Private practice

Also inside:
- Addressing the issues of adoptive families
- Taking a closer look at perfectionism
- Talking school counseling with Pat Henderson
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**Cover Story**

**Breaking away from the pack**  
By Lynne Shallcross  
Several ACA members who have taken the plunge into private practice share details about the challenges they have confronted, the lessons they have learned and the strategies they have implemented to increase their chances of success.

**Features**

**Forging family bonds**  
By Lynne Shallcross  
Counselors who work with adoptive families must prepare themselves to help both children and parents in addressing complex issues of loss, attachment, adjustment, identity, trauma and grief.

**Learning to live less perfectly**  
By Jonathan Rollins  
Continuing research suggests the existence of a positive form of perfectionism, but for those who struggle with its negative version, the pipe dream of perfection stands as a major impediment to happiness and success.

**Developing programs that meet student needs**  
Interview by Frank Burtnett  
Patricia Henderson discusses accountability in school counseling programs, the essentials of developing and managing these programs, and the characteristics that make certain school counselors effective managers and supervisors.

**Reader Viewpoint**

**What counselors can learn from improv**  
By Lennis Echterling, Anne Stewart, Jack Presbury & Eric Cowan  
Your challenge as a counselor is to encourage clients to set aside the old life scripts that are imprisoning them and help them to improvise new possibilities.
Bradley T. Erford has been elected by the membership to serve as the 61st president of the American Counseling Association. A professor in the school counseling program of the Education Specialties Department in the Loyola University Maryland School of Education, Erford currently serves as the Association for Assessment in Counseling and Education’s representative to the ACA Governing Council.

Erford has previously served as president of AACE, as chair of the ACA Southern Region and as president of the Maryland Association for Counseling and Development, as well as president of three state branch divisions. Appointed an ACA fellow in 2006, he has been the recipient of several ACA awards, including its Extended Research Award, Arthur A. Hitchcock Distinguished Professional Service Award, Professional Development Award and Carl D. Perkins Government Relations Award. He has also chaired numerous ACA committees and task forces and is currently a delegate to the 20/20: A Vision for the Future of Counseling initiative.

In addition to Erford, this year’s candidates for ACA president-elect were Michael D’Andrea, Jeffrey Freiden and E. Christine Moll. ACA leaders and members appreciate their willingness to run for office and their commitment to serving the counseling profession.

Nearly 2,800 votes were cast in this year’s election for ACA president-elect. Erford will begin his term as president-elect on July 1, 2011, and will assume the role of ACA president on July 1, 2012, for a one-year term.

Counseling Today will publish the election results for ACA divisions and regions in the April issue. The results are also available on the ACA website at counseling.org.
Hangt your eyes, and you are waiting with great anticipation. You know it will be wonderful — one of those times in your life that you will look back on with such fond memories. As March arrives, that is exactly how I am feeling. As a basketball fan, I normally associate this time of year with March Madness. What also comes to mind when I think of March is spring break, which means vacation time. This year, however, neither of those is the reason for my anticipated joy. Instead, I’m excited because this is the month we will all come together in New Orleans, one of my favorite cities in the world, for the American Counseling Association Annual Conference & Exposition. This is the month we will speak as one voice and be in one place celebrating what it means to be a professional counselor. We will also remember the significance of what has transpired in this city throughout the past six years, from Hurricane Katrina to the Deepwater Horizon oil spill. This will be a time for us to personally thank all of the wonderful counselors who have volunteered to sacrifice their time and efforts to rebuild this great city.

Reflecting back to August 2005 and Hurricane Katrina, this nation experienced the costliest natural disaster in its history. More than 1,800 people lost their lives as the result of the hurricane and subsequent flooding. As I sat and watched what was transpiring in New Orleans on television, I recalled my many experiences as a child in Mobile, Ala., where I prepared for hurricanes with my grandmother and then waited for the storms to hit land. My most vivid memory was of Hurricane Camille in 1969. As I sat there listening to the wind and falling trees, my grandmother kept saying to me over and over again, “Be still child,” as if this would protect me from the unseen power making its presence felt all around me. Still, the helplessness and fear I felt on that day were nothing compared with the horror of what was happening in New Orleans in late August 2005.

Nor did it come anywhere near the horrors of the aftermath of Katrina as we received thousands of hurricane evacuees in San Antonio. I so clearly remember an older gentleman saying to me, “I need to find my wife. They took her from me. Please help me.” I had been working for many hours and was totally exhausted. Seeing the look of total desperation on his face, I just wanted to break down and cry. Then his daughter approached, informing me that her two brothers had died in the storm and her father was on the verge of total panic. Please help. Acquiring energy from some unseen force, I left what I had been doing to go in search of the man’s wife.

