Untapped potential

Could holistic counseling hold the key to reducing the number of future Alzheimer’s dementia cases?

BY JONATHAN ROLLINS

In a roll call of diseases, few provoke such deep feelings of dread and fear as Alzheimer’s, the fatal brain disorder that mercilessly assaults the mind as well as the body, eventually rendering persons incapable of remembering or connecting with others, and stealing their very identity in the process.

More than a century after the “discovery” of Alzheimer’s, scientists are still searching for a cure. Likewise, while they know the disease involves progressive brain cell failure, researchers have yet to pinpoint the single reason why that occurs. They have, however, identified several risk factors that increase the likelihood of individuals developing Alzheimer’s dementia. After taking a critical look at some of those risk factors — including depression and numerous lifestyle variables related to physical, mental and social activity — Kathryn Douthit believes counselors could potentially play a major role in delaying (if not preventing) the onset of Alzheimer’s dementia for literally millions of people. “Although the study and treatment of (Alzheimer’s dementia) has largely been the purview of medicine, as information about this disorder has emerged, a clear role for counseling has taken shape,” Douthit wrote in an article for the Spring 2007

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Proactive protection pointers

Counselors share tips for avoiding legal troubles

BY ANGELA KENNEDY

Attorney Anne Marie “Nancy” Wheeler and private practitioner Burt Bertram are collaborators in a mission to teach counselors how to steer clear of the profession’s common legal pitfalls.

Serving as the consultant for the American Counseling Association Insurance Trust Risk Management Help Line for the past two decades, Wheeler is very familiar with legal issues surrounding the therapeutic process. Additionally, she teaches a legal course in the counseling program at Loyola College in Maryland. Aside from maintaining his private practice, Bertram is a former member and chair of the ACA Insurance Trust and an adjunct professor at Rollins College, where he has taught counseling ethics for 15 years.

Together, these professionals have identified specific steps that counselors can take to reduce the risk of lawsuits and licensure board complaints. Following are their top 10 ways to comply with the legal system while still maintaining the integrity of the counselor-client relationship. To play it even

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Oregon bill suffers shocking defeat

Oregon House Bill 3616, which would have outlawed individuals from claiming to be counselors or therapists despite possessing no license to practice as such, initially won passage both in the House and the Senate, only to be declared dead after being sent back to the House for a concurrence vote during the Feb. 22 Oregon State Legislative Assembly Supplementary Session.

The Oregon House had voted 53-5 to approve the bill Feb. 7. The Senate then narrowly passed the bill Feb. 22 with a 16-14 vote. Amendments to the bill necessitated its return to the House for a concurrence vote, which did not appear to pose a problem because the bill had originated in the House and received overwhelming support during the initial floor vote. However, lobbyists representing the Oregon Psychological Association, which opposed the bill, persuaded a large number of Republicans (as well as one Democrat) to change their votes at the 11th hour.

The Coalition for Consumer Protection and Choice in Mental Health Care, composed of members from the Oregon Mental Health Counselors Association, Oregon Counseling Association and Oregon Association for Marriage and Family Therapy, as well as school counselors, social workers and counselors who do not belong to an association, were shocked by the loss.

Oregon is one of nine states that allows individuals to practice counseling without a license. The Oregon Board of Licensed Professional Counselors and Therapists has the authority to revoke therapists’ licenses, but currently has no power to do anything about individuals who call themselves a therapist or counselor without holding the proper credentials. House Bill 3616 would have changed that. Additionally, the bill would have widened health insurance plans to cover licensed counselors and licensed marriage and family therapists if the insurer already provided coverage for other mental health services, such as those provided by psychologists or social workers.

““This is the worst defeat I have been involved with during my time in the House,” said Majority House Whip Peter Buckley in a written statement to coalition members. “To have people who I have respected look me in the eye and tell me that they would be with us all the way and to then turn and vote to kill a bill is something I have never experienced before. But that sense of personal betrayal is dwarfed by the regret I feel for not being able to achieve what all of you have deserved for far too long — respect for your work and fair payment for your services.”

At press time, members of the coalition and their lobbyists were analyzing the surprising turn of events and preparing to start over with a new bill.

By the Numbers: Alzheimer’s disease

According to statistics from the Centers for Disease Control and Prevention, death rates declined for most major diseases from 2000-2004, but deaths from Alzheimer’s disease continued to trend upward. (Information adapted from the Alzheimer’s Association report 2007 Alzheimer’s Disease Facts and Figures; for more on the potential role counselors can play in decreasing the prevalence of Alzheimer’s dementia, read “Untapped potential” on page 1.)

ACA to launch Counseling Today magazine

In December 1958, the American Personnel and Guidance Association published the first issue of its then eight-page newsletter, The Guidepost. Many things have changed in the intervening years. APGA changed its name to the American Association for Counseling and Development and then, in 1992, to the American Counseling Association. The Guidepost eventually dropped the The from its name, and in the early 1970s, made the jump from a newsletter to a tabloid-size newspaper. Then, in September 1994, Guidepost became Counseling Today.

Now, looking forward to a second half-century of delivering informative and thought-provoking article to its membership, ACA announces the redesign of Counseling Today as a monthly four-color magazine, beginning with the July 2008 issue. The magazine will feature several new editorial elements and monthly columns, as well as enhanced graphics and a more reader-friendly design.

The magazine’s cover story schedule for 2008 is as follows:

- July: Emerging Client Issues
- August: Technology’s Impact on Counseling
- September: Career Options for Counselors
- October: The Graying of the Baby Boomers
- November: The Creative Arts in Counseling
- December: Counseling vs. Life Coaching

Keep watching in the coming months for additional details about the new Counseling Today magazine, and get ready for a new reading experience beginning July 2008.

Strong Interest Inventory revision

ACA has been given a unique opportunity to contribute to the revision of the Strong Interest Inventory. For the past 80 years, the Strong Interest Inventory has served as the most respected and widely used career counseling tool in the world, allowing people to see how similar they are to successfully employed adults in 122 occupations such as firefighters, teachers, financial managers and so on.

To maintain its scientific soundness, the Strong Interest Inventory is regularly revised to reflect changes in the occupational world and in society. The current revision involves collecting data from previously established occupational groups using new samples, as well as creating new groups. CPP Inc. — Leaders in Workforce Development (www.cpp.com) — wants ACA members to participate by taking the research version of the assessment. The questions are nonintrusive and focused on interests at work and leisure.

In return for ACA members’ participation, CPP will provide an aggregate report to ACA containing information about the “General Occupational Themes and Basic Interests” of all counselors. Additionally, those who participate will have access to their individual reports after completing the online assessment. CPP states that under no circumstances will individual data be released to anyone other than the person who fills out the form. All other uses of the data will result in statistical summaries of groups of respondents.

If you are interested in taking part in this valuable research, log on to http://discovery.skillsone.com/slp.asp?id=805 &language=0, where you can begin the registration process. Your assistance will make it possible for CPP to compare people to successful counselors in future versions of the Strong Interest Inventory, increasing visibility for the field and encouraging more people to consider counseling as a career option. ■
Members say to steer clear of political agendas

I would like to thank American Counseling Association President Brian Canfield for his thoughtful column on “Valuing diversity of thought” that appeared in the January 2008 issue of Counseling Today. I wholeheartedly agree with his sentiments and congratulate him on having the courage to raise this issue.

Reading Counseling Today and seeing who has been invited to speak at ACA conferences over the past few years, it has become clear to me that many people in positions of responsibility are using ACA to advance a narrow political agenda only tangentially related to the professional practice of counseling. This politicization of ACA is extremely alienating to me and has caused me to question whether I wish to remain a member.

With its limited resources, ACA should instead be concentrating on the core professional issues confronting us, including increasing professional identity, visibility and recognition, and earning better pay, universal licensing and parity with other mental health professions with respect to employment and third-party reimbursement. These are the issues I expect ACA to address on my behalf and for which there is broad consensus among members.

Mary W. Hopkins
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I appreciated the recent column President Brian Canfield wrote for Counseling Today regarding the importance of ACA remaining politically neutral. I am also a member of the American Psychological Association. I think that organization is too political at times, but ACA is, forgive me, off the deep end at times, at least based on what I read in the monthly publication.

What President Canfield wrote seems so obvious it is almost a wonder one has to put it in print. Too many people in our field report that they have the right to use our profession as a platform for their personal political beliefs. These people, who may be a minority, are typically left- or right-wing ideologues. My clients, however, are from all ends of the political spectrum. There is no more certain way to marginalize our profession than to affiliate it with a particular political ideology. People who do this love their own agenda more than they love the profession.

It is arrogance to presume that anyone has figured out what social justice is. That is the great political debate we have in this country every day. People with strong feelings about this should join that debate and not drag my profession into a discussion that will alienate half the country.

Doug Smith
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I was delighted to read the articles by ACA President Brian Canfield and ACA Executive Director Richard Yep in the January 2008 edition of Counseling Today. In my opinion, both men showed a wealth of wisdom and insight as they called for us to embrace the differences in the mental health field without attempting to “rank order” them.

As I entered the counseling field a little more than 10 years ago, I was confronted with the diversities of training and perspectives that were available for me to choose from for my advanced education. Dr. Canfield was on the faculty at my master’s university and helped me understand these variations available within the mental health field. He emphasized that there are many paths from which to select to effectively work with clients, and we must choose the path that best fits our view of therapy and our clients’ issues. As a recipient of his wisdom and guidance, I made a choice for my doctorate based on “good fit” rather than financial gain.

He again “reached out to me” through his column to remind me that we must identify first as professional counselors and then identify the specific field in which we choose to practice. I appreciate his stand! It reinforces the fact that I can “belong” under the ACA umbrella — even when I strongly disagree with some of the energetic opinions and political viewpoints some of my peers are expressing. It is important that ACA, and its leadership, do not take political stands on political agendas, because we are a mosaic of faces working in a diverse environment. As such, we must all be valued members of our professional organization, because it is our common professional identity that links us here and not a particular political agenda.

Richard Yep’s article, which addressed differences in training and viewpoints related to our clients’ issues, was also right on!

As he indicated, we must recognize that we have a different viewpoint and we must value our differences. While differences exist in training and professional work environments, one is not better than another; they are just different. And there is enough room at the “mental health table” for everyone.

We each have our particular area of expertise and lens to view the world. However, as professional counselors, we must embrace the fact that we have a unique identity. We need to recognize that we are different, and that is not a negative. We must not apologize because we are professional counselors.

Thanks to both of you, Brian and Richard, for the leadership you provide and the work you do on behalf of professional counselors everywhere. I am proud to wear the title of professional counselor, even when I disagree with those in the organization who have an alternative viewpoint. We must recognize that we are first and foremost professional counselors who choose to work in a variety of settings — and there is enough pie at the table to go around.

Susan Adams
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Raising questions about ‘counseling’s new mantra’

It’s nearly impossible to open a counseling book, journal or publication these days without seeing articles and letters about the profession’s recognition of and support for diversity. Regarding the omnipresence of this approach, it has become the mantra of counseling, displacing its once-favored predecessors, professionalism and clinical effectiveness. A large following supports the convention that understanding diversity only enhances these two qualities, and rightly so.

There should be no denial that diversity issues impact clients. However, common sense tells us that any good “thing” in excess may well turn it from a positive to a negative force. As a profession, we would do well to recognize that multiculturalism is not a counseling panacea; as mental health practitioners, we must take care not to attempt to perfect innocence by using respect for diversity as a venue. Placing the adjective “diverse” in front...
The vital role of school counselors in the counseling profession

Throughout my career as a practicing counselor and counselor educator, I have admired and appreciated the contributions of school counselors and the central role they have played in the development of our profession. In many states, school counselors were the driving force behind successful counselor licensing efforts.

As one of 19 national divisions chartered by the American Counseling Association, the American School Counselor Association was created by ACA members to serve the professional interests of school counselors. Over the years, ASCA has done an outstanding job promoting the interests of school counselors. As a counselor educator who has played a central role in training school counselors for almost three decades, I have always encouraged my students to become members of both ACA and ASCA. I believe that division membership, concurrent with ACA membership and state branch membership, is a responsibility of all members of the counseling professional.

For most of its history as a national organization, all ASCA members were also members of ACA. However, about 10 years ago, ACA policy was changed so that joint divisional and ACA membership were no longer required. Many recognize that this policy change resulted in some unintended and unfortunate consequences for the counseling profession. At present, ASCA has approximately 23,000 members, but only about 3,500 ASCA members currently hold joint membership in ACA.

The affiliation between ACA and its member divisions has always been and remains a voluntary association. Contrary to a common misconception, ASCA never “disaffiliated” from ACA. ASCA remains an important part of the “ACA family” — with all the rights and responsibilities of a fully chartered national division, including full voting rights on the ACA Governing Council.

The professional diversity of our 19 national divisions is a strength of ACA. However, it is not always easy to strike a balance between our collective association and the autonomy of our national divisions. At times, it has seemed like a “Federalist” versus “states’ rights” issue (something which, in the mid-19th century, led to the secession of the Southern states and the subsequent “War of Northern Aggression” or the “War Between the States,” depending upon one’s regional perspective). An emerging professional identity model in the field of counseling is that “counselors” are, first and foremost, members of an identifiable “profession of counseling,” even though most specialize in a particular practice area or work setting (marriage and family counseling, college counseling, school counseling and so on). This model is similar to that of the medical profession, in which all members are “medical doctors,” although they typically specialize in a particular area of practice or work setting (for example, emergency room physician, internist, psychiatrist, etc.). This model presents a common professional identity and a unified voice while concurrently respecting areas of specialization. For the field of counseling, this “single profession” model reflects the national accreditation standards of the Council for Accreditation of Counseling and Related Educational Programs. It has been the professional identity model behind successful counseling licensure in 49 states.

At present, ASCA leadership holds a different notion of professional identity — one that advocates for “multiple professions” of counseling rather than a single profession with multiple specializations. It is important to acknowledge that the ASCA

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An ounce of prevention

The adage “an ounce of prevention is worth a pound of cure” resonates for me when I think about the work of professional counselors. This is also true in terms of the preparation and continuing professional development that counselors undertake, first as graduate students, and then as they move into full-time service.

As you read through this issue of Counseling Today, you will again be reminded of the benefits of taking action prior to the onset of crisis — for example, engaging in holistic counseling to decrease the risk of encountering devastating diseases such as Alzheimer’s (see “Untapped potential!” on page 1). You will also see an article on page 1 (“Proactive protection pointers”) about how counselors can best avoid legal challenges to the good work that you do.

You will read about many other ways to improve your professional (and perhaps personal) life as a counselor in the various columns, articles and, yes, even advertisements that appear in our newspaper. While we sometimes also report on past events so we can learn about “what went wrong,” it is clear to me the articles that help prepare professional counselors the most are those that provide resources, information, tips and advice on how to maximize the important services that you provide to so many people each and every day.

Later this month, nearly 3,000 professional counselors, counselor educators, graduate students, researchers and related human service providers will gather for the American Counseling Association’s Annual Conference in Honolulu. We have already received registrations from several Asian nations, and the list of those coming from other countries outside of the Pacific Rim ensures that this will be an event that provides a practical, hands-on experience as well as numerous opportunities to network with colleagues from around the world. If you are attending the Annual Conference, I look forward to seeing you there. If you had not planned on going, we hope you might change your mind and join us for this major gathering that features more than 450 Education Sessions and events. For more information, including what the conference has to offer, go to www.counseling.org/conference.

“Prevention” is a word used often in the helping professions, and it seems to me that professional counselors are the perfect service providers in how that action is put into practice. There are countless examples of how professional counselors advocate for both their clients and the profession.

One specific example of prevention is seen through the action of advocacy. Last month, more than 50 counselors, counselor educators and graduate students met during ACA’s Legislative Institute in Washington, D.C. During the three-plus days of training and education, the group learned about public policy issues impacting the counseling profession. As the culmination of the Institute, the entire delegation went to Capitol Hill to meet with U.S. senators, U.S. representatives and their policy staffs to advocate for programs that impact the clients and students served by professional counselors. In other words, by helping public policy officials to better understand the needs of their constituents, serious problems can be prevented (there’s that word again) in the future.

Over the next few years, ACA will undoubtedly look at itself in terms of how best to provide services, benefits and resources to its members. This has been a 55-year evolutionary process, and I cannot see it stopping anytime soon. When we look at change, it is in the hope that we are providing what members

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Using experiential activities in therapy with clients who have addictions

BY ANGELA KENNEDY

Counselors face a multitude of challenges when working with clients who have addictions, as this population is well-known for employing extreme minimization, rationalization and denial. That holds especially true for clients first entering a recovery program.

Traditional talk therapy may not be the best approach for working with these clients, who often have little or no motivation to change. That’s why a group of counseling colleagues and graduate students from the University of Central Florida are sharing some of their best practices for working experientially and creatively with clients who have addictions.

American Counseling Association member W. Bryce Hagedorn, a counselor educator and a former dependence rehabilitation counselor, notes that psychologist James Prochaska conceptualized the six stages of change:

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance
- Relapse

The first two stages are difficult for clients struggling with addictions to process, Hagedorn says, and counselors must use innovative techniques to help them move toward recovery. “What Prochaska noted many years ago is that when people initially come into treatment, they are in the pre-contemplation to contemplation stages,” he says. “In the pre-contemplation stage, they recognize that there probably is a problem, but they aren’t ready to do anything about it. In the contemplation stage, they are usually saying they aren’t the one with the problem. They are in classic denial — minimizing, rationalizing and pointing the finger at other people. In the past, the most common way to move people from the contemplation stages to thinking (preparation) and participating (action) in recovery was to confront the person with the addiction. Early in my clinical history and working with addicts, that was still the most used model, to get in an addict’s face and convince them that they were an alcoholic or addict. You would use group members to help convince. They would tell their war stories about how bad their life has been to convince the other members that they were on a path to self-destruction.”

Then in the early 1990s, Hagedorn says, motivational interviewing became a new way to approach addiction. With this client-centered, client-directed model, counselors address the client’s ambivalence about change. “The client basically convinces the counselor that there is a problem that they are willing to work on,” Hagedorn explains. “That was really one of the first steps away from the confrontation model.”

Engaging the client’s emotions represented another move away from confrontation and intervention, he says. “Insight-oriented or emotion therapies are very effective when dealing with clients in the pre-contemplation or contemplation stages,” Hagedorn says. “So what I started to do was psychodrama and using Gestalt techniques, which are very experiential. I just wanted to look at different ways to engage the client. Sitting in group and trying to do a process-oriented session or cognitive behavioral therapy just wasn’t going anywhere with those newly in treatment. They are very self-protected and in denial, so they wouldn’t engage in the process.”

But by utilizing experiential activities in the group therapy process, Hagedorn says, counselors are able to help clients move out of the contemplation stages while also allowing them to feel inspired and empowered through creativity. These activities in treatment are designed to provide learning experiences that parallel real-life situations and examine such issues as trust, group awareness, leadership, socialization and decision making.

According to Hagedorn, engaging clients with addictions in experiential activities helps them to:

- Express themselves in non-verbal ways that increase self-awareness and communication skills
- Develop a stronger awareness of their emotional, physical and imaginative selves
- Actively participate in their own lives and recovery through self-expression
- Find new ways to cope with self-destructive thoughts
- Gain fresh perspectives while turning struggles and difficulties related to recovery into artistic resources
- Envision healthy life choices through the creative process
- Have fun while physically moving and creating during group sessions

Symbolic steps

One activity with which Hagedorn has found success is called Crossing the Swamp. “You use pieces of paper as lily pads,” he says. “The activity is to get the group on one side of the room, and they have to cross the area by only stepping on the pieces of paper. There are rules, like you can’t step off the paper and you have to keep constant contact with the paper, but you give the group very minimal instruction and have them talk about it and figure out how they are going to do it. It’s a pretty common team-building exercise. How I have adapted it is I incorporate the 12 steps by writing one of the steps on each piece of paper.”

The “swamp” symbolizes a client’s first year of recovery, while the “lily pads” represent the resources and motivations.
Finally, they write what they are willing to do to end the addictive relationship.

Hagedorn collects the letters and highlights some of the common statements. “I underline some of the reoccurring, gut-level thoughts in them. The things like ‘I need you,’ ‘You made me feel …’ or ‘You provided …’ and also the thoughts that talk about ‘You cost me …,’ ‘You destroyed …’ I have them read one underlined statement out of their letter, and we go around until all of the statements have been read aloud. It really captures the ambivalence and circular thinking. People get very emotional, but they see the connection between one another.” After everyone has shared and processed, the group goes outdoors and burns the letters. Each letter disappears instantly in a bright flash.

If resources allow, Hagedorn suggests another variation of this activity — having group members bury their letters in small “coffins” within a “cemetery” on the grounds of the recovery center. “At one facility I worked at, we had a large back yard, so we created a cemetery of dead addictions,” he says. “People would actually bury the letters and place tombstones next to them. Sometimes, when people would relapse, we would have them unearth their addiction and talk about what it’s like to hold this musty, wet piece of paper in their hands. Again, it’s about engaging the emotion and circumventing the denial and ambivalence."

Experiential therapy can be divided into two main categories: outdoor experiential therapy and indoor experiential therapy. Other indoor activities can involve costumes and role-playing, creating art collages, sculpting or mask making —

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Conference participation boosts career success

People attend professional conferences for a number of reasons. Whether you are attending your first conference or your 30th, goals are important. Professional growth and renewal through educational sessions and networking opportunities are desired outcomes for all of us. It’s easy to get sidetracked, though, if you haven’t defined what you want to accomplish.

Gather your tools
Bring plenty of business cards for networking purposes. If you don’t have a job that supplies these, most office supply stores and copy centers can print some for you. Several good online services can also provide professional business cards in high volume fairly inexpensively.

Update your résumé or curriculum vitae, even if you aren’t planning to participate in the on-site interview program. (But if you are, bring plenty of copies with you!) You never know when a chance meeting could turn into an interesting opportunity. Copy your résumé, research papers, syllabi and pictures of the kids (in case you run into a long-lost friend from graduate school) onto a thumb drive that you can slip into your pocket or briefcase. That way you won’t have to scramble to locate someone back home who can access and e-mail you a copy over the weekend.

Good walking shoes are essential, and planning your wardrobe in layers for meeting rooms that are too warm or too cool will only add to your personal comfort. Also pack some protein bars or other healthy snacks, a water bottle, something to write on, something to write with and a couple of highlighters.

Your wardrobe in Hawaii
Because this year’s American Counseling Association Conference & Exposition is in a resort area, you will probably see a lot of “Aloha-ware.” For most, business casual (including fun Hawaiian shirts) will rule. But if you are planning to interview for positions in the Career Center, recognize that some employers may expect a more professional appearance. Also bear in mind that “hot and humid” describes the climate, so light, natural fibers are recommended.

