Martin and Kenneth Doka, recognizes that certain clients will be more affective in their grieving style, some will be more cognitive and others will find themselves along the continuum in between. Understanding that different grieving styles exist and encouraging clients to grieve in the way that’s most natural to them is key, Horn says. For instance, grief groups are often helpful to affective grievers, who might want to share and cry with others, she says. On the other hand, cognitive grievers might want to focus on problem-solving associated with the loss and could find talking about the loss repeatedly with a group to be overwhelming.
Meaning-making, which Robert Neimeyer, Thomas Attig and Michael White have researched, is another potentially helpful concept, Ober says. It provides a way of helping clients determine what the loss means to them in their life and their life story, she says, and has similarities to narrative therapy. However, Ober says, counselors need to let clients guide them before using this technique. Clients need to indicate on their own in some way that they are trying to make sense of why the loss happened and what it means to them. “That won’t be the case for everyone,” Ober says. “You shouldn’t apply it unless your client is really at that place.”

Ober also points to continuing bonds theory as potentially helpful. The theory is in contrast to Sigmund Freud’s idea that a person needs to cut ties with whomever has died and focus instead on the here and now. The continuing bonds theory suggests that a person who has lost a loved one can still have a nonphysical relationship and some sort of communication with the deceased person. Letter writing, putting up photos at home, returning to a special place that was important to the deceased person and celebrating the deceased person’s birthday or death anniversary are a few examples of ways to continue the bond, Ober says.

Viglione recommends William Worden’s tasks of grief approach as another potential tool for helping grieving clients. The tasks take clients through accepting the reality of the loss, working through the pain of the grief, adjusting to the new environment and reinvesting in life.

A life story that continues
Humphrey says helping clients to explore and tell their story of loss is important, as is helping them create a new story of who they are today. “Sometimes people can be stuck with their old story, looking at the past as if time stops,” Humphrey says. “They’re living physically in the present and the world is moving on, but they’re stuck. That brings them into counseling. What you’re trying to do as a counselor is help them create a narrative that builds onto their old story by taking into account their losses.”

“Creating a post-loss story of one’s life involves making sense of the losses; dealing with disrupted beliefs, assumptions and expectations; and developing revised but enduring bonds with the loss object,” she continues. “Many clients respond positively to simply introducing the notion of building or creating a post-loss story, so it becomes an ongoing theme in treatment. Thematic genograms, therapeutic writing, objections of connection, loss timelines, decisional balance, client-generated metaphors and wisdom letters are particularly useful strategies here.”

The difference between primary and secondary losses is an important distinction for counselors to make, Humphrey says, and one that can help guide the course of treatment. For example, in a scenario in which a client’s spouse has died, the primary loss is the spouse. The secondary losses might include companionship, a sexual partner and expectation of a future together. “The secondary losses are really the guts of the loss, and that’s where the focus of counseling should always be,” Humphrey says. “When you focus on the secondary losses, it helps you understand what the client sees as meaningful and what should be addressed in counseling.”

“Counseling professionals focus on secondary losses because this reveals...
the unique meanings, influences, individualized adaptive processes, client strengths and potential problematic issues that constitute client grieving,” Humphrey continues. “I ask a lot of open-ended questions that invite exploration and that recognize the client as the expert on their grief. ‘What does that mean to you? Tell me what works and doesn’t work for you. What feelings/thoughts/behaviors go with this or that? What should I know about you that will help us understand your experience? Tell me the story.’ Their responses provide clues to potential issues and direction for therapy.”

Jane Newman, an ACA member who runs a private practice in Portland, Ore., says one of the first steps she takes with grieving clients is to validate their loss and express empathy for the difficulties they are experiencing. Counselors have to be sure never to minimize or diminish a client’s loss in any way, she cautions.

After validating their loss and pain, Newman says she asks clients, “Now what?” In her current caseload, Newman has a male client recently diagnosed with terminal cancer. He is a respected scientist who has been forced to sideline his career because of the cancer. “He’s mad and unhappy because within weeks, his whole identity changed,” says Newman, who previously worked as a hospice counselor and in a cancer center as a bereavement counselor. “As a scientist, he doesn’t operate much on a feeling level. He’s mad because he’s not productive right now. I need to honor that and talk to him about how that must feel and not try to take any of those feelings away. And then the [conversation] is, ‘So, now this is part of your life too. This is a new phase of your life. Let’s talk about what you think you might want from this part of your life.’ I want to help him identify those things so that he can get closer to making this part of his life productive, even if that means having some wonderful conversations with his family. I wouldn’t say, ‘How do you make the most of it?’ I would say, ‘Let’s talk about what you might want from this part of your life.’”

Newman says part of a counselor’s role in working with clients who are experiencing loss and grief is to illuminate the strengths and support systems they might be overlooking. Ask how they have coped with stressors in the past and what has helped them get through hard times before, she says.

When grief and loss hit close to home

Of course, counselors aren’t immune to experiencing loss and grief in their own lives. Dealing with that reality goes hand-in-hand with all types of counselor self-care, Horn says. “We need to be acknowledging our own grief and loss and allow ourselves to have that unique experience and expression,” she says. “We tend to feel that we’re above it all or should be immune to losses. We also tend to believe that as counselors, we’re supposed to be so together and that with all of our coping skills, we’re not supposed to hurt.” These misguided beliefs can lead counselors to discount their own grief and loss, Horn says, even as they carefully guide clients to do otherwise.

One of the best things counselors can do is to raise awareness of their own loss histories and their thoughts surrounding grief and loss, Ober says. Ober uses an exercise from Humphrey’s book, Counseling Strategies for Loss and Grief, to help her counseling students become more mindful of their personal experiences of loss and grief, which in turn will lead them to better assist future clients. The exercise involves the counselors-in-training making a timeline of grief and loss through their lives by detailing specific losses. Ober then asks the students to write about what it was like to complete the exercise, including if anything bothered them while exploring past losses or whether they identified something that provided them with encouragement and hope during tough times.

The exercise is one that these counselors-in-training might choose to repeat with future clients. But the main objective, Ober says, is to get the students to build their personal awareness of grief and loss, which can help them avoid countertransference with future clients and become knowledgeable of their own cultural backgrounds and biases related to grief and loss. For instance, she says, students might learn that their families had specific rules related to grief and loss, such as not talking about the deceased person or not crying about the loss. “We can’t impose those [rules] on clients,” Ober says.

Ober suggests that practicing counselors seek supervision or consultation with other professionals so they can talk through what’s going on with their clients and in their own lives. This process can help counselors become aware of how losses might be affecting them and their work, Ober says.

Most people deal with loss in an effective way, Humphrey says. However, if counselors are feeling “stuck,” Humphrey says they should consider seeking counseling for themselves, just as they would recommend that clients do.

Getting prepared to address grief

Because there are no CACREP standards that deal specifically with grief and loss, Horn says it’s rare that graduate counseling programs require a course on the topic. “It’s really criminal to a certain extent that we do not require students to learn about grief and loss when every client we see will likely present with some element of grief and loss,” she says. “More likely than not, counselors are graduating without having taken formal training on grief and loss. There is preliminary research showing that having some type of formal education on death and dying or grief and loss does reduce anxiety around working with these issues.” For the very reason that it might not have been part of their training, Horn urges counselors to educate themselves on the topic by going to workshops, reading current literature and taking continuing education classes on the topic.

Counselors need to educate themselves not only on how to work with clients experiencing grief and loss but also how to identify it in the first place, Horn says. “Almost every client we see is going to have an element of grief and loss within their story. [When counselors] don’t have the lenses of being able to identify aspects of their story as being grief and loss, I think we miss a larger picture with that client.”

Humphrey recommends that counselors who are just starting out stay theoretically grounded so they will be ready and able to integrate any number of theories into grief work depending on the client’s particular needs. Meanwhile, Humphrey urges more experienced counselors to keep current with work in the field because the thinking concerning how best to address grief and loss has changed through the years.
Based on contemporary understandings of the nature of personal and interpersonal loss and the ways in which people integrate loss and grief into their lives, this innovative book focuses on tailoring effective interventions to the uniqueness of the griever’s experience. In Part 1, Dr. Humphrey discusses a variety of death- and non-death-related loss and grief experiences, offers conceptualization guidelines, outlines selected psychosocial factors, and describes intervention based on two contemporary grief models. Part 2 provides detailed therapeutic strategies organized according to focus or theoretical origins along with suggestions for implementation and customization to client uniqueness. Specific chapters include cognitive–behavioral and constructivist strategies, emotion-focused strategies, narrative therapy, solution-focused therapy, and adjunctive activities. The final chapter focuses on counselor roles and recommended professional and personal practices. 2009 • 260 pgs

Order #72887 • ISBN 978-1-55620-246-9
List Price: $52.95 • ACA Member Price: $39.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

American Counseling Association
800-422-2648 x222
counseling.org

Keren M. Humphrey

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

—Elizabeth A. Doughty, PhD
Idaho State University

The advice Newman offers to counselors, regardless of experience level, is to remember that work with grief and loss issues remains tied to the fundamentals of counseling. “It’s not about what I have to say to them, it’s about what they have to say to me. It’s really listening, being as present as you can be with that person, not judging, not thinking I’m the expert,” she says. “It’s giving that respect that [clients] have the expertise for what they’re going through.”

In combination with that expertise, it’s trusting that clients also possess the strength and resilience to carry on, Newman says. “Doing this work gave me so much faith in the human spirit,” she says. “I was face-to-face with people who had to find the strength to get themselves through probably the hardest times of their lives, and I don’t think I’ve met the person yet who curled up in a ball and didn’t do that. There’s sadness attached to it, but it’s inspiring the way that people find their way through. It’s about the resilience of the human spirit. People find strength that they didn’t know they had, and that is inspiring. We’re survivors and we are resilient. And at times, when it looks like it’s the worst time ever, it is the worst time ever — but when you feel that pain, then you begin to find your way through it.”

To contact the individuals interviewed in this article, email:

Elizabeth Doughty Horn at dougeliz@isu.edu.
Keren Humphrey at marie1951@charter.net
Jane Newman at jane@janepnewman.com
Anne Ober at aober@walsh.edu
Vincent Viglione at vsviglione@optonline.net

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

Letters to the editor: ct@counseling.org
For some counselors, helping their clients through a divorce may feel like accepting failure. After all, shouldn’t “good counseling” help couples avoid an unhappy end to marriage? But the reality, according to research released in March by the Centers for Disease Control and Prevention, is that half of all first marriages end in divorce, which means counseling services are equally necessary on the other side of couples therapy, where custody battles and complicated financial arrangements can act as stressors that contribute to depression, anxiety and trouble adjusting to a new post-marriage reality.

When working with couples trying to stay together, counselors have a choice of many models — emotionally focused couples therapy, imago relationship therapy, sex therapy and the religiously based Marriage Encounter programs, to name only a few. The options are less well-known when working with couples who have decided to divorce, but many counselors are using a variety of innovative techniques to help meet these clients where they are rather than dwelling on where they used to be.

David Carter is an American Counseling Association member in Omaha, Neb., whose private practice has evolved from working with individuals struggling with marital issues to working with couples actively pursuing divorce. He uses transactional analysis techniques to help these couples examine the ways they communicate and choose more effective strategies for moving through the divorce. Specifically, he teaches clients to identify which of the three ego states — Parent, Adult or Child — they inhabit to negotiate various transactions in their relationship with their spouse.

“While many of the other psychotherapies focus on the individual, this therapy provides a simple vocabulary for a common language between partners, as well as between individuals and their counselor,” Carter explains. “Divorcing couples often want to get along but repeatedly lock themselves in conflict. A troubled marriage usually has too much covert/crossed communication, much of it outside Adult awareness. One effective way to help them handle their differences is to teach them to negotiate from their Adult.”

If a couple chooses to pursue divorce while working with Carter, he often continues to meet with one or both spouses. The purpose is to help guide them through “unresolved issues that often sabotage future relationships,” he says.

Carter urges counselors working with couples to assess the underlying level of marital distress during the first session because this maps the proper treatment ahead. Carter has found that couples enter counseling during one of five stages: contemplation, commitment, divorce, recovery or rebuilding. During the contemplation stage, the couple is hoping the counselor can help change certain aspects of the behavior in the relationship to see if the relationship can be saved, he says.

“The commitment stage is when the relationship has ended in the mind of one of the partners, and the hope is that the counselor can develop a relationship with the other member and help him or her through the divorce,” says Carter, who is also a professor of counselor education at the University of Nebraska in Omaha.