You see, there was so much confusion at KellyUSA, which served as one of the main evacuation sites. We had never dealt with something like this before, and we were so unprepared. I was finally able to find the man’s wife in our medical unit, where she had been taken for observation. When I went back to tell him, he held my hands and wouldn’t let go. As I looked into his eyes, I broke into tears. Reflecting on that moment, I must say I am crying again now as I write this. Please know these are tears of sadness but also tears of joy and thankfulness. As I looked around me at that time, I saw hundreds of volunteers giving so much of themselves for their fellow brothers and sisters. Finding a spot on the floor where I eventually crumbled, I witnessed the amazing spirit of all those who sacrificed days and days of their lives to help others. I also learned a new term: compassion fatigue. I could see and feel the fatigue all around me, but at that time, I did not know what it was. Now, I do.

Many of you have your own personal stories to tell or know of someone who gave of themselves during that horrific time. I want you to come to New Orleans so that I can personally thank you. I also lived in New Orleans for a while, and this is like going home for me. Join me there in formally thanking all the wonderful volunteers. And on a personal note, join me in the fulfillment of one of my dreams.
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Executive Director's Message

Out of crisis, a new push for advocacy

After Jared Lee Loughner allegedly pulled out a weapon and started shooting in Tucson, Ariz., on Jan. 8, discussion and debate quickly began on a wide range of issues, including gun control, elected officials’ safety and the need for civility and respect during political debate. There were also constant updates: daily reports about Rep. Gabrielle Gifford’s medical condition; stories about those who lost their lives as well as those who helped to save lives; analysis of Loughner’s “behavior” in court; intense scrutiny of the community in southern Arizona previously known for its natural beauty and its attractiveness to people with active lifestyles, its identity now usurped by three words: “Tragedy in Tucson.”

Of all the topics that emerged after that fateful day in Tucson, the one many of us followed most closely was how the mental health system had failed and what could be done to prevent a repeat of such a horrific event. Let me reiterate: I wrote that the system failed; I did not say that mental health professionals failed. The overlapping and convoluted laws in Arizona (which, unfortunately, are also present in many other parts of the country) allowed Jared Loughner to fall through any type of safety net that might have foreseen and perhaps prevented the rampage of which he is accused.

One thing I did not hear in the ensuing discussion was an acknowledgment of the actions that mental health systems in communities nationwide take each and every day to prevent hundreds, perhaps thousands, of other Jared Loughners from carrying out such atrocities. Daily, there are hundreds of thousands of mental health professionals providing services to ensure the safety of our communities. Those of you who are mental health professionals, counselor educators and graduate student interns are doing an amazing job of helping the tens of thousands of others who might have the potential, and perhaps the intent, to do what Jared Loughner allegedly did. I want to thank and congratulate you for the work you do, the commitment you have made and the dedication you have shown to your students and your clients.

Let’s face it — Jared Loughner appears to have been a time bomb waiting to go off and, unfortunately, he did slip past all of the services and warning systems designed to alert officials and professionals to impending disaster. Some will use the incident to argue the appropriateness of the death penalty for such a heinous crime. Others will engage in discussions that will put our elected officials in some type of security bubble. Still others will question what type of parenting Loughner received. Rather than looking to place blame, I think we need to find ways to fund services that ensure the provision of adequate crisis mental health services for those who would carry out such terrible acts.

Continued on page 9
Self-care for counselors

Thank you for your article on counselor wellness (“Taking care of yourself as a counselor,” January 2011). I wholeheartedly agree that counselor education programs must do more to teach wellness strategies.

I came out of my schooling and internships into a full-time practice (handed to me, which I thought at the time was a good thing). I was seeing folks while under limited supervision and was continually told how “amazing” I was as a counselor and how I was helping so many. My ego was reinforced, but I began to experience many physical maladies — ulcers, headaches and more. It took me many months and multiple doctor’s tests before I was forced to take some time off. Still, I did not correlate my work with my illnesses. It was years later before I got it.

I came to understand that I had to learn new ways of managing my experience in my practice. Now I know to hold my clients’ experiences in “containers” away from my body. I know to share with colleagues. I know the subtle signals in my body and emotions. I have found great joy in being a Nia Brown Belt instructor — a true body/mind/spirit/emotions practice that releases tension throughout the body.

Again, thank you for your article. I hope all practitioners heed your guidance, especially new therapists who are eager and may not be as self-aware as they will learn to be later in their practices.

Kathryn A. Kelley, M.A., NCC, LCPC
Kelley Institute of Integrative Therapy
Helena, Mont.

This morning while on the treadmill, I read Lynne Shallcross’ article on “Taking care of yourself as a counselor.” It could not have been more timely, for I woke up at 3:30 a.m. and wasn’t able to return to sleep. I normally get up around 5 anyway, but 3:30? My nerves were frazzled.

As with many who read this magazine, my mission is to help people believe in themselves. I do workshops, counsel law students and lawyers, listen to the folks in the grocery store line ... the list is endless, as you know. I give workshops on “Believing in Yourself” for Saint Louis University and women’s groups and have even constructed a little book as a handout. I’m 65 (66 in August) and have been taking care of others since I was born, and that includes all my dolls and neighborhood animals. The problem? Following my own advice. Sometimes, it is just easier said than done.