Spend some time with the Program Guide
After you’ve arrived at the conference site, check in at the registration desk. Be sure to pick up your complimentary tote bag and take some time to look through it. Pay particular attention to the Program Guide, and look for the addendum, as well — there are always additions and changes to the program after printing deadlines have passed. You’ll also want to watch for the Conference Daily, which contains last-minute schedule changes and other tidbits and is distributed each morning during the conference.

Plan your time
On your first run through the Program Guide, put a check mark next to any of the programs that sound interesting and a star next to anything that you think is a “must-attend” session. Your second time through, prioritize your choices. It’s a good idea to have a second choice in mind, just in case the session you plan to attend is too crowded or has been canceled. After identifying the programs and other activities you want to attend, put together a schedule.

Get the lay of the land
Time your route from your hotel room to the conference site, and be sure to add a little extra time for congested elevators. Find all the amenities you might need, such as coffee carts, restrooms, business center and restaurants. Hop on the shuttle bus and figure out how to get from place to place.

Head over to the Exhibit Hall and check out products and services that are especially designed for counselors. The ACA Bookstore, the Career Center, and ACA Professional Affairs and Member Services all have areas within the Exhibit Hall as well. This is also where Poster Sessions are presented.

Take notes
One of the best suggestions I’ve ever heard for professional meetings is to use a two-page note-taking technique. The right-hand page is for keeping notes from what is said, and the left-hand page is for jotting down ideas for implementation once you return to normal life.

Have fun!
Don’t plan every minute. Pace yourself and enjoy the experience. Treat yourself to a nice dinner with colleagues, time on the beach or a rejuvenating spa appointment.

Summarize and follow up
At the end of the conference, it’s helpful to prepare a summary for your files. What did you take away that was personally or professionally stimulating? What professional contacts did you make that you would like to maintain? Where did you stay? Where did you have a great dinner? How much did you spend? (This is particularly helpful when budgeting for next year’s conference.)

Professional conferences are among the best venues for networking and professional growth if you are prepared for the opportunity. See you in Honolulu!™

Amy Reece Connelly is the manager of ACA Career Services. E-mail questions or request telephone consultation by contacting her at acacareers@counseling.org.

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Counseling Today • March 2008
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Greets from the National Credentials Registry. Developed by the American Association of State Counseling Boards, the NCR’s purpose is to facilitate the movement of licensed counselors between states by streamlining the process of transferring a professional license. As licensure for counselors has developed nationally, the differences between license requirements have made it difficult for competent, experienced counselors to move from one state to another without having to return to school or obtain additional supervision. AASCB recognized this as a professional issue and worked over a six-year period to develop a system that state counseling boards could accept, thereby encouraging more state-to-state cooperation in the licensing process.

The plan has two essential components. First, the registry serves as a storage bank, warehousing all documents that licensing boards require as part of a license application. These documents include academic transcripts, supervision reports and continuing education documentation, as well as verification of professional work experience. As counselors move through the course of their careers, it becomes difficult for them to assemble the documents, in original form, that state boards require for licensing. But a file opened at the NCR can store all these documents, including recommendations and work experience documentation, which otherwise may be difficult to reproduce. Any person in the field, from graduate student to working professional, can take advantage of the credentials bank. By opening a file, counseling professionals can assemble all their documentation in one place rather than having to recreate it throughout their career.

The second component of the plan is the portability issue. To truly facilitate movement of competent professionals, licensing boards will need to consider that significant work experience can be deemed equivalent to some portion of academic training and supervision. Indeed, in most cases, more work experience increases competence.

Because licensing requirements in our profession have developed without a national model — and have changed significantly during the 31 years that counseling has existed — older, more experienced counselors look very different than new graduates from an academic and supervision perspective. Many experienced counselors have found it very frustrating to move; some have even left the field rather than satisfy additional academic training and supervision requirements.

The portability model does not interfere with initial licensing but rather works to serve experienced counselors. Applicants achieve “registrant status” only after meeting a documented five-year work experience requirement. At that time, state boards may consider using the applicant’s work experience as an equivalency so that the applicant does not have to pursue additional education and supervision. All supporting documents are verified as they come into the NCR so that states receiving this information from the registry can accept them as primary source documents. Each state board ultimately will decide the equivalency processes it is willing to employ, but the NCR will encourage boards to be as inclusive as possible.

A number of states have already completed the regulatory changes needed to work with the NCR, including Missouri, Iowa, North Carolina, Delaware, Mississippi, Vermont, Idaho, North Dakota and Louisiana. Seven additional states have begun their regulatory processes, and as soon as those changes go into effect, these states will be added to the license portability list. Yet another seven states have also indicated support for the portability plan and are beginning their regulatory work.

“While North Carolina is not able to accept all aspects of the NCR packaging due to our General Statutes and Rules, all information received was pertinent, documented, well organized and easy for us to process,” said Jennifer Robertson, administrator for the North Carolina Board of Licensed Professional Counselors, in discussing the process of transferring a license through the NCR.

Applying to the NCR

So what is the process? Counselors can download the NCR application from the AASCB website (www.aascb.org). There is an initial application fee of $200 (reduced rates are available for graduate students and those working toward the five-year experience requirements). The applicant then submits the supporting documentation as required (transcripts, supervision and work experience documentation, and licensing information from the initial state). After all the documentation is received, the file is reviewed for registrant status.

Registrants are given group status according to the academic and supervision information provided. Group I registrants will have a verified master’s degree, 48 graduate academic credit hours in counseling and 3,000 hours of prelicense supervised experience. Group II registrants will have a verified master’s degree, 60 graduate academic credit hours in counseling and 4,000 hours of prelicense supervised experience. Required course work includes the eight core counseling areas as well as diagnosis and treatment planning.

If an individual does not meet the required minimums, the deficiencies will be acknowledged. State boards, based on their willingness to make exceptions to their statutes and rules, may use equivalency options to offset what is not documented. A state may also, by statute, need to require additional information or certain course work that the registry does not. Registrants are informed of these requirements when they seek to have their file transferred.

If licensees desire to move to another state after achieving registrant status, they will need to follow the normal application process as well as pay the regular licensing fees for a new state. Licensees then request the NCR to send their files, including all supporting documentation, to their new state. Individuals would follow the same process during subsequent career moves.

John Penn Turner, the first counselor to transfer his license through the NCR, described what the process was like for him. “I was first licensed in 1998. In 2006, I found myself in a position where my family was going to have to relocate. I had to go back eight years to recreate my education, supervision and licensure. Many of the people I needed for verification were unavailable. By signing up first with NCR, I was able to get my packet verified easily with the help of the NCR staff. Then I was able to apply for licensure in the new state. My application was accepted, and I was licensed in the new state in less than five weeks.”

“Any licensed professional,” Turner continued, “I would recommend getting your professional history registered now. Before you find yourself in a situation where you need it (immediately). They will help you keep all of your credentialing information current and forward it as needed.”

Registrants must be devoid of disciplinary action to be included in the NCR, and any client harm violations will result in removal of the registrant from the NCR. Registrants will be required to attest to a clean disciplinary record annually and will also pay a yearly maintenance fee.

Potential benefits

Benefits of the NCR for applicants include:

- The ability over the course of a career to store documents that otherwise might be unobtainable (for instance, attempting to locate supervisors or work sites after 25 years)
- No longer being required to redo the entire licensing process each time a move to another state takes place
- Potentially having work experience used as an equivalency to offset license requirement deficiencies

Benefits of the NCR for state boards include:

- Streamlining the credentialing process by accepting NCR files as primary source verification (potentially serving as a budget savings for the state board)
- Increasing the pool of competent counseling professionals, which facilitates consumer protection in the state

Portability will be enhanced as more states adopt the NCR. Professional counselors can help make total portability a reality by contacting their state boards to inquire about their interest and their schedules regarding portability efforts. Help spread the word to the professional counseling community by giving copies of this article to every licensed professional you know. If you are affiliated with a graduate training program, inform other professors as well as your students. The more awareness we raise, the better the growth will be!

Also be sure to visit www.aascb.org for applications, copies of the portability plan and contact information.

Janice F. McMillan, a licensed professional counselor and certified clinical mental health counselor, serves as chair of the National Credentials Registry for the American Association of State Counseling Boards. She can be contacted through AASCB or via e-mail at jfmcmill@aol.com.

Letters to the editor: ctt@counseling.org
Teams from University of North Texas, University of Toledo take top honors

**BY SHAWN SPURGEON AND LYNN LINDE**

One of the charges of the American Counseling Association Ethics Committee is to educate ACA members about the ACA Code of Ethics. As one way of meeting this task, the Ethics Committee recently held its Fourth Annual Student Case Study Competition. The purpose of the competition was to engage aspiring counseling professionals in the process of becoming aware of, studying and engaging in ethical reflection and decision making.

We were very pleased that 23 teams of master’s students and 10 teams of doctoral students from graduate programs across the country participated in the competition. The team members critically analyzed the hypothetical cases and developed an ethical decision-making plan to respond to the situations presented.

The Ethics Committee members found all the responses very interesting. As anticipated, different teams chose to focus on different aspects of the cases and selected a variety of ethical decision-making models to guide them in developing their responses to the case studies. The Ethics Committee members independently rated responses to the case studies. The members then conferred to review the ratings and selected the top three winning teams of master’s students and doctoral students.

**Doctoral-level winning teams**

**First place:** University of Toledo. Faculty: Nick Piazza — Team members: Tara M. Hill, Christie D. Jenkins, Amber Lange and Megan Mahon

**Second place:** Old Dominion University. Faculty: Edward Neukrug — Team members: Michael Hauser, Amanda C. Healey, Katherine Moore and Cynthia Walley

**Third place:** University of Akron. Faculty: Cynthia R. Reynolds — Team members: Kevin P. Feisthanel, Kara Kaibel and Michelle E. Toth

Each first-place team members were each awarded $75 ACA Bookstore coupons, a letter of recognition and a certificate. Members of the second-place teams received $25 ACA Bookstore coupons, a letter of recognition and a certificate. Third-place team members received a certificate and a letter of recognition. Each of the winning team’s programs also received a letter of recognition that included the names of the winning team members.

In addition, the first-place case study submissions, both at the master’s and doctoral level, were posted on the ACA website at www.counseling.org.

The ACA Ethics Committee and ACA wish to congratulate the winning teams and their respective graduate programs. The committee also wishes to commend the other participating teams from outstanding graduate programs across the nation.

**Other participating master’s teams**

- Alaska Pacific University
- California State University–Fresno
- California University of Pennsylvania
- Capella University
- Drake University
- Duquesne University
- Eastern Kentucky University
- Eastern Mennonite University
- Loyola College in Maryland
- Lynn University
- Neumann College
- North Georgia College & State University
- Northeastern State University
- Oregon State University–Cascades
- Southern Illinois University–Carbondale
- Stetson University
- University of Houston
- University of Virginia
- University of Wisconsin–Oshkosh

**Other participating doctoral teams**

- Auburn University
- Idaho State University
- Kent State University
- Texas Tech University
- University of Arkansas
- University of Central Florida
- University of South Carolina

The cases for the competition were developed in consultation with all members of the ACA Ethics Committee: Darlene Daneker, Louis Downs, Jackie Flanagan, Larry Free- man, Sharon Kurpis, Karen McCleskey, Sally Murphy, June Williams and Patrick Wilson. We applaud all of the students for the work they put into their responses.

Again, we thank everyone for their participation and commitment to raising awareness of the ethical standards that are so vital to our profession.

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Shawn Spurgeon and Lynn Linde are co-chairs of the ACA Ethics Committee.
Friday, March 28

7:30 am – 8:30 am
Program ID #121
More Than a Job! Helping Teenagers Find Success and Satisfaction in Their Future Careers
presented by Richard Lapan
Lapan will provide an easy-to-follow, step-by-step plan to help teenagers prepare for their future educational and career goals. His approach uses a series of exercises for teens and adults to do together that identify strengths and areas of concern, foster clear communication and interpersonal skills, enhance self-esteem, and increase resiliency and independence in adolescents so that they are able to work toward rewarding careers.

11:00 am – 12:00 pm
Program ID #150
Ten Top Techniques for Counseling Difficult Youth
presented by John Sommers-Flanagan and Rita Sommers-Flanagan
This workshop will highlight techniques derived from the new book Tough Kids, Cool Counseling. Techniques to be demonstrated include: acknowledging reality, food and mood, generating behavioral alternatives, the hand-pushing game, interpersonal simulations, asset flooding, what’s good about you, cognitive storytelling, jokes and riddles to gain rapport and illustrate therapeutic concepts, neo-dissociation, and suicide intervention.

2:00 pm – 3:30 pm
Program ID #227
Solution-Focused Counseling in Schools: Practical Strategies for Doing What Works
presented by John Murphy
Murphy will describe several practical strategies of solution-focused counseling from his new book including forming meaningful goals and cooperative relationships with so-called “resistant” students; developing creative interventions based on the client’s unique strengths, interests, and resources; asking change-focused questions; noticing and empowering small changes when they occur; and obtaining client feedback.

3:45 pm – 4:45 pm
Program ID #279
Critical Incidents in Clinical Supervision: A View From the School, Community, and Addictions Perspectives
presented by Lawrence Tyson and John Calibeth
In this session, the editors of Critical Incidents in Clinical Supervision will provide attendees with their view of the relevancy of this new book. They will also share their view of the process of editing a book with one central theme, and three different views of supervision.

Saturday, March 29

7:30 am – 8:30 am
Program ID #332
Assessment of Client Core Issues
presented by Richard Halstead
The model presented in this session will help uncover the origin of clients’ core concerns, provide a means to address these concerns, and challenge counselors to move beyond intervention modalities informed by the diagnostic limitations of the DSM-IV-TR in order to develop more effective counseling plans.

10:30 am – 12:00 pm
Program ID #361
Counseling International Students in the United States
presented by Hemla Singaravelu and Mark Pope
Issues that will be addressed in this session include adapting to an unfamiliar culture and educational system, family expectations, isolation and adjustment, US legal system bureaucracy, career decision and management, sexual orientation, disability, financial obligations, and returning home. The specific needs of students from eastern and southern Asia, Latin America, Africa, the Middle East, Europe, New Zealand, and the former USSR nations will also be discussed.

2:00 pm – 3:00 pm
Program ID #438
The Counselor and the Law: Top Ten Steps to Reduce the Risk of Lawsuits and Licensure Board Complaints
presented by Anne Marie “Nancy” Wheeler
Wheeler will discuss real-life scenarios that have led to lawsuits and licensure board complaints against counselors. Topics will include strategies for reducing liability, decision-making models, documentation, consultation, confidentiality, privilege and privacy, duty to warn/protect, informed consent, multiple relationships, reporting duties, school and institutional policies, and supervision.

3:15 pm – 4:45 pm
Program ID #491
Case Incidents in Counseling for International Transitions
presented by Nancy Arthur and Paul Pedersen
This session will be based around the presenters’ new book, which offers 19 international case incidents, including worker, student, immigrant and refugee, and military and peacekeeping transitions. Arthur and Pedersen will discuss how the book challenges counselors to: (1) understand transition issues from different cultural contexts, (2) test the counselor’s own culturally learned assumptions, (3) articulate the strengths and weaknesses of a counseling response to social problems on a global scale, and (4) expand counselors’ repertoire of theoretical and practical knowledge about international transitions.
 Violent acts by clients increase the importance of personal professional liability insurance protection

BY PAUL NELSON

Less than a year after the catastrophic shootings at Virginia Tech, news reports continue to come out involving clients of mental health professionals who commit brutal crimes. Millions of dollars are being earmarked by the Virginia Legislature to bolster underfunded programs. While this is welcome news for professionals working with potentially violent clients, the problems related to these clients make liability insurance companies edgy and could lead to rate increases for those who work in clinical settings.

A recent killing in Fairfax County, Va., highlights the liability concerns. A police officer was escorting an individual with mental health issues to a community clinic when it was noted that she had slash marks on her wrist. Less than an hour later, the client was released, went home and stabbed her boyfriend. When the police arrived, she was covered in blood and arrested on charges of murder. Records reflect the accused murderer had a long history of visits to the county mental health program.

Families involved in such cases often complain that the mental health professional failed to alert them that the troubled individual was being released from care. In the example just cited, the client may have simply left after refusing counseling and further care. However, in the event a professional fails to recognize the client’s potential for violence, or fails to document actions taken, the risk of a liability lawsuit is great if the client carries out an act of violence. (For steps counselors can take to reduce the risk of lawsuits and licensure board complaints, read “Proactive protection pointers” on page 1.)

The 2005 ACA Code of Ethics states that confidentiality “does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm” (Standard B.2.a., “Danger and Legal Requirements”). Consultation and referral to other professionals is an essential precautionary measure for cases in which there is evidence of suicidal ideation or intent to harm others.

The American Counseling Association has recently added two important continuing education courses that can assist counselors in dealing with difficult clients. There is often a fine line between privacy and protection of others, and these courses address that issue. The first course is “The Counselor and the Law.” By reading the book and successfully passing the test, participants qualify for a 10 percent discount on their professional liability insurance premium. The second course is “The New ACA Code of Ethics: What Practitioners, Instructors and Supervisors Need To Know.” Visit www.counseling.org/resources and click on “Professional Development” for more information.

In addition, the ACA Insurance Trust offers a free CD on risk management strategies, as well as a pamphlet that outlines HIPAA regulations and procedures. The CD and pamphlet were both updated in late 2007. Copies are available by request from the ACA Insurance Trust.

“We have enjoyed excellent cooperation with members of the Virginia Tech community as they continue to come out involving mental health professionals,” says Bernal Baca, chair of the ACA Insurance Trust. “We know that counselors who follow the ethical standards and keep up on the issues through ACA membership are better risks. It bodes well for our sponsored insurance program if the membership and insurance participation grows.”

Additional information about the ACA Insurance Trust and personal professional liability insurance is available at www.acait.com or by contacting Paul Nelson at pmelson.acait@ counseling.org. ■

Paul Nelson is the executive director of the ACA Insurance Trust.

Letters to the editor: ct@counseling.org

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by Paul Nelson

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Interviews with the authors of books for counseling professionals

**Critical Incidents in Clinical Supervision**, edited by Lawrence E. Tyson, John R. Culbreth and Judith A. Harrington

Within the clinical experience, there are always going to be critical incidents—incidents that provide supervisors and supervisees with all-too-real legal, moral, ethical or clinical dilemmas. *Critical Incidents in Clinical Supervision* is a practical text that goes to the very core of what constitutes good practice in supervision relationships.

Drawing on their own years of experience, as well as the expertise and experience of 92 contributors, editors Lawrence E. Tyson, John R. Culbreth and Judith A. Harrington have created a unique work on critical incidents—and responses for dealing with such incidents. This detailed text provides significant assistance to those seeking high-quality supervision.

Tyson, an associate professor, serves as the adviser for the school counseling concentration within the counselor education program at the University of Alabama at Birmingham and oversees the placement of UAB practicum and intern school counseling students. He has coedited both *Critical Incidents in School Counseling and Critical Incidents in Group Counseling*.

Culbreth is an associate professor in the department of counseling at the University of North Carolina at Charlotte. A researcher in the area of clinical supervision, he has worked in a variety of settings related to chemical dependency treatment and substance abuse prevention. He currently maintains a small counseling and supervision practice. He is the current chair of the CACREP Board of Directors and serves on the editorial boards of the *Journal of Addictions & Offender Counseling* and *The Clinical Supervisor*.

Harrington has worked in full-time private practice and community counseling in Birmingham, Ala., for more than two decades. She has been the clinical director of two public counseling agencies and provides clinical supervision of license-seeking counselors in her state. A past president of the Alabama Association of Counselor Education and the Alabama Mental Health Counselors Association, she was honored in 2006 as Outstanding Practitioner of the Year by the Alabama Counseling Association.

**Counseling Today**

*Who is the primary audience for this book?*

**John Culbreth:** This is a practical guide for anyone involved in the clinical supervision process, from counselor educators, clinical supervisors and clinical directors to the supervisees in these clinical settings. It can serve as a text or reference work for courses in supervision, ethical and legal issues, professional issues, practicum, internship and other counseling courses.

**CT:** How have you constructed the book to make it a practical aid in supervisory settings?

**Judith Harrington:** In each chapter, our contributors provide a background for a critical incident and a detailed incident description. Each incident is followed by two responses from experienced supervisors. That allows the reader to see two separate approaches and analyze the appropriate professional behaviors to meet the challenges presented in the described incident. We also include questions to stimulate discussion and self-reflection.

**CT:** How were critical incidents selected to be presented in the book?

**Lawrence Tyson:** We drew on our own experience and knowledge in selecting appropriate topics for the clinical supervision incidents. We wanted to present supervision incidents that might occur across a wide variety of work contexts, such as school, community agencies and addiction treatment centers. We discussed common supervisory issues as well as unique incidents in our particular area. This discussion allowed us to cross as well as pay attention to our particular settings.

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**Critical Incidents in Clinical Supervision:**

*Addictions, Community, and School Counseling*

**edited by Lawrence E. Tyson, John R. Culbreth, and Judith A. Harrington**

“Stop the presses! Critical Incidents in Clinical Supervision makes a major contribution to the literature by dealing with difficult, but central, real world supervision issues. This book is a must read for all supervisors and will become a mainstay of training.”

—David J. Powell, PhD, President International Center for Health Concerns, Inc.

**Clinical Supervision Institute**

Sharpen your skills with this book that goes to the heart of what constitutes good practice. Experts in the field provide guidance on critical aspects of supervision through case incidents in which a supervisor or supervisee is facing an ethical, moral, legal, or clinical dilemma. **Topics covered include:** substance abuse recovery, countertransference, parallel process, relapse, power differentials, managing conflict, sexuality issues, dual relationships, confidentiality, duty to warn, supervisee evaluation, technology use, cultural competence, supervision contracts, and counselor training. Helpful across all levels of experience—this is a perfect handbook for clinical supervisors, clinical directors, and supervisees, as well as an outstanding teaching tool for master’s or doctoral level courses in supervision.

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**Critical Incidents in Clinical Supervision can be ordered directly from the American Counseling Association** (Order #78071; cost is $29.95 for ACA members and $45.95 for nonmembers). Order through the ACA online bookstore (www.counseling.org) or by calling the ACA order line at 800.422.2648 ext. 222.

**Letters to the editor:** ct@counseling.org

John Lough is a communications consultant for ACA. Contact him at behindthebook@counseling.org.
Reader Viewpoint – BY TODD MONGER

Can college counselors use duct tape?

Growing up, one of my favorite TV shows was MacGyver. The title character’s uncanny ability to take everyday objects and devise a makeshift solution to an often life-threatening situation always intrigued me. Maybe that’s why I also remember so clearly sitting on a state highway in our broken down car and waiting for a man from AAA to arrive, only to watch him pull out a roll of duct tape, fasten it around our radiator hose and tell us, “This will hold you until you get to the nearest mechanic.”