The divorce stage involves emotions of anger, resentment and rage. Here, counseling helps the couple channel these emotions appropriately rather than turning to alcohol or acting-out behaviors in an attempt to cope. In the recovery stage, individuals may feel helpless,
hopeless and abandoned by their partner. Counseling helps them survive and begin the journey of rebuilding. During this final stage, counseling assists the individual in exploring feelings and taking ownership over his or her own issues, Carter says.

**Support for the individual**

Counselors are taking various approaches, including coaching-type interventions, support groups and psychoeducation focused on co-parenting, to help individuals navigate the post-divorce recovery stage.

Laura Meyer, a counseling doctoral student and ACA member at Barry University in Miami Shores, Fla., entered the counseling profession specifically to work with divorcing populations. She started working with divorcing clients during her five-year stint as a life coach, maintaining a practice called Divorce Recovery Coaching Unlimited.

“As someone who had been divorced myself, I was drawn to this population,” she says. “I suggest using a client-directed, strength-based approach. Oftentimes, the behavior of these clients can seem dramatic, and if one is not careful, it would be easy to pathologize. Instead, I think it is essential to take an ecological view and understand how ‘crazy’ the circumstances for these [clients] have become.” These circumstances might include compromised finances, disrupted childhoods for any children involved, loss of social support, loss of a life partner and “the safety of what was and would have been,” Meyer says. She adds that these clients might also face legal battles, loss of libido, biological changes and an increased risk of substance abuse.

Meyer works predominately with middle-aged or older women who have been married for 10 or more years, and she asserts that age and length of marriage make a significant difference in the client’s ability to get through the divorce. “Many of the women I worked with had a significant drop in income, had very limited job skills due to their focus on child rearing, were left for younger women and did not have experience dating for over a decade or more,” she says. “Many experienced shock when attempting to return to the dating world and described a scene where they had little social capital as an ‘aging woman.’”

Meyer highly recommends assigning homework to divorcing clients as part of counseling. “These clients have great difficulty after the sun goes down and feel disconnected from the world,” she says. “Helping them create some structure of what to do during these ‘witching hours’ can be enormously helpful. Many are often in the same home they cohabited with their former partner, and at night the home becomes filled with ghosts of the past.” Meyer says counselors can collaborate with these clients to determine healthy coping behaviors, including positive nighttime routines, and provide or recommend bibliotherapy resources.

Percival Ricketts, an ACA member and author in private practice in Pembroke Pines, Fla., specializes in helping clients who are facing divorce and co-parenting issues. He warns counselors against expecting the same reactions from each divorcing client, noting that this complicated and life-changing process results in very different responses and emotions.

He adds that clients coming to counseling during divorce proceedings might also be searching for more than emotional support. They “might really be seeking
Article: A loss like no other

Learning Objectives: Reading this article will help you:
1) Understand that every client’s experience with loss is unique
2) Recognize how grief counselors can tailor their therapeutic approach to the client’s specific personality, situation and needs

Continuing Education Examination

1) A good starting point for grief counselors is to take the role of:
a) Advocate
b) Witness
c) Teacher
d) Expert

2) In addition to the loss of a family member or close friend, grief can also be associated with:
a) The loss of a house, relationship or job
b) A lost sense of security following a traumatic event
c) Unmet personal expectations
d) A physical illness
e) All of the above

3) A significant change in grief counseling has been the adaptation of process models that are unique to the client rather than traditional stage models such as Elisabeth Kübler-Ross’ stages of grief model.
   ___ True ___ False

4) Professional counselors interested in learning more about grief counseling can educate themselves by:
a) Going to workshops or taking continuing education classes on grief
b) Reading historic literature and research
c) Seeking supervision or consultation with other professionals
d) A and C

Total amount enclosed or to be charged: ❑ $20.00 member ❑ $30.00 non-member
❑ Check/money order (payable to ACA in U.S. funds)
❑ VISA ❑ MasterCard ❑ American Express ❑ Discover

Counseling Today, June 2012
READ
TAKE
EARN
Continuing Education Credit

Earn 1 CE Credit by reading the selected article in this issue. Read the article identified below and answer 3 of 4 questions correctly to earn 1 CE credit. It’s that simple! By reading Counseling Today every month, you can earn up to 12 CE credits each year. And you’ll be well-informed. Start reading now!

Article: A loss like no other

Learning Objectives: Reading this article will help you:
1) Understand that every client’s experience with loss is unique
2) Recognize how grief counselors can tailor their therapeutic approach to the client’s specific personality, situation and needs

Continuing Education Examination

1) A good starting point for grief counselors is to take the role of:
a) Advocate
b) Witness
c) Teacher
d) Expert

2) In addition to the loss of a family member or close friend, grief can also be associated with:
a) The loss of a house, relationship or job
b) A lost sense of security following a traumatic event
c) Unmet personal expectations
d) A physical illness
e) All of the above

3) A significant change in grief counseling has been the adaptation of process models that are unique to the client rather than traditional stage models such as Elisabeth Kübler-Ross’ stages of grief model.
   ___ True ___ False

4) Professional counselors interested in learning more about grief counseling can educate themselves by:
a) Going to workshops or taking continuing education classes on grief
b) Reading historic literature and research
c) Seeking supervision or consultation with other professionals
d) A and C

Rate the following:

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>No opinion</th>
<th>Disagree</th>
<th>Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

Profession:

❑ Alcoholism & Drug Abuse Counselor
❑ Counselor
❑ Counselor Educator
❑ Psychologist
❑ Social Worker
❑ Student
❑ Other

Complete the test online at counseling.org/Resources/OnlineLearning.aspx.
You will be able to pay online and download your CE certificate immediately!

Mail: Complete the test and mail (with payment made out to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Your CE certificate will be emailed, unless noted otherwise, in 2–3 weeks. Questions? 800-347-6647, x306.
guidance in terms of ascertaining how the process works, what they should reasonably expect as they go through the process, how their roles and expectations might change afterward and what they could do to make the process less painful and less traumatic for themselves and especially for their children,” Ricketts says. “Counselors should ensure, therefore, that they are knowledgeable about the divorce process so that they might be more adequately equipped to answer a wide variety of questions on the subject.”

Specifically, he advises counselors to become knowledgeable about options for legal support, financial guidance, mediation and parenting coordination.

**Legal proceedings**

Supporting clients through the end of a marriage might come naturally to most counselors, but even experienced professionals might be surprised at the need to support these same clients through the traumatic experience of the legal proceedings required to finalize that breakup. Rhonna Phillips, an ACA member and licensed professional counselor in Birmingham, Ala., has found that the legal system often creates additional topics to address in the counseling room.

“I was frustrated with the number of sessions that were needed to debrief my clients from their own frustration with their own lawyers — clients who recognized that their lawyers were making the conflicts worse but whom they felt trapped to work with after having spent thousands on a retainer,” she says. As a result, Phillips found herself drawn to collaborative practice (CP) and sought to work with like-minded family practice lawyers.

CP is a voluntary process that takes a team approach to divorce that includes mental health, legal and financial services.

“We recognize that these people must go on to have some type of functional relationship in the future, especially those [couples] with children. The children’s needs are given special attention, and a parenting plan is mapped out in detail,” says Phillips, who adds that CP is a time-consuming process.

“This work requires much collaboration, communication and coordination. It’s a team approach,” she says. “If you are used to or prefer to work independently, this may not be a fit for you. If your orientation is to be a strong advocate for a select population, you may have difficulty adhering to this mission of mutually acceptable settlements and shared solutions. This could be work that could be higher risk for client complaints, especially by those clients who haven’t made the cognitive shift to solutions for the greater good.”

Despite the challenges, Phillips says she believes “this approach is the direction of the future. Counselors can be an important part of the solution because we can help foster healing and cooperation by the adults, who then model this for their children.”

**Co-parenting support**

Co-parenting is a common post-divorce struggle that can arrive as an afterthought following complicated legal proceedings. Custody arrangements typically do not stipulate parenting styles or conflict resolution strategies, so divorced parents are often left to sort these issues out with a reluctant or wounded ex-partner. In an effort to fill this gap, some counselors offer support and education concerning post-divorce co-parenting.

Ricketts was drawn to the divorced or separated parenting population during his initial counseling studies. As a counseling intern, he provided in-home services for a community mental health center in southern Florida and noticed that single women headed most of the families he visited. In many instances, fathers were absent from the lives of their children.

“Research consistently confirms that when children are raised without fathers or when fathers are not actively involved in their lives, they are at much greater risk for abuse, for academic failure, for ending up in jail, for using drugs and even for committing suicide,” Ricketts says. “These findings were pretty alarming to me. So, I decided then that this was an area in which I could probably make a significant difference.” Florida requires divorcing parents to take part in parenting classes, and Ricketts provides programs that meet those requirements, so he has come into contact with countless couples facing the challenges of parenting out of separate households.

Lori Frazier is an ACA member and licensed mental health counselor at Hope Haven Children’s Clinic and Family Center in Jacksonville, Fla. She leads
a six-session class called “Co-Parenting Beyond Divorce” that aims to help parents improve communication, thus protecting their children from parental conflict. Frazier is firm in her assertion that parents must not place their children in the middle of their divorce. She explains that even “very good parents” can make painful mistakes such as letting the child choose when to see the other parent and giving children too much information under the guise of “being honest.” The course assists participants in understanding the basic expectations of co-parenting, learning to become “child-focused” and learning how to negotiate communication tools, including email and text messaging.

Frazier’s group is psychoeducational in nature and discourages therapeutic venting. “There is a lot of support for feelings and pain, but we are geared to practical problem-solving,” she says. “I would say one of the most difficult things is to help parents accept that despite their own hurt and anger, their child loves and needs the other parent, and that being healthily child-focused is by definition ‘not fair’ because the child-focused parent takes the high road and prioritizes the needs of the child.”

Ricketts also recommends same-sex therapy groups for divorcing couples on the basis of his observation that fathers in his parenting classes appear reserved when women are present. “When I facilitate fathers-only groups, I notice that men tend to be less reserved and … are more willing to express their views openly on a variety of feelings and beliefs,” he notes.

Children of divorce

Amy Adelman, a licensed professional counselor and ACA member in Laurel, Miss., runs the employee assistance counselor and ACA member in Laurel, Miss., runs the employee assistance program at a rural county hospital where she works with children, adolescents and adults from divorced families. She characterizes the counselor’s role when working with children of divorce as difficult. “Children of divorce are fragile and are suffering emotionally as they try to cope with the disruption of what in many cases was already an unstable environment,” she explains. “These children may believe the divorce is their fault, and they may lose not only their identity as a member of a family but also their sense of joy and playfulness. Many become the psychological caregiver of the mother.

“One young man told me that as he observes his parents moving from one partner to another, it looks to him like they just keep doing the same thing over and over again — just with different partners. I try to help these children appreciate both of their parents whenever possible and let them know it is OK to love both of them, even when each parent may tell them negative things about the other. I also tell them that one day they will be able to make their own decisions about spending time with their parents.”

According to Adelman, counselors would do well to dispel the myth that children can live life unaffected by their parents’ divorce. “Couples in trouble need to know how devastating divorce is on children,” she says. “Children of divorce are constantly trying to keep both of their parents happy and are unable to do so. This grieves these children deeply. It affects their schoolwork [because they are] frequently worrying about their parents.”

Adelman asserts that divorce is always a traumatic event. “Divorce has a lifetime effect on everyone in the family,” she says. “The couple may come from a divorced family setting themselves. If they do not, they may be the first marriage in their family to [end in] divorce. The words ’I feel like a failure’ come up again and again. They desperately need all the emotional support a counselor can give them. Every facet of their lives is affected, from sleep to appetite to self-esteem.”

Her advice to counselors is to encourage these parents to engage in simple and joyful activities with their children. “Children need to feel cherished and loved, and divorce makes them question whether they are still loved and cherished,” Adelman says. “Family counseling where everyone gets a chance to say what’s working in this newly shaped family and what’s not [working] can be very supportive. Don’t underestimate the encouragement you as a counselor can give these grieving souls.”

Counselor awareness

Although many counselors would agree that getting couples into counseling earlier might be the key to keeping them out of divorce court altogether, that is easier said than done. “The sad reality is that counseling takes place years after the couple has divorced each other emotionally and physically,” Carter observes. “Prevention counseling has a much greater outcome than intervention counseling will ever have. Yet, many couples come for counseling in the hope that the counselor can fix the other partner and salvage a marriage that has deteriorated to the point of disrepair.”