Thanks for writing this article. I need some new support, new ideas and renewed hope. I will check out the counseling.org website.

Anne Hensley, LPC
St. Louis

Finding a missing puzzle piece

Thank you for Stacy Notaras Murphy’s article “Underdiagnosed and overwhelmed” (January 2011). I am in my early 30s, and the first time someone suggested to me that I might have attention-deficit/hyperactivity disorder (ADHD) was three or four years ago. At that time, I had an M.Ed. in special education and I was almost finished with my M.S. in counseling. I had also taught special education for five years. Surely, if I had ADHD, I’d know! I had all the right training and credentials, not to mention being very well behaved and academically inclined as a child.

As I read through the article, I was surprised to see so many connections with other women who received the diagnosis as adults — not connecting to others as a child; doing very well within the structured home my parents created, then slowly falling apart during college and early adulthood; addictive behaviors; anxiety; depression; the overbearing sense that I am “somehow a loser getting in the way of [my] own achievement”; and this ever-increasing frustration that, although I’ve really dealt with a lot of my issues, somehow I still can’t get it together.

Coming to terms with the ADHD diagnosis is like stumbling upon a missing puzzle piece. I believe, as does my psychiatrist and the counselor who really pressed me to discuss the idea with her, that the ADHD underpins everything. The more I live life from this paradigm and address this issue directly, the more I tend to agree. Of course I struggled with relationships as a child. I lived in this foggy, distractible dreamland where I never noticed the expected social skills of kids my age. Of course life fell apart after moving away from home. My parents are incredibly ordered people. I’m reasonably compliant with authority, and they’d remind me to do chores or whatnot, and I’d go do them without a problem. Without that structure, I struggled to keep my pantry stocked and my home tidy. It’s as though all the organizational effort I possess gets used up at work, and when I get home, I just don’t have anything left to attack those piles and dust bunnies, even though the clutter and chaos bugs me.

It’s getting better. With accurate conceptualization, I interact much more skillfully with my anxiety. Books such as ADD-Friendly Ways to Organize Your Life and The Seven Habits of Highly Effective People have helped me learn how to manage the internal and external chaos. Changing medication to address ADHD and not just generalized anxiety has been critical.

Reading your article was a timely and thoroughly normalizing experience for me. It brought together in one place many of the concepts I’ve learned here and there about women and adults diagnosed with ADHD.

Michelle Godwin
Dallas

Ethics, remediation and groupthink

I am responding to the article titled “Putting clients ahead of personal values” in the November 2010 issue of Counseling Today. I, too, think it cites “one of the most important court cases in the past 25 years,” though for quite different reasons than those given in the article.

I’ve been counseling people professionally for 35 years. It’s been my ethical understanding that we are called,
minimally, to do no harm to our clients. In the view of a conservative Christian counselor (Julea Ward), her homosexual client is doomed to not just a lifetime, but an eternity of unrelieved suffering if the client doesn’t change. How in the name of ethics can we require that she participate in dooming her client? This would be like a drug counselor agreeing with a practicing addict that continued drug use is as good a choice as any other lifestyle, except the addict’s suffering will be limited to a few decades.

I submit that Eastern Michigan University (EMU), the American Counseling Association and the court have required Ward to practice in a decidedly unethical way by requiring her to at least passively support something she personally believes to be horrifically damaging to her client. She can’t prove her beliefs to be true but, likewise, no one can prove them wrong. I submit she did exactly the ethical thing by recognizing her inability to serve this client, reporting it immediately to her supervisor and requesting a referral to another counseling student.

EMU offered Ward remediation, but remediation is about learning new skills and competencies. In this context, the goal of “remediation” is about changing this counseling student’s worldview, not about helping her become the best counselor she can be with her existing worldview. This strikes me as insisting on groupthink more than remediation.

I don’t advocate that we interact with our clients in any way that leaves them stripped of dignity or otherwise diminished. But according to your article, this young woman did none of that. She apparently did voice her worldview in her grad classes, which, frankly, makes me wonder if assigning a gay client to her was a set-up from the beginning. We wouldn’t treat a client that way, and we shouldn’t treat our grad students that way either.

However right-hearted it is to try to be all things to all clients, I fervently believe it is wrong-headed. It isn’t that such a goal isn’t desirable; it’s that it is impossible. Much better we should each know and honor our limits.

Connie Remetch, M.A., LMHC, CADC
Des Moines, Iowa

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**Editorial policy**

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

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

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

E-mail letters to ct@counseling.org or write to _Counseling Today_, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.

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**Executive Director’s Message**

So, as if you didn’t have enough to do already with your caseloads, counseling courses or direct service work, I am asking you to do still more. We need mental health providers who will consistently and determinedly advocate for clients, promote more funding for services and encourage the hiring of more professional counselors in a wide range of facilities, schools and community agencies.