Many colleges and universities have well-established therapy clinics with plentiful staff and resources, and perhaps they will disagree with some of my thoughts. But there are also many college counselors who do not feel that they can find their footing in this therapeutic endeavor, and they are not sure why. I have learned I am not alone in my continuous struggle to keep my head above water, seeking to provide mental health services in an environment with high demand and few service delivery personnel.

I’m writing this article for those who attempt to meet the needs of the student population as a sole provider or whose counseling staff is composed mainly of practicum students and interns — the small college counseling centers that often operate on shoestring budgets and with limited resources, yet are still expected to provide counseling services to 10 percent or more of the school population. I’m also writing to counselors in private practice, to let you know that college counselors often are an untapped resource for referrals and to make you aware that they are in need of your partnership.

Four years ago, I became the first counselor at a private university. My background included work in a psychiatric hospital emergency room, dual diagnosis treatment centers and some private practice. I quickly came to understand that college counseling is indeed an exciting and challenging field. I also learned that college counseling is the merging of two opposing viewpoints: the idea that higher education is a place for those who are mentally healthy and emotionally stable, and the idea that higher education is a place for all young people, no matter their mental health.

Frustrations

A few years ago, I met with a fellow college counseling center director who had just completed his first year in that role. The university for which he worked was similar in size to mine (less than 2,500 students) and adhered to the same basic philosophy of higher education. He was struggling with the same concerns over limited resources and a limited network of referrals off campus. He further explained that he had become a college counselor after 18 years of private practice in part out of a desire for a break and a more manageable workload. Yet, at the end of his first nine months, he found himself in the exact opposite situation. He even joked about returning to private practice.

My friend discovered that the popular perception of college counseling — ideal, high-functioning clients, low levels of pathology, an easy weekday shift and clients who leave campus for the summer — is often far different than the reality. In actuality, college counseling often comprises limited resources, limited staff, clients with high levels of pathologies, at-risk students engaging in at-risk behaviors, late-night calls from student development staff and waiting lists with minimal ability to triage effectively.

As the director not only of campus counseling services but also disability, career development and academic support services, I have spent a good deal of time...
Developing a ‘game’ plan

Sometimes blamed for everything from increasing violence to declining social skills, video games are garnering more attention from counselors

BY CHRIS MORKIDES

Columbine happens, the perpetrators turn out to be fans of violent video games, and theories abound that the massacre is attributable to a desensitization to violence, largely caused by repeated exposure to violent video games.

A 14-year-old Kentucky high school freshman opens fire on his prayer group, killing three and injuring five. Law enforcement officials wonder at the shooting acumen of a boy who reportedly had never fired a real handgun but had fired thousands of bullets in a video game murder simulator.

Do violent video games lead to aggression and violent behavior? Do video games of any sort lead to antisocial behavior, with game players choosing virtual friends and virtual worlds over real friends and real lives? Or is the outcry over video games — violent video games, in particular — a media overreaction to isolated incidents?

Numerous studies, debates and lawsuits, and much hand-wringing, have followed Columbine and other similar incidents arguably tied to video games. And those concerns aren’t limited to the United States. South Korea, in response to what it considers a wave of video game addiction, has started a video game boot camp to wean players off their gaming habit.

What hasn’t followed, despite this uproar, is agreement on the effect of violent video games on aggression or nonviolent video games on social skills. Everyone agrees on one point, however, and it is a point health service professionals should heed. “The bottom line is that video games are here to stay,” says Bret Hendrick, president of the International Association of Marriage and Family Counselors, a division of the American Counseling Association. “And we, as counselors, have to be aware of it and how it affects kids.”

Studies focusing on the effect of video games on children and adults do not offer much help to clinicians seeking definitive answers. A number of studies have shown short-term increases in aggression after playing violent video games; other research has shown no effects.

What the studies have not shown is causation: that violent video games actually lead to aggression and violent behavior. Instead, the studies — many of which have been criticized for their methodology — have been correlational in nature, leaving many questions yet unanswered. Does an aggressive person gravitate toward violent video games? Do violent video games make a person aggressive? Is it a little bit of both?

The National Institute on Media and the Family has seen enough evidence related to the use of video games, violent and nonviolent, to list a number of symptoms for what it calls “video game addiction.”

For children, these symptoms include:

- Spending most nonschool hours on the computer or playing video games
- Falling asleep in school
- Failing to keep up with assignments
- Worsening grades
- Lying about computer or video game use
- Choosing to use the computer or play video games rather than see friends
- Dropping out of other social groups (clubs or sports)
- Exhibiting irritability when not on the computer or playing a video game

For adults, the institute lists the following symptoms:

- Having intense feelings of pleasure and guilt over computer or video game use
- Obsessing and exhibiting a preoccupation about being on the computer, even when not connected
- Increasing the number of hours spent playing video games or on the computer, seriously disrupting family, social or even work life
- Lying about computer or video game use
- Experiencing feelings of withdrawal, anger or depression when not on the computer or involved with a video game
- Incurring large phone or credit card bills for online services
- Displaying an inability to control computer or video game use
- Allowing a fantasy life online to replace emotional life with a partner

Taking the good with the bad

Mary Ballard, for one, is concerned. While the president-elect of IAMFC and head of Southeastern Louisiana University’s school counseling internship program concedes that much good can come out of video games, she thinks much harm can be done, too, particularly if an individual spends too much time playing video games.

“Video games change participants’ moods, and not in a good way,” she says. “It makes them irritable. It makes them more aggressive. They seem to have an attitude of not wanting to interact in the real world, of not wanting to engage with their peers and their teachers. What they want is the rapid-fire intensity of on-screen video play.”

Typically, life does not mimic that rapid-fire intensity, which makes it difficult to usher a video-gamer back into the real world. “I literally have to pry my 7-year-old son’s fingers off the games,” Ballard says. “And that’s bad.”

Ballard advises school counselors to talk to students and their parents. She also advises counselors in private practice to employ a holistic, educational approach. “Children need structure,” she says. “They need guidelines. Frankly, a lot of kids don’t have that at home. I don’t want to make it sound like it’s an issue with the children. It’s a parenting issue. Parents need to be more aware of how these games impact their child’s personality. They can observe it in the child’s behavior, in their attitude, and they can make the proper adjustment.”

Russell Sabella, a professor of counseling in the College of Education at Florida Gulf Coast University, says parents have to be careful not to automatically make video games the scapegoat for every problem, however. “Keep a broader perspective,” he cautions. “Don’t rule out other possibilities for a child’s aggression. Video games might just be illuminating aggressive behavior that is already there. There are a lot of kids who play violent video games who don’t get aggressive.”

Sabella is writing a book aimed at guiding children against the problems they may encounter in a high-tech world. One chapter is devoted to video games. He takes a balanced view, listing several potential benefits of video game play:

- Video game-playing introduces children to computer technology.
Games can give practice in following directions.

Games can provide practice in problem solving and logic.

Games can provide occasions for adults and children to play together.

Players are introduced to information technology.

Some games provide practice in the use of fine motor and spatial skills.

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Medicare Coverage of Licensed Professional Counselors

Legislation is pending in both the Senate and the House of Representatives that would improve Medicare’s mental health benefit by establishing coverage of mental health services provided by counselors. Because the House approved legislative language establishing counselor coverage last August, we’re focusing our attention on the Senate.

Sen. Blanche Lincoln (D-Ark.) and the late Sen. Craig Thomas (R-Wyo.) previously introduced S. 921, the Seniors Mental Health Access Improvement Act, which would cover both licensed professional counselors’ and marriage and family therapists’ services under Medicare. Enactment of this legislation would significantly increase access to mental health care for seniors and individuals with disabilities. The more cosponsors we can gain on S. 921, the better our chances of having its provisions included in broader Medicare legislation taken up by the Senate.

Who to Contact
Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Suggested Message
“I am calling to ask that the senator sign on as a cosponsor of S. 921, an important bill to improve Medicare coverage of mental health services. S. 921 would increase beneficiary access to mental health specialists by establishing coverage of licensed professional mental health counselors. The Senate has approved similar language twice already, in both 2003 and 2005. I’d like the senator to cosponsor S. 921 to help ensure that counselor coverage is included in whatever Medicare legislation is passed by this Congress. Thank you for your consideration.”

ACA Resource
Peter Atlee
800.347.6647 ext. 242
patlee@counseling.org

Internet briefing paper:
www.counseling.org/publicpolicy

Capwiz “Contact Congress!” site:
http://capwiz.com/counseling

Appropriations for the Elementary and Secondary School Counseling Program

President George W. Bush’s proposed education budget would eliminate all funding for the Elementary and Secondary School Counseling Program next year. Although the president requested ESSCP be eliminated this year, Congress rejected his proposal, instead allocating a record $48.6 million for the program for the 2008-09 school year. This is a $14 million increase over the previous year and the highest funding level yet for the program! For the first time, middle and high schools will be able to apply for ESSCP grants for 2008-09.

ESSCP is the only federal program expressly devoted to supporting counseling programs in our nation’s schools. The impact of the president’s proposed budget would be devastating for school communities supported by this vital program. The elimination of ESSCP would end services to students in 22 states. This means that 97 school districts would not have the funds to support counseling professionals who are currently serving thousands of students in hundreds of schools nationwide. During these economically challenging times, school counseling programs need all the support they can get, as the average student-to-counselor ratio in the United States is still nearly double the recommended 250:1 level. School counseling programs have been shown to increase students’ sense of well-being, reduce disciplinary problems and increase student achievement. Take action now. Call or write your members of Congress to express your concern about President Bush’s proposal to eliminate funding for ESSCP in his Fiscal Year 2009 budget.

Who to Contact
Your Senators and Representative
Capitol Switchboard
202.224.3121
www.house.gov
www.senate.gov

Suggested Message
“I am deeply concerned about President Bush’s proposal to eliminate funding for the Elementary and Secondary School Counseling Program in his Fiscal Year 2009 education budget. ESSCP is the only federal program devoted expressly to supporting counseling programs in our nation’s schools. The school counseling program is important to me and to hundreds of thousands of students across the country. I’d like the (senator/representative) to reject the president’s proposal to eliminate funding in FY 2009 for ESSCP. In addition, I urge the (senator/representative) to support an appropriation of at least $48.6 for ESSCP in the FY 2009 budget. This is the same amount Congress appropriated for the program in FY 2008 and would allow middle and high schools to apply for ESSCP grants.

ESSCP enjoyed bipartisan support during consideration of the No Child Left Behind Act, but must be funded in order to be effective. I hope you’ll support school counseling!”

ACA Resource
Chris Campbell
800.347.6647 ext. 241
ccampbell@counseling.org

Internet briefing paper:
www.counseling.org/publicpolicy

Capwiz “Contact Congress!” site:
http://capwiz.com/counseling

Parity of Insurance Coverage for Mental Health and Substance Abuse Treatment

Legislation is expected to be voted on soon within the House of Representatives to require health plans to cover mental health and substance abuse treatments on the same terms and conditions as other types of care. H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, would prohibit health plans from using discriminatory copayment requirements and arbitrary limits on inpatient and outpatient coverage to restrict access to mental health care. Although most states have enacted mental health parity laws, these laws vary from state to state and don’t apply to self-insured health plans.

ACA is joining a wide array of other mental health advocacy organizations in pushing for swift House approval of the parity legislation, without the adoption of weakening amendments. Opponents of mental health parity are likely to offer amendments to water down H.R. 1424’s protections, or to adopt as a substitute a weaker version of parity legislation passed by the Senate last year.

Please call or write your representative to ask him or her to vote for H.R. 1424 when it comes to the House floor and to vote against amendments to weaken the bill.

Who to Contact
Your Representative
Capitol Switchboard
202.224.3121
www.house.gov

Suggested Message
“I am calling to ask the representative to vote for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act. For far too long, mental health and substance abuse insurance coverage has been limited through the use of arbitrary and discriminatory copayment requirements and coverage limits. I’d like the representative to vote for H.R. 1424 and to vote against any amendments to water down the bill’s requirements or adoption of a weaker Senate version of the legislation.”

ACA Resource
Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org

Internet briefing paper:
www.counseling.org/publicpolicy

Capwiz “Contact Congress!” site:
http://capwiz.com/counseling
President releases final federal budget proposal

On Feb. 4, President George W. Bush released his final budget proposal — a record $3.1 trillion spending plan — for Fiscal Year 2009, spelling out his fiscal priorities and recommendations for Congress to consider in developing its own budget this year. Bush’s proposal would provide the biggest increase in military spending since World War II to fight the wars in Iraq and Afghanistan, while squeezing billions of dollars out of federal health care programs and freezing or cutting most domestic agencies to below FY 2008 levels. As part of the proposal, the Bush budget calls for making permanent tax cuts weighted toward the most well-off Americans.

The budget proposal would freeze Department of Education (ED) spending at $59.2 billion in FY 2009. While some programs within ED’s budget would receive increases — notably, Title I, Reading First, a new voucher program called Pell Grants for Kids, IDEA and Pell Grants — these would be paid for with $3.3 billion in cuts to other programs. Some of the spending cuts include a substantial decrease for Career and Technical Education ($1.3 billion), a large reduction to Safe and Drug-Free Schools ($150.5 million) and the elimination of the Elementary and Secondary School Counseling Program ($48.6 million), Mental Health Integration Grants in Schools ($4.9 million) and Federal Supplemental Educational Grants ($757.5 million). In total, 47 ED programs would be eliminated outright. Education officials stated the cuts and eliminations were in programs deemed “ineffective” or that had “accomplished the goals they were created for.”

The president’s budget also calls for deep funding cuts for many health care programs. Discretionary spending for the Department of Health and Human Services would be cut by nearly $2 billion, which will affect behavioral health programs. Funding for the Substance Abuse and Mental Health Services Administration would be set at slightly more than $3 billion for FY 2009, a 14 percent cut from last year’s funding levels.

The major entitlement programs, Medicare and Medicaid, would be cut by $178.2 billion over five years. While most of this $178.2 billion would be used to pay for increased defense spending and tax cuts, part would be used to increase funding for the State Children’s Health Insurance Program (SCHIP) by $19 billion during the next five years. The SCHIP increase is a step in the right direction, but members of Congress want to increase SCHIP spending by $35 billion over the same time period and have reacted negatively to the proposal to cut one part of the social safety net to patch up another.

On Medicare, the president’s proposal consists almost entirely of cuts, except for subsidies for managed care companies; the proposed budget would keep in place the billions of dollars of government overpayments to private sector Medicare Advantage plans.

Congressional Democrats quickly attacked the president’s budget, and the proposal also elicited concerns among some Republicans. Congress will now begin putting together the budget that it will use in configuring government spending for the next fiscal year. The outcome of deliberations concerning congressional budget targets and the budgetary rules Congress chooses to live by will predetermine the fate of this summer’s appropriations battles. The American Counseling Association is working within several coalitions to push Congress to adopt a more responsible budget framework.

Regulatory issues add to Medicaid/SCHIP fight

In December 2007, Congress passed legislation to provide enough funding to maintain current enrollment in the SCHIP program through March 2009. The bill also placed a six-month moratorium on Medicaid regulations issued by the Bush administration this past year, halting implementation of regulations that would have significantly restricted school-based services, rehabilitation coverage and targeted case management service options under Medicaid, among others. As one example, the administration wants to prohibit states from covering individuals over 250 percent of the federal poverty level (FPL) unless they have first covered 95 percent of those below 200 percent of FPL — a goal most experts have deemed impossible to attain.

The regulatory issues add fuel to already heated disagreements over Medicaid and SCHIP policy, but some analysts are hopeful that with states looking down the barrel of onerous restrictions, increased pressure on members of Congress may help break the logjam. The Medicaid/SCHIP regulatory issues will make this spring an even busier season for health care policymakers.
Counseling Today Quiz – March 2008

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

**“Untapped Potential”**
1. According to Douthit, counseling can be especially helpful in preventing early onset Alzheimer’s.
   - a. True
   - b. False
2. Douthit asserts that ____ is at the heart of who we are as a profession.
   - a. wellness
   - b. holism
   - c. advocacy
   - d. social integration

**“Proactive Protection Pointers”**
3. In working within the legal system and maintaining the integrity of the counselor/client relationship, Bertram notes that ____ is one of the most important yet easiest strategies there are.
   - a. the ethical decision making model
   - b. peer consultation
   - c. an appropriate informed consent document
   - d. getting good professional liability insurance
4. Bertram notes that since the Virginia Tech tragedy, there has been a greater ____ keeping a client’s confidentiality and knowing when to take appropriate action to safeguard the public.
   - a. tension between
   - b. emphasis on
   - c. level of clarity about
   - d. community debate regarding

**“NCR Aims to Make Transfer of Professional License Easier”**
5. At what time may state boards consider using the applicant’s work experience as an equivalency so that the applicant does not have to pursue additional education and supervision?
   - a. After meeting a five-year work experience requirement.
   - b. After applicants achieve “registrant status.”
   - c. After all supporting documents are verified by the NCR.
   - d. All of the above

6. To be included in the NCR, registrants must attest to a clean disciplinary record annually.
   - a. True
   - b. False

**“Developing a ‘Game’ Plan”**
7. Both Ballard and Sabella say that video games can be beneficial.
   - a. True
   - b. False
8. According to Crews, treating children who are “hooked” on video games is all about:
   - a. engaging their imagination.
   - b. cultivating relationships.
   - c. goal setting.
   - d. All of the above

**“Private Practice in Counseling”**
9. The authors advise the Michigan counselor to do all of the following EXCEPT:
   - a. Persistence is key.
   - b. To use a physician or psychologist to get on panels.
   - c. To form a group practice.
   - d. To use the state organization.
10. The authors did not find the term “therapist of record” in the legal literature for counselors.
    - a. True
    - b. False

**Program learning objective is to increase awareness of current issues and trends in counseling.**

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- Did you read more of CounselingToday because you could get CE Credits?
  - Yes □ No □

- The information was well presented ________

- I would recommend this home study program to others ________

- I certify that I have completed this test without receiving any help choosing the answers.
  - Signed: Date:

- Program learning objective is to increase awareness of current issues and trends in counseling.
  - Signed: Date:

- Please rate the following on a scale of 1 to 5 (1 is poor, 5 is excellent):
  - The information was well presented ________

**Complete the quiz. Then send it to us with $18 — and you’re done!**

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Counseling Today "March 2008"
Keeping my dreams alive

Two years ago, my university awarded me tenure. This academic high-water mark provided job security and what’s known in academia as a “sabbatical opportunity.” I considered various options for my sabbatical, including studying for another graduate degree or returning to the family home in rural Arkansas. But travel has been one of my lifelong passions, so I elected to stretch my academic and geographic boundaries and teach overseas.

Ironically, the genesis of my vagabond nature was an impoverished childhood in the hardscrabble Ozarks. I was a teenager before my family owned a motor vehicle, and we could ill afford bus fares, let alone air travel. Thus global travel was confined within my imagination.

But as an impressionable youth, I was tempted by the shiny fruit of exotica captured in the glossy four-color pages of National Geographic. With unbridled optimism, I compiled a list of future travel destinations that included Ireland, Australia, New Zealand, China and Egypt, to name a few.

Childhood dreams, however, can be far-fetched and far removed from adult realities. When grown-ups from the community invariably would ask, “What do you want to be when you grow up?” I would answer, “A traveler.”

“Oh, you can’t do that, young fella. You need a job,” they would say, smiling and shaking their heads in tolerant bemusement at the naiveté of youth. Their skepticism was well founded: In the sparsely populated Ozark foothills of the late 1960s and early 1970s, few county residents ventured beyond the region.

Undaunted, I was determined to mark off each destination on my itinerary. Making lists of goals is one thing; bringing them to fruition is, of course, quite another. Dreams of youth are frequently sacrificed upon the altar of practical adult realities: career concerns, bills to pay, kids to raise and so on. As children, it’s common to think in childish ways. Then we reach the age of accountability, when cherished dreams are consigned to some dark attic in the mind, sometimes never again to see the light of consciousness. Society is chock-full of unrealized ambitions, and nowhere is this truer than among the lower socioeconomic classes, as maturation reveals harsh truths not confronted in childhood.

As a young adult, my journey was thwarted by the familiar cul-de-sac of reality, taxed by 30- to 50-hour workweeks while I attended college and graduate school. Overwhelmed by hefty academic, vocational and personal responsibilities, my previously clear goals were obscured. Soon I saw myself reflected in the defeated faces of friends and acquaintances whose dreams had long ago capitulated to practicalities. After all, it’s difficult to imagine traveling the South Pacific when up to the elbows in gray dishwater on the graveyard shift at an all-night pizza delivery.

As a child growing up during the civil rights era, I felt uplifted by the transforming hymn “Keep Your Eyes on the Prize.” Though my aims were far less noble than a people’s struggle for equality, in my mind, I was fighting to emancipate myself from cultural and socioeconomic limitations. Travel represented not mere recreation, but rather a personal connection with cultures and geographic regions I could only read about or see on television. I longed for the same opportunity of exploration that the privileged so casually enjoyed. In my case, patience was a requirement rather than a virtue, as I possessed neither money nor time for travel. I chafed against such restraints, frequently alternating between resentment over the meager circumstances of my birth and profound depression when entertaining the possibility of being stuck in a lifestyle I could not rise above.

But to borrow a cliché, time changes everything, sometimes for the better. Higher education has served as my vehicle for social mobility. After toiling in
safer, Wheeler says mental health professionals should seek services from local counsel for specific legal issues as they arise.

1. Adapt the decision-making model

The 2005 revision of the ACA Code of Ethics says, “When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process.” In addition to this planned course of action to manage ethical issues, Wheeler and Bertram suggest counselors prepare a risk management tool kit, which should include:

- Federal and state statutes, regulations and relevant case laws
- Publications, articles and case studies on ethical issues
- Employer-specific checklists and policies
- Contact information for a local attorney and fellow mental health colleagues (for consultation purposes)

“Having an ethical decision-making model established allows a counselor to make a thoughtful and deliberate decision as opposed to a spontaneous or compulsive decision. In 99 percent of the cases, we want a thoughtful and deliberate decision. There’s time for it, and we owe our clients that,” says Bertram, who adds that the first step of the model should be to clearly define the problem. “That’s important so you know what ethical or legal issues, principles or points are at risk so you may develop appropriate solutions.”

To obtain an example of an ethical decision-making model, e-mail ACA Director of Ethics and Professional Standards Larry Freeman at lfreeman@counseling.org.

2. Two heads are better than one: Consult with colleagues

“This is one of the most important yet easiest strategies there is,” Bertram says. “Recognize that you aren’t in this alone. Peer consultation doesn’t have to be just for ethical dilemmas. It can be beneficial as we move along in our cases. Even if you are licensed, if you are a veteran professional, it doesn’t mean that another’s perspective isn’t helpful or valuable. But certainly, when there is an ethical situation, you will want to consult with at least one if not several other colleagues.”