Instead, what often results is that these couples wind up sitting on well-defended, opposite sides of the counseling room, with a counselor attempting to guide them toward the most useful topics, from how to humanely explain the divorce to their children to navigating the legal system. “It is critical that the couple seek an experienced counselor who provides honest and compassionate feedback, manages crises before more serious issues arise and will establish a clear, actionable counseling plan with accountability,” Carter says.

Ricketts agrees: “With the institution of marriage changing so rapidly, divorce has unfortunately become a very harsh reality that many families find themselves facing for one reason or another. Counselors will find it beneficial to recognize that divorce is a major traumatic event and one that affects the lives of Americans of various backgrounds, very often for generations. Increasing their knowledge about divorce and how individuals are often affected by it could prove very beneficial, both for counselors and for the clients they serve.”

Stacy Notaras Murphy is a licensed professional counselor and certified imago relationship therapist practicing in Washington, D.C. To contact her, visit stacymurphyLPC.com.

Letters to the editor:
c t@counseling.org
Help Your Clients Work Learning Into Life
THE CENTER FOR PROFESSIONAL DEVELOPMENT AT EXCELSIOR COLLEGE

Here is a great piece of advice that can make a tangible difference in someone’s future:
The Center for Professional Development at Excelsior College, offering the education and skills
needed to advance in a current job or start a new career. And like the degree programs at Excelsior
College, the Center’s non-credit programs are designed to provide a first-rate online learning
experience for adult students.

At the Center, there are over 150 non-credit programs in today’s fastest-growing career fields:
business administration, health care, project management, investigative science, sustainable
energy, computer technology, and much more. No waiting for a semester to begin; every course is
available when the student is ready—no matter where in the world that student might be.

Our Campus Is Wherever You Are—Virtually Everywhere.

WWW.EXCELSIOR.EDU/CPD
Bridging the separation between behavioral and general health care

An ACA interview with HHS Secretary Kathleen Sebelius

Interview by Frank Burtnett

Kathleen Sebelius was sworn in as the 21st secretary of the Department of Health and Human Services (HHS) on April 28, 2009. Since joining the Obama administration, she has been a key strategist in the federal effort to improve the health of Americans and enhance the delivery of human services to some of the nation’s most vulnerable populations, including young children, those with disabilities and older Americans.

Before becoming HHS secretary, Sebelius served as governor of Kansas from 2003–2009 and was recognized as one of America’s top five governors by Time magazine. Born in Ohio and educated in Michigan and Washington, D.C., Sebelius moved to Kansas in 1974. She served as executive director and chief lobbyist for the Kansas Trial Lawyers Association (now the Kansas Association for Justice) from 1977–1986. Her public service includes eight years as a representative in the Kansas Legislature and eight years as the state’s insurance commissioner.

Sebelius is the daughter of former Ohio Gov. John J. Gilligan. Upon her election as governor of Kansas, they became the first father/daughter governor pair in the United States.

Congress and President Obama are finalizing legislation to postpone changes in Medicare’s sustainable growth rate payment formula for physicians to help ensure that Medicare beneficiaries have adequate access to providers. Given the need for better access to outpatient mental health service providers and the wide recognition of licensed professional counselors as mental health professionals in both private and public sector health plans, will HHS consider endorsing Medicare coverage of state-licensed professional counselors?

Mental illness and substance abuse can be significant issues for Medicare beneficiaries. Growing life expectancy, coupled with the aging of the baby boom generation, makes these issues more critical than ever. Preventing these problems from occurring in the first place and addressing signs and symptoms promptly when they do arise can enhance the lives and health of millions. Changes in Medicare payments go through a long process that involves public comment and sometimes changing the law itself. Behavioral health services and who provides the services are certainly areas ripe for assessment as part of the health care reforms taking place under the Affordable Care Act.

Studies suggest that health care costs can be reduced by providing effective mental health treatment for patients with comorbid general medical conditions such as diabetes or congestive heart failure. What is HHS doing to explore — and realize — the potential health care cost savings from providing timely, appropriate mental health services?

According to a study of health care expenditures by the Agency for Healthcare Research and Quality (AHRQ), 5 percent of the population accounted for almost 50 percent of total costs. Chronic conditions, multiple comorbidities and severe mental illness, as well as services that are fragmented among multiple providers, are key drivers of this high utilization.

To address health care quality, care coordination and access for people with comorbidities, HHS has implemented a number of new initiatives, including health homes. Specifically addressing behavioral health, the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration are working with community-based health agencies to initiate or expand the integration of primary care services for people in treatment for serious mental illnesses and co-occurring substance use disorders. These efforts, along with implementation of the Affordable Care Act, will vastly improve the quality of and access to care for people with multiple chronic conditions, including behavioral health conditions.

The portion of overall health care spending devoted to mental health treatment has dropped significantly over the past decades,
and reimbursement rates to mental health professionals in both public and private sector health plans continue to fall. How can HHS help reverse this trend as it works to implement the Patient Protection and Affordable Care Act? People with mental illnesses and substance use disorders often lack health insurance coverage. Even if they have access to health insurance and can navigate the enrollment process, the cost can be high, and there is no requirement that the insurance even provide coverage for behavioral health.

There are a number of steps being taken to eliminate the barriers to care for people with behavioral health needs. First, the Centers for Medicare & Medicaid Services and SAMHSA are working to support implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) through stakeholder and employer engagement and ongoing educational efforts. Additionally, in many cases, MHPAEA requirements apply to Medicaid and CHIP (Children’s Health Insurance Program) beneficiaries.

The Affordable Care Act will improve access to behavioral health services by including those services as part of the essential health benefits that must be provided by health plans offered in the Affordable Health Exchanges beginning in 2014.

The expansion of benefits will be substantial for people with behavioral health concerns. Of the currently uninsured population eligible for premium subsidies through the exchanges in 2014 — 19.9 million individuals — an estimated 6 percent have a serious mental illness and 14.6 percent have a substance use disorder. To raise awareness about new eligibility for insurance coverage and care, HHS will be reaching out to people with mental health and substance use disorders and providers of behavioral health services.

What challenges and opportunities lie ahead for implementation and enforcement of the MHPAEA, and how can the American Counseling Association and its 50,000-plus counselor members help make sure the legislation achieves its goals?

The Affordable Care Act is already changing the American health care landscape. People who currently have health coverage for behavioral health services are seeing improvements in their coverage as a result of the implementation of [MHPAEA]. For people who have no health coverage at all, exchanges created under the Affordable Care Act will provide new access to coverage, and that coverage will have to include essential health benefits, one of which is behavioral health services.

In addition, the Affordable Care Act will help bring together behavioral health services and the general health care system, which historically have been separated. Integrating services is increasingly recognized as important to achieving both the quality and cost-savings goals of health reform. For example, according to the World Health Organization, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide by 2020, and according to AHRQ, almost one-fourth of all adult stays in U.S. community hospitals involve mental health or substance use disorders. Additionally, the rapid adoption of health information technology, including electronic health records, opens new vistas for coordinating and improving the quality of patient care.

These system changes are occurring in parallel with scientific advances in prevention and treatment services for mental health and substance use disorders and a growing understanding of the importance of consumer self-direction in the prevention and treatment of behavioral health conditions.

Clearly, prevention, treatment and recovery support services for behavioral health are important parts of health service delivery and communitywide strategies that work to improve health and lower costs for individuals, families, businesses and governments. In order to reach the optimal potential of the [MHPAEA], ACA must remain engaged in the dialogue about implementation of the Affordable Care Act and take proactive steps to educate state governments, employers, insurers and insurance consumers of the importance of coverage for behavioral health disorders and the appropriate role for the association's members in the delivery of high-quality, life-improving services.

Editor's note: Frank Burtnett originally conducted this interview for publication in the Spring 2012 issue of ACAeNews for Mental Health, Private Practice and Community Agency Counselors.

Frank Burtnett is the editor of ACAeNews and ACA’s four special focus electronic newsletters for school counselors; counselor educators; counseling students and new professionals; and mental health, private practice and community agency counselors. Contact him at fburnett@counseling.org.

To opt in to any of the free ACA electronic newsletters, contact ACA Member Services at 800.347.6647 ext. 222 or email acamembersservices@counseling.org.

Letters to the editor: ct@counseling.org

ACA THANKS OUR SPONSORS!

Argosy University
California University of Pennsylvania
Capella University
HPSO
Liberty Mutual
University of Phoenix
Walden University
Working with couples and families requires a different stance from working with individuals. I like that I can experience the relationship dynamics directly by being in the same room with the couple. It's so different seeing the dynamics in action as opposed to having one individual describe it to you from her or his view. With couples work, you can witness how quickly one person's response is cued by the other. Before you know it — before the couple knows it, for that matter — they launch into defensiveness and negativity almost as if you weren't there. When you try to mediate, it either makes it worse or they both become angry with you. It quickly escalates.

I have learned to cope with this by acknowledging from the beginning that the relationship (or as Harville Hendrix has called it, the “in-between”) is my client. I like to think of it as a circle, the reciprocal nature of all relationships — in this case, close and intimate relationships.

I often describe relationship to couples as a dance in which they have to coordinate their actions so they won't kick each other in the shins. The more they practice with each other, the smoother it becomes, the less they hurt each other and the more satisfying it is. If the music changes — as it often does in life — they have to adjust their rhythm with each other to recover the smoothness (stability) and satisfaction. For as long as they dance with each other, this will be a lifetime pursuit. I know! My wife and I have been married 50 years, and we are still adjusting our dance.

I work with relationships because I believe that everything we experience occurs in relationship. Without relationship, there is no existence. It's the stress of relationship that keeps us alive — just not too much stress.

There is no more significant relationship than the couple relationship. It is unique because it's a peer relationship, not hierarchical like most other relationships. It is an intimate friendship that can become the basis for our security and fulfillment. But as Murray Bowen said, a two-person relationship is inherently unstable — too close or too distant, too intimate and vulnerable or too disengaged and threatening. We never get it right. We just learn to adjust it so it doesn't become too emotionally extreme.

I believe the primary objective in couple therapy is to help couples improve the stability and satisfaction in their relationship and learn to stay flexible, not rigid. It's important for couples to maintain a context of intimacy and engagement that allows them to experience a sense of trust and security in which they can be “safely vulnerable.” Couples can do this if they feel attached, which in turn depends on their ability to emotionally engage with each other. The quality of emotional engagement enables people to develop in healthy ways, to trust themselves and each other.

I believe that our personalities are shaped by our relationships, and
particularly formed in our earliest attachment relationships. Out of this experience, we tend to trigger the same kind of responses from others that we learned beginning in childhood. These responses operate mostly beyond our awareness (implicit emotional memory). To understand any couple interaction, it’s important to consider that there are cues from each person that elicit a response from the other partner, which in turn elicits a reciprocal response from the original partner, ad infinitum. These are the habits that we see in all relationships.

**What draws us together can also push us apart**

In marital and couple relationships, I believe it is typical to form a bond with someone most like ourselves. However, what draws us to each other are opposite characteristics — the complementary aspects of our relationship — that are difficult to live with the rest of our lives. Those difficulties become the themes of our relationships, repeated over and over again as long as we are together. For example, one partner comes from a distant and noninvolved family of origin, while the other comes from a close family. It’s likely that this couple will continue to have differences concerning the involvement of extended family in their lives. This is an example of the reciprocal responses (habits) we see in all relationships.

So, the habitual way couples learn to relate to each other is derived from how each individual learned to relate to others from childhood. Partners in a couple pick each other because they fit complementary to each other, and the habits derived from this become the underlying forces driving the process of their relationship.

If couples have the skills to transform the emotions responsible for the negative patterns in their relationship to more positive ones, they will improve their recovery from the defensiveness and hurt derived from these negative cycles. If their recovery is improved, they will have “softened,” thus strengthening the intimacy and stability of their relationship. It is important for the relationship to be flexible enough to cope with these forces. At the same time, couples have to remain sufficiently emotionally engaged to maintain the trust and security of the relationship. If this becomes a consistent pattern over their life span, they will have achieved a stable and satisfying relationship.

The key in couple therapy is not to directly help couples solve problems but rather to have them skillfully remain emotionally engaged when under stress. In fact, it is likely that the difficulty couples face in resolving conflict has more to do with emotional disengagement than with an inability to solve problems.

Consider what John M. Gottman and Robert W. Levenson wrote in their article “How Stable Is Marital Interaction Over Time?” for the *Family Process* journal in 1999: “It’s not the problems a couple solves but how they deal with their emotions connected to the perpetual problems they never solve that leads...
to stability and satisfaction in their relationship.”