Please get involved. Go to the American Counseling Association website, find out what we are doing in public policy and advocacy (counseling.org/PublicPolicy), then pick up that phone, or get online, and let your elected and appointed officials know what our country needs now. We all understand the need to live within our means, but as budget battles continue to heat up in Congress, in state legislatures and at all levels of local government, let’s make sure that those representing us know what the true return on investment is when funding for preventive and crisis services is made a priority. ACA will walk hand-in-hand with you in this effort. You can count on that. We owe it to all those who face challenges in their pursuit to live full, healthy, happy and fulfilling lives.

I look forward to visiting with many of you at the ACA Annual Conference & Exposition in New Orleans later this month (March 23-27). More information about the conference is at counseling.org/conference. As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.
In one of the first votes taken upon convening the 112th Congress, the House of Representatives voted 245-189 to repeal the Patient Protection and Affordable Care Act, the health care reform law enacted in March 2010 to expand health insurance coverage to the nation’s uninsured. Three Democrats joined the chamber’s 242 Republicans in voting for repeal of the law. The vote was largely symbolic, however, Senate Majority Leader Harry Reid (D-Nev.) has indicated he will not bring the legislation up for a vote on the Senate floor, and even if the Senate actually passed the legislation, which is highly doubtful, it would be vetoed by President Obama.

The repeal vote was just the first step in a sustained campaign against the measure. House committees have already begun hearings focused on flaws in the legislation, and House leaders may attempt to cut off funding for its implementation. House approval is required for any legislation, including federal spending, to become law. Although funding decisions will play out in the context of a broader tug-of-war over federal spending (see next item), bills targeting aspects of the Affordable Care Act will be considered. Two possible areas of agreement are getting rid of the 1099 tax reporting requirements included in the act and adopting medical malpractice reforms. Obama expressed support for both of these ideas in his January State of the Union speech.

Many House Republicans (and self-proclaimed Tea Party members) campaigned by vowing to “repeal and replace” the health care law. Having passed a bill addressing the first word in that phrase, Republicans now intend to develop legislation to take care of the second. On Jan. 20, a day after the repeal vote, the House passed a resolution instructing four of its committees to develop alternative health care legislation. Needless to say, this will be a tall order.

For more information on implementation of the Patient Protection and Affordable Care Act, contact Scott Barstow with the American Counseling Association at 800.547.6647 ext. 234 or sbarstow@counseling.org.

**Budget season could hurt**

This year in Congress, one topic — the federal deficit — is shaping up to be the central point around which all other policy issues turn. Social Security, Medicaid, Medicare, TRICARE, veterans’ affairs, public schools, Pell Grants, health reform implementation, workforce development, housing, unemployment insurance, infrastructure investments, cash assistance for needy families — every domestic government program is receiving a new look from a Congress and an administration hungry to cut spending and rein in federal deficits. Many advocates believe dramatic reductions in government spending might disproportionately harm our nation’s most disadvantaged populations.

House Republicans are proposing to cut “non-security” discretionary spending (that is, anything other than defense, military construction, homeland security and veterans’ benefits) by $50 billion to $100 billion for the remaining six months of Fiscal Year 2011. This would be a painful cut. FY 2010 domestic non-security discretionary spending totaled slightly more than $600 billion. In his State of the Union address, Obama proposed freezing spending on domestic nondefense programs for five years. The federal government is funded through early March on a “continuing resolution” that the 111th Congress adopted before it adjourned in December. This means decisions on how to fund government agencies for the remainder of the fiscal year must be made — and made together both by Democrats and Republicans — before that time or the government will shut down. In addition, our national debt is so high that Congress needs to raise the official “debt limit” this spring to prevent the U.S. Treasury from defaulting on financial obligations to foreign governments and private sector lenders. The United States has never defaulted on its loans, and doing so would have a devastating effect on the world economy.

Although Congress ultimately has little choice other than to approve a debt ceiling increase to avoid such consequences, the vote will spotlight the need for decreasing spending and increasing revenue to balance the books. With Democrats holding a slim majority in the Senate, Republicans running the House and a Democrat in the White House, the way forward is murkier than ever.

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Catherine Cripps, a licensed clinical professional counselor and board certified art therapist, is one of only two art therapists on the Eastern Shore of Maryland. We were discussing private practice issues one day, and I realized she was effectively bridging the worlds of art therapy and talk therapy. Here is her story.

Rebecca Daniel-Burke: What is your current counseling position?
Catherine Cripps: I am currently an LCPC, ATR-BC, which is art therapist registered-board certified, and a supervisor of each. I am currently in private practice.

RDB: What led you down the path toward a career in counseling?
CC: Like many others, I initially was trying to heal myself and my family. I later learned that was impossible, but I was already fascinated by the field.