Wheeler concurs, saying that when counselors encounter a sticky ethical issue, it is beneficial not only to seek peer consultation, but also to document that this action was taken. That way, if a lawsuit is filed, counselors have some proof that they sought advice and took reasonable action. “It shows that you took the time to help the client,” she says.

Wheeler adds there is occasionally confusion in the counseling profession concerning the difference between supervision and consultation. “If a counselor consults with a colleague, they are free to accept or reject what the consultant has to say,” she explains. “But if it’s supervision, there is a level of responsibility, and the counselor must follow what the supervisor advises.”

3. Develop appropriate informed consent

Both Wheeler and Bertram say it’s important for counselors to develop appropriate informed consent. This written document should be verbally reviewed by the client and the counselor before the client signs and treatment begins.

“I informed consent defines the parameters of practice,” Wheeler says. “It’s not just a piece of paper that you shove in front of the client and say ‘sign this.’ It’s an ongoing process rather than a one-time thing. It’s important for clients to know the limits of confidentiality.” State licensure regulations may specify the contents of an informed consent document, Wheeler says, but basic informed consent documents should include the following:

- Confidentiality, privilege and privacy limitations or exceptions
- Emergency procedures
- Fees (if applicable)
- Credentials, affiliation, supervision, consultation and so on

3.5 Responding to subpoenas

“The topic of subpoenas is an offshoot of confidentiality and privilege, and it’s the most frequently asked question posed through the ACA Insurance Trust Help Line,” Wheeler says. “Counselors get served with subpoenas a lot, and it causes a lot of anxiety.” Just because a counselor receives a subpoena doesn’t necessarily mean he or she will have to testify, she adds. According to Wheeler, counselors are most commonly served with subpoenas related to divorce or parental rights cases.

“There are steps that counselors need to know about if their client is involved in any type of legal proceeding,” she says. “The first step is to talk to your attorney or a risk management attorney through your professional liability insurance program (to find out if the subpoena has merit). … The bottom line is that with subpoenas, you want to get written consent from the client (authorizing the release of information) or a court order from a judge. There are state variations on that, but we don’t want counselors to automatically think that just because they get a subpoena, they have to send in the (client’s) records, because they could be violating their client’s confidentiality and then be at risk for a malpractice suit.”

4. Know ‘duty to warn and protect’

“This is a big issue that first got a lot of attention back in the 1970s with the Tarasoff decision in California, a case that said mental health professionals had the duty to warn or protect the victim when a client poses a serious risk of violence against another person,” Wheeler says.

According to Bertram and Wheeler, Tatiana Tarasoff was attending the University of California-Berkeley in the late 1960s when a fellow student, Prosenjit Poddar, murdered her. Poddar was upset by his unre- quited affection for Tarasoff and sought help for depression at the campus hospital. While in session, he told the psychologist that he wanted to kill Tarasoff. Acting in good faith, the mental health professional contacted the authorities. Poddar was detained briefly but then released. A few months later, Poddar killed Tarasoff by stabbing her. He then called the police. He was charged and found guilty, but Tarasoff’s parents filed a wrongful death suit against the university and the psychologist. The case went to the state Supreme Court and eventually defined mental health professionals’ responsibility to warn and protect clients’ potential victims. Although the case was heard in California, it paved the way for similar laws nationwide.

Wheeler says it’s imperative for counselors to familiarize themselves with their state’s laws pertaining to a counselor’s duty to warn and protect, and then to take appropriate action if a client makes a threat. Furthermore, counselors who work in school or university settings should be cognizant of recent changes in policy regarding students threatening violence on campus. Wheeler notes that 50 school shootings have taken place worldwide since 1996, and many universities have reexamined their emergency procedures and policies since the massacre last spring at Virginia Tech.

Since the Virginia Tech tragedy, Bertram says, counselors and other mental health professionals have felt greater tension as they try to walk the sometimes fine line between protecting a client’s confidentiality and taking appropriate action to safeguard the public.

He has noticed a pendulum swing, with counselors taking action sooner and being more proactive in preventing harmful acts. “We are nowhere near figuring this all out. There will be court cases, and it will trickle down into statutes and ethics codes,” says Bertram, who
believes the process will slowly unfold over the next decade. Adds Wheeler, “A lot of times the Family Educational Rights and Privacy Act (a federal law that protects the privacy of student records) has been seen as a roadblock against counselors speaking to school administration or parents, but FERPA has exceptions that will allow counselors to release information. That’s one thing counselors really need to know is that FERPA is not this absolute roadblock.”

According to the National Association of College and University Attorneys, FERPA allows information from student education records to be shared with appropriate parties if knowledge of the information is necessary to protect the health or safety of students or other individuals. The situation must be considered an emergency; however; information should not be disseminated based on a “knee-jerk” reaction, according to FERPA.

5. Documentation

“Documentation allows for a thoughtful view of the case every time you finish a session. Clinically, that’s a huge reason to do so,” Bertram says. “From a liability point of view, it provides evidence of careful clinical decision making. In the event that something does go wrong or your judgment is questioned, you have proof in your case notes that you weren’t just checking boxes; you were actually thinking about that client and responding to what you saw.”

State requirements might determine what must be documented in a client’s records, but at a minimum, Wheeler says counselors should document the presenting problem, diagnosis, treatment plan, progress of treatment, end result and follow-up plan. Furthermore, both experts agree that when working with a potentially dangerous client or difficult situation, it’s in a counselor’s best interest to document all details related to abuse and threats to self or others. This should include not only notes about the course of treatment but also the actions (reporting to authorities, consultations and so on) taken by the counselor.

Guidelines for documentation can be skewed for school counselors, Wheeler says, because school districts vary on whether counselors should keep detailed records.

6. Managing boundary issues and “co-occurring” relationships

The ACA Code of Ethics states that “co-occurring” or nonprofessional relationships with clients, former clients, their romantic partners or their family members should be avoided, except when the interaction is potentially beneficial to the client (see Standard A.S.C., “Nonprofessional Interactions or Relationships” and Standard A.S.D., “Potentially Beneficial Interactions”). Potentially beneficial interactions may include:

- Attending a formal ceremony (for example, a wedding/commitment ceremony or graduation)
- Purchasing a service or product provided by a client or former client (excluding unrestricted bartering)
- Hospital visits to an ill family member
- Mutual membership in a professional association, organization or community

However, counselors must handle nonprofessional relationships with care and within clearly defined boundaries, Wheeler says. Among the possible issues that can arise with co-occurring relationships:

- Loss of objectivity
- The potential for misunderstanding
- Conflict of interest
- Increased risk for breach of confidentiality
- Client exploitation
- Lawsuits and licensure board complaints

“Even though the most recent ACA Code of Ethics opens up the door to the idea that not all nonprofessional relationships are bad, according to the regulations of some states, they are still prohibited,” Wheeler points out. “So counselors need to not only look at the ACA ethics but also see what their state licensure laws and regulations tell them.” Additionally, she says, when presented with the issue of a co-occurring relationship, it’s smart for counselors to document the details of the relationship and to speak to the client about boundaries and the appropriate course of action for the situation.

7. Know reporting duties

Counselors are aware that they need to report child abuse, but a case can become problematic when counselors must determine exactly what qualifies as abuse. When in doubt, Wheeler and Bertram recommend that counselors call their area child protective agency and ask, hypothetically (without providing names), whether the action in question is a form of abuse and should be reported. Other reportable issues include elder/venerable abuse, unprofessional conduct of a peer and malicious actions risking the infection of disease (such as HIV/AIDS). However, many reporting decisions depend on the unique circumstances of the case and state health laws.

“In some states, the duty of confidentiality trumps the reporting duty, and in other states, the reporting duty trumps confidentiality,” Wheeler says, “so this can be a tricky issue. Counselors call their supervisors to do what’s in the best interest of the client.”

Bertram says he reminds counselors that they only need a suspicion of abuse to report it; it’s not their responsibility to investigate or substantiate the suspicion.

8. Learn and follow school/institutional policies

Eisel v. Board of Education of Montgomery County (Md.) was the first suicide case brought against school counselors. A state court found that school counselors were partially responsible for the student’s suicide because they neglected to take further measures to prevent it, according to Wheeler. In 1991, the court ruled that school counselors had a duty to notify the parents of a 13-year-old student about the suicidal statements he had made to peers. Nicole Eisel mentioned to a classmate that she wanted to kill herself. The student notified the counselor, and Eisel was called in and questioned. After Eisel adamantly denied having suicidal thoughts to two counselors, they determined she was safe and that her statements were a nonissue. The counselors didn’t notify either school officials or Eisel’s parents. Days later, Eisel and another student committed suicide.

After that case, Wheeler says, many school districts put policies in place allowing school officials and parents to be notified when a student expresses suicidal ideation. “The point that we are trying to make here is that counselors must know what their school or institution’s policy is and follow it,” Wheeler says. “Policy not followed is worse than no policy at all.” Furthermore, she says, if counselors are in the position to...
make or revise policy, it’s important to make the policy workable, within state laws and in accordance with their licensing board regulations. “If you develop policy that people can’t implement in real life, then that’s worse than having no policy at all,” she says.

9. Follow rules of supervision

“Hardly any guidelines existed for supervision 10 to 20 years ago,” Wheeler says, “but a lot of the state counseling boards are now really defining what supervision is and what it entails, and they are specific on what has to be done when supervising. We strongly suggest a written contract between the supervisor and supervisee so that the agreement is clear.”

Among the elements Wheeler and Bertram suggest the contract include:

- Meeting times and frequency
- Expectations of both supervisor and supervisee
- Fees (if applicable)
- Specifics of how the supervision will occur (reviewing notes, watching sessions through a two-way mirror, tape recordings, etc.)
- Specific circumstances to immediately notify the supervisor (a client reporting abuse, suicidal thoughts and so forth)
- How to contact the supervisor in case of emergency

Considering that the supervisor is responsible for the actions of supervisees, Bertram says it’s good practice to keep notes on the supervising sessions, especially if ethical or legal issues are presented. “One of the most important jobs of the supervisor is to help the supervisee learn the red flags — when things are going poorly with a case and you need to take action,” he says. “(Supervisors) are there to help develop the supervisee into an independently practicing professional, so legal, ethical and clinical considerations, as well as professional behavior, should always be topics of discussion. You are there to help them become a true professional counselor rather than just someone who does counseling.”

10. Obtain appropriate professional liability insurance

Both experts strongly encourage counselors — whether in private practice or institution-based — to maintain some kind of professional liability insurance. “Make sure you get a policy that covers some amount of attorney fees and license board matters,” Wheeler advises. “Those are more frequent than civil suits against counselors. Counselors need to ask about the financial status of the underwriter and if the provider offers some kind of risk management help.”

Wheeler and Bertram will present three Education Sessions at the ACA Conference & Exposition in Honolulu: “Top 10 Steps to Reduce Risk of Lawsuits and Counselor Licensure Board Complaints” on Friday, March 28, at 11 a.m. and again on Saturday, March 29, at 2 p.m., as well as “Lessons Learned by Virginia Tech: How to Prevent Harm and Safeguard Privacy and Freedom” on Friday, March 28, at 7:30 a.m.

In addition, ACA recently released a revised and expanded edition of their book The Counselor and the Law: A Guide to Legal and Ethical Practice. The new edition is in accordance with the 2005 ACA Code of Ethics and contains information on current federal and state laws to guide counselors in making crucial legal and ethical decisions.

The book is available to ACA members for $33.95 and to nonmembers for $44.95. Orders (Order #72857) may be placed through the ACA online bookstore at www.counseling.org or by calling the ACA order line at 800.422.2648 ext. 222.

For additional information or questions regarding risk management, ACA members can contact Wheeler through the ACA Insurance Trust Help Line at 800.347.6647 ext. 284. To learn more about the ACA Insurance Trust, visit www.ACAIT.com.

Letters

Letters continued from page 4

of target clientele is unnecessary and begs questions that were well answered long ago.

We’ve all heard the following client generalities: I didn’t do anything. It’s not my fault. Don’t blame me. I didn’t mean any harm. I had no other choice. He (or she) made me do it. And so on.

In some cases, we encounter an overdeveloped sense of innocence in our clients, which is an explanation that contradicts both emotional health and social responsibility. Great care must be taken not to damage fragile self-respect by encouraging or even providing a rationale that cultivates innocence as a style. Our effectiveness in helping others lies in our ability to encourage clients to overcome natural imperfections because, as much as we’d like to alter the world, the painful truth is that we all face unfairness.

Our growth, as well as the growth of our clients, depends on the ability to take action and responsibility for what we do and don’t do. Knowledge of multiculturalism is a tool — an awareness, if you will — quite akin to common sense. In counseling, it is not more valuable than accumulation, depending on the appropriate-ness and goals of therapy. Diversity and multiculturalism help us realize that we do have an impact on other people; they also reveal that our true strength lies in unity rather than separation. In counseling, we have to be aware of differences and respect the “other path,” but our real job is to bring people together.

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Letters Policy

Counseling Today welcomes letters to the editor. Only letters from individuals will be published. Individuals may write as often as they like, but Counseling Today will print only one letter per person per topic in each 365-day period.

Counseling Today will publish letters anticipated to be of interest to readers. Because of time and space limitations, letters cannot be acknowledged or returned, and Counseling Today reserves the right to shorten and edit letters.

Include your home and e-mail addresses for contact purposes. If you wish to have your e-mail address listed with your published letter, please specifically note that in the body of your letter.

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You have now. The dean and faculty of the Regent University School of Psychology & Counseling are pleased to announce the accreditation of the Doctoral Program in Counselor Education & Supervision (CES) by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)—this marks the first time CACREP has granted accreditation to an online Ph.D. program.

We express thanks to the CACREP board and site visitors, to our colleagues and, most of all, to our former and current students for their pioneering spirit and invaluable assistance through this process.

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Obituaries

Judith A. Seaborn
High school counselor, private practitioner and two-time president of MCA

Judith A. Seaborn of Bath, Mich., the only person to twice serve as president of the Michigan Counseling Association, died Jan. 13, 2008, at age 69 after a long battle with cancer. She also served terms as chair of the American Counseling Association Midwest Region and as president of the Michigan Association for Adult Development and Aging and twice ran as a candidate for ACA president.

Born in Chicago in 1938, Seaborn went on to have a distinguished career as a teacher, high school counselor and private practitioner. “Judy Seaborn was one of the most dedicated, passionate, giving and contributing counseling professionals to come out of the state of Michigan,” said John Geisler, a past president of MCA and professor emeritus at Western Michigan University. According to Geisler, who spoke with Seaborn in 1998 as part of a project to interview all MCA past presidents, Seaborn’s career path was inspired in part by the attachment she felt to her own high school counselor. The counselor became her mentor and confidant.

Seaborn attended Concordia University on scholarship, receiving her bachelor’s degree in education. She also obtained a teaching certificate and taught for many years, first in Illinois and then in Michigan. She went on to earn her master’s in guidance and counseling from Western Michigan University, a specialist degree in educational administration from Central Michigan University and a doctorate in social psychology from Cambridge International University. Her career as a high school counselor spanned more than 20 years, and she also owned a private practice, Bridges Counseling and Consulting.

Through the years, she became a fixture as a counseling leader and an active participant at the local, state, regional and national levels. But she was particularly known — and held in high regard — for her work in MCA, where she served not only as president, but on a wide range of committees, from finance and strategic development to leadership development and public relations. According to those who knew her, she was an almost constant and always warm and warmly supportive of others. … Judy will be missed. She was such a fixture in MCA that it is hard to anticipate next year’s conference without her there.

Despite her failing health, Seaborn once again served as cochair for the 2007 MCA Conference, held in November. “Up to nearly the very end, Judy stayed involved in planning the conference and overseeing and helping with her expertise. She so wanted to be at the conference!” recalled Andrea Yokich, who became friends with Seaborn after working with her on a conference in 1999. Although Seaborn was unable to attend the 2007 conference, one of her daughters drove her to Grand Rapids so she could spend an hour at a social gathering that took place after the conference’s keynote address. “Those of us who know and love Judy were grateful to have that time with her,” Yokich said.

“Judy was incredibly devoted to the counseling profession,” continued Yokich, a past president of both a local MCA chapter and the Association of Michigan School Counselors. “She was always willing to take on one more task or work a little longer or harder to get the last detail taken care of for others. It is impossible for the average counselor to appreciate the many hours Judy spent on details of every conference, in positions of leadership for MCA and ACA, and even working on the Illinois State Conference Planning Committee. Knowing Judy on a personal level allowed me to realize that the time spent championing MCA did not come without sacrifice. in her personal life and in spite of the serious health problems she had lived with for many years. … But as devoted as she was to the counseling profession, nothing came before her family. Her children were the reason she moved to the Lansing area and subsequently built her house in Bath to be able to stay active in the lives of her grandchildren. They are a lucky bunch to have had such a loving mother and grandmother, and they know and appreciate that.”

Known for modeling leadership, Seaborn was also dedicated to recruiting and developing new leaders in the counseling profession. “I met Judy a number of years ago, and she was so loving and kind. I remember she came up to me after a meeting once and told me I needed to run for office,” said current MCA President Laura Rodriguez-Kitkowski. “I quickly came to know her as a person of truth and a person who wasn’t there to criticize, but one who was there to communicate the reality of the situation. She was the one person I could go to who had both history and reality for a given situation, and she didn’t try to tell you what to do. She was interested in the personal growth of the person. … I will remember her as someone who was real, who was not scared, who was passionate, who was loving, who was dedicated, who was there for anyone who needed her. I will remember her as a friend even before I remember her as a leader in MCA and ACA.”

Seaborn, who previously served on the ACA Bylaws and Strategic Planning committees, also presented at various counseling conferences and gave keynote on topics such as leadership, self-care for the counseling professional, embracing the uniqueness of individuals, gifted education and aging with grace. She received the High School Counselor of the Year Award from the Michigan School Counselors Association and the Gifted Educator Award from the state of Michigan. In addition, she received leadership awards from the Mid-Michigan Counseling Association, the Mecosta-Osceola Counseling Association and American Mensa, and distinguished service awards from MCA and Big Rapids Public Schools.

In remembering Seaborn, her longtime friends and fellow counselors Jim and Chris Stiles wrote: “Judy was a professional counselor’s counselor, as well as a caring, sensitive, interpersonal guide and mentor to so many people in her life. She loved with a passion and was loved in return by so many. She was a person we would do well to attempt to emulate in our professional and personal lives.”

Seaborn is survived by her daughters, Jodi Lewis and Jamli Wichert; grandchildren Alec, Shelby, Holly, Zeb, Alexis, Rob, Travis and Andrew; sisters Elaine Maurer and Paulette Kirsch; and brothers Richard Wottrich and Bill Buck.

Funeral services were held Jan. 18 at Martin Luther Chapel in East Lansing, Mich.
Activities spotlight

Following are two of the many effective experiential activities that counselors can use to help clients struggling with addiction, says W. Bryce Hagedorn, a counselor educator at the University of Central Florida and a former dependence rehabilitation counselor.

**Trust Lean**

**Equipment:** Large area, preferably with soft ground (grass or gym mats)

**Time:** 20 to 30 minutes

**Activity:** Match similarly sized group members in pairs, one being the “faller” and the other the “catcher.” The facilitator teaches methods for spotting, falling and catching. Pairs are instructed to start small and build to bigger falls, then to swap roles.

The “faller” must adopt the falling posture:
- Standing upright
- Feet together
- Hands across chest, resting on shoulders
- Body stiff (to avoid buckling)

The “catcher” is taught how to “spot”:
- One leg in front of the other
- Arms extended
- Give with the weight, taking it mostly through the legs

**Debrief:**
- What made you feel trusting (clear communication, positive encouragement, etc.)?
- What made you feel less trusting (laughing/joking, lack of communication, etc.)?
- Invite people to contribute to a group discussion about what their partners did to make them feel more or less trusting.

**Willow in the Wind**

Similar to the Trust Lean, this activity provides participants with an opportunity to begin building genuine trust among a group of people.

**Equipment:** Large area, preferably with soft ground for falling (grass)

**Time:** About five minutes per person

**Activity:** In groups of eight to 10, one person volunteers to be the “willow” in the middle, surrounded by the other participants. The facilitator demonstrates the “willow”:
- Feet together
- Eyes closed
- Arms crossed and hands on shoulders
- Keep body rigid and straight
- Performs a “trust lean” and allows himself/herself to be “passed around” the group

It’s important to ensure that the group is tight, standing in a circular, shoulder-to-shoulder arrangement, with arms outstretched. In this position, hands should almost touch the person standing in the middle, ensuring that the initial fall will be very gentle. Gradually, the group can ease back to allow a more expansive lean. The facilitator must distribute large and small people evenly, to avoid weak points in the circle. The “willow” allows himself/herself to be passed around by the group. When the “willows” have had enough, instruct them to open their eyes, stand up and thank the group.

**Debrief:** Ask each of the individuals to rate (from 1 to 10) with a show of fingers how supported they felt by the group. This allows the facilitator to more objectively draw out which people felt supported and what else the group might do to better support people.

any activity that gets the group members out of their chairs, moving, creating and interacting, Hagedorn says.

Meredith Hirshhorn, a second-year graduate counseling student at Central Florida, is very interested in incorporating her passion for art into therapy practice. She says her group members take soft modeling clay and make small sculptures to personify their addiction. Group members are then given a turn to discuss the characteristics of their sculptures. The final step of the exercise is to have all the members connect their sculptures together, creating one large piece, then join forces to destroy it.

“Creativity gives people the courage to look at things differently,” Hirshhorn says. “It helps these clients gain a different perspective. These creative approaches help them find meaning and hope.”

She adds that sculpting or painting allows clients to see their problems as something tangible that they can overcome or destroy. “Clients escape into another world, a fantasy world, created by their own perceptions of the addiction,” she says. “They use (drugs or alcohol) to create intensity, contentment or to feel good. These creative exercises open a door to a new world, one that allows them to feel those things without the addiction.”

Simone Lambert, president of the International Association of Addictions and Offender Counselors, a division of ACA, agrees that exploring a client’s creativity in therapy can facilitate progress through the recovery stages. “Using creative approaches allows for more alternatives and opportunity to reach clients within this difficult population,” she says. “Not everyone responds to traditional or cognitive approaches. People respond to these experiential activities and creative arts in many different ways. If we can tap into their passion, or their creative energy, we have a better chance to help them help themselves.”
C-AHEAD currently holding special membership drive
Submitted by Colette Dollarhide
dollarhide.1@osu.edu

The Counseling Association for Humanistic Education and Development, one of the four founding associations of the American Counseling Association, would like to extend a special membership invitation. We offer two unique benefits to professionals: First, because humanism is one of the profession’s philosophical foundations, our association represents a counseling philosophy that is readily identifiable. Second, because we strive to represent humanism across counseling settings, we provide a vision for how that philosophy merges with practice.