It’s important to help couples become resilient in the face of the many stresses, challenges, disruptions and developmental changes that threaten to disengage them. This involves helping them remain softened to each other and equipping them to recover when life’s experiences create disengagement. Being able to recover restores the emotional engagement (intimacy) of the relationship. Quick and more frequent recovery reduces the likelihood of disengagement, defensiveness and hostility. This, in turn, leads to satisfaction and stability.

**Emotion-focused relationship enhancement therapy**

Relationship enhancement (RE) focuses on emotion as the transformative agent in therapy and relationships. How couples manage their emotions — a reciprocal process — is central to maintaining an intimate and satisfying relationship. The struggle around the emotions elicited by the couple’s differences becomes the vehicle that changes the relationship, improves its flexibility and keeps the couple safely engaged. Learning the skills to improve this process is the objective of emotion-focused RE therapy.

Relationship skills, particularly in close, interdependent and attached relationships such as couple relationships, are essentially emotional regulation skills. Underlying each couple interaction are deeply important and implicit (nonconscious) reciprocal emotional cues and reactions that emerge spontaneously. These constitute the “interpersonal habits” discussed earlier.

To get a grasp on these nonconscious, emotional habits that contribute to stress and conflict in couple relationships, it is useful to understand how couples communicate. Essentially, one person in the relationship, motivated by emotion, is trying to convey information and perceives that the other person understands the importance (meaning) of what is being expressed.

What most needs to be understood is the underlying feeling that motivates the expression. For example, if one partner says to the other, “You forgot to bring milk home,” both parties recognize the feeling (disappointment) as the reason (meaning) for the statement. The arousal, which is physiological, in the partner’s emotion (disappointment) is the cue for how the couple subsequently will engage. If the other partner feels criticized and becomes defensive (arousal), there will be a “fight.” However, if the other partner listens by recognizing and accepting the partner’s disappointment, the arousal and defensiveness are reduced, and they are in a better position to collaborate and restabilize their relationship. This is the “softening” so often acknowledged in couple therapy.

The primary skills in couple interaction have to do with expressing one’s self so that the other person recognizes the underlying feeling that motivates the expression and having the other person acknowledge it. So, speaking and listening constitute the first two skills of emotion-focused RE. Essentially, the speaker is learning to improve self/emotional regulation (owning expression), and the listener is learning to accept and acknowledge an understanding of the other person’s emotional motivation (empathic understanding).

In RE, the partners who make up a couple learn to understand themselves and each other by exploring the emotions that motivate their behavior. When people perceive that their relationship is safe enough, they are freer to reveal these underlying, primary feelings to themselves as well as to their partners, which softens the relationship. By revealing these deeply owned feelings to themselves, individual partners are better able to understand their experience and regulate their emotions, giving them a sense of greater mastery. And when these deeply owned feelings are accurately recognized without judgment and with acceptance by their respective partners, a context is created that fosters deeper sharing of feelings and understanding.

I have observed that when couples create such a context, the partners feel closer, more trusting and more open with each other. This does not secure the relationship, however, unless the couple also practices the third and probably most important RE skill, known as the relationship (emotional engagement) skill. This skill asks couples not only to take ownership of their feelings and respond empathically with acceptance and without judgment, but also to acknowledge the meaning of the relationship (“Your feelings affect my feelings”). This skill is taught when they switch roles (listener and speaker). The instruction to the new speaker is, “How does it make you feel to know that she [or he] feels that way — good or bad?” Together, these three skills constitute the basic training of RE.

**Generalization and maintenance**

In RE, each member of a couple practices expressing his or her feelings and owning these feelings; this then enables each person to accept the other. By reciprocally practicing the skill of acknowledging the feelings (internal experience and emotional motivation) of the other through empathic listening, a context of acceptance and nonjudgment is created. Ultimately, through supervised and then unsupervised practice, couples learn to create an ongoing relationship context of acceptance, nonjudgment and emotional engagement that operates in their day-to-day lives. Establishing this context is a critical outcome of RE therapy.

The success of any therapy lies in the ability of clients to take what they have learned and make it a part of their everyday lives. That is why the next two skills, generalization and maintenance, are essential for an optimal outcome. The development of clients’ generalization and maintenance skills begins with the very first session of RE.

Taken together, the five core RE skills allow couples to maintain a reciprocally stable relationship and become more emotionally engaged. However, couples will internalize these skills only after they have attained a certain level of proficiency and experienced enough satisfaction from incorporating the skills regularly. Thus, homework assignments of various kinds are systematically included in the program to encourage generalization into everyday life. Homework is described to couples as an acknowledgment of their responsibility for the therapy and, ultimately, their relationship. From the beginning, it establishes the value of home practice.

Supervision of this homework is designed to improve and reinforce generalization and maintenance of RE skills. If clients encounter difficulties applying the skills in everyday life, role-playing is used in the therapy session to improve the couple’s ability to use the skills in a variety of challenging situations.
Homework assignments are designed to review the principles and skills learned in the sessions, encourage clients to set aside specific times for additional skill practice and help participants use the skills in their daily lives. Thus, at the beginning of each session, valuable time is devoted to a report by the couple about their homework assignments and their use of RE skills outside of the therapy session. Often, couples must first be taught to set aside a consistent time in their busy lives to devote to their relationship and to practice. A simple homework exercise (often the first homework assigned) is to have the couple schedule a “playtime” each week at the same time. In this context, play should be defined as spontaneous and not outcome-based.

Probably the most critical method of generalization and maintenance is home practice of the first three emotion-focused RE skills. After a period of skill training that involves a tutorial process, couples are encouraged to schedule home practice sessions for an hour at the same time each week. The decision to move to home practice is a collaborative decision between the couple and the therapist. Couples are informed at the beginning of therapy that this will be part of the structure. Prior to starting this process, couples are given a home practice handout, which includes a time-out procedure, to review together. (For a copy of this handout, contact me at barry@relationshipenhancement.com.)

At this point, the therapy shifts from an emphasis on office sessions to home practice, with the weekly home practices being taped. Subsequent in-office sessions focus primarily on home practice and involve a coaching process. Emphasis during these sessions is placed on identifying underlying positives and improved skills. Once couples develop a confidence and consistency in home practice, the office sessions become less frequent. Couples understand that subsequent sessions will be devoted to reviewing the most recent home practice tape, and therapy shifts to a consultative process, with couples taking responsibility for their own therapy and relationship. Couples can then choose to come in for booster and/or refresher sessions if they haven’t seen the therapist for a period of time.

Through the years, I have attended workshops and conferences, taken various training programs and fulfilled my continuing education requirements. I marvel at how often I keep returning to the RE model. It seems to me that it achieves the best outcomes for couples.
Recent books by ACA members

How to Listen So Parents Will Talk and Talk So Parents Will Listen
By John Sommers-Flanagan & Rita Sommers-Flanagan, John Wiley & Sons

This book provides counselors with guidance on how to work effectively with parents. Blending person-centered, solution-focused and behavioral approaches, it offers professional counselors clear strategies for connecting with parents, as well as more than 20 specific parenting interventions and homework assignments that can be given to parents. If you work directly with parents, this book will give you many concrete ideas that you can implement in your practice … tomorrow.

Asylum on the Hill: History of a Healing Landscape
By Katherine Ziff, Ohio University Press

This is the story of a great American experiment in psychiatry, a revolution in care for those with mental illness, as seen through the example of the Athens Lunatic Asylum. Built in southeast Ohio after the Civil War, the asylum embodied the 19th-century “gold standard” specifications of moral treatment. Stories of patients and their families, politicians, caregivers and community members illustrate how a village responded to a national impulse to provide compassionate care based on a curative landscape, exposure to the arts, outdoor exercise, useful occupation and personal attention from a physician.

Premarital Counseling for Gays & Lesbians: Case Studies and Helpful Questions
By Pamela Milam, ASD Publishing

This book focuses on premarital counseling for gay and lesbian couples by using composite case studies with vivid stories and interesting details from the author’s practice. As a counseling guide for couples and as a diversity training tool for counselors, this book highlights the importance of asking questions, exploring viewpoints and discovering a few surprises prior to getting married. It covers common issues faced by all couples as well as some issues that are unique to gay and lesbian couples.

The Internet: A Tool for Career Planning, Third Edition
By Debra S. Osborn, Margaret Riley Dikel & James P. Sampson Jr., National Career Development Association

This book provides counselors and career development professionals with a valuable resource to help persons engage in effective career planning. It describes how to integrate Internet tools in the career process, gives annotations of websites, provides guidelines for evaluating websites, highlights potential problems and ethical concerns, discusses the use of social networking sites and outlines strategies for developing a virtual career center. This third edition will become an important resource for counselor educators to enhance their career courses, for practicing career counselors and career development facilitators to improve programs and for students or clients to identify and use career websites.

Using Assessment Results for Career Development, Eighth Edition
By Debra S. Osborn & Vernon G. Zunker, Cengage

This book is often used both in career counseling and measurement courses and includes chapters that review the psychometric properties of interest, aptitude, values, nonstandardized and other inventories/assessment tools. Application of test results are also included through the use of case studies, in which readers are presented with case background information as well as assessment information and how to integrate the two into a counseling session.

Person-Centered Diagnosis and Treatment in Mental Health: A Model for Empowering Clients
By Peter D. Ladd & AnnMarie Churchill, Jessica Kingsley Publishers

This resource is a reference manual for diagnosis and treatment of mental health conditions using a person-centered, holistic approach. Designed to complement DSM assessments, it covers a range of conditions and patterns including depression, bulimia, obsessive-compulsive disorder, abuse, bullying and loss. In each case, the client is involved in the diagnosis and treatment plan and is regarded as the unrecognized expert on his or her condition.

Healing From Childhood Abuse: Understanding the Effects, Taking Control to Recover
By John J. Lemoncelli, Praeger ABC-CLIO

Written directly to individuals who have experienced childhood abuse or trauma, this book provides essential information that allows victims to begin recovering from their immense pain and suffering and empowers them to examine their specific issues in order to become true survivors. This book enables those who suffer in silence to understand what happened, take control and both begin and maintain a program of recovery while altering their negative self-perceptions. It also serves as an excellent text for clinicians treating victims of abuse or trauma.

Ready, Willing, and Able: A Developmental Approach to College Access and Success
By Mandy Savitz-Romer & Suzanne M. Bouffard, Harvard Education Press

Drawing on decades of research and theory, this book explains how developmental processes such as identity and motivation influence college access and success. It describes essential
components of adolescent development and how they operate at all stages of the college pipeline, including identity development, motivation and goal setting, aspirations and expectations, self-regulatory skills such as planning, and formation and maintenance of strong peer and adult relationships. It provides concrete strategies that counselors, educators, youth workers, faculty members who prepare practitioners, and practice and policy leaders can use to engage young people in developing and realizing postsecondary aspirations and opportunities, with a special focus on strategies for engaging low-income, first-generation college-bound students.

The Wellness Activity Book
By Camella Jones, Trafford Publishing

This unique self-help tool includes a revolutionary approach to wellness in the form of an exciting wellness challenge. It promotes self-discovery while also drawing readers closer to others through fun and meaningful activities that have positive effects on health.

Finding Love That Lasts: Breaking the Pattern of Dead End Relationships
By Vera S. Maass, Rowman & Littlefield Publishers Inc.

This book explains why people repeat the patterns that cause them to end up in failed relationships. Case histories from patients, volunteers from the general community and participants in personal growth groups offer insight into the negative patterns people commonly repeat in their search for lasting love and companionship. Readers will come away with a better understanding of those patterns, how to recognize and break them, and how to move forward to healthier and more rewarding relationships.

101 Careers in Counseling
By Shannon Hodges, Springer Publishing Co.

This comprehensive and easy-to-use guide is an invaluable resource to help you choose a rewarding counseling career that best suits your interests, strengths and personality. Exploring a wealth of career opportunities in both traditional and nontraditional settings, including the most exciting emerging fields, this useful reference describes the many benefits found in the work of a professional counselor. Each career listing includes an overview, salary range, employment prospects, best and most challenging aspects of the job, and educational and licensing requirements.

On the Count
By Mike Boccia, AuthorHouse

This book exposes readers to many challenging, interesting and true experiences to enrich their understanding of the often-bloodstained mosaic of daily life in the corrections community during the 1970s and beyond. It also focuses on the author’s first 10 years as a developing forensic psychologist in corrections settings. The many fascinating vignettes are permeated with messages of realism, hope, danger, humor, perseverance and the potential rewards for the formidable, sometimes successful work of correctional care.