RDB: When did art and art therapy come into the equation for you?
CC: Making art gave me comfort and joy as a child. I was delighted to later find a discipline where I could combine art and therapy.

RDB: How is it different for you working with art as opposed to talk therapy?
CC: Art therapy is a psychosynthesis, a dynamic process in which interactive imagery communicates with the mind and body. Logic and speech are conscious functions mediated by the left brain. Art therapy also uses subconscious imagery from the right brain, thereby engaging more of the brain and providing greater healing potential.

RDB: Is there a group that responds well to art therapy? Is there a group that does not?
CC: Children and adolescents make art naturally, and they therefore respond well — and easily — to art therapy. Many adults are curious about the creative process and self-expression but don’t come to art as naturally as children. Some adults who don’t have any art background are worried about performance. Once they understand that art therapy is about the process, many are willing to try.

RDB: As you look back on your career in counseling, what has been your favorite position? Why was that one a favorite?
CC: Right now, I am in private practice, and that seems to suit me best. I suppose it suits me well because I have the freedom to work the way I feel is most productive. There is also a lot less paperwork. When I worked in hospitals and in clinics, there was an ever-increasing mountain of paperwork. Although, I was once the art therapist at a private psychiatric hospital that had a great art room. I also enjoyed that.

RDB: Is there one theoretical orientation that you gravitate to more than others? Why?
CC: I use cognitive behavioral therapy regularly when I ask clients to question the underlying beliefs that drive unhealthy behaviors. I have also been strongly influenced by Jungian psychology and the use of symbols and inner images to heal.

RDB: Who are your heroes?
CC: My early “sheroes” were Margaret Mead, Marilyn Monroe and Minnie Mouse. Intellect, beauty and fun!

RDB: Has studying counseling and art therapy been transformational for you?
CC: Yes, studying counseling and art therapy has stimulated a lifelong journey of self-exploration.

RDB: What mistakes have you made along your career path? And more important, what lessons have you learned from those mistakes?
CC: In my 30-plus years as a counselor and art therapist, I have made many mistakes. Usually it was because I failed to listen to something important that a client was trying to tell me. I continue to identify and pay close attention to the difference between the client’s expectations and my own expectations.

RDB: Is there a saying, a book or a quote that you think about when you need to be inspired regarding your work? What do you try to think about or remember when the going gets tough?
CC: Free Play is a book written by Stephen Nachmanovitch. It remains one of my favorite books about art and about life. A memorable quote that comes to mind is “All healing involves a shift in deep imagination.” I also am fond of the quote “Don’t believe everything you think.”

RDB: I can see your work is intense at times. What ways do you find to take care of yourself and fill yourself back up?
CC: One of the advantages of using nonverbal therapy is that I continue to enjoy the process myself as I support clients who are making healthier choices in their lives. Outside of the office, I enjoy many forms of art. I am currently involved in sculpture, gardening, sailing and renovating my ancient house.

RDB: Have I left anything out that you want our readers to know about you or your work in counseling and art therapy?
CC: The process of making art is a fun and useful tool for healing. It will enhance your clients’ lives as well as your own.

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Letters to the editor: ct@counseling.org
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**Letter to ourselves: Reflections on pursuing a doctorate**

Periodically, *New Perspectives* dedicates space for new professionals and graduate counseling students to share developmental experiences in their own words. This month, two doctoral candidates collaboratively reflect on their journey through a counseling education program. Kathleen Brown-Rice and Angela Colistra are students in the University of North Carolina at Charlotte Department of Counseling.

**Kathleen Brown-Rice and Angela Colistra**

Driving through the countryside on our way back from the 2010 Southern Association for Counselor Education and Supervision (SACES) conference, we began looking at the leaves and how they indicated the passage of seasons. This caused us to reflect on the past three years in our counselor education doctoral program. We reminisced about the beginning of this journey, discussed all that had transpired and reexamined how much we have discovered about ourselves. The process began with many questions and countless unknowns. How we wish we knew then what we know now. If we could send a letter back in time to ourselves, it would read as follows.

You are making the trek to North Carolina for your interview, and feelings of apprehension and excitement are surfacing. In a short time, you obtained both your undergraduate and master’s degrees, and the fact that you are now pursuing your doctorate is somewhat unbelievable. You have many questions: How will I manage the time needed for my studies, working and being present for my family? What will the faculty expect of me? Will I be able to deliver? What will I need from the faculty? Will the financial and personal sacrifices be worth it? The hope is that this letter will alleviate some of those concerns.

For the interview, be yourself because the more you try to be someone else, the worse the interview process goes. Be congruent! I know you feel alone as you are walking into the building. In reality, you are not. Once you arrive, you will connect with other interviewees, and this will make the entire process more bearable. Remember, you are being evaluated, but you are also evaluating the school and the faculty.