As an association, C-AHEAD offers a high-quality refereed journal and a high-quality refereed journal and a quarterly workshop presenter for EB-ACA. Meggert, is a counselor educator, consultant, writer, humor scholar and frequent workshop presenter for EB-ACA. All expected that she would bring the aspect of humor to her workshop on “Dependable Strengths,” and we were not disappointed. All the workshops Meggert has presented for EB-ACA contain an element of pure fun! Workshop participants were challenged to look closely at themselves and compile a list of their most valued attributes that could later be used in job interviews or simply to build their self-esteem. In the safety of small groups, all explored their personalities and those attributes that could be listed. Many exercises helped participants see themselves and each other in a new way.

Dependable strengths are those qualities we possess that appear most consistently in realizing our potential. They are the strengths we know we have and the things we do well, feel good about and are proud of doing. Looking back over the many positive experiences in our pasts, we were each able to identify several basic strengths that could help us develop ourselves to our highest potential. It was interesting to see a pattern emerge. These dependable strengths were qualities that showed up in most of the good experiences we had. They were qualities we had often used in our past, perhaps without even realizing it. They were qualities we desired to use in our future and that we looked forward to using. These dependable strengths were qualities we felt motivated to develop and use more fully in the future.

The Center for Dependable Strengths, a nonprofit public charity, was the source of the information that Meggert presented. More information about the history and development of the dependable strengths concept is available at www.dependablestrengths.org. The information presented in this Learning Institute was useful to us as individual counselors with our career goals in mind. It was also useful to learn things firsthand that we could use to help our clients in their own search for excellence.

The 49th Annual EB-ACA Fall Conference will be held in Wiesbaden-Niedernhausen, Germany, Nov. 6-9. Visit the EB-ACA website at www.online-infos.de/eb-aca/main.htm or www.eb-aca.org for up-to-date call for proposals and proposal forms. For additional information, contact Rick Sidney, 2008 EB-ACA conference chair, at richard.sidley@us.army.mil.

Don’t miss out on NECA’s Life Work Institute in Hawaii
Submitted by Kay Brawley
kbrawley@mindspring.com

Workforce issues are back on center stage due to worries about a recession, the latest presidential primaries and the upcoming fall elections. The National Employment Counseling Association’s Life Work Institute, “Entrepreneurialship for Jumpstarting Tough Economic Times,” is the place to learn about the latest plans and to speak up about the role of NECA in addressing these issues. Join us on Thursday, March 27, from noon to 5 p.m. Lunch plus three learning sessions are included for the fee of $75. Where will the NECA Institute take place? The Hilton Hawaiian Village, the ACA Conference headquarters hotel.

The last minute is here for registration! Go to the ACA website today to register online at www.counseling.org/conference. See Thursday, March 27 NECA Luncheon/Workshop.

What will you learn? How to connect all the important workforce components: education, training, meeting employer and employee call needs to help drive a transitioning economy and prepare tomorrow’s workforce for success.

The learning sessions include:
- “Making Quality Connections for Students Across the Life Span: How to Evaluate Age-Appropriate Career and Educational Planning Resources,” presented by Association for Computer-Based Systems for Career Information Board member and NECA Secretary Linda Kobylarz of Connecticut.
- “Conducting an Employer Survey: What Employers Really Want!” presented by Kevin Allan, director of Career & Testing Services, University of Mary, Bismarck, N.D.
- “Entrepreneurialship for Tough Times: How Counselors Can Make a Six-Figure Income Without Breaking a Sweat,” presented by Robert Choppe, professor and chair of the San Francisco State University Department of Counseling, and psychologist, Career and Personal Development Institute, San Francisco. The presentation will close with a panel of six-figure NECA leaders sharing their secrets for success in their career journeys.

No hotel reservation yet? Contact the Hilton Hawaiian Village Beach Resort at 800.445.8667. Also available is the near-by Ala Moana Hotel (800.367.6025). Bonus highlights include:
- NECA Past Presidents Reception in NECA/AADA Suite at Hilton Hawaiian on Friday, March 28, 6-7:30 p.m.
- Career Employment Counseling certificate by including NECA-sponsored sessions at the ACA Conference
- An opportunity to have dinner with the NECA Board on Sunday evening, March 30, at the Hawaiian Yacht Club and visit a racing vessel. This is open to registrants of the NECA Life Work Institute.

Questions: Contact NECA Professional Development Director Kay Brawley at kbrawley@mindspring.com. Mark your calendar now and chart your course for Aloha!

Day of Creativity among the activities planned by ACC
By Thelma Duffey
tduffey@saxt.cc

What an exciting time this is for the Association for Creativity in Counseling! For one, we are gearing up for the ACA Conference & Exposition in Honolulu. We hope to see many of you at the conference and encourage you to join us in our various activities.

For example, the ACC Board will be holding a Day of Creativity on Friday, March 28. We will present an array of workshops that day, ranging from early-morning meditation to tips for publishing in ACC’s flagship Journal of Creativity in Mental Health to a celebration of creativity with Sam Gladding. Information on these sessions will be posted on our website, and we will also send e-mail invitations to our members. ACC will also coboth a reception that evening. No doubt, we are sure to enjoy good times and make great memories together during our conference in Honolulu!
Also make note of other ACC developments, listed on our website at www.aca-acc.org. These include:
- 2008 grants
- 2008 awards
- A new message board for members
- Networking and job posting opportunities
- A listing of clinical practices for members
- Journal highlights
- Updates on our research on relational competencies

Additionally, we look forward to hearing from members who would like to participate in various committees and organizational efforts. Please let us know of your interest and join us as we continue in the tradition of fostering creative and innovative practice in counseling. If you are a graduate student and are interested in becoming involved in ACC, contact Heather Trepal at heather.trepal@atsc.edu.

We would also like to announce that the Journal of Creativity in Mental Health will now be published by the Haworth Press, Taylor & Francis Group. The Haworth Press, which has served as our publisher since 2004, merged with Taylor & Francis recently. We are excited to be part of this expanded and esteemed group. We will, however, miss our colleagues who will not be transitioning to Taylor & Francis and express our deep appreciation to our colleagues at Haworth for the many opportunities and collegial relationships we formed during our tenure together.

Visit our website for a call for papers and to see the latest JCMH news.

Again, we are grateful for the support and participation of our members and look forward to working with you on ACC-related projects. It has been a wonderfully rewarding experience to hear from so many of you, and we look forward to having you join us in this next leg of our work together. Wishing you safe travels!

NCDA to sponsor legislative luncheon in Washington
Submitted by Deneen Pennington
dpenn@ncda.org

The National Career Development Association’s Annual Conference is scheduled for July 9-11 in Washington, D.C. A highlight of the conference will be the inaugural NCDA Legislative Luncheon, Friday, July 11, at the Caucus Room in the Cannon Building.

Invitations will be sent to all legislators, and NCDA invites those in the Washington area to attend and advocate for career development. Several other organizations are collaborating for this event, including ACA. For more information about attending, contact Bobbi Carter at bcarter@ncda.org or go to www.ncda.org.

Attention all ACA division, region and branch leaders. Due to early deadlines, news articles must be submitted by March 5 for inclusion in the April issue of Counseling Today.

Contact Jonathan Rollins at jrollins@counseling.org for additional guidelines on submitting articles and/or pictures.

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Learning self-care

“When we are no longer able to change a situation ... we are challenged to change ourselves.”

— Victor Frankl

Historically, I have failed at self-care. A first early experience with burnout occurred in high school while suffering through a particularly vigorous academic program. My life had become school, anxiety, inadequacy and self-doubt, as I was drowning in stress and treading water furiously. I began to withdraw from friends, family and extracurricular activities. Even my spiritual life began to decline. I was so unhappy that I dropped the program senior year and enrolled in advanced placement courses to finish out high school. Life began to fall back into place as the huge weight was removed. The experience should have taught me more than it did. But, somehow, over the next several years, I would frequently end up right back in that stress, treading the water of life furiously to keep from drowning in the struggles.

Two things consistently inhibited my attempts at self-care. The first was an inability to balance life obligations, taking on one thing after another until losing the capacity to do any one part of life well. Being a perfectionist, this was completely unacceptable to me, and I would drop all commitments and begin from square one, each time filled with guilt at my inadequacy.

It took me what seemed like ages for me to begin saying “no” without guilt and to realize this step was vital to attaining some balance in life. Learning how to set realistic limits and goals was a gradual process. Many people had suggested this to me, including my school counselor and other school counselors, but I never attempted it. I ran from the pain we feel when clients are hurting, because my personal experiences are so different. So much of the struggle was learning about myself in this type of relationship and how best to deal with me.

One day in the middle of seriously rethinking my career choice, Mya (name changed) came into counseling and pushed me to another level. She was a 14-year-old who had just moved to my school a few days before our first session. Unbelievably, just the week prior, Mya, with two younger siblings at her side, had witnessed her mother’s murder. Nothing could have prepared me for that session.

The boundaries seemed unclear in that little room where I was unsure of so many things in so many ways. I choked back tears and kept swallowing hard, not wanting my feelings to take away from her pain. What were the right words to say? What was the right thing to do?

What I really wanted was to fix things and make her feel better right now, even though all my training and beliefs told me that would not be possible, nor would it really help her in the long run. So I sat with her, sharing her pain and listening while she cried. She shared thoughts and questions that seemed as unanswerable to me as they were to her. “Why did this happen?” “It isn’t fair.” “She didn’t deserve this.” “Why did my younger brother and sister have to witness this?” “Where was God when this happened?”

Mya’s profound words echoed in my head for weeks. Even now, I am overwhelmed as I recount her telling of the tragedy: “I didn’t know what else to do except apply pressure to the places where she had been stabbed. But there were so many. I couldn’t reach them all. So I just lay on top of Mama while she died.”

No words can describe the intense pain I have felt in relationship to Mya’s experiences. Anything I write seems to be a dull understatement of moving back and forth between numb-
ness, anguish and anger, accompanied by chest pains from a physically hurting heart. I was easily distracted. Little things set me off, and I couldn’t stay still. Images of the tragedy constantly haunted me. So many things that were once important to me seemed insignificant in comparison, and I felt so vulnerable.

I struggled not only with self-care but also with my chosen profession and faith. Would I really be able to make it as a school counselor? How could I possibly help Mya when I was so concerned about myself? What kind of God allows such a thing to happen? Would I ever feel normal again? Please help this pain and uncertainty to stop!

There seemed to be no answer. Then one Sunday during worship, the pastor spoke about instances “when our whys cause us to wonder.” At first, the topic seemed ironic, but as the sermon continued, I began to feel as though God was speaking to me through the pastor. The message was that “whys” provide an opportunity for growth — whether I liked it or not. I had been asking everyone else for the answer to my desperate search for self-care, but the answer was always inside of me. Instead of fighting my feelings, the task was to attend to them so the answers could come. I experienced one of the most spiritual moments of my life as I realized how to let go of others’ burdens with the following confession:

I am not a fixer.
I am the caregiver, not the care-giver.
I have been given the task to hear those who need to be heard.
It is my place to be present with those who are hurting.
I cannot take away hurt.
There is meaning and value even in pain.
It is my place to support and encourage people as they struggle to find that meaning and value.
I grieve with those who have no one to grieve with.
But I cannot hear everyone’s pain. I instead give it to You and ask for the strength to make a difference by giving those who despair a safe place to allow their souls to cry.

My faith had become self-care in a very real, immediate and relevant way. Nothing short of this had ever provided me the freedom to let go so fully. And while it was so personally right for the person I am, it may not be so for others. Each of us must find our own way of dealing with the pain we feel when clients are hurting, because our experiences are so unique.

I have only begun to grasp how profoundly Mya affected my life, but clearly I am more willing to be transformed by the experiences of clients. I still hurt when they hurt, as well as share in their joys, but I am better able to let it go as I grow. The experience finally made the phrase I hear so often in my program, “Just be present,” become real to me. If I can simply manage to be present with students and help them to feel heard, that is when I can make a difference.

There is something so unique, special and freeing about those moments when I allow myself to be vulnerable and willing to be changed. I have so much to learn about counseling and life, but I have discovered a new piece of the necessary foundation for being an effective counselor. I have at last found a personal vision of self-care.

Whitney D. Triplett is a graduate student at the University of North Carolina at Charlotte. Contact her at wdtriple@uncc.edu

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Letters to the editor: cti@counseling.org
More Than a Job! Helping Your Teenagers Find Success and Satisfaction in Their Future Careers


Richard Lapan’s More Than a Job! Helping Your Teenagers Find Success and Satisfaction in Their Future Careers is a useful resource for parents and teens exploring the world of work; it’s also a valuable contribution to the field of career counseling. The author uses an informal writing style that includes numerous examples, conversation starters and activities. This book is written as a guide for parents to assist their teens in career exploration and planning and is well grounded in current career research and literature. Parents and teens will find it easy to read and free of jargon. Presented in a user-friendly spiral notebook format, the book contains many exercises and assessments that are ideal for school counselors working with teens one-on-one or in small groups.

Unique to this book is the inclusion of a variety of hands-on activities that parents and teens can do together. Lapan also integrates technology by incorporating the use of various websites and online assessment tools, which is particularly appealing to teens and may help motivate them to become more deeply involved in the career exploration process. Through these assessments, students and parents gain better understanding of a teen’s personality style, job preferences and related career goals. Most of the suggested activities are accessible for free, provided that families have access to a computer and the Internet.

Because teens sometimes struggle with the career decision-making process, the author encourages parents to take a proactive approach. Lapan identifies typical obstacles that stand in the way of teenagers making good career decisions and reminds readers of the importance of good communication skills, self-awareness and adaptability. The book encourages parents to model these attributes and to reward and reinforce them in their children’s behavior.

Importantly, Lapan is inclusive in language, providing case studies of individuals from diverse ethnic, gender and socioeconomic backgrounds and discussing how these factors may affect the world of work. He incorporates diversity issues into examples and encourages parents to help teens understand and embrace the diversity they will encounter in the workplace. More Than a Job! emphasizes a collective approach to career exploration by involving parents and the community, which may make the book more attractive to readers who operate from a collective worldview.

An activity illustrating these concepts is “Telling Your Family Career Story.” Together, parents and teens can fill out the family genogram, which outlines the various occupations of family members. Not only does this provide the teen information about various jobs, but also provides an opportunity for parents and teens to discuss the patterns of their family members’ occupations and the influence that various historical events (the Great Depression, Brown v. Board of Education and so on) may have had on occupational choices and opportunities.

The primary strengths of this publication are its clarity and organization, the numerous exercises and activities, and the in-depth exploration of characteristics that aid in making satisfying career choices. The way the book is organized clarifies the career decision-making process for teens. If parents and teens read the book and complete the exercises, they will end up with a very detailed career plan as well as tools to continue exploring career interests. Parents will be reassured and able to assist their teens in helpful ways, and teens will have many new insights and resources available to them.

Reviewed by Darcie Davis-Gage, assistant professor, educational leadership, counseling and postsecondary education, University of Northern Iowa.

Culturally Alert Counseling: A Comprehensive Introduction


As a counselor educator, I am constantly searching for textbooks and other reading materials that are not only informative, but also interesting and highly readable. Culturally Alert Counseling: A Comprehensive Introduction is an exception. The author, Garrett McAuliffe, has created a text that is accessible and easy to read, yet comprehensive and in-depth. The book covers a wide range of topics related to multicultural counseling, including cultural identity, cultural diversity, cultural competence and cultural humility.

One of the strengths of this book is its focus on practical applications. The author provides numerous examples and case studies that illustrate how to apply the theoretical concepts discussed in the book. This makes the material more relevant and applicable to real-world situations.

Another strength of this book is its emphasis on cultural humility. The author encourages counselors to be open-minded and to be willing to learn from their clients. This approach is essential in multicultural counseling, as it is impossible for counselors to have all the answers.

Overall, Culturally Alert Counseling: A Comprehensive Introduction is an excellent resource for counselors and counselor educators. It is well-written, well-organized and highly readable. It is also a valuable contribution to the field of multicultural counseling.

Reviewed by Darcie Davis-Gage, assistant professor, educational leadership, counseling and postsecondary education, University of Northern Iowa.
Counseling: A Comprehensive Introduction incorporates all these qualities. I am currently using this text in my multicultural counseling course as a foundation for my course lectures, discussions and activities.

Culturally Alert Counseling is organized into four parts encompassing 16 chapters. Part one addresses the foundations of culturally effective counseling, defined as “a consistent readiness to identify the cultural dimensions of clients’ lives and a subsequent integration of culture into counseling work.” This section presents a thorough discussion of oppression and social justice, as well as two chapters devoted to the core cultural dimensions of ethnicity, race and racial identity. Part two includes seven chapters, each written by prominent leaders in their respective fields of study, on the major cultural counseling textbooks. While each of these chapters is organized differently, they still lag behind in skill development. To help address this, the authors describe three themes for being a culturally alert counselor: accessibility, assessment and intervention. They present specific examples for counselors to use in their counseling practice, including building a cultural genogram, identifying cultural heroes and using guided imagery to access cultural strengths. This section is also supplemented by a DVD that contains counseling vignettes with four different counselors who model the various culturally alert assessment and intervention strategies presented in the text.

Culturally Alert Counseling is a well-organized, thoughtful presentation of multicultural counseling. The authors effectively encourage readers to examine the complex nature of culture and how it impacts all stages of the counseling process.

Reviewed by Kristin L. Barnes, assistant professor, mental health counseling, St. John Fisher College.

What Therapists Say and Why They Say It: Effective Therapeutic Responses and Techniques

Bill and Jim McHenry have provided an extremely valuable resource to the counseling community. What Therapists Say and Why They Say It: Effective Therapeutic Responses and Techniques presents a wide variety of useful therapeutic techniques and is written in a very straightforward and easy-to-read manner. At a quick glance, readers have numerous counseling techniques at their fingertips.

The authors describe techniques that originate from a broad range of theoretical orientations. For example, the book includes skills and strategies drawn from individual psychology, cognitive-behavioral therapy, brief therapy and Gestalt therapy. In addition, the book covers techniques applicable to therapy in a group setting.

Beyond a description and explanation of each counseling technique, the authors include numerous examples of how each technique could be utilized with clients. This is an important feature to highlight, as counselors in training commonly struggle to make the jump from understanding a theory to utilizing that theory in practice. This book begins to build the bridge between a student’s study of theory and actual application in a counseling setting. What Therapists Say and Why They Say It provides many examples of counseling skills and offers a myriad of possibilities for how to use these skills in practice. Finally, at the end of several chapters, transcripts are included that further illustrate how the techniques can be incorporated into a counseling session. While the book is very applicable to students of counseling, it is an equally useful tool for both counselor educators and seasoned counselors. Regardless of one’s level of experience, a counselor looking to increase his/her therapeutic vocabulary would find this book a very practical and informative reference.

Reviewed by Linde Murray, graduate student in counseling and human resource development, South Dakota State University.

Ruth Harper is a professor of counseling and human resource development at South Dakota State University and column coordinator for Resource Reviews. Submit reviews for consideration to Ruth.Harper@sdstate.edu.

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American Counseling Association

March 2008
issue of ADULTSPAN Journal, published by the Association for Adult Development and Aging, a division of the American Counseling Association. “Interventions across the life span that address stress, depression management, social integration, spirituality and other targets of holistic wellness such as diet and exercise hold much promise for delaying or circumventing the cognitive disabilities associated with (Alzheimer’s dementia).” Douthit, whose background before becoming a counselor in gerontological sciences, began investigating Alzheimer’s disease because of a long-standing interest in gerontology. “I started to look at these lifestyle correlates and environmental conditions — what was related to Alzheimer’s disease and what was related to high cognitive functioning late in life — things you can accumulate over the course of a lifetime that seem to delay or prevent the disease,” she says. “In the process, I found some amazing things that I thought were so relevant to counseling because of our emphasis on holistic health and our wellness orientation.”

Douthit, chair and associate professor of counseling and human development at the University of Rochester, uses a concept from sociology known as cumulative advantage to explain why counselors working across the life span might be able to stave off Alzheimer’s dementia. “As we age, our bodies and our minds are almost like a time capsule, a reflection of our whole lives,” she says. “If you are ‘advantaged’ at the beginning of your life, that advantage just accumulates over time. It’s basically imprinted in our physiology, which affects the way we act and feel. For me, the field of counseling is so germane to late-life psychological health because we address those lifelong accumulations and help prevent the cumulative disadvantages.”

While counseling interventions that address major risk factors such as depression and stress don’t necessarily stave off the disease process itself, Douthit says, evidence suggests those interventions may successfully delay the symptoms of Alzheimer’s dementia. She points out that because the disease most often manifests itself in the years that extend beyond average life expectancy, delayed onset would allow many individuals to reach the end of their lives before the symptoms become apparent. (Early onset Alzheimer’s, which afflicts those younger than age 65, seems to have a much stronger genetic link, and there is little evidence that counseling can play a role in preventing it, says Douthit, a member of ACA, AADA and the Gerontological Society of America.)

Despite the potential importance of the connections Douthit is making between counseling and Alzheimer’s prevention/delay, her work has not yet drawn widespread attention from those seeking to find a cure. “Thus far, I have had some folks in gerontology and sociology who are interested in this work, but I have not had any interaction with people from medicine,” says Douthit, president-elect of the North Atlantic Regional Association for Counselor Education and Supervision. “There are some people within medicine who are saying similar things about prevention, minus the counseling twist. Daniel Amen and William Shankle are two physicians of note who are talking about prevention/delay strategies. But no one I am aware of has made the link between prevention/delay and counseling with Alzheimer’s dementia, who are saying similar things about that; it has the potential to be a powerful link. This, of course, speaks to the need for more counseling self-advocacy.”

Others in the counseling profession, including Jane Myers, a past president of ACA and one of the leading voices in the field of gerontological counseling, see the importance of the information Douthit and others are compiling. “What we are learning is that we can postpone the onset (of Alzheimer’s) for some people, some of the time, with appropriate preventive activities,” Myers says. “The emerging research is coming out of medicine and physiology, as well as psychology. As an applied profession, we need to build on that knowledge base and design interventions to help people make healthy lifestyle choices. The focus often is on getting the most life from your years rather than the other way around.”