Managing My Anger: Weekly Meditations & Journal Exercises for Growth
By Mary J. Clark, iUniverse

This book has individual pages with a story or meditation about anger and recovery from rage, followed by a suggested journal exercise. The book also includes appendices with relaxation exercises, websites for other anger management ideas/information and websites for various 12-step recovery programs.

Jesus Removed My Grave Clothes
By Joy Wilson, Tate Publishing

How does a girl cope with being told as a child, “You are ugly”? How does she live life while constantly feeling used and dirty? How does she grow from a sickly foster child who had a cardboard box instead of a playpen to a motivational speaker with a master’s in counseling psychology? In this autobiography, the author shares her evolution from victim to victor with a deep conviction that Jesus Christ is the only source of deep, lasting change.

Stay Tuned: To Positive Thinking
By M. Cristina Quilantan Diaz, AuthorHouse

Children may increase positive social interactions and self-confidence through positive thinking. These positive-thinking patterns and beliefs may be developed daily by staying tuned to their positive messages and memories. With the help of adults and educators, children can be reminded that staying positive is an active and conscientious effort that may help them lead happy and productive lives.

By Michael Ra Bouchard, iUniverse

If we are to make the very best choices, we must strive to rationally consider and reconcile all of the oftentimes opposing aspects of our personhood. In this second of three volumes, the emphasis is on promoting the growth of social and emotional intelligence for couples so they can deepen their connection. Fifty-seven REBT guidelines are offered on dating, mating and relating within a soulfully connected, pair-bonded kind of love relationship, together with detailed guidance on healing and moving on from a relationship that has ended.

Book descriptions have been provided by the authors or their publishers. Book announcements are for informational purposes only and do not indicate an endorsement by Counseling Today or the American Counseling Association. ACA members who have had a book published in the past six months can email jrollins@counseling.org for information on having the book announced in Counseling Today.
A student perspective on 20/20: 
A Vision for the Future of Counseling

The 20/20: A Vision for the Future of Counseling initiative calls on all counselors and counselor educators to recognize and consider changes necessary for the sustainability and growth of the counseling profession. As emerging counselor educators, we’d like to offer our perspective on the vision of 20/20 in the only way that we are able: as counselors trained to practice within this millennium, and with a specific set of beliefs and values informed by our entrance into the profession within this past decade. Because it is not clear to what extent future counselor educators have participated in the 20/20 initiative, and because graduate students constitute almost 40 percent of the American Counseling Association membership, we hope to offer an authentic voice and comment on what we consider to be the most relevant strategic areas in the vision.

In 2006, delegates representing 30 counseling organizations (now 31 organizations) first convened for the 20/20 initiative. In 2008, these delegates released their seven Principles for Unifying and Strengthening the Profession. Since that time, many responses to this proposed vision have been published, and in this article, we offer our own response. We represent diverse counseling specialty areas across cultures and nationalities, and our perspective comes out of a commitment to address the needs of a more globalized and diverse society. In the sections that follow, we identify the most relevant aspects of each 20/20 principle from our perspective as diverse students and future counselor educators.

Strengthening identity
As future counselor educators, we anticipate encountering a more austere economic reality than has previously existed in higher education. Therefore, we may be called on to expand and apply our common set of core principles, knowledge and skills across diverse specializations. In our own academic training programs, both at the master’s and doctoral levels, classes have been composed of individuals specializing in different areas. However, regardless of our specialties, we all acquire foundational counseling knowledge and skills through curriculum and practice. The future reality of counselor training programs will likely incorporate students from separate and distinct counseling specialties.

Emphasizing this foundation while simultaneously expanding our reach into specializations unifies us as a profession. Recognizing and reflecting on this philosophy clarifies our identity of a single profession. With a strong unified professional identity, we can focus on strengthening our foundation, advocating for the profession and propelling the profession forward.

Presenting ourselves as one profession
As emerging counselor educators, we are empowered to shape new directions for the future of counseling. If we hope to expand the reach of our field both nationally and internationally, it is key that those outside of our profession, as well as those proximate to our profession, see us as a unified group of scientists and practitioners with a common purpose/mission. Although this mission should be fluid to adapt to the growing and changing needs of clinical work, presentation of ourselves as one profession should become more solidified. Because counseling is becoming increasingly international in scope, a need exists to create a unified curriculum for the education of counselors that will promote a singular identity. As more international students enroll in graduate programs in the United States, the transferability of curriculum across countries becomes even more important. Additionally, gaining exposure to different specialties worldwide allows counselor education students to assist in bringing this universal curriculum to life. In the United States, specialties provide a basis for the development of highly specific skills, which enhances the versatility of counselors. As counseling unifies as a profession, focus should be placed not only on building confidence in theory and practice, but also on enlisting current professionals to subscribe to our unified front.

Improving public perception/recognition and advocating for professional issues
The 20/20 vision suggests that promoting our profession at the state and federal levels and educating the insurance industry are and have been crucial to our profession’s growth. As the profession continues to diversify and expand internationally, we believe our efforts to promote public perception should go beyond the boundary of our professional association, state or nation.

To improve the public’s perception of the field, we have worked to distinguish ourselves from other mental health professions. For example, we make a distinction between ourselves and psychiatrists by explaining that counseling focuses not just on alleviating symptoms but on developing the individual’s agency and well-being. We should also consider improving the public recognition of the counselor’s role internationally. In some countries, for example, the role of counselors as traditional “healers” is not well recognized.

One way to improve worldwide recognition of the profession is by working collaboratively with counseling professionals throughout the world while promoting our understanding of diverse indigenous and contemporary healing practices. Those of us who are future counselor educators should take responsibility for collaborating with national and international counseling associations to develop standards and competencies for the profession that are culturally sensitive and acceptable in a global context.

Creating licensure portability
In his December 2011 column for Counseling Today, ACA President Don W. Locke asserted that licensure portability...
is “the single-most-voiced professional concern” he encounters among counselors. How can we expect to reflect a professional identity when educational practices and licensure certification standards are not uniform? All states should be held to the same degree of accountability and training, thus ensuring that all counselors are equally able and qualified to practice. Maintaining these high standards of practice, counseling licensure should also expand to national/international regulation. Transitioning to this should not be much of an issue logistically with organizations such as ACA, the National Board for Certified Counselors, the Council for Accreditation of Counseling and Related Educational Programs, and the American Association of State Counseling Boards to defend and advocate for the profession in terms of standards and oversight of graduate programs. The real accountability rests with those practicing to push for this national licensure to happen. Among the benefits of national licensure would be that future counselors and counselor educators would not be deterred by complex licensure portability issues as they develop their careers in an increasingly challenging job market.

Expanding and promoting the research base of professional counseling

Building research capacity in counseling is integral to the growth of the profession and critical to informing our practices and policies. Often, the focus in counseling and related journals has been on clinical interventions, practices and relevant societal issues, even while the 20/20 vision suggests the need to expand and improve counseling research. Central to the process of building and sustaining individual and institutional research capacity is endorsing the strength of interdisciplinary partnerships and collaboration, which can be instilled in students at every level.

In response to the 20/20 vision, it is important that counselors and counselor educators contribute to the science that informs our practices by developing partnerships in practice and in qualitative and quantitative research. While directly serving clients, we should also be researching solutions. It might be time for a unified professional effort to articulate our vision for advancing the future of counseling research by engaging practitioners in the identification of important research directions, design and implementation.

Focusing on students and prospective students

The importance of defining our unified vision as counselors and counselor educators naturally extends to those who come after us — namely, counselors-in-training. As indicated by the 20/20 initiative, focusing on current and prospective students through networking, mentorship, supervision and membership in professional associations is critical to the vitality and international relevance of our field. As emerging counselor educators within a global context, we believe that we need to move beyond approaches traditionally used in universities and colleges as we focus on recruiting and retaining new professionals.

One way we can move beyond traditional approaches is to engage in interdisciplinary and intercultural mentorship. Due to our training and educational backgrounds, mentorship comes naturally to most counselor educators. Therefore, why not expand our roles as mentors beyond the scope of counselors-in-training and involve ourselves in undergraduate campus life? This would further solidify and integrate our role in the academy. In the same way we train counselors to work in a collaborative manner within schools, agencies and other settings, we should model collaboration across university campuses by reaching out to diverse undergraduate majors as potential new members of our field. Even if our efforts do not result in recruiting new counselors-in-training, they can improve students’ perception of our role universitywide, which will in turn positively affect the way future members of other professions view us.

Promoting client welfare and advocacy

As counselors, our role is not only to support individual clients in resolving their concerns but also to promote social change that can help ensure equity and inclusiveness. As counselors, we can engage in interfaith, intercultural, intercountry and interdisciplinary dialogue to promote mutual understanding and collaboration worldwide. Recent events such as the global economic recession, several natural disasters and political upheaval require counselors to play an active role in advocating for global harmony and alleviating international tension.

Therefore, counseling programs should continue to provide education and training in areas of multiculturalism, social justice, advocacy and holistic well-being. However, instead of incorporating these concepts in separate classes, it is important to infuse learning about these areas throughout the curriculum through open dialogue, self-reflection and social-action research. By designing a comprehensive counseling curriculum, we can train counselors to empower people and contribute to
Conclusion

Our profession has achieved some significant benchmarks in the recent past, including licensure recognition in all 50 states, ACA membership exceeding 50,000 individuals and growing acknowledgment of CACREP accreditation in state licensure requirements. In addition, counselors have responded to various national and international disasters. Despite these advances, however, there are areas in which we still need to grow to ensure that we are meeting the needs of an increasingly diverse society. This article represents our collectivistic ideals as emerging counselors and counselor educators to expand the 20/20 principles to address the importance of empowering a global clientele.

Our aspiration is that this article will serve as a call for counseling students to engage in active dialogue regarding the critical decisions that shape the future of our profession. We must make our voices heard for further advancement of our profession.

For an overview of the 20/20 initiative, including complete text of the seven Principles for Unifying and Strengthening the Profession, as well as the consensus definition of counseling, current 20/20 activities and concepts for future exploration, visit counseling.org/20-20/index.aspx. Also see the November 2011 article “20/20 delegates pushing toward licensure portability” in Counseling Today (available at ct.counseling.org). CT expects to publish another update on the 20/20 initiative later this year.

Marte Ostvik-de Wilde, Jordan P. Hammes, Gitima Sharma, ZiYoung Kang and Denise Park are doctoral counseling students at the University of Maryland, College Park. For more information or to share your thoughts, contact Marte Ostvik-de Wilde at mdewilde@umd.edu.

Letters to the editor: ct@counseling.org
Advocating for one profession

Recently, the National Board for Certified Counselors received an email from an instructor in a psychology department that trains master’s-level counseling psychology students. In the email, the instructor suggested that counseling organizations have begun to coalesce around a professional identity for counselors that strongly opposes psychology and asked for NBCC’s position concerning the Council for Accreditation of Counseling and Related Educational Programs.

The simple answer is that NBCC has never created a policy or position statement concerning CACREP. The CACREP Standards were in place when NBCC was developing its first set of standards, and we aligned with the thought leaders in counseling credentialing at that time. This means that from the beginning and to this day, NBCC recognizes the CACREP Standards as the preeminent and only fully vetted standards for the education of each new generation of counselors. NBCC and CACREP both grew out of the American Counseling Association and the Association for Counselor Education and Supervision, so we have always been aligned in promoting the profession of counseling.

NBCC has never taken a position opposing psychology or any other profession. We have taken protective and proactive actions for the counseling profession when psychology, social work and psychiatry opposed many counselor licensure initiatives. Since 1996, we have staffed and funded the Fair Access Coalition on Testing (FACT) organization, which defends the rights of counselors and other professionals to effectively use psychology testing. But we have never opposed a proposed law licensing any other profession.

Throughout the 35 years of legislative process — starting with Virginia and ending with California — many state counselor licensure committees took the practical position of including “related professionals” when establishing counselor licensing. This was necessary to pass many of our laws. Back in the 1970s, degrees in “counseling” came from diverse academic departments such as home economics and even business schools. Even NBCC, in an attempt to be inclusive, created the early standard of specific course work with a degree in counseling or a “related profession.” That was in 1982.

Then, in 1994, NBCC enhanced the standards to a 48-semester-hour master’s degree in counseling that matched the CACREP Standards for most accredited specialty areas. Further, this coincided with the trend of higher numbers of clinical hours being required for state licenses. NBCC completed the first major national job analysis of practicing counselors in the early 1990s. We studied the profession and our professional identity. Since that time, we have produced multiple job analyses of counselors, and we continue to study the defining roles and behaviors of professional counselors.