All right. You survived the interview process and accepted the offer. Now what? Spend some quality time with loved ones. Being in a doctoral program requires that you be selfish with your time and forces you to make difficult decisions. Sometimes, studies will take priority over quality time with family and friends. However, it’s important to acknowledge those whom you care about.

I am not sure anyone could have prepared you for the first year, but ready or not, you have arrived! The first day, you walk into classes wondering if the faculty will figure out that you aren’t really qualified to be there. This is called the imposter syndrome. Trust me, practically everyone else in your cohort feels the same way. It is natural to have feelings of insecurity, and I believe those feelings will motivate you to be open to new learning, enable you to be sensitive to your students and supervisees, and keep you humble.

You are a few weeks in, and you are trying to find a “new normal.” You will find a way to adjust to the demands of the workload and the expectations from faculty and yourself. Recognize your areas that need growth and start working on them (for example, writing, research). Do not put this off! Sometimes, the awareness you gain will be related to personal concerns. Go to the counseling center to help you cope with life’s ups and downs!

The first year flies by fast, so do not let things slide. Start writing and submitting articles for publication. Also, anytime there is a research opportunity with the faculty, jump on it. I know what you are thinking: You do not have the time. Well, make the time. Learn to be an extraordinary time manager in this first year. It will make the remaining years more bearable. Also, when you need help, ask for it. Rely on your cohorts. You will become great friends with them, and they will provide you with a wealth of support and inspiration. Form an advisory committee that will assist you not only with your professional growth but also with your personal growth.

Your second year will be full of substantial feedback from faculty. Be receptive to this feedback. It will only make you better. Sometimes, you might not agree with faculty opinions, but always respect their words. Yet, remember to trust your own instincts. Clinical supervision will also be a focus during this year. Being a new supervisor will bring challenges. You will struggle with wanting to be supportive to supervisees but also wanting to ensure that they meet the required competencies. Trust the supervision you are receiving in helping them.

I know you are tired, but do not give up! Work, read, research, write, discuss, volunteer and collaborate. These are necessary ingredients for becoming
a scholar. You feel overwhelmed, so recharge as much as possible. This is when self-care is not a luxury but a necessity!

During the middle of the chaos of your second year, you will complete the dreaded comprehensive exams (comps). Yes, they are horrible! My best advice is to study, study and then study some more. This is one of those times when family and loved ones will have to take one for the team.

When you pass comps, you begin the dissertation process. During this time, learn to say no to anything that will distract you. Your dissertation is your job now. Keep telling yourself that you can do this, and be patient with the process. The dissertation process is tedious and slow moving, but you will get through it.

My final thoughts are to have faith in your abilities and to trust yourself. This experience is all you think it will be and much more. Let your passion for the counseling field give you fuel. The degree is an exercise in endurance, commitment, patience and faith. Enjoy the journey, the wonderful friends you will make and the new self-awareness you will discover.

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

Letters to the editor: ct@counseling.org

“Greatest professional accomplishment: Seeing children in foster care with whom I currently work develop self-regulation as well as social and life skills that allow them to function at home, school and the community.

“Biggest challenge as a student: Managing personal responsibilities and full-time doctoral studies.

“Words of advice for students and/or new professionals: Be intentional about your goals as you follow your passion. Your academic and professional journey is not an isolated path, so seek out and use all available resources. Stay connected to friends and family. Do not forget to laugh every day.

This month, doctoral student Sharon Cyrus-Savary is featured as current chair of the American Mental Health Counselors Association Graduate Student Committee.

Age: 47

Residence: Baldwin, N.Y.

Education: Currently pursuing a doctorate in counseling psychology from Walden University; master’s in mental health counseling from Fordham University; bachelor’s in community and human services from Empire State College.

My life, my story profiles individuals new to the counseling profession who are proving to be exceptional. To nominate a student or new professional to be featured in this section, e-mail dfletche@westga.edu.
Untangling the alphabet soup of managed health care

Q: I’m starting a private practice in rural southeast Missouri. This is a low-income, underserved area, and I anticipate Medicaid and other insurance being my primary source of payment. I’ve been working on contracting/credentialing with as many companies/plans as possible and, at this point, I am so mind-boggled with the health care benefits system that I’m having trouble even formulating my questions when I contact provider relations reps. Primarily, I don’t understand the relationship between health care organizations, health maintenance organizations, managed care companies, networks and their various plans. I’m hoping you may be able to offer some clarification.

A: Understanding the language of managed health care plans can be confusing and overwhelming, even to people who think they know insurance. Managed health care negotiates lower prices with therapists so employers can offer their employees discounted services. There are three types of managed health care plans: health maintenance organizations (HMOs), preferred provider organizations (PPOs) and point of service (POS) plans.

An HMO negotiates with providers to reduce the fees for their services and names specific providers that the employee must use to receive the health insurance benefits. A list of approved providers is often given to the employee or is accessible via the Internet. An HMO frequently requires a lower copay from the employee but, often, specialists can be seen only through the recommendation of the primary care physician. If providing services to a client with an HMO, the mental health clinician will need to work more closely with the POS doctor when servicing clients with this type of insurance.