Counseling interventions

Douthit says the identification of specific risk factors for Alzheimer’s dementia opens the door to many potentially helpful interventions that naturally fall under the purview of counseling. Preventing or treating depression looks to be a particularly important element in the struggle against Alzheimer’s dementia, she says. Various studies have shown that prior experience with depression greatly increases the chances of developing Alzheimer’s dementia, she says, and one study has shown that the risk increases even more each time an individual goes through an additional cycle of depression. Depression also negatively impacts other areas of a person’s life and can lead to behaviors that likewise increase the likelihood of developing Alzheimer’s dementia later in life. For instance, Douthit says, persons who are depressed are less likely to engage in physical exercise or to take up activities that exercise their brains. Their relationships are also more likely to be negatively affected. Research suggests that people who experience social isolation or have a sedentary lifestyle are more likely to display symptoms of Alzheimer’s dementia. She says, “In the area of depression prevention,” Douthit says, “we have to look at those things that are the bedrock of counseling practice: working with grief and loss issues, looking at interpersonal conflicts, adjustment issues, existential issues.”

“Counselors need to be critical of others seeking to anticipate where clients might encounter these issues instead of waiting for the issues to hit individuals head-on. “For instance, what might women encounter in their 40s or 50s? Have them start talking about those things early,” she says. “When you’re working with a 17-year-old, what does it mean to be that age? Think about what is likely to throw us off balance and cause depression. Developmental counseling that addresses things likely to cause depression and stress are key.”

At the same time, Douthit says, counselors should also have a good handle on empirically supported treatments for depression. “It’s important to keep in mind the prevention techniques, the developmental crossroads, but to also have knowledge of how people can most efficiently quell the symptoms of depression over the short term to get them out of that damaging physiological state,” she says. She adds that counselors also need to know when medication might be helpful in treating a depressed client.

Stress management

Researchers have linked chronic stress to both depression and cardiovascular disease — two of the major factors that increase the likelihood of developing Alzheimer’s dementia. “Stress, particularly early in life, and even prenatally, appears to affect our ability to deal with and rebound from stress later in life,” Douthit says. “It causes our regulation of stress to be compromised. Ultimately, that can set you up for cognitive decline later in life.”

Once again, she says, counselors are naturally positioned to help people deal with stress across the life span. Among the interventions counselors can use:

- Teaching relaxation techniques
- Teaching mindfulness techniques
- Helping individuals to prioritize (values clarification)
- Encouraging individuals to build support networks
- Helping clients improve self-esteem
- Providing guidance to people who are going through career crises
- Anticipating developmental issues
- Attending to psychological problems that can exacerbate stress responses (recognizing underlying problems to help clients improve resiliency)
- Helping clients deal with interpersonal problems

Social integration

Although the specifics remain elusive, researchers have found that social activity has a positive impact on brain health, Douthit says, and counselors can work with clients to overcome many factors that compromise healthy social functioning. “Really, this is lifestyle counseling in many ways,” she says. Among the helpful treatment techniques:

- Helping people with social skills training
- Examining family dynamics to help clients understand relationship patterns and how they interact with other people
- Examining patterns of interpersonal communication
- Working on self-esteem issues
- Helping clients to carve out time for activities that foster social integration
- Helping clients to establish more balanced lifestyles

Developing a comprehensive wellness plan

In examining the risk factors for Alzheimer’s dementia, Douthit has been amazed to see the counseling profession’s emphasis on holistic wellness assert itself again and again as a potentially crucial tool in preventing or delaying the disease. “Counseling hasn’t articulated the science behind it (a holistic model of wellness),” she says, “but it’s apparent our good instincts have been right on.”

In particular, Douthit praises the Wheel of Wellness model developed by Myers, Thomas Sweeney and Melvin Witmer. “That’s almost like my bible,” Douthit says. “It’s a great prototype for developing a comprehensive wellness plan.”

Douthit described the Wheel of Wellness in her article for ADULTSPAN Journal: “This model, a centrally important resource in the counseling profession’s focus on prevention and wellness, fosters five so-called ‘life tasks’ as a basis for holistic wellness. These life tasks are (a) spirituality, defined as an awareness of that which exists beyond the realm of the material world; (b) self-direction, which includes sense of worth, sense of control, emotional awareness, coping with emotion, exercise, self-care, and cultural and gender identity; (c) optimization of work and leisure experiences; (d) friendship exclusive of family, marital or romantic ties; and (e) love relationships characterized as long term, mutually committed and intimate. Although these dimensions of wellness were not created specifically with Alzheimer’s dementia in mind, the degree to which they correspond to potential features of (Alzheimer’s dementia) prevention are quite remarkable.”

Myers is excited by recent research indicating that wellness lifestyles may hold promise for postponing the symptoms of Alzheimer’s dementia. “Teaching wellness skills can have a lifetime positive effect on everyone,” she says, “and the sooner we help people understand the benefits of a wellness philosophy, the greater the number of years of healthy, happy living we can help people have. … Wellness is at the heart of who we are as a profession.”
Counselor advocacy and identity

Douthit is hopeful her investigation into counseling’s potential role in delaying or preventing Alzheimer’s dementia will become a major tool in advocating for the profession. “So much of what we’re talking about (in trying to head off dementia) really captures counselor identity,” she says. “It’s uncanny the way it aligns. This is fundamentally a part of who we are because we deal with these wellness issues long term. Plus, it pulls in the entire profession.”

Douthit firmly believes that her work concerning Alzheimer’s dementia also has a strong tie-in to counseling’s social justice mission. “Counselors have a firm grasp of social context and how it shapes who we are,” she says, “and so many of the risk factors for dementia can be related back to social disadvantage.”

According to Douthit, statistics support the notion that members of Latino and African American communities are at increased risk for developing dementia. Though researchers are not certain of the exact reasons, Douthit believes the heightened risk for African Americans can be related back to the notion that members of Latino and other minority communities have a unique role to fill in moving people toward the high end of the worse-wellness continuum. We are well aligned. This is fundamentally a part of the entire profession.” She adds, “So much of what will become a major tool in advocating for the profession.”

Sobering statistics

In 2005, Medicare spent $91 billion on beneficiaries with Alzheimer’s and other dementias. That number is projected to more than double to $189 billion by 2050, more than the current gross national product of 86 percent of the world’s countries.

Almost 10 million Americans are caring for a person with Alzheimer’s or another dementia; approximately one out of three of these caregivers is 60 years or older.

— All statistics courtesy of the Alzheimer’s Association report 2007 Alzheimer’s Disease Facts and Figures

In 2007, it was estimated that more than 5 million people were living with Alzheimer’s disease in the United States, including 4.9 million people over the age of 65 and between 200,000 and 500,000 people younger than 65 with early onset Alzheimer’s disease and other dementias.

One out of eight people age 65 and older has Alzheimer’s, and nearly one out of two over age 85 has the disease.

It is estimated that someone in the United States develops Alzheimer’s every seven hours; by mid-century, someone will develop Alzheimer’s every 33 seconds.

Seventy percent of people with Alzheimer’s and other dementias live at home, cared for by family and friends.

Survival time after diagnosis averages four to six years, but survival time can be as long as 20 years from the detection of the first symptoms.

In 2005, Medicare spent $91 billion on beneficiaries with Alzheimer’s and other dementias. That number is projected to more than double to $189 billion by 2050, more than the current gross national product of 86 percent of the world’s countries.

Almost 10 million Americans are caring for a person with Alzheimer’s or another dementia; approximately one out of three of these caregivers is 60 years or older.

— All statistics courtesy of the Alzheimer’s Association report 2007 Alzheimer’s Disease Facts and Figures
I have great respect and admiration for ASCA leaders, who are all members of ACA as well. I believe they have brought innovative leadership to ASCA. Reasonable people sometimes disagree on important issues. As such, it is important that we avoid a “them and us” position as we work toward a solution to the present impasse over professional counselor identity.

While I am a strong advocate of ASCA and the important work it does, on the issue of professional identity, I find myself in strong disagreement with my ASCA colleagues. If we are to advance as a profession and better serve the needs of society, I believe a single profession of counseling, with areas of specialization, provides a unified voice and the best model.

One area in which this professional identity issue is being played out is at the state branch level. In many states, school counselors remain seamlessly integrated into the larger ACA-chartered state branch. However, in some states, school counselors have seceded from their state branch, choosing a separate professional identity within that state. In some states, there are now two school counselor associations, with one group holding the traditional single profession/specialization model and the other embracing a school counselor identity more aligned with the teaching profession—separate and distinct from “professional counseling.”

Confounding this issue, one of ASCA’s initiatives is to draft a “unified dues” program in some states. This is an attractive membership plan—one in which a school counselor writes a single check covering annual membership dues to both ASCA and the ASCA state branch. Unfortunately, the plan excludes state branch membership, exacerbating the problem of professional unity.

Many within ACA question whether a professional identity model that holds school counseling as a separate and distinct profession, and not as a specialization of a larger profession of counseling, appropriately meets the needs of the majority of school counselors. This is of particular concern for those school counselors who did not emerge from the ranks of teachers and do not identify with the teaching profession. It is also problematic for school counselors who, in addition to certification, have obtained independent professional status as licensed professional counselors or the equivalent and wish to have professional options beyond the school setting.

While I cannot predict with any certainty what the future may hold for the counseling profession in general or the specialization of school counseling in particular, I do know that ACA will continue to support the needs and interests of our members who are school counselors. I believe this can best be accomplished in collaboration with ASCA leadership. It is my hope that we will continue to work collaboratively as we address these and other important issues that affect the future of professional counseling and school counseling.

Contact me with your thoughts via e-mail at canfield@sandiego.edu.
Reader Viewpoint

Continued from page 17

I am beginning to understand what it means to think of a house and its support structure. I picture the beams that hold the building up. Yet when I admire a house, I rarely pay attention to the foundation, because I am focused on the finished product. But when I stop to consider it, I know that without the supportive structure, the building would not stand. So, too, students come to college to obtain a degree; my role is to do all I can to support that quest and make it a reality.

I have come to embrace my role in higher education as one who directs a department that truly upholds the academic mission of the school — to assist students in achieving a college degree. In doing so, I have had to put my own agenda aside, or on hold, long enough to evaluate why a position such as mine even exists. I concur with those who taught me that a university is not a hospital or a treatment center, but rather an academic arena containing individuals who at times need assistance to continue growing and developing. I now accept that my role as a counselor is just as much about being an educator (helping students to learn about themselves) as a mental health professional who seeks to bring healing.

And I have learned that, if I look beyond campus, I am not alone. In fact, I am an important part of the mental health provider chain within my community, and I need to mobilize my efforts in connecting and networking with my colleagues outside the university. That being said, it is also important for counselors in communities to recognize the need on college campuses and to take the necessary steps to network with those who provide such services at colleges and universities. Among the key ways you can help college counselors to learn about you and what you specialize in:

- Make a personal phone call
- Set up a time to visit
- Offer to provide in-services or programs
- Connect with college counselors at conferences

College counseling centers can be clearinghouses for client referrals. Those in private practice should take this into consideration and seek to develop strong relationships with college counseling staff.

Todd Monger is the director of the Student Success Center at North Central University in Minneapolis. He is a member of the American Counseling Association, the American College Counseling Association and the Association for Counselor Education and Supervision. Contact him at tmonger@northcentral.edu.

Letters to the editor:
counseling.org

Grow spiritually and help others to do so.

One Spirit Learning Alliance has three professional training programs ideal for Counselors. Some programs integrate the wisdom of the world's religions such as college orientations on spirituality and integration into coursework, expanding spiritual consciousness and creating the support network of a holistic, authentic spiritual life.

One Spirit Interfaith Clergy Institute offers a 20-month part-time professional training that covers the spiritual dimensions of spiritual care and interfaith work and is designed to help you bring your knowledge to your chosen field of service.

One Spirit Interfaith Spiritual Counseling Program offers an 18-month part-time coursework that is an opportunity to deepen their own spiritual life while developing the capacity to assist others in spiritual leadership.

www.onespiritalliance.org

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Second quarter ACA fiscal report

BY DAVID CAPUZZI

In an effort to keep the American Counseling Association membership fully informed and simultaneously comply with Governing Council policy, quarterly fiscal reports are issued in Counseling Today. This quarterly report (summarizing Oct. 1-Dec. 31, 2007) represents the second report for the fiscal year ending June 30, 2008.

The balance sheet presented with this report is intended to reflect the ACA’s financial position at a given point in time. This balance sheet gives a picture of the association’s financial position as of Dec. 31, 2007. As of Dec. 31, ACA owned $7,268,444 in assets. Of these assets, $6,353,913 was in cash and investments.

As of Dec. 31, the association’s liabilities included vendor fees of approximately $886,217, staff salaries and benefits of $484,817 and fees collected on behalf of related organizations of $52,442. Membership benefits to be fulfilled total $3,537,588 and appear as a liability because ACA receives membership revenues annually while providing member benefits monthly.

As this balance sheet indicates, ACA’s net worth on Dec. 31 was $2,307,379. This indicates that the association remains financially healthy. However, efforts to ensure the association’s long-term stability must continue.

As of Dec. 31, the association reported $1,143,515 in excess expenses over revenues. ACA has historically recognized a deficit at this point of its fiscal year as the association recognizes expenses related to its annual conference. ACA’s revenues are $360,880 lower than those reported last year, primarily due to the change in the global financial markets. Conversely, expenses incurred through the second quarter of this fiscal year are $157,958 higher than those incurred 12 months earlier.

ACA will continue to exercise fiscal scrutiny, while also providing new programs as needed, as well as ongoing programs and benefits to service the membership. The ACA Financial Affairs Committee, in collaboration with the administrative staff and the Governing Council, convenes monthly to evaluate the financial position of the association and to recommend pertinent action. Quarterly reports are provided to the membership via Counseling Today. If you have questions about this report or need clarification, please contact ACA Treasurer David Capuzzi by telephone at 971.219.0915 or by e-mail at capuzzida@pdx.edu.
COMING EVENTS

DCA Conference
April 5
New Castle, Del.

The Delaware Counseling Association’s 2008 conference and workshop (cosponsored by the Delaware Mental Health Counselors Association) will be held at the Wilson Graduate Center of Wilmington University. The theme is “Sexualities: The 10 Things Your Graduate School Never Told You.” The keynote speaker and morning workshop leader is Barry McCarthy, an internationally known expert on sexuality. Board-certified sex therapist Debra Laino and counselor educator R. Craig Williams will lead afternoon workshops. Seven CEUs for counselors (National Board for Certified Counselors) and psychologists (American Psychological Association) will be available. For more information and registration materials, visit www.decounseling.org.

NYMHCBA Convention
April 11-13
Albany, N.Y.

For the New York Mental Health Counselors Association Convention, counselors from all over the state will gather at the Albany Marriott to network and to learn from each other, as well as to celebrate the progress and contributions of counselors professionals. The 2008 conference theme is “Envisioning the Future: Advocacy, Opportunity & Diversity.” The conference will provide numerous opportunities for students and educators to learn, exchange ideas and network.

The conference will begin with preconference workshops, which include “Licensure 101,” a comprehensive overview of the process for earning the status of licensed mental health counselor in New York state. This workshop should prove invaluable in outlining the requirements for licensure, as well as providing tips on how to best manage this process.

Other events of special interest to students and educators include the Student Coffee Chat and the President’s Reception for Counselor Educators, both of which will provide a forum for students and educators to network.

Assistantships, which will cover conference fees for students, are being made available, as is a reduced student rate. Students attending the event on assistantships are asked to provide assistance in various functions during the conference. For more information and to register, go to www.NYMHCBA.org.

Bipolar Disorder Conference
April 18-19
Austin, Texas

Diablo Behavioral Healthcare Neuro-Science Seminars will present a conference on juvenile-onset bipolar disorder. This event will be held at the Austin Convention Center. This unique two-day presentation will provide attendees a rare opportunity for quality, fully accredited continuing education. For more information, visit www.behaviorquest.com.

International Congress of Counseling
April 25-27
Istanbul, Turkey

This international congress, “Counseling in International Perspective: Global Demands and Local Needs,” will bring together counselors from Africa, Europe, the Middle East and North America. The event is being organized by Bahcesehr University, founded by Bahcesehr Usul Educational Institutions, and NBCC International.

Since its founding, Bahcesehr has worked to develop collaborative projects internationally. For example, its career development projects and Global Career Development Facilitator programs have been built with input from colleagues in the United States and Romania. Anticipated conference outcomes include the development of collaborative relationships among participants. Additional program and registration information is available at www.iccc2008.org.

NJCA Annual Conference
April 21-23
Somerset, N.J.

The New Jersey Counselors Association will hold its annual conference at the Doubletree Hotel & Executive Meeting Center. The association is seeking exhibitors and sponsors as well as interested attendees. CEU credits are available. For more information, visit www.njncounseling.org or contact organizers at njcounseling2@yahoo.com; phone: 609.273.9917; fax: 908.272.2144.

Behavioral Healthcare Conference
May 1-3
Boston

The National Council for Community Behavioral Healthcare’s annual conference, “Simply the Best, Better Than All the Rest,” is a once-a-year opportunity to learn from innovative, cutting-edge thinkers respected by world-renowned speakers and connect with colleagues from around the globe.

From scientific advances to leadership training, there will be a robust curriculum featuring an array of tools and insights to help community behavioral health providers enhance business operations and revenue and improve clinical outcomes. For more information, visit www.thenationalcouncil.org/Boston.

Italy-U.S. Counseling Conference
May 31-June 1
Florence, Italy

The Development of the Counseling Profession in Italy and the United States: A Bilateral Conference will mark a key event in the relationship between the counseling professions in Italy and the United States. Italian and American presenters will address the conference’s seven topics simultaneously. Topics include private practice, school counseling, counseling culturally diverse clients, supervision, typical counselor employment settings, professional challenges and typical client issues. English-Italian and Italian-English translation of presentations will be provided.

The conference is being organized by the Associazione Italiano di Psicoterapia, the Comitato Italiano Counseling, Old Dominion University and NBCC International. Additional information is available at www.nbccinternational.org/bilconf.

Mental Health America Conference and Summit
June 4-7
Washington, D.C.

The 2008 Mental Health America Conference and National Mental Health Promotion and Prevention Summit will be held at the Hyatt Regency Washington on Capitol Hill. Each year, the Mental Health America Conference draws together hundreds of advocates from across the country to learn about issues in the behavioral health field and strategies for collective action. Attendees primarily include executives, volunteer leaders, frontline staff and members of the organization’s 320 state and local affiliates. The 2008 conference, “No Health Without Mental Health,” will include a full day of advocacy on Capitol Hill, skill-building sessions, an exhibit hall and other events. Contact Danielle Fritze at 703.797.2591 or visit www.mentalhealthamerica.net for more information.

FYI
Seeking board members

The Journal of Counseling & Development seeks scholars interested in serving as editorial board members for the American Counseling Association’s flagship journal. To apply, please send a letter of interest via e-mail outlining your scholarly interests, accompanied by an electronic copy of your vita. Materials should be sent to Spencer Niles, Incoming Editor, Journal of Counseling & Development at jc@acsa.org by April 1.

Call for submissions, manuscripts

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling, a division of the American Counseling Association, is inviting submissions for its journal, The Journal of LGBT Issues in Counseling. The intent of this journal is to publish articles relevant to working with sexual minorities that will be of interest to counselors, counselor educators and other counseling-related professionals who work across a wide spectrum of fields, including in schools, mental health settings, family agencies, and colleges and universities.

This journal welcomes the submission of articles that reflect issues pertinent to the health of sexual minority individuals and communities, and should focus on one of the following areas: (1) new research in the field of counseling, (2) a review of the literature that critically integrates previous work around a specific topic, (3) introduction of new techniques or innovations in service delivery within the counseling field or (4) theoretical or conceptual pieces that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly.

All submissions should be prepared according to the guidelines of the most recent Publication Manual of the American Psychological Association. Manuscripts should be sent as attachments via e-mail. All work should be done in Microsoft Word. It is expected that authors will follow the 2005 ACA Code of Ethics. Contact the editor for complete submission guidelines.

Submit articles to editor Ned Farley at njfarley@antioch.edu. Initial confirmation will be sent via e-mail.

The editorial board of The Wisconsin Counseling Journal, the journal of the Wisconsin Counseling Association, encourages you to submit a manuscript for possible inclusion in its 2008 Volume. The journal is focused on topics of interest to counselors, especially topics of interest to Wisconsin counselors, including the following areas:
1. Innovative methods: Includes thorough descriptions of techniques, strategies, skills and activities that counselors have developed and/or implemented.
2. Theory and research: A variety of manuscripts, both qualitative and quantitative, that describe original research. Also includes literature reviews on topics pertaining to counseling.
3. Professional development: Primarily describes, through manuscripts and position papers, ways that counselors can continue to cultivate and enhance their professional identities. Training strategies for counseling students, as well as continuing education for experienced counselors, will be highlighted.
4. Current issues affecting counseling and counselors: Features manuscripts and position papers that detail contemporary issues. Authors are invited to explore topics of interest to counselors in Wisconsin.

Contact Mark Gillen at mark.gillen@uwf.edu or 715.425.3800 for more information, or go online to the WCA website at www.wicounseling.org.

Bulletin Board submission guidelines

Entries for the Bulletin Board must be submitted via e-mail to akennedy@ counseling.org with “Bulletin Board” in the subject line. Paragraphs should be in a Word document, single-spaced, justified and Times font in black. Please provide a contact person with an e-mail address or phone number to call for more information. Submissions are subject to editing. The rolling deadline is the 10th of every month by close of business, ET.
If you want to be a great counselor, learn from one.

At Argosy University we recognize that one of the best ways to foster your professional success is to foster your personal development. So all of our counseling programs include a focus on the interpersonal abilities you’ll need to succeed in your profession. From interaction to intervention, observation to assessment: we’ll emphasize the skills and understandings that empower you to function competently and confidently.

Our counseling programs are distinguished by their grassroots emphasis on everyday people of all types and cultures—and the professional caliber of our practitioner faculty. These programs will ground you, not only in the theoretical knowledge pertinent to your chosen field, but also in the realities and challenges that counselors face—today and in the future.

What’s more, you’ll be learning from faculty who are practicing professionals. These are seasoned counselors whose real-world expertise is matched only by their passion for teaching what they know—and preparing you for the world beyond the classroom.

Argosy University offers the flexibility of weekend and evening classes and we even complement these sessions with online learning to accommodate the hectic schedules of busy working people.

For more information about Argosy University please call our National Admissions center at 1-800-377-0617 or go to argosy.edu to learn more.

For nearly 40 years, Walden University, an accredited online university, has been a leader in distance education for working professionals. Whether it’s advancing a career, reaching a personal goal, or making a difference for others, Walden is totally dedicated to helping you achieve your vision of success.

Walden is the flagship online university in the Laureate International Universities network—a leading global network of accredited online and campus-based institutions. When you enroll at Walden, you join an international community that includes more than 270,000 students studying online and at 25 institutions in 16 countries.

Walden’s College of Social and Behavioral Sciences offers 25 specializations online, including several designed to prepare you to be a licensed counseling professional. Walden also offers advanced degrees online in education, management, public administration, and engineering.