As NBCC continues to gather data, CACREP contemporaneously studies the needs of counselor education as well as the current and changing practices in counselor education programs. We respect the seven-year cycle of CACREP Standards evaluation, the open comment cycles and the careful communication with all aspects of the profession. CACREP’s is the only counseling accreditation we recognize because CACREP alone interacts with all of our profession and was created for our profession. CACREP, as is the case with NBCC, represents only our profession — the profession of counseling. Both NBCC and CACREP promote our professional identity and encourage the profession to continue making progress toward standards defined solely for and by counselors.

NBCC has worked with other counseling organizations to make important gains in the profession of counseling, including licensure in all 50 states, the District of Columbia, Puerto Rico and Guam; federal recognition of counselors as service providers; public recognition of the counseling profession; media attention; and testing and insurance privileges.

NBCC will continue to support counseling as a unified profession. We should favor counselors, not other professions. NBCC does not advocate for other professions, nor do we endorse them as part of the counseling profession. We encourage them to advocate for their own professionals as vigorously as NBCC advocates for National Certified Counselors.

Thomas W. Clawson is president and CEO of NBCC Inc. and Affiliates. Contact him at clawson@nbcc.org.

Letters to the editor: ct@counseling.org
Stacey Davidson essay takes first place in Ross Trust Graduate Student Competition

Stacey Davidson of the University of San Diego won the grand prize in the Ross Trust Student Essay Competition for Future School Counselors. Her essay addressed how technological advancements have affected the quality of human relationships and the counseling profession.

For submitting the top-rated essay, Davidson received a $1,000 scholarship grant and free registration for the ACA 2012 Annual Conference in San Francisco. In addition, four other graduate students each received a $350 scholarship grant for writing the top-rated runners-up essays. The competition was open to counseling graduate students working toward a career in school counseling at the elementary, middle or high school level.

Note: The following essays have been reprinted as they were submitted, without editing. The views expressed are those of the essay authors.

Grand Prize Winner

Stacey Davidson

Stacey Davidson is a master’s student in the school counseling program at the University of San Diego. She will graduate in May 2013 and hopes to pursue a career as an elementary school counselor. Her goal as a counselor is to help children succeed socially, emotionally and academically so they can become thriving citizens of their communities.

Technological advancement seems to be the order of the day. How have these advancements impacted the quality of human relationships and the counseling profession?

Steve Jobs, the late CEO of Apple and technological genius, was known by one adage: “Let’s put a dent in the universe.” This now iconic statement sums up the impact he desired through technology: a forever changed world. Thanks in part to Steve Jobs, technology has changed the world, positively impacted the quality of human relationships, and profoundly influenced the counseling profession. For future school counselors, understanding and using technology is vital to reach this generation of students who never knew life without technology.

Schools have used technology for years, giving students the opportunity to learn more efficiently and with greater access to resources. However, school counseling lags in its adoption of technological advancements. While nothing can replace the personal interaction and social benefits of traditional counseling, technology can be incorporated to help students thrive. Online resources like Second Life and programs like Paint work much like traditional play or art therapy, helping the client to relax and giving the counselor insight into the client’s world.

This knitting together of technology and traditional interaction gives added quality to the human relationships and provides incredible opportunities. With more communication mediums, students and counselors can expand the size of their personal networks. Social media gives students chances to see life through multiple lenses by “trying out” a career in Second Life, or meeting college mentors on Facebook. These online connections help students make informed decisions about their future.

Technological advances also allow school counselors to effectively work with large caseloads of students. In order to keep up with the demand, counselors must use technology. Organizational tools like Google Docs, Doodle and Drop Box make scheduling group meetings and contributing to teamwork like IEP’s simple and organized. Group text messaging, Second Life, and Twitter give school counselors a one-click way to disseminate information to hundreds of students. With advances like these, counselors can spend more of their day counseling and less time managing paperwork.

The school counseling profession needs to adapt as rapidly as the technology changes if counselors hope to stay relevant to their students. As more students use the Internet and mobile technology for good, it is also being used for harm. Stories of cyber bullying and sexting fill the news. If counselors are not aware of new social media and its effects on students, they will quickly be far behind, reactively managing crises instead of proactively preventing issues. The more school counselors utilize and understand the newest technology, the better equipped they will be to counsel victims of online crimes and cyber harassment. A technologically savvy counselor is an invaluable resource to any school.

As technology continues to evolve, the counseling field also adds new dimensions like virtual counseling or video game play therapy. New techniques and theoretical approaches add quality to a school counselor’s work, and students view the counselor as attuned to their needs. It is through technological relevance that school counselors will continue to “put a dent in the universe” for generations to come.

Runners-Up

Monica Monismith

Monica Monismith has worked with children and adolescents in various capacities for many years. She is a 2012
Technology can and will change, but the basic needs of people remain the same. It is incumbent upon the counseling profession to utilize all available methods to meet people’s needs. In this way, counselors can integrate technology and human relationships and, hopefully, enhance both.

Katie Myers

Katie Myers was raised in Northern Virginia and graduated from the University of Virginia (UVA) with a bachelor’s degree in psychology in 2007. Her following years of enjoyable and rewarding work with a mental health agency inspired her to return to UVA to pursue a master’s degree in school counseling. She graduated in May and is very excited to begin her career as a school counselor.

Technological advancement seems to be the order of the day. How have these advancements impacted the quality of human relationships and the counseling profession?

The immeasurable advantages of technological advancement cannot be denied. As a result of these rapid developments, we now live in a world in which we can communicate with someone on the other side of the world, learn about other cultures, and build relationships with individuals who may not have the ability to verbally communicate. Used appropriately in these ways, technology can deeply enrich our lives and the relationships we have with others. Given that relationships are inevitably a source of stress and a source of support throughout the counseling process, technology impacts the profession by providing an abundance of resources that could not be previously accessed. Clients are better able to obtain information, find resources, connect with others dealing with similar difficulties, and seek support from friends and family who are not physically near them. Technology can serve to enhance relationship support in this way.

However, from a school counseling and developmental perspective, I cannot help but acknowledge the increase in relationship stress that I have witnessed in students as it relates to technology, such as social networking sites and text messaging. The ability to instantly communicate with others at all moments of the day has challenged human interaction, emotion, and cognition in ways that developing children may not be able to appropriately handle. Technology causes students to spend more time in isolation with technological devices and less time interacting with the physical world around them, which could negatively impact learning, social skills, physical health, and mental health.
Furthermore, students may be less able to process information and respond appropriately to conflict when they can immediately react and forgo the time necessary to take a deep breath and reflect. Skills such as anger management and conflict resolution may be lost in these contexts. The impulsiveness and immediate gratification allowed by technology today could potentially impact cognitive functioning at a deeper level. Technology may also create a heightened level of stress for students throughout the day as they are faced with negative interactions before they even arrive at school. They are put in situations in which individuals can conceal their identity and boldly say things they would not ordinarily say in person. The way students express themselves, deal with conflict, and cope with difficult life events may continue to change as a result of technological advancements.

The school counseling profession is faced with a new set of unfamiliar skills in addition to a loss of crucial relationship skills that are best developed in the physical context of social interaction. The continually developing profession must keep up with these technological advancements and remain as knowledgeable as possible in order to appropriately serve all students. School counselors have the challenge of helping all students develop healthy relationships with others, and technology has become a significant part of that developmental process. As a result, we must continually evaluate how we teach and understand our students so that we may help them develop healthy social relationships within the context of rapidly developing technology.

**Courtney Oliver**

Courtney Oliver graduated with a master’s degree in the field of school counseling in May from Purdue University. While at Purdue, she was the secretary of Chi Sigma Iota, the international honor society for counselors, and completed research for her thesis, “School Counselor Support for Military Students Facing a Parental Deployment.”

**According to a recent article on unemployment in The Washington Post (Oct. 2, 2011), the Centers for Disease Control and Prevention found that approximately 9 percent of Americans were defined as clinically depressed compared with an estimated 6.6 percent in 2001 and 2002. In that same article, another related study of the long-term unemployed by Rutgers University’s John J. Heldrich Center for Workforce Development found that 32 percent of the unemployed were experiencing a good deal of stress, and an additional 47 percent stated that they had at least some stress over their joblessness. Discuss the toll of joblessness on the mental health of individuals most impacted by the uptick in unemployment and the current economic situation.**

The current economic circumstance in the United States has many Americans experiencing heightened levels of stress and symptoms of depression due to joblessness. Job loss and long-term unemployment can result in a cascade of off-putting life happenings. Mental health can be affected because the loss of a job creates a large rift in what one may have seen as their place in the world and their community. A major life event, like losing a job, can mean drastic changes in daily routine, roles inside and outside the home, loss of connections with co-workers, a decline in intellectual and physical activity, and the inability to use a skill set. Job loss can be thought of using systems thinking — when one factor in a system changes, all other factors are affected as a result. For example, the loss of a job has the potential to create a monetary burden, which can lead to the inability to make a mortgage payment. Losing the capacity to make mortgage payments can result in having to move, and establish a new address. The process of moving can affect children if having to relocate to a new school, delay job hunting, and perpetuate the cycle of financial instability. At this point, one may have to rely on others for financial support which can result in the loss of pride and self-worth. The culmination of these factors and events can further strain relationships, marriages, and the capacity to parent effectively. A downward spiral of events may cause symptoms of depression to emerge such as hopelessness, inadequacy, and anxiety.

A person who loses their job may also question guiding principles by which they have lived. Work ethic, dedication, reliability, and perseverance may be viewed as no longer equating to success. The ability to exhibit such qualities is diminished, resulting in a loss of purpose. This can be a daunting thought to many, and can cause overwhelming confusion about how to successfully move forward. When one is guided by anxiety and fear, it can result in paralysis and vacillation which only perpetuates the situation. When the magnitude of a choice can radically affect daily living, it can cause increased panic over the possibility of making the wrong decision. This is a natural feeling for an unemployed person who may feel their future is uncertain. For all of these reasons, it is important for someone suffering from an abundance of stress, anxiety, or signs of depression to seek the support of loved ones, and the help of a counselor. A mental health or career counselor can encourage people in search of a job to look positively on the future, and find self-worth in other aspects of their life.

**Andrew Ritsema**

Andrew Ritsema is currently in his second year of the master’s in school counseling program at Seattle Pacific University. He is excited to be preparing for a career he is extremely passionate about — one in which he will advocate for all students at his school by working among the many systems that influence them.
We have seen a startling decrease in civility toward one another. Examples would be the political rhetoric by the leaders of our nation who attack the person as well as his/her ideas, and the media and its proclivity for focusing on the negative. People seem to be unwilling to want to listen to the other and only want to criticize a person whose ideas may differ from his or her own. They do this while offering little by way of suggestion on how to improve that to which they object. Do you agree with this observation? If so, from your point of view as a counseling professional, what do you predict will be the impact of this trend on society should it continue, and how can we as counselors address this issue?

Throughout its relatively short history, mankind has engaged in consistent conflict over intolerance of differences ranging from ethnicity, to ideology, to religion, to socio-economic status. Today one doesn’t need to look far before noticing signs that we still struggle with these issues here in the United States, at a time when diversity is increasing like never before. All around the country each day, individuals who align themselves with a political party watch particular news networks that promote their held political views while vilifying those that differ. Additionally, our media oftentimes portrays minority groups in stereotypical and prejudiced ways that may be false, but are nonetheless influential on viewers’ opinions. We are acculturated to narrow-mindedness; we prefer the convenience and freedom from inner conflict that avoiding challenges to our worldview provides us. Unless taught to be aware and tolerant of diversity, people tend to be fearful when coming into contact with other people and ideas with which they are unfamiliar, at times withholding the respect and justice those people deserve.

Professional school counselors (P.S.C.s) are in a unique position to educate the children of our country about tolerance and respect so that they are able to come out of their experiences with an increased tolerance and respect for one another.

Challenges to battling intolerance in schools could include resistance from affected parties, as well as finding time to both research diversity in the school, and implement interventions accordingly. Yet despite these obstacles, in utilizing methods such as classroom presentations, small group, family and individual counseling sessions, there are amazing opportunities for P.S.C.s to support students in exploring differences within their diverse communities. Whether students agree with the varying opinions or beliefs they encounter is up to them, but they are bound to come out of their experiences with an increased tolerance and respect for one another.

Graduate Certificate in Sports Counseling

100% ONLINE

Are you a practicing counselor, trainer or educator with a strong interest in working with athletes?