Rather than managed care insurance, some clients carry indemnity insurance. With regular indemnity insurance, the client can see any qualified provider and no referral by a primary doctor is necessary. This insurance gives employees the most freedom and offers mental health providers the simplest billing procedures.

Q: I would like to start a limited private practice. Rather than renting my own office and having all the start-up costs, it would seem more cost effective to sublease space from an existing practice. How do I find space to rent?

Q: I have extra office space and am considering whether to sublease to another counselor. This would be another income stream for my practice. Where can I advertise office space availability? I have a very nice office in a professional building that can be rented by the hour, day, week, whatever. What are the considerations?

A: This can be a mutually beneficial relationship. Bob has successfully subleased office space, which not only provides income for his practice but also helps another therapist enter into private practice. But before entering into any business relationship, both parties need to know what is being offered and expected. These details should be documented in a contract.

Among the considerations for the practice owner: Are you just subleasing office space? If so, when will the office be available and for how many hours per week? Are you offering use of some or all of your practice services and equipment? What type of therapist would be a good fit for your practice? What type of niches would complement your practice? How long a lease do you need, and how can it be terminated or extended?

As for the counselor just starting out, are you simply looking for an office one night per week and on Saturday mornings? Do you need an office that is exclusively yours, to be decorated your way and where you can see more clients when your practice expands? Do you need billing or secretarial services, or will you handle that yourself? Do you need access to a copier, fax machine, computer or group/conference room? What length of lease do you need? Are you looking for referrals from the practice? If all goes well, are you interested in the possibility of becoming a partner in the practice? What are you willing to spend for rent and support services?

When renting office and support services (space, office equipment and support staff), it is becoming more common to charge/pay a percentage of fees collected. We always worry about the appearance of “fee splitting,” especially if cross-referring is involved. In other words, if you are getting clients referred to you by the practice and paying the practice a percentage of your fees, it could look like paying for referrals (fee splitting). We would recommend a flat fee per hour or a monthly charge for X amount of time and services. To us, this is cleaner and avoids the perception of paying for referrals.

After identifying needs, clarifying expectations and arriving at a fair financial agree-
ment, both parties can enter into a written agreement. It should go without saying, but we will say it anyway — each party needs an attorney to review the agreement.

In terms of advertising or looking for office space to rent, we would suggest making use of your state’s counseling association newsletter or website. Either party can place an ad, which is usually low cost or free for members. If you are not a member, join. Another option is to place a query about such an arrangement on an electronic mailing list (often referred to by the trademarked name Listserv) for mental health providers.

We hope this gives both of you some food for thought and some questions to ask yourself. Just as in our work with clients, if we know the desired outcome, the path becomes clearer.

Q: Can I bill insurance when a client does not show?
A: No, that would be considered fraud. Depending on the financial policy detailed in your informed consent document, however, billing the client is permissible.

Join us March 23-27 at the ACA Annual Conference & Exposition in New Orleans. We will be presenting our preconference Learning Institute “Starting, Maintaining, and Expanding a Successful Practice: Surviving or Thriving?” on March 23 as well as the Education Session “To Private Practice or Not to Private Practice? That Is the Question” on March 25. In addition, ACA is sponsoring free private practice consults during the conference. Schedule your appointment at counseling.org/sub/career/consultations.aspx.

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

Letters to the editor: ct@counseling.org
The Right to Be Out: Sexual Orientation and Gender Identity in America’s Public Schools

The Right to Be Out, written by Stuart Biegel, a UCLA law professor, takes on the task of helping readers understand how difficult it is for lesbian, gay, bisexual and transgender (LGBT) students and educators to be out in public schools. Biegel aims to enlighten readers to the numerous challenges that sexual minority educators and students face. The book also provides many ideas for LGBT persons related to having their voices heard, including the use of books and films, suggestions for making curriculum changes and the importance of networking with and modeling for others who have not taken the risk of coming out.

Biegel cites a host of court cases that illustrate the challenge of being out in public schools. Chapter 1 identifies the legal principles associated with one’s right to be out. In subsequent chapters, he uses these principles to analyze the legal developments pertaining to LGBT students, educators, curriculum, morality, religion and values. Despite recent court victories and the emergence of a more positive national dialogue, Biegel shows there is still no guarantee that coming out will result in less blame and harassment, fewer threats and fewer drop outs and dismissals. Furthermore, stereotypes remain that homosexuals and transgender persons are dishonest. Biegel challenges these mind-sets by offering recommendations for countering the negative viewpoints. He encourages classroom teachers to incorporate current events (for example, recent suicides of LGBT youth) into the curriculum, to be prepared to answer questions about sexuality from students and to remain cognizant of the support they may or may not have from their administration.