Our academic standards are high, our curriculum emphasizes your interests, and our distinguished faculty and contributing scholars are among the best in the counseling profession, giving you access to recognized experts in research and practice. With our world-class library, faculty mentoring, Writing Center, and award-winning student services, Walden is dedicated to helping you achieve success—however you define it.

Walden offers numerous scholarship opportunities detailed at www.WaldenU.edu/scholarships. For more information, call 800-928-6396 or visit www.WaldenU.edu/ACA.

Located on a beautiful 300-acre campus in Fort Lauderdale, NSU has more than 26,000 students and is the largest independent institution of higher education in Florida. NSU’s Center for Psychological Studies offers mental health counseling, school guidance and counseling, clinical psychopharmacology, school psychology, and clinical psychology. www.cps.nova.edu

CENGAGE Learning provides tailored education, training, reference and assessment solutions to organizations and higher education institutions. We can deliver our offerings — books, online resources, blended learning — for one individual or thousands.

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Healthcare Providers Service Organization (HPSO) serves over 70 professions and brings together close to 1,000,000 healthcare, counseling and therapy professionals nationwide. The combined buying power means affordable group rated for our individual policyholders.

The ACA-endorsed professional liability insurance offered through HPSO provides you with your own individual limits of coverage in line with today’s defense costs and high court awards - you get up to $5,000,000 aggregate, up to $1,000,000 each claim professional liability coverage. HPSO also provides you with unmatched service.

For more information, log on to www.hpso.com or call 1-866-269-4793 and speak to any of our experienced client service representatives.

Capella is an accredited online university specializing in master’s, EdS and doctoral degrees for working adults. We offer graduate degree programs in mental health, human resources management, business management, information management, health care administration, higher education, K-12 education, and public safety. In the realm of mental health services, Capella sets itself apart on two fronts. First, we take a holistic approach by offering both counseling and psychology specializations. This approach capitalizes on the fundamental similarities as well as the distinct differences between these two disciplines. Second, Capella is the first and only online university to offer CACREP-accredited counseling specializations in Mental Health Counseling and Marital, Couple, and Family Counseling/Therapy. As a working adult, you will find Capella’s learning-centered approach to be highly engaging. Discussion is an essential component of Capella coursework because it broadens your perspective and helps you understand subject matter in new ways. Collaborating with other motivated learners pushes you to a higher standard of performance. Capella also offers substantial diversity enabling you to interact with other professionals that offer unique life, work and cultural experiences designed to keep you motivated throughout your studies, and build a strong network of contacts to help drive your professional career. Finally, Capella carefully selects faculty that blend academic credentials with relevant professional experience. This helps to ensure that your learning is insightful, engaging and immediately applicable to your job or profession.
Dealing with managed care denials

Q: I have an individual part-time private practice in Michigan. In my area, several licensed professional counselors have experienced difficulty gaining access to insurance panels and reimbursement. To help learn from each other, we have begun to discuss becoming a group practice. However, we are struggling with how we look into this option—the legalities, etc. We even wonder if we can advertise together without officially being a group.

Also, in our area, the main insurance carriers are Priority and Blue Cross/Blue Shield. Priority has denied me and several other qualified LPCs in almost every other state. Is this true, and if so, how can we go about changing this? Do we need to employ a physician or psychologist to gain access to Blue Cross/Blue Shield reimbursement? Being only a part-time therapist, I have found this a very time-consuming and frustrating process!

A: The “Private Practice” section of the American Counseling Association’s website (www.counseling.org) includes response letters to denials by managed care companies. To use the letters to become an “ad hoc” or out-of-network provider, you need a client who wants to work with you so you can get paneled. Persistence is key.

Once you are “ad hoc,” you most likely will be included in the database for that managed care company. We have had people get referrals from companies after ad hoc status.

As far as Blue Cross/Blue Shield of Michigan, we have talked with many Michigan counselors and are aware of the problem you described. Have you tried to use your state organization to gain access to Blue Cross/Blue Shield to recognize counselors? Among the letters on the “Private Practice Pointers” section of the ACA website is a template that state organizations can use.

We understand the medical director of Blue Cross/Blue Shield in your state is an M.D. who won’t budge on including licensed counselors. Don’t give up. Unite others and form a committee or join one that is already working on this issue in your state. It is a very important issue, because Blue Cross/Blue Shield recognizes LPCs in almost every other state.

Your question about using a physician or psychologist to get on panels may not work because each provider must submit bills under his or her own national provider identifier (NPI) number. A corporate NPI is good to have, but it’s not enough, because an individual number is also needed on the HCFA CMS 1500.

Your initial question about forming a group practice is good. Consult an accountant in your state for particulars, and then move forward with your idea. It’s also a good idea to advertise and market together. Just make certain that you have a good written agreement defining your group and money issues and containing an exit clause.

Q: A friend of mine has a private practice. However, he does not hold a license or credential in counseling, even though he has a Ph.D. in counseling. He is clocking hours for a credential and is sitting for the oral and written exam that is pending. In the meantime, he has a therapist in his office sign off for billing purposes. Can you clarify the term “therapist of record” and the legalities of such a procedure?

A: With the disclaimer that we are not lawyers, we’ll offer our opinion—and stress that it is our opinion alone and not that of ACA. In researching “therapist of record,” we found the term only in the literature of physical therapists, speech therapists and occupational therapists. We did not find any references for counselors.

State licensing boards give very clear guidelines about counseling practice and credentialing. Check the state where you work for specifics. In Illinois, where we practice, only licensed counselors may treat clients. We have a two-tiered license with the LPC (licensed professional counselor) as the first credential and LCPC (licensed clinical professional counselor) as the independent credential. With the LPC, a counselor can see clients under the direct supervision of an LCPC.

The LPC must disclose that he/she is under supervision. The LPC cannot bill third-party payers such as insurance or managed care.

We don’t think it is ethical to bill under another name. This practice may open both the counselor and the supervisor up to discipline by the licensing board.

Q: In the October 2007 issue of Counseling Today, you addressed a question regarding employee assistance programs (EAPs). I’d like to know which managed care companies you would recommend signing up with as opposed to the ones that have extensive paperwork and horrible rates.

A: ACA’s website contains our list of the top 57 managed care and insurance companies with EAP contact information. We designed the list to include direct links to the provider relations section of each website as well as information on how many lives are covered, reimbursement rates and paperwork requirements.

Check the list and decide which of these companies are good for you. We don’t make specific recommendations for obvious reasons (we don’t like lawsuits).

The list and much more information is free for ACA members to download. From www.counseling.org, click on “Counselors” and then “Private Practice Pointers.”

Stay tuned for more information coming in the next few months regarding implementation of a required transfer plan, as addressed by the 2005 ACA Code of Ethics (Standard C.2.h., “Counselor Incapacitation or Termination of Practice”). We will be posting a bulletin on the “Private Practice Pointers” section of the ACA website detailing the essential components.

We hope to see you at the ACA Conference in Hawaii. We will be signing our book, The Complete Guide to Private Practice for Licensed Mental Health Professionals, at the ACA Bookstore in the Convention Center on Thursday, March 27, from 5:30-6:30 p.m. We will also be presenting a preconference Learning Institute, “Starting, Maintaining and Expanding a Successful Private Practice,” on March 27.

In addition, the New York Mental Health Counselors Association will be sponsoring our workshop on private practice at its convention on April 11 at the Marriott Hotel in Albany, N.Y. For more information, visit www.nymhca.org.

Finally, the Illinois Mental Health Counselors Association will be offering the workshop on June 8. More information is available at www.imhca.org.

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

Letters to the editor: ct@counseling.org

Are Children Your Focus?

Learn to use play-based interventions to better communicate with and treat clients.

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Ross Trust Scholarships awarded

The American Counseling Association recently named the 15 recipients of the 2008 Ross Trust Scholarships. Recognized for their stellar academic achievements, as well as their commitment to volunteerism and a desire to work in the K-12 educational environment in the future, the five doctoral and 10 master’s-level students represent the fourth group to receive the annual awards.

Each of the 2008 recipients receives a $1,000 scholarship, free ACA student membership and a complimentary registration to the ACA Conference & Expo. Congratulations to these recipients:

**Doctoral level**
- Tonya Jasinski, University of South Carolina
- Erika Nash, University of Missouri-St. Louis
- Megan Reibel, Seattle Pacific University
- Margaret Shillingford, University of Central Florida
- Chinnwe Uway, Georgia State University

**Master’s level**
- Whitney Blaszak, Radford University
- Melissa Comb, Purdue University
- Jennifer Garcia, Seattle University
- Shiloh Hall, Old Dominion University
- Lewis Hatcher, Wake Forest University
- Stephen Kennedy, University of North Carolina – Greensboro
- Meghan Orgeman, St. Cloud State University
- Brandy Smith, Virginia Polytechnic Institute & State University
- Nickolas Tackett, University of Central Florida

The nomination and application process for the 2009 competition will begin during the early fall semester. Watch www.counseling.org and ACA eNews for more details.

**ACA, other organizations unite to keep students safe**

A diverse coalition of 13 national organizations, including ACA, has joined in a renewed effort to protect the safety and emotional well-being of students, including those who are at higher risk because of their sexual orientation.

The group of education, health, mental health and religious organizations released “Just the Facts About Sexual Orientation and Youth: A Primer for Principals, Educators and School Personnel” on Feb. 14.

The publication serves as a guide for employees who confront sensitive issues involving gay, lesbian and bisexual students. It is intended to help school administrators foster safe and healthy school environments in which all students can achieve to the best of their abilities. “Just the Facts” includes the most recent information from professional health organizations, as well as up-to-date information on the legal responsibility of school officials to protect students from anti-gay harassment.

“Just the Facts” has been mailed to all 16,000 public school superintendents in the United States.

In addition to ACA, members of the coalition are the American Academy of Pediatrics, the American Association of School Administrators, the American Federation of Teachers, the American Psychological Association, the American School Counselor Association, the American School Health Association, the Interfaith Alliance Foundation, the National Association of School Psychologists, the National Association of Secondary School Principals, the National Association of Social Workers, the National Education Association and the School Social Work Association of America.

First formed in 1998, the coalition produced the original version of “Just the Facts” to respond to concerns that school personnel were receiving inaccurate information about the issue of sexual orientation. To download the full text of the updated booklet from ACA’s website, go to www.counseling.org/Files/FD.aspx?guid=3f5a889-3691-4ce3-be 2f7f7c72946457.

**Research participants needed**

A research team from the University of Maryland-College Park’s Department of Counseling and Personnel Services is looking for practicing counselors who are openly gay or lesbian. The research team is also seeking practicing counselors who have a visible disability. The study will investigate counselors’ perceptions of the cross-cultural counseling relationship. Specifically, the team is interested in how counselors view issues in counseling clients from other cultural backgrounds, as well as their own.

Those interested in participating in a 20- to 30-minute confidential phone interview should contact Courtland Lee at 301.405.8904 or via e-mail at clees5@umd.edu.

**Peace Corps recruiting youth and community development experts**

As part of its efforts to bring more skilled and knowledgeable volunteers to the field, the Peace Corps is reaching out to individuals who have experience and expertise working with at-risk youth and organizing community programs and who are interested in new and challenging opportunities or considering alternatives to traditional retirement.

Peace Corps youth and community development volunteers work with at-risk youth ages 10 to 25 in a variety of settings, helping communities develop programs to assist young people and community groups. Volunteers act as catalysts for change and are continually engaged in defining their role in response to their host community. Volunteers have a great deal of flexibility in their work and find themselves actively involved in projects as diverse as developing summer camps and assisting in community and strategic planning processes, according to the Peace Corps.

Opportunities for youth and community development volunteers currently exist in Asia, Latin America, the Middle East and Africa. To learn more, call 800.424.8580 option 1 or visit www.peacecorps.gov/index.cfm?shell=learn&whatvol.edu_youth.comdev& cid=pncd.

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PRIVATE PRACTICE: Starting or Expanding?


Robert J. Walsh, MA, NCC, LCPC and Norman C. Dassenbroek, MS, LCPC, authors and consultants, continue to help hundreds of counselors start and expand successful private practices.

The Complete Guide to Private Practice for Licensed Mental Health Professionals 4th edition offers the latest, updated practice information and includes all the private practice forms on CD-ROM.

**4th Edition Topics Include**

- Step-by-step start-up guide
- Marketing and Advertising
- Billing, Collections and Fee Collection
- Legal, Ethics and Managed Care
- Office Setup With Minimal Investment
- Tax Tips
- 101 Tips to Be Successful in Private Practice
- 100+ successful case studies
- And much more

**Order Your Copy Today!**

Visit us on the web for more information on The Complete Guide, Consultation Service and Seminars at www.counseling-privatepractice.com or call 1.815.877.0399.

The American Counseling Association and Walsh and Dassenbroek have formed a collaborative relationship as a service to our members by bringing together the best practices for forming a practice to the membership. Please log on to the ACA website or www.counseling.org for the latest private practice information. Check for Walsh and Dassenbroek’s questions and answers column, Private Practice in Counseling, in Counseling Today.

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Counseling Today March 2008

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Topics announced for ACAF Essay Contest

Entry deadline for grad students is April 25

Terri Lonowski, chair of the American Counseling Association Foundation, recently announced the topics for the 2008 Graduate Student Essay Contest. She says this year’s topics were selected with an eye toward offering students either an opportunity to see themselves in the big picture of the counseling profession or to address a specific topical issue facing the profession.

“We wanted to attract those students interested in considering their role in the counseling profession a decade from now,” she says, “as well as those who are grappling with the daily issues of limited funding for programs dealing with specific populations dealing with depression, for example. What better way to hear from tomorrow’s active counselors than to ask graduate students.”

ACA President Brian Canfield concurred with the dual scope of this year’s essay topics, saying that as an association, ACA needs to know how its membership stands on issues ranging from licensure of counselors in all specialties to trends in the future of counseling. “It’s always difficult to see beyond the full desk of problems and pending projects,” he says, “but that’s our task as the leadership of an association, and I agree with Terri that it’s refreshing to listen to our graduate students’ ideas in this ACAF program.”

The ACA Foundation began its essay contest in 1999 as a way to hear from graduate students in counseling programs. Since that time, participants have been allowed to compete annually for prizes, including national publication of their winning essays. The first-place winner will receive $500 plus a one-year membership in ACA. The four runners-up will each receive a one-year ACA membership. All five winners will have their essays published in the July 2008 issue of Counseling Today.

This year’s topics are:
A. What is the single most important issue you see facing the counseling profession over the next decade?
B. What can counselors and/or the counseling profession do to be more proactive in combating depression and the problems it brings?
C. Do you think all professional counselors, regardless of specialty, should be licensed? Why or why not?

The ACA Foundation Graduate Student Essay Contest is open to all students enrolled in graduate-level courses at an accredited institution of higher learning. The entry deadline is April 25. Essay length is limited to 750 words or less. Longer essays will be disqualified and are not eligible for judging.

Entries can be submitted via e-mail, either as Word or Word-Perfect files, to acafessays@counseling.org. If submitted by mail, essays must be typed and double-spaced, and three copies of the essay must be submitted. Mailed essays should be sent to ACAF Graduate Student Essay Contest, 5999 Stevenson Ave., Alexandria, VA 22304-3300.

Mailed essays must be postmarked by April 25. Complete rules and submission guidelines for the ACA Foundation Graduate Student Essay Contest are available by request from ACA Member Services (800.347.6647 ext. 222) or by visiting the ACA website at www.counseling.org.
ACA new members for January 2008

Thank you for choosing to join the only association for all counselors – ACA!

Do you know someone who isn’t an ACA member? Then encourage them to join ACA today! For more information, connect to counseling.org, contact Member Services at 800.347.6647 ext. 222 (M-F, 8 a.m. - 7 p.m., ET) or send an e-mail to membership@counseling.org and see their name listed next month!

Alabama
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Julie C. Price
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Jon Mowery
Tom Nielson
Leah Felice Leach
Michelle Schldhauser
Justin Dean Zierke

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Lindsay Patricia Ammerman
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Carolyn Budz
Christine M. Burbank
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Cale M. Thomas
Mike Tozer
Kelly Turner
Maureen Lane
Werrbach
Jane H. Wolfe
David Andrew Wood
Elizabeth Yelen
Andrew Francis Zien

Continued on page 48
We are pleased to announce that Registration is now open for AMHCA 2008! The 2007 Annual Conference in Denver, Colorado was a huge success and we are looking forward to welcoming you to San Diego in 2008.

The site for the AMHCA 2008 Annual Conference is the Thornhill Country Resort and Conference Center in Mission Valley, San Diego. San Diego is one of the most appealing conference locations in the United States – visit Alanda Park, beaches and world-class restaurants, and enjoy one of the most beautiful settings in April.

Your conference registration fee includes all these activities:
- Keynote Address
- Welcome Reception
- Three Tracks
- Closing Reception
- Workshops and Seminars
- Free Meals

Enjoy dynamic, high-energy presentations from prominent experts in our field, and speaker presentations from peers around the country.

**Featured Keynote Speaker**

José Szapocznik, PhD, developer of One-Person Family Therapy and Brief Structural Therapy, is a clinical psychologist and one of the nation’s leading family therapists specializing in Hispanic families. Dr. Szapocznik is currently director of the Center for Family Studies at the University of Miami. He will give an all-day workshop following his keynote address.

**Other Track Speakers**

Lisa Boesky, PhD, is a clinical psychologist specializing in the identification, management, and treatment of adolescents and young adults with mental health disorders. Her latest book is "When to Worry: How to Tell If Your Teen Needs Help and What to Do About It." Her AMHCA Invited Talk is "Suitable & Self-Injury: What You Need to Know About Adolescents/Young Adults Who Want to Die or Who Can or Won’t Be Stopped."

Barry J. Jacobs, PsyD, heads the Center-Keyes Family Medicine Residency Program and is the author of "The Emotional Survival Guide for Caregivers: Looking After Yourself and Your Family While Helping an Aging Parent." His AMHCA Invited Talk is "Effective Counseling for the Burned-Out Family Caregiver."

**We Look Forward to Seeing You in San Diego!**

**Save Money By Registering Early — Register Online at AMHCA.ORG!**

**Registration Fees**

Fees are all-inclusive. Registration must be pre-paid by the deadline for priority pricing.

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Denver, CO 80202-5924

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**Call**

(303) 839-2647 or (800) 382-6247

**Website**

Go to www.amhca.org and click the "Conference Registration" button under "What's New!"
**New Members**

Continued from page 46

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- Hisham A. Alramadan
- Carole A. Braden
- Carrie Lee Bradley
- Cody Cramer
- Chrystal Dawn Frey
- Tiffany Miranda Hollis
- Billie J. Howard
- Laura Inninger
- Tawana Jackson
- Wei-Ting Lu
- Chris L. Mabrey
- Amy Heather McLean
- Elizabeth Mary Sullivan
- Melissa Sue Wilburn

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- Brandi Leigh Hemesath
- Rebecca Elizabeth Hood-Kjeldgaard
- Timothy A. Lambertson
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- Amy L. Raulerson
- Jeff Ribble
- Tammarra Petrell Thomas

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- Carrie J. Rutherford
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- Debra Lynn Ratliff
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- Sherene Jones-Evans
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- Melissa Simon
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- Rechard Stamps

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- Susan Jane Watts

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- Raynette Lyles
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- Gloria Alicia Ortiz
- Mary Oskin
- Margaret Nartter Parker
- Tiffany Ann Reed
- Caridad A. Vicente
- Eleanor Martha Vincent
- Meagan Elizabeth Voight

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- Matthew Files
- Maura Ann Gilmore
- April Kay Haffner
- Jamie Renae
- McLauhn
- Lauren T. Shanley
- Meagan Smart

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- Matthew Files
- Ana Maria Caridad
- Nicole Ashley Gardner
- Rhonda Sue Jost
- Jennifer Marie
- Brion Krck
- Rochelle Marie Ford
- Tameka Gaddis
- Kristy L. Gerke
- Sunshine M. Hefferon
- Janelle Rene James
- Cynthia Jean Rice
- Sharon Vo
- Emperor William

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- Jami Barto Hoxmeier
- Elizabeth Klicker-Nicklay
- Suzanne Emilie Reynolds

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- Taheera R. Hoskins
- Sara Marie Hurston
- Amanda Suzanne Hyatt
- Ginny Warren Kemp

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- Hsin-Hsin Huang
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- Janet K. Poole
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- Stephanie C. Schulte
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- Jayneen Stigall
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- Linda J. Waxwe
- Etiya Raynwell White
- Leslie Ann White
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Vermont
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Shirley Brown Jacobson
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Azzrahah Amuur
Ede Bischoff
Chasidy L. Boll
Carrie L. Brauneiter
Bethany Bruhn
Laurie A. Buesing
Valencia Edeoche

Wyoming
J. Kaye Erskine
Christy L. Jindrick-Tholl
Cherie Lehner
David F. Peterson

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Leilani Gjellstad Endicott
Daniela Helene Reddington

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Robert Brown

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Peter Cornish
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**Being in a place you never want to leave… that’s Paradise.**

Maybe your Paradise is found in a community center or on a college campus. Maybe it’s in a busy city, a public school, or a private office of a quiet suburb.

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Let us help you find your Paradise. As you enjoy the beautiful scenery of Blue Hawai’i, plan to take a break from the blue skies and sandy beaches to spend some time in the Career Center.

---

### Career Center Schedule

**Thursday, March 27**

- **5:30 pm**  “Meet and Greet” Employer Presentations
- **6–7:00 pm**  “Meet and Greet” Employer/Candidate Meetings

**Friday, March 28**

- **10:30 am**  Career Center opens; Orientation for new candidates
- **12:00 pm**  “Careers Over Lunch”— Informal group discussion  
  *(Amy Connelly)*
- **2:00 pm**  The Private Practice You Never Considered: Spiritual Counseling/Psychedrama  
  *(Connie Miller/SoulDrama)*
- **3:00 pm**  Opportunities at Walden University  
  *(Carin Dlin)*
- **4:00 pm**  Leveling the Playing Field: Counselor Advocacy  
  *(Scott Barstow)*

**Saturday, March 29**

- **10:00 am**  The Private Practice You Never Considered: Forensic Mental Health Counseling  
  *(Dr. Norm Hoffman)*
- **12:00 pm**  “Careers Over Lunch”— Informal group discussion  
  *(Amy Connelly)*
- **2:00 pm**  Don’t Quit Your Day Job (Yet): Easing Into Private Practice  
  *(Walsh & Dasenbrook)*
- **3:15 pm**  For Counselor Educators: Introducing Students to Private Practice  
  *(Walsh & Dasenbrook)*

Located in the Exhibit Hall.

Hours: TH, 5-7; FRI, 10:30-5; SAT, 10-5.