The 100% online Graduate Certificate in Sports Counseling is designed for practicing counselors, counselors-in-training (post 48-credits), educators and/or other helping professionals who desire a specialty area of training with youth, adolescent, young adult, or adult athletes across a variety of settings.

The Cal U Sports Counseling certificate program provides counselor training competencies in:
- Foundations of sports counseling
- Contextual dimensions of sports counseling, and
- Knowledge and skills for the practice of sports counseling

Note: The Graduate Certificate in Sports Counseling will not certify you as a professional counselor. However, courses may be utilized for additional credits toward licensure or for continuing education credits (CEU’s).
Larry Bruce Golden
Retired counselor educator, author and editor had varied counseling interests

Initially, when I was asked to write about the life of a dear friend, I thought to myself, where should I start? How could I possibly sum up someone’s life and what they meant to me in approximately 850 words? After considerable contemplation, I concluded that a good start would be to focus on the formal or public information that others may know about Larry.

Larry Bruce Golden was born in Pittsburgh, Pa., and was the older of two brothers. At the age of 10, his family moved to Miami, where he remained through college. He completed a Master of Science degree in guidance and counseling at the City University of New York. Larry met his wife, Meredith, while both were students at Arizona State University, where he received his doctorate in counseling psychology. Larry began his long career in education as a fifth-grade teacher in Dade County Public Schools. He then spent two years working for Teacher Corps as a team leader. The bulk of his professional life was spent on the counselor education faculty of three universities: eight years at Our Lady of the Lake University in San Antonio; one year at Texas Women’s University in Denton; and more than 20 years at the University of Texas at San Antonio (UTSA).

Larry retired in 2010, and he and Meredith moved to Asheville, N.C., where they became friends of the Unitarian Universalist Congregation and active in the College for Seniors at the University of North Carolina Asheville.

During his time as a counselor educator, Larry served on numerous national and branch division committees and received many honors and recognitions for his commitment and contributions to the counseling profession. While at UTSA, he implemented a practicum site for school counselors through the Northside Independent School District. This practicum experience is well-known throughout the city as the Parent-Child Consultation Center (PCC). Additionally, he was instrumental in supporting a UTSA student’s development of the Children’s Bereavement Center in 1997. This center provides much-needed counseling services to children and families experiencing loss.

Larry also authored several books that focused on families, children, adolescents and school counseling. His *Case Studies in Marriage and Family Therapy* book was translated into Chinese — a personal and professional highlight that brought such a smile to Larry’s face. His most recent clinical focus concentrated on what he fondly called his “geezer” research, working with older adults. As he aged, Larry would say that this area of study interested him personally, and in 2009 he edited *Case Studies in Counseling Older Adults*. Larry indeed enjoyed editing. For more than 15 years, he served as the editor for the “Family Stories” column in *The Family Journal*, the official journal of the International Association of Marriage and Family Counselors, and was the originator of the journal’s creative writing competition. Additionally, his interest in creativity and innovative counseling interventions made him a loyal charter member of the Association for Creativity in Counseling and a founding editorial board member of the *Journal of Creativity in Mental Health*.

On a more personal level, I asked friends and colleagues about the impact Larry had on their lives. Many recalled his subtle humor, his gentle and gracious demeanor, and the distinctive characteristics that made Larry … Larry. For example, when we first met, I introduced myself to Larry as “Marcheta.” My name can be pretty tricky for some, but from that point on, he would enunciate the last syllable of my name so clearly and with such vigor that it would make me smile. Similarly, I recall how Larry would affectionately refer to Thelma Duffey, chair of UTSA’s Department of Counseling and Larry’s chair at the time of his retirement, as “TD.” He would sing out her initials as he walked down the hall. I also remember how Larry’s face would light up when you walked into his office. He had a way of acknowledging people that was truly special.

Betty Merchant, dean of the UTSA College of Education and Human Development, shared the following about Larry: “My first impression of Larry was that of a kind and intelligent man with a brilliant, if not slightly quirky, sense of humor. Together, we served as the inaugural chairs of our respective departments, and his advice and witty observations buoyed my spirits and guided me through the inexplicable at times maze of policies and practices that were associated with a newly formed College of Education and Human Development. I was always amazed by his boundless energy for learning and for experiencing new places, and more than anything, I understood that he was incredibly proud of his wife and family, and that they were the centering force in his life.

“It was his spirit of self-examination and scholarly inquiry that inspired him to request a faculty development leave in which to write a book that would explore the issues of the aging baby boomer generation while filling a significant gap in the literature. One of the most memorable images I have of Larry is of him delivering a signed copy of his book to me. He was so proud of this work — justifiably so — and it was a wonderful capstone to his career in academia. Larry was a gift to us, and a particularly special gift to me, and I am truly grateful for having had the opportunity to know him.”
One of my favorite ways of showing Larry how special he was to me was to sing the Jill Scott song “Golden.” I remember asking Larry if he had heard of the song. He of course answered “no” because he was not a regular R&B listener. I would then break out in song with some of the lyrics:

*Wearing it around my neck*
*I'm taking my freedom*
*Putting it in my car*
*Wherever I choose to go*
*It will take me far*
*Living my life like it is golden, golden!*

Larry, you truly lived your life like it was Golden. Goodbye my friend!

Larry is survived by his wife of 36 years, Meredith Norwood; his daughter, Sarah Balleza, her husband, Martin Balleza, and their son, Andrew Balleza; his mother, Gertrude Shurowitz; and his brother, Ken Golden.

Submitted by Marcheta Evans, immediate past president of the American Counseling Association and associate dean of the downtown campus of UTSA’s College of Education and Human Development.

---

**Next ACA Webinar**

**The Counselor and the Law: Avoiding the “Dirty Dozen” Legal and Ethics Traps**

**June 13, 2012, 1:00 pm ET; 10:00 am PT**

- Members: $29
- Nonmember $39.95
- 1 CE Credit

- This live 60-minute webinar will highlight key issues covered in the new edition of the ACA best-seller, The Counselor and the Law:
  - Updates to HIPAA (including HITECH privacy breach notification)
  - Client referrals
  - Documentation
  - Trends in social media, electronic communications
  - Learn practical tools you can use immediately to avoid lawsuits and licensure board complaints.

**Purchase the book now at www.counseling.org/publications and bring your questions to the live webinar!**

**The Counselor and The Law: A Guide to Legal and Ethical Practice, 6th Ed.**

$39.95 (ACA members) | $52.95 (nonmembers)

Questions? Call 1-800-347-6647, ext. 222 (M-F, 8:00 am – 6:00 pm)

**Register Now at webinar.counseling.org**

*Visit the ACA On-Demand Archives for more titles!*
ACCA bylaws change allows hiring of executive director
Submitted by MJ Raleigh
mraleigh@smcm.edu

Thank you to everyone who joined us at our American College Counseling Association reception in San Francisco. The company and the food were excellent. Thank you also to all the members who participated in our business meeting. Member votes passed the changes in the ACCA bylaws that will allow us to hire an executive director and hold our annual meetings solely at the ACCA conference. Although the online voting bylaw was posted on our website in October 2011 as an upcoming vote, we will vote in October 2012 to allow online voting for all future elections and bylaw changes.

I had the privilege of honoring our ACCA emerging leaders. Billie Bailey is a doctoral student at Montclair State University in New Jersey. She has experience counseling, advising and teaching at the collegiate level. Megan Hyland Tajlili is a doctoral student at North Carolina State University. She has experience and interest in career counseling for college students. Tajlili also participated in the American Counseling Association’s first clinical demonstration series at the ACA Annual Conference. Michelle Ghoston is a doctoral student at Virginia Tech. She has worked as a counselor, adviser and instructor at several four-year and community colleges. Nicole Woodard is a doctoral student at George Mason University. She has experience working as a counselor, adviser and instructor in the community college setting.

AADA heads to Williamsburg for summer conference
Submitted by Radha Horton-Parker
rparker@odu.edu

The Association for Adult Development and Aging will host its annual summer conference on July 13 at the Williamsburg Hospitality House Hotel in beautiful and historic Williamsburg, Va. The theme of the conference will be “Adult Development Matters: Fostering Resilience in Times of Crisis and Transition.” Mark your calendars for an exciting day of learning filled with opportunities to forge connections with other counseling professionals.

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

IAAOC holding conference on addictions and offender counseling
Submitted by Keith Morgen
morgenk@centenarycollege.edu

The International Association of Addictions and Offender Counselors is pleased to announce its first divisional conference, planned for Sept. 15-16 in New York City. We are sponsoring the event in conjunction with the “Be the Evidence” Social Work Project of Fordham University. The conference theme is “United in Purpose: Counseling and Social Work Perspectives on Clinical Practice and Training Issues in Addictions and Offender Counseling.”

Registration for the conference is free for all IAAOC members. Presentation topics will focus on therapeutic best practices, counselor training and multicultural, religious and spiritual issues in addictions and offender counseling. A special session will be devoted to graduate student posters.

We encourage counselors, students and educators to submit a proposal for presentation by June 15. For more information on registration, local hotels and the call for proposals, visit iaaoc.org.

AACE plans conference, seeks member input on bylaws changes
Submitted by Amy McLeod
almcleod@argosy.edu

The Association for Assessment in Counseling and Education’s National Assessment and Research Conference will be held Sept. 14-15 in Orlando, Fla. The theme will be “Measurement of Outcomes in Counselor Preparation and Practice.” Come present and learn about research and assessment in counseling. The hotel rate is $97 for suites (book by Aug. 14) and includes complimentary cook-to-order breakfast and a nightly cocktail reception for two adults. Your conference registration also includes a luncheon and a reception.

Visit theaaceonline.com/conference.htm to register for the conference and submit proposals. The deadline for proposal submission and early registration is June 1. Contact conference chair Jacqueline Swank at jswanck@coe.ufl.edu with any questions.

In other news, AACE members will be voting on important changes to the division name, mission and vision at the September business meeting in Orlando. Please review the proposed bylaw changes at theaaceonline.com before this event. These changes were proposed to better reflect AACE’s expanded vision to address research and evaluation in our profession, in addition to continuing its focus on assessment and diagnostic considerations.

Send feedback regarding the changes to President Danica Hays at dbhays@odu.edu.

AACE is also seeking 2013 conference site proposals. AACE hosts an annual assessment and research conference on topics related to assessment, evaluation and research in counseling and education. Submit an initial proposal (no more than two pages) and indicate why AACE should hold a conference in the host city, what the draw would be for people
attending and your commitment to host AACE in the host city. Additionally, provide relevant information about available hotels and/or conference sites. You can also propose a conference theme. The AACE National Assessment and Research Conference is typically held in mid-September. The conference site must accommodate 150 to 200 attendees for approximately two days (Friday and Saturday). Send an electronic proposal to President Hays no later than July 1.

Submit your news and upcoming events

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

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

July issue: June 1 at 5 pm ET
August issue: June 29 at 5 pm ET
September issue: July 27 at 5 pm ET
October issue: Aug. 30 at 5 pm ET
November issue: Sept. 28 at 5 pm ET
December issue: Oct. 26 at 5 pm ET
January 2013 issue: Nov. 30 at 5 pm ET

Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families

edited by Sari H. Dworkin and Mark Pope

“By structuring the book through the lenses of competency models developed by ALGBTIC, one is able to see clear connections between the clinical issues presented, effective intervention strategies, and how counselors work ethically within the competency models. Kudos to Drs. Dworkin and Pope for this substantial contribution.”

—Ned Farley, PhD
Antioch University Seattle
Editor, Journal of LGBT Issues in Counseling

This captivating book contains 31 case studies that focus on what is said and done in actual counseling sessions with LGBTQQI clients, including diagnosis; interventions, treatment goals, and outcomes; transference and countertransference issues; other multicultural considerations; and recommendations for further counseling or training.

Experts in the field address topics across the areas of individual development, relationship concerns, contextual matters, and wellness. The cases presented include coming out; counseling intersex, bisexual, and transsexual clients; couples, marriage, and family counseling; parenting issues; aging; working with rural clients and African American, Native American, Latino/a, Asian, and multiracial individuals; sexual minority youth; HIV; sexual and drug addictions; binational couples; work and career; domestic violence; spirituality and religion; sexual issues; and women's health.

2012 | 395 pgs

Order #72917 | ISBN 978-1-55620-306-0
List Price: $54.95 | ACA Member Price: $39.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

Order Online: counseling.org
By Phone: 800-422-2648 x222
(M-F 8am – 6pm)
COMING EVENTS

ASERVIC Conference on Spirituality in Counseling
June 3-4
Santa Fe, N.M.