Part II of the text begins with a chapter that includes principles for promoting a positive school climate in which members of the LGBT community are more likely to choose to be out. In the chapters that follow, these same principles are then applied to the classroom, to sports and the military, and to transgender youth, one of the most misunderstood, abused and marginalized groups under the LGBT acronym. According to Biegel, this group sadly accounts for 20 percent of anti-LGBT murders.

Biegel also highlights particular mind-sets that may be advantageous. For example, administrators are encouraged to engage in dialogues with faculty members rather than subjecting them to lectures, to use online discussions and/or newspapers to make broaching the topic easier for student constituents and to consider several approaches in supporting LGBT community members (such as a Golden Rule approach or a legal compliance approach). These strategies have the potential to improve student dropout and attendance rates, to decrease homophobic bullying and to prevent sexual minority youth from being tracked into special education programs.

This book has many strengths in addition to its thorough review of LGBT legal issues in public settings and its suggestions for creating a more positive school climate. The author provides historical context, discussing the impact of the past five decades on the current legal and cultural milieu. For example, Biegel details the efforts of university professors and sexual minority students who began coming out and forming their own clubs for support as well as to educate others about the power of diversity and tolerance. These efforts continue today as the LGBT community utilizes the Internet to advocate, speak out and create dialogue more than ever. He also shares a long list of athletes (most in individual rather than team sports) who had the courage to come out either during or after their careers. Some were affected deeply by discriminatory practices aimed at what Biegel calls the core of their being — sexual orientation — and haven’t forgotten about how they were treated, even by some of the most trusted figures in their lives. Biegel cites several examples, including former Major League Baseball player Billy Bean, who is gay. Bean never forgot what his Pop Warner football coach shouted at him one day: “Don’t run like a faggot, boy.” This statement has continued to haunt him. Biegel also introduces an abundance of statistics, resources, people and organizations that educators can make use of or contact.

A few flaws in the text could affect the reader’s connection to Biegel’s point of view. For example, at the end of the introduction, he states that his work is applicable both to public and private sectors, bellying the title of his book and its actual content, which primarily draws upon relevant court cases from the public sector. In Chapter 5, Biegel suggests
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the use of Howard Gardner’s multiple intelligences as an umbrella theory via which goals and practices can be identified toward the creation of a more positive school climate. The author argues that social intelligence and emotional acumen are integral for LGBT persons to prosper in the schools, but he fails to follow through with enough content to fully support this thesis. In our opinion, the book also could have been improved by including pictures and more personal stories. Furthermore, a section dedicated to bisexual educators and students would have been warranted. Given their role in acting as barometers in their school communities, recommendations specifically for counselors also would have been insightful.

Overall, however, *The Right to Be Out* is an excellent read and a great contribution in understanding how court cases and legislation continue to impact one’s right to be out in K-12 public school settings. There are still many risks (known and unknown) in letting others know about one’s minority sexual orientation. Biegel shares the following: “Some courts may uphold the constitutionality of putting forth anti-gay messages, but judges tend to implicitly recognize the rights of LGBT persons to be out.” More information from cases in the private sector (not just involving religious students in public settings per se) might have yielded more insight into this area. Not surprisingly, judges have ruled both ways in such cases.

There is still a long way to go in advocating for LGBT rights in schools and society at large. Thus, educators who speak out on behalf of LGBT persons in educational settings should be thick-skinned and prepared to hold their own by having an awareness of the legal history in this area. Educators, including counselors, must continue to work toward the middle ground. Biegel’s book is the place to start.

Reviewed by Jack D. Simons, a doctoral student at the University of Missouri-St. Louis, and Brian Hutchison, assistant professor at the University of Missouri-St. Louis.

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**On Becoming a Better Therapist**


Many practitioners strive to provide the best therapeutic approaches to the clients they serve. In *On Becoming a Better Therapist*, Barry L. Duncan challenges therapists to resist relying solely on traditional techniques in favor of embracing a more client-centered approach to treatment. Through a five-step method of monitoring treatment outcomes, Duncan outlines specific guidelines for obtaining client feedback on a consistent and systematic basis as a means of evaluating effective and noneffective aspects of therapy.

Duncan provides personal stories of his tenure as a practitioner working with clients in an array of settings. He discusses therapeutic successes and challenges and answers questions for those seeking ways to become better therapists. Duncan’s book not only presents readers with an opportunity to expand their personal knowledge as therapists but also helps to rejuvenate and recharge professionals pondering how to meet the needs of clients.

The book’s seven chapters include discussions on how to obtain client feedback, beginning with the initial session and moving throughout treatment. Also covered is guidance for helping a therapist to become more willing to alter approaches that are ineffective. The chapters also address tracking successes in therapy, utilizing this information to increase personal development as a therapist and consistently working on maintaining the therapeutic alliance and relationship. Readers are also encouraged to reflect on their personal identities and abilities as therapists, while establishing a fundamental framework for the services they provide to clients seeking