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EMPLOYMENT
ALABAMA
UNIVERSITY OF NORTH ALABAMA
Counselor Education Faculty
The Department of Counseling Education at the University of North Alabama invites applications for a tenure-track, Counselor Education Faculty position that is available June 2008. A School Counseling specialist is sought to coordinate and teach key courses in the School Counseling Master’s Program. Rank will be based on prior experiences, demonstrated scholarly performance, and professional activity. For detailed information about the position and to apply, please visit our website at http://jobs.una.edu. For questions concerning this position, please email humanresources@una.edu or telephone the Office of Human Resources and Affirmative Action at 256-765-4291.

ARIZONA
SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC.
SEABHS, Inc. offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual (Spanish) ability highly valued, Arizona Board of Behavioral Health Examiners License and working knowledge of family-centered therapy preferred. Clinical positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Douglas and Clifton for MA, MSW, LCP & LISAC. SEABHS offers a rewarding work experience, flexible schedule and provides employer paid health, dental, vision, life, short- & long-term disability insurance and 401(k) matching plan. 23 days of PTO first year, 12 days reserved sick leave accrual and paid holidays for full-time and pro-rated for part time employees. Send resumes to HR@seabhsolutions.org or mail to Southeastern Arizona Behavioral Health Services, HR Dept., 489 N. Arroyo Blvd., Nogales, AZ 85621 or fax to (520) 287-9794. SEABHS HAS BEEN DESIGNED AS A HEALTH CARE SHORTAGE AREA AND EMPLOYEES MAY BE ELIGIBLE FOR UP TO $50,000 STUDENT LOAN FORGIVENESS.

ARKANSAS
THE UNIVERSITY OF ARKANSAS
Two Mental Health Clinicians
The University of Arkansas Counseling and Psychological Services seeks candidates for two Mental Health Clinician positions to begin in August 2008. RESPONSIBILITIES: Both positions’ primary responsibilities will be in providing individual, couple, family, and group counseling with students, faculty and staff. Additional responsibilities will include: assessment, crisis intervention, outreach and consultation, and supervision of graduate students from a variety of professional training programs. For one position, we are strongly interested in applicants who can who can increase our visibility and credibility with students of Hispanic/Latino/Latina heritage. For the other position, we are looking for applicants who are experienced in developing clinical and outreach programs for men. QUALIFICATIONS: Doctorate in clinical or counseling psychology (APA accreditation preferred), or closely related discipline. Master’s in counselor education acceptable but Doctorate is preferred (CACREP accreditation preferred); or MSW from accredited social work program. Within 18 months of hire, must secure licensure. Arkansas for independent practice is one’s discipline. FOR MORE INFORMATION: Go to http://hr.uark.edu/employment/NonClas-sifiedTypes.asp and select “Professional” or contact Rosalyn Davis, Ph.D. at rd05@uark.edu. Applications accepted until April 11, 2008 will receive full consideration. Late applications will be reviewed as needed to fill the position. Please specify which position you are applying for in your cover letter. Persons hired must have proof of legal authority to work in the United States. The University of Arkansas is an Affirmative Action/Equal Opportunity employer.

ARGOSY UNIVERSITY, TAMPA
Professor
Due to the growth of our program offerings and in preparation for a move toward CACREP accreditation, Argosy University, Tampa Campus is pleased to announce two position openings for Professors in our Counseling program. We offer Masters programs in Mental Health Counseling, School Counseling, and Marriage and Family Therapy as well as an
Recruit and be Rewarded!

Reach Out And Recruit (ROAR)!
ACA’S NEW MEMBERSHIP RECRUITMENT CAMPAIGN
counseling.org/ROAR

Reach Out And Recruit a Member TODAY! Your referrals can become ACA members instantly, and earn you valuable prizes. Recruit your colleagues to join ACA online between now and March 15, 2008, ask them to place your name on the line that asks, “Who referred you to ACA,” and your efforts will be rewarded. It’s just that easy!

Rewarding your recruitment efforts:

To show our gratitude for your recruitment efforts and support, for every new member you recruit, your name will be entered in a monthly drawing for $50. You will also qualify to receive the following prizes to be awarded in April 2008:

- Two (2) new members ............... One free book from ACA Catalog (your choice)
- Five (5) new members ............ $50 ACA Bucks*
- Ten (10) new members ............ $100 ACA Bucks* and free ACA logo polo shirt
- Fifteen (15) or more new members......................... One year ACA membership free, one full conference registration and $100 Gift Certificate to Amazon.com (a $500+ value!)

All recruiters who recruit five (5) or more members by March 15, 2008 are eligible for the grand prize drawing for a new laptop computer to be awarded in April 2008. All recruiters will receive national recognition on the ACA website counseling.org, ACAnews and in the Counseling Today publication.

*ACA Bucks can be redeemed on any ACA product, membership, or conference registration. (Membership in ACA must be in good standing to qualify for all prize drawings.)

Already pledged to recruit and need referrals in your area? Oftentimes we commit to a project, but find ourselves not knowing where to begin. Receiving referrals of non-members in your area from your source...ACA—is your starting point! For more information on referrals in your area, contact Denise Williams, Director of Member Programs at 800-347-6647, x303 or email dwilliams@counseling.org.

Visit counseling.org/ROAR for more information, rules, updates and ideas on how to recruit new members.

Thank you for supporting your counseling association—ACA!
EdD in Counselor Education & Supervision. Argosy University, Tampa Campus is a fast-paced, academically rigorous, non-traditional, adult-oriented learning environment, which requires faculty who demonstrate a passion for teaching excellence and who understand and enjoy classroom-based and alternative delivery formats. Responsibilities include teaching both evening and weekend graduate courses, student advising, admissions reviews, committee work, and the development of disciplinary leadership. Qualified candidates must have a Doctoral degree in Counselor Education (preferably from a CACREP accredited program.) Applicants should possess a strong counselor identity with preference given to those applicants that are eligible within the State of Florida for certification as a school counselor or licensure as a mental health counselor. Salary and rank will depend on the candidate’s qualifications and experience. We are committed to social, cultural, and gender diversity among our faculty and student body. Minority-group candidates are strongly urged to apply. Review of applications will begin immediately and continue until the position is filled. Interested applicants should send resumes and salary requirements to: Tara Cameron, Human Resources Manager, 4401 North Himes Avenue, #150, Tampa, FL 33614, tacameron@edmc.edu Fax: 813-873-2171. Argosy University is an EOE.

ASSOCIATES IN PSYCHOLOGY AND COUNSELING

Independent Contractors

Independent Contractor Positions are available with an established multidisciplinary group practice in Southwest Orlando. Includes nicely appointed window office, office support staff, administrative services, assistance with marketing, etc. Current insurance panel participation is a plus, as well as bilingual in Spanish. Desired areas of specialization include couple counseling and substance abuse. Florida license required. Must be motivated and willing to market. PT/FT. Visit our website www.apc-orlando.com. If interested, please fax your vitae to (407) 523-2398.

MINNESOTA

UNIVERSITY OF MINNESOTA

Hellervik Endowed Chair in Adult Career

The College of Education and Human Development invites nominations and applications for the Lowell W. Hellervik Endowed Chair in Adult Career Development. This is a full-time position at the tenured Associate or Full Professor rank, shared between the Departments of Educational Psychology, and Work and Human Resource Education. The Chair holder will espouse a strong multidisciplinary and multicultural focus, and provide leadership among faculty and students across CEHD to enhance research and instruction that address the changing landscape of the world of work in the 21st century.

NEBRASKA

UNIVERSITY OF NEBRASKA

AT KEARNEY

Two Positions

Tenure Track faculty positions to teach courses in community and school counseling programs; participate in on-going scholarly activities; and provide service to college, university and the professional community. Required: (1) Earned doctorate in counselor education or counseling psychology and prepared to teach core courses in a CACREP-accredited community counseling program OR doctorate program in progress in counselor education or counseling psychology and prepared to teach core courses in a CACREP-accredited community counseling program; (2) Evidence of potential for scholarly accomplishment; (3) Clinical experience in the counseling field; (4) Qualify for Nebraska licensure as a LMHP. Preferred: (1) Demonstrated college/university teaching and supervision experience with diverse populations; (2) Teaching experience in a CACREP-accredited institution or graduate of a CACREP-institution; (3) Able to teach clinical coursework in a community/mental health counseling setting. Start Date: August, 2008. Competitive salary and benefits. Application review begins January 18, 2008. To apply, visit http://employment.unk.edu and follow instructions to complete the on-line faculty profile. Also attach a letter of application, vita including contact information for at least three references, and transcripts to the on-line profile. Questions about the position: (308) 865-8361 Questions about the application process: (308) 865-8655 or employment@unk.edu AA/EO/ADA www.unk.edu

NEW YORK

STATE UNIVERSITY OF NEW YORK COLLEGE AT PLATTSBURGH

School Counseling Program Coordinator

Assistant Professor/Associate Professor (DOQ)

Responsibilities: Coordinate curriculum design and practicum and internship placements, and teach specialization courses within the CACREP accredited School Counseling Program. Teach additional core courses for all programs, including Student Affairs Professional Practice, Mental Health Counseling, and Community Counseling. Usually teach 9-10 credits per semester, possibly including Professional School Counseling, Leadership and Advocacy in School Counseling, clinical courses, Internship in School Counseling, Research Methods and Design, Cultural Contexts of Counseling, and other classes as fits program needs and individual competencies. Other responsibilities consistent with the role of university faculty include scholarly productivity, student advisement, curriculum and program development, committee work, and community service. Qualifications: Earned doctorate, familiarity with ASCA National Standards and Model, and relevant experience as a school counselor within the last ten years required. Doctorate in Counselor Education and Supervision, graduation from a CACREP accredited program, and N.C.C. credential preferred. Teaching experience available with an established multidisciplinary group practice in Southwest Orlando. Includes nicely appointed window office, office support staff, administrative services, assistance with marketing, etc. Current insurance panel participation is a plus, as well as bilingual in Spanish. Desired areas of specialization include couple counseling and substance abuse. Florida license required. Must be motivated and willing to market. PT/FT. Visit our website www.apc-orlando.com. If interested, please fax your vitae to (407) 523-2398.

AMERICAN COUNSELING ASSOCIATION

Film Festival

Located in Room #305A Hawaii Convention Center

Take a break to enjoy screenings of these enlightening videos and DVDs featuring masters in the field.

All videos and DVDs are available for purchase in the ACA Bookstore in the Exhibit Hall.

Friday, March 28 • 8:00 a.m. – 6:00 p.m.
8:00 – 9:00
Professional Counseling’s Living Legends • Ellis/Arredondo/Carlson/Glasser/Krumholtz
9:00 – 10:00
Carl Rogers and the Person-Centered Approach • Rogers/Kirschbaum
10:00 – 11:30
Counseling Gay and Lesbian Youth • McAuliffe and Associates
11:30 – 12:00
PARS: A Model for Learning Process Skills • Benshoff/Glass/Yarborough
12:00 – 12:30
Learning to Think Like a Supervisor • Borders/Benshoff
12:30 – 2:00
Latino Worldviews in Counseling • Arredondo/Carlson
2:00 – 3:00
Disaster Mental Health and Crisis Stabilization for Children • Baggery
3:00 – 5:00
Face-Spirit: A New Model for Integrating Spirituality Into Counseling and Psychotherapy • Horton-Parker/Fawcett

5:00 – 6:00
The Challenge of Counseling Teens • Sommers-Flanagan/Sommers-Flanagan

Saturday, March 29 • 8:00 a.m. – 6:00 p.m.
8:00 – 8:30
Legal Liability in Clinical Supervision • Benshoff/Borders
8:30 – 10:30
A Teenage Mind is a Beautiful Mind • Glasser
10:30 – 11:30
Art Therapy Has Many Faces • Rubin
11:30 – 12:30
Role Induction in Counseling Supervision • Osborn
12:30 – 1:30
The Written Supervision Contract • Osborn
1:30 – 2:30
Play Therapy: Bouncing Into the Basics • Baggery
2:30 – 5:00
Leading Groups With Adolescents • Delucia-Waack/Segrist/Horne
5:00 – 6:00
Brief Integrative Adlerian Couples Therapy • Carlson

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in a CACREP accredited program, certification or licensure as a School Counselor, and background with career development, assessment, research, and/or program evaluation in schools preferred. Computer literacy, involvement in professional organizations, ability to collaborate with and provide support for regional schools and school counselors, and familiarity with CACREP and TEAC accreditation processes particularly desired. Evidence of teaching effectiveness and scholarly ability is required. Department/Community/Region: The Counselor Education Department at Plattsburgh State, including the School Counseling Program, enjoys a reputation within our region of northeastern New York and Vermont for preparing outstanding school counselors. Our faculty is committed to innovative teaching, applied scholarship, and providing strong clinical experiences for our students, both within our own Counseling Services Clinic and in external field sites. Our students regularly attend and/or participate in regional, state, and national conferences. Plattsburgh State’s campus is situated in a small city in upstate New York’s Champlain Valley. The immediate community is rural with boundless opportunities for wilderness and outdoor activities. Here you are never far from mountains, rivers or lakes. In addition to the natural beauty of the area, Plattsburgh is an hour away from exciting destinations such as Lake Placid, NY, Burlington, Vermont, and the urban cultural environment of Montreal, Quebec. SUNY Plattsburgh is an equal opportunity employer committed to excellence through diversity. Review of application materials will begin immediately and continue until the position is filled. Send letter of application, resume, and contact information for three references to: Chair Search Committee (PJF 4879-CT), SUNY Plattsburgh, Human Resource Services, 101 Broadway Street, Plattsburgh, NY 12901, hr.apply@plattsburgh.edu

STATE UNIVERSITY OF NEW YORK COLLEGE AT PLATTSBURGH
Student Affairs Professional Practice Program Coordinator
Assistant Professor
Responsibilities: Coordinate curriculum design and practicum and internship placements, and teach specialization courses within the CACREP accredited Student Affairs Professional Practice Program. Teach additional core courses for all programs, including School Counseling, Mental Health Counseling, and Community Counseling. Usually teach 9-10 credits per semester, possibly including Student Affairs Practice, College Students and Environments, Facilitating College Student Development, clinical courses, Internship in Student Affairs, Research Methods and Design, Cultural Contexts of Counseling, and other classes as fit program needs and individual competencies. Other responsibilities consistent with the role of university faculty include scholarly productivity, student advisement, curriculum and program development, committee work, and community service. Qualifications: Earned doctorate in Counselor Education and Supervision (or ABD to be completed within one year of hire), from a CACREP accredited program, N.C.C. credential, and relevant experience as a student affairs professional within the last ten years. Computer literacy, involvement in professional organizations, assessment, research, and/or program evaluation experience is ability to collaborate with and provide support for student affairs professionals in regional colleges, and familiarity with CACREP accreditation process particularly desired. Graduate teaching experience and evidence of teaching effectiveness and scholarly ability are required. Department/Community/Region: The Counselor Education Department at Plattsburgh State, including the Student Affairs Professional Practice Program, enjoys a reputation within our region of northeastern New York and Vermont for preparing outstanding Student Affairs graduates. Our faculty is committed to innovative teaching, applied scholarship, and providing strong clinical experiences for our students, both within our own Counseling Services Clinic and in external field sites. Our students regularly attend and/or participate in regional, state, and national conferences. Plattsburgh State’s campus is situated in a small city in upstate New York’s Champlain Valley. The immediate community is rural with boundless opportunities for wilderness and outdoor activities. Here you are never far from mountains, rivers or lakes. In addition to the natural beauty of the area, Plattsburgh is an hour away from exciting destinations such as Lake Placid, NY, Burlington, Vermont, and the urban cultural environment of Montreal, Quebec. SUNY Plattsburgh is an equal opportunity employer committed to excellence through diversity. Review of application materials will begin immediately and continue until the position is filled. Send letter of application, resume, and contact information for three references to: Chair Search Committee (PJF 4880-CT), SUNY Plattsburgh, Human Resource Services, 101 Broadway Street, Plattsburgh, NY 12901, hr.apply@plattsburgh.edu

The Ohio State University
Faculty Position in Counselor Education- School Counseling
School of Physical Activity & Educational Services
The College of Education and Human Ecology invites applicants for an open rank, full-time, 9 month tenure track position in Counselor Education- School Counseling. The Counselor Education program offers a PhD and two MA tracks, one in School Counseling and a second in Community Counseling. Both tracks prepare students for licensure in their areas. The School Counseling track places special emphasis on urban schools and working with students of color, low income populations, and other diverse student populations. The program has a commitment to diversity at the research, training, and service levels. Responsibilities: The focus of the position is to work with graduate instruction, including master’s and doctoral level courses in counselor education; participate in outreach and service activities associated with professional development schools and other practitioner-related activities, particularly in urban school and community settings; pursue a strong program of research in the area of school counseling as a discipline and secure significant extramural funding related to the area of research and scholarship, teaching, and service; collaborate in area of research and scholarship with faculty in similar or other disciplines; advise graduate students with a focus on school counseling; use technology in instruction; provide leadership in service related to school counseling and youth assistance at the local, state, and national levels; collaborate with faculty and students in similar and related disciplines, and in general contribute to a nationally ranked counselor education program. Qualifications: The full position description, to include qualifications, can be viewed online at http://ehr.osu.edu/scholarsearch/ under “School of Physical Activity and Educational Services.”

WASHINGTON
CENTRAL WASHINGTON UNIVERSITY
Assistant Professor, Mental Health or School Counseling
Department of Psychology, Central Washington University
One tenure-track assistant professor position in mental health or school counseling, beginning September 16, 2008. Applicants must have an earned doctorate (preferably from a CACREP-accredited program) in counselor education, counseling psychology, or closely related discipline by September 16, 2008. Washington state licensure as a mental health counselor or certification as a school counselor (or licensed/certification eligible). We prefer applicants with proven ability to work with culturally diverse students. Responsibilities: teach counseling-related courses at the graduate level in addition to undergraduate courses; serve as advisor to graduate students for student affairs professionals in regional colleges, and familiarity with CACREP accreditation process particularly desired. Graduate teaching experience and evidence of teaching effectiveness and scholarly ability are required. Department/Community/Region: The Counselor Education Department at Plattsburgh State, including the Student Affairs Professional Practice Program, enjoys a reputation within our region of northeastern New York and Vermont for preparing outstanding Student Affairs graduates. Our faculty is committed to innovative teaching, applied scholarship, and providing strong clinical experiences for our students, both within our own Counseling Services Clinic and in external field sites. Our students regularly attend and/or participate in regional, state, and national conferences. Plattsburgh State’s campus is situated in a small city in upstate New York’s Champlain Valley. The immediate community is rural with boundless opportunities for wilderness and outdoor activities. Here you are never far from mountains, rivers or lakes. In addition to the natural beauty of the area, Plattsburgh is an hour away from exciting destinations such as Lake Placid, NY, Burlington, Vermont, and the urban cultural environment of Montreal, Quebec. SUNY Plattsburgh is an equal opportunity employer committed to excellence through diversity. Review of application materials will begin immediately and continue until the position is filled. Send letter of application, resume, and contact information for three references to: Chair Search Committee (PJF 4880-CT), SUNY Plattsburgh, Human Resource Services, 101 Broadway Street, Plattsburgh, NY 12901, hr.apply@plattsburgh.edu

SEATTLE PACIFIC UNIVERSITY
Counselor Education Assistant/Associate Professor, full-time, tenure track position available as early as July 1, 2008. Doctorate (ABD considered) in counselor education from a CACREP accredited program is preferred. Successful candidate will have university and K-12 school counseling experience and knowledge, significant skills as a counselor educator, scholarly evidence or promise in counseling or counselor education, and a collaborative approach to working with students and faculty. A sub-experience in human development and research will be helpful to the department. Seattle Pacific University serves more than 3,800 undergraduate and graduate students in the liberal arts, sciences and professions. As a Christian University, SPU is clearly evangelical, genuinely ecumenical and distinctively Wesleyan, and seeks applicants who are committed to its Christian mission. The University is located in a cosmopolitan urban center with rich cultural diversity and is committed to building an excellent and diverse teaching faculty. Women and minority candidates are especially encouraged to apply. Applications should be received by May 30, 2008. Inquiries and requests for an application should be made to Cher Edwards, Ph.D., Search Committee Chair, Seattle Pacific University, 3307 Third Avenue West, Suite 202, Seattle, WA 98119-1950. Phone: (206) 281-2286; e-mail: edwards@spu.edu. For more information about SPU access our home page at http://www.spu.edu/.

CHRISTIAN COUNSELING SERVICES
LPC or LCSW
Christian Counseling Services is seeking a LPC, or LCSW or licensed eligible therapist to work in our offices serving clients through individual, couple and family counseling in Lynchburg, VA. Supervision available. Please send resume to Lynchburgcounselor@yahoo.com and visit us at www.cssofva.com for more info. (434) 525-5859.

THE OHIO STATE UNIVERSITY
Application: Applicants should submit a letter of application, curriculum vita, names of three references, and instructional and/or scholarship portfolios (if available) to: Director, Donna Pastore, School of Physical Activity & Educational Services, Room A150 PMAC Building, 305 West 17th Avenue, Columbus, OH 43210-1224. Inquiries are welcome by email: pastore.36@osu.edu. Evaluation of application materials will begin March 24 and continue until position is filled. The position is available Autumn Quarter 2008.

To build a diverse workforce Ohio State encourages applications from individuals with disabilities, minorities, veterans, and women. EEO/AA employer.
Know the facts about Malpractice...

Myth #1
An individual malpractice insurance policy is an unnecessary expense if your employer already provides coverage for you.

Fact #1
Your employer's malpractice plan is geared to focus on its own interests during a lawsuit—not yours. The main benefit of having your own policy is that it protects you and you alone. You'll have peace of mind knowing that your interests will be the top priority. Having your own coverage is worth it because you never know when you'll need it.

Myth #2
You are more likely to be sued if you carry an individual malpractice insurance policy in addition to employer-provided coverage.

Fact #2
The truth is, no one can know whether you've purchased an individual policy. If you are named in a lawsuit, your insurance status will not be uncovered until the "discovery phase" of the trial. At that point, you've already been named in the suit and you need to defend yourself.

Myth #3
Plaintiffs' attorneys will keep you on the defendant list in a lawsuit if they find out that you have your own insurance in addition to employer-provided insurance.

Fact #3
If the plaintiff's attorneys believe that you were even remotely involved in an incident or could help strengthen their case, you'll stay in court—whether or not you have your own insurance.

Myth #4
If you are careful with your clients, you are unlikely to be sued—and therefore don't need your own insurance.

Fact #4
You are ALWAYS under the risk of being sued. If a client even perceives there was harm done as a result of you providing (or failing to provide) services, that client could sue. If there are gaps in your employer's plan—and it's not uncommon—you may benefit from carrying your own insurance.

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