The Association for Spiritual, Ethical and Religious Values in Counseling will host its third Conference on Spirituality in Counseling at the Inn and Spa at Loretto. The keynote speaker will be William R. Miller, founder of motivational interviewing. For more information, visit aservic.org.

NCDA Global Career Development Conference
June 21-23
Atlanta

The National Career Development Association Global Career Development Conference will be themed “Building on the Dream.” Take advantage of more than 160 presentations, discussions and workshops, and network with more than 1,000 career practitioners and educators. For more information, visit ncda.org.

ASCA Annual Conference
June 23-26
Minneapolis

The American School Counselor Association Annual Conference will be themed “Be Brilliant: Celebrating ASCA’s Diamond Anniversary.” Dan Savage of the It Gets Better project on YouTube, Stacey Bess and Jamie Vollmer will give keynote addresses. For more information, visit schoolcounselor.org.

AADA Summer Conference
July 13
Williamsburg, Va.

The Association for Adult Development and Aging’s 2012 Summer Conference will be themed “Adult Development Matters: Fostering Resilience in Times of Crisis and Transition.” The conference will provide opportunities for networking and professional development for counseling professionals and students with an interest in adult development across the life span. Presentation topics will include spirituality and wellness, women and transition, adult bullying, career transition at midlife, LGBT adults coming out and positive aging strategies. For more information, visit the AADA website at aadaaweb.org.

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

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

IAAOC Conference on Addictions and Offender Counseling
Sept. 15-16
New York City

The International Association of Addictions and Offender Counselors is sponsoring its first divisional conference, to be held on the Fordham University Lincoln Center campus in New York City. Registration is free for IAAOC members. Presentations and posters are being solicited in the following areas: counselor education and training in addictions and offender counseling; multicultural, religious and spiritual issues; therapeutic best practices in addictions and offender counseling; and graduate student poster sessions. Visit iaaoc.org for more details.

TCA Conference
Nov. 17-20
Nashville, Tenn.

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

FYI

Call for submissions

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

Call for reviewers

The Canadian Journal of Counselling and Psychotherapy, the flagship journal of the Canadian Counselling and Psychotherapy Association (formerly the Canadian Counselling Association), is seeking reviewers from the United States. For further information, visit cje-rec.ucalgary.ca/index.php/reclannouncement.

Bulletin Board submission guidelines

Items for the Counseling Today Bulletin Board must be submitted to lshallcross@ counseling.org. Please see page 61 for upcoming submission deadlines.
Cyberbullying: What Counselors Need to Know

Sheri Bauman

Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students face on the Internet. Includes a discussion of the different types of cyberbullying and cyberbullying environments; an overview of prominent theories of aggressive behavior; practical tips to identify and follow cyberfootprints; proactive responses to cyberbullying; effective, nonpunitive strategies for responding to cyberbullying; useful information on current technology and popular websites; and much more.

2011 | 215 pgs
Order #72900 | ISBN 978-1-55620-294-0
List Price: $33.95 | ACA Member Price: $28.95

Counseling Children: A Core Issues Approach

Richard W. Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen

This innovative book offers a means for practitioners in community, mental health, and school settings to better assess, treat, and monitor children's underlying issues. The diagnostic framework presented helps uncover the nature of children's core concerns and provides guidance on how to address the issues they are struggling with. Includes numerous strategies such as narrative approaches, play therapy, sand tray therapy, and expressive arts therapy. The book gives suggestions for bringing parents, teachers, and other professionals together as a collaborative team.

2011 | 192 pgs
Order #72901 | ISBN 978-1-55620-283-4
List Price: $29.95 | ACA Member Price: $24.95

Play Therapy: Basics and Beyond Second Edition

Terry Kottman

Written for use in play therapy and child counseling courses, this extraordinarily practical text provides a detailed examination of basic and advanced play therapy skills and guidance on when and how to use them. After a discussion of the fundamental concepts and logistical aspects of play therapy, Kottman illustrates both commonly used and more advanced play therapy skills. A new chapter on working with parents and teachers is designed to increase the effectiveness of play therapy. Practice exercises and “Questions to Ponder” facilitate the skill-building and self-examination process.

2011 | 375 pgs
Order #72905 | ISBN 978-1-55620-305-3
List Price: $54.95 | ACA Member Price: $39.95

Bullying in Schools: Six Methods of Intervention presented by Ken Rigby

This DVD gives clear, practical guidance on how to prevent and respond to bullying in high schools. Using actors and role play, the DVD features a typical bullying scenario and then demonstrates how the following methods can be applied to the situation: the Disciplinary Approach, Restorative Practice, Strengthening the Victim, Student Mediation, the Support Group Method, and the Method of Shared Concern. By showing the advantages and weaknesses of each method, the counselor or teacher can see how each solution might work. Includes a PDF booklet with a summary of important information and discussion guidelines.

Produced by Loggerhead Films
2009 | 35 minutes | DVD Order #78239
List Price and ACA Member Price: $129.00

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

Order by phone: 800-422-2648 x222
Order online: counseling.org/publications
 Classifieds

- Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.
- Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers prepaying for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Employment ads are listed under international or national by state.
- Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers prepaying for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

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

- ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.
- Direct all copy or inquiries to Kathy Maguire via email at kmaguire@counseling.org.
- Phone: 607.662.4451
- Fax: 607.662.4415
- Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.
- Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

The Family & Marriage Counseling Directory


Licensure Exam Review

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

Crazed by Client Billing?


Dissertation Completion Consulting

Individualized program assists with all aspects of dissertation and thesis writing. By phone, by FAX, by e-mail, or in person. Call “toll free” 1-(888) 463-6999 or wgwargo@academicinfocenter.com

Continuing Education

Cruise & Earn 20 CEUs

Fresh topics and fun ports all at great rates. Approved for all Mental Health Professions. www.LandOrSeaCEUs.com Debbie @ 877-901-4335. 818-734-4335.

Train your Life® Workshop Leader Training

Become a licensed workshop leader in the philosophy of Louise Hay. All manuals and materials provided to lead up to 14 different workshops. Our training is licensed by Hay House, Inc., and approved by Louise Hay. www.healyourlifetraining.com

Editor Sought

Editor Sought for the Counseling & Values Journal

The Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) seeks applications for the position of editor of the Counseling & Values journal. Counseling & Values is a national, peer reviewed journal with distribution of approximately 2000, and a readership comprised of counselor educators, practitioners, and graduate students. Its mission is to inform the readership of research, recent innovations, and critical issues related to the integration of spirituality and religion in counseling as well as ethical issues. The appointment of editor is for a 3-year term beginning July 2013. Appointment is conditional upon the following qualifications:

(1) Experience as an editorial board member of a professional publication or similar experience (associate editor or editor of another publication);
(2) A record of scholarly publications in refereed journals; (3) A history of involvement in and contribution to the counseling profession, including a focus on spirituality, religion, and ethics; (4) An understanding of and commitment to the mission of ASERVIC, including ASERVIC membership at the time of application submission. Demonstration
Interested individuals should submit a formal application containing the following materials by September 21, 2012: (1) A current curriculum vitae, (2) A complete list of publications and reprints of no more than five of the applicant’s most significant publications, (3) A statement of vision for the editorial direction for the Counseling & Values journal, and (4) A statement from an administrator of the applicant’s institution or organization describing support for the appointment (if applicable). Phone interviews with top candidates will take place October 2012. The appointment will be announced as soon as possible, and the editor-elect will be expected to begin working with the current editor at that time so as to facilitate the official transition on July 1, 2013. Inquiries should be sent to glossofh@mail.montclair.edu.

Please send applications electronically by September 21, 2012 to: Dr. Harriet Glosoff, ASERVIC Search Committee Chair, Counseling & Values Editor Search Committee Chair, glossofh@mail.montclair.edu.

A keepsake for you!

As an ACA member or supporter during 2012, you are a part of counseling history. To mark this occasion and support the counseling profession, purchase the special ACA 60th Anniversary Commemorative Coin.

$25
Online: counseling.org
Phone: 800-347-6647, x222
(M–F, 8 am – 6 pm)
Order #83001
Tucson (Southern Arizona) Contact: Chad M. Mosher, Ph.D., NCC Campus College Chair, College of Social Sciences/College of Criminal Justice and Security, University of Phoenix, Southern Arizona Campus, Academic Affairs, 300 S. Craycroft Rd., Mail Stop CU-A101, Tucson, AZ 85711 phone: 520-239-5208, fax: 520-514-0948 Email: Chad.Mosher@phoenix.edu

MARYLAND

TARLETON STATE UNIVERSITY
Multiple Positions
College of Education and Department of Psychology and Counseling Searches are being conducted to fill the following positions:
Associate Professor/Professor and Head of the Department of Psychology and Counseling (Tenure Track) at the Stephenville campus;
Assistant/Associate Professor of Counselor Education and Program Director (Tenure Track) at the Fort Worth campus;
Assistant Professor of Counselor Education (Tenure Track) at the Waco campus.
Review of applications will begin immediately and continue until the position is filled: however priority will be given to applications received by June 15, 2012. Applications may be submitted through Tarleton State University’s online job posting and application system at https://jobs.tarleton.edu.

OHIO

URSULINE COLLEGE
Tenure Track Faculty, Counseling and Art Therapy
Ursuline College, a small liberal arts college near Cleveland, Ohio is seeking a full-time, tenure-track faculty member to assume teaching and advising responsibilities in its graduate Art Therapy and Counseling Program beginning August 15, 2012. The program is committed to providing education and training in both professional counseling and art therapy, and will be preparing application for CACREP accreditation. For complete details regarding qualifications, responsibilities, and application please go to: http://www.ursuline.edu/About/Human_Resources/job_opportunities.html

WISCONSIN

GUNDERSEN LUTHERAN HEALTH SYSTEM
Child/Adolescent Therapist
Gundersen Lutheran Health System, based in La Crosse, Wis., is seeking a Child/Adolescent Therapist to join professionals providing a full continuum of psychiatric care that includes child/adolescent services, ECT, eating disorder clinic, DBT, partial hospitalization and more. Join 8 adult psychiatrists, 5 child psychiatrists, 5 psychologists, 3 nurse practitioners and numerous Master’s level therapists and other providers.

Advertiser Index

ACA 60th Anniversary Coin............61
ACA Webinar.................................55
ACA PUBLICATIONS
ACA Encyclopedia of Counseling, The .............................................15
Counseling Strategies for Loss and Grief ..............................................31
Casebook for Counseling LGBT Persons and Their Families..............57
New Textbooks from ACA ...............6
Rooted Sorrows: Emotional Burden to Emotional Health: Veterans With PTSD DVD ................................................27
Understanding People in Context.. ............57
Working With Kids and Teens.............59
ADVERTISERS
Army Medical Civilian Corps...........43
Association for Advanced Training in the Behavioral Sciences ..............c4
Brehm Preparatory School..............11
California University of Pennsylvania ..............................................53
California Southern University ......43
Chicago School of Professional Psychology, The..............................17
Child Therapy Toys..........................13
Exam Prep Study Guide by Andrew Helwig, Ph.D......................35
Excelsior College.............................37
Grief Recovery Institute...................25
HPSO Insurance ................................c3
Institute for Clinical Social Work..................................................29
International Institute of Souldrama..................41
LicensedTherapists.com .....................9
Mark Dworkin EMDR Training.................................47
New Mind Technologies ..................25
Peachtree Professional Education.....................49
Somatic Experiencing Trauma Institute .........................19
Therapysites.com.........................c2
Thriveworks.................................33
Walsh & Dasenbrook Consulting...40
Alleged unprofessional conduct and inappropriate treatment – lead to a malpractice suit.

The client, a 51-year-old woman uses her email correspondence with the counselor to mount a formidable legal case, suing for $500,000 in damages.

Read the details of this case study and how coverage through HPSO responded to protect our insured counselor at www.hpso.com/ct2
Now that you are ready to take your exam, let us help you prepare to pass the first time.

**NCE or NCMHCE Materials Package**
Includes all of the essential materials you need to pass
Retail Price: $325 | Sale Price: $260

**NCE or NCMHCE Combo Package**
Includes everything in the Materials Package - PLUS the Online Workshop Series
Retail Price: $425 | Sale Price: $340

**CPCE Materials Package**
Retail Price: $195 | Sale Price: $156

**CPCE Combo Package**
Retail Price: $325 | Sale Price: $260

---

**EXPERT CONSULTANT**

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

---

“Dr. Frankel,
I received my NCE results last night - 142/160.
Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!”
Heather Hamilton
Atlanta, GA (Nov. 2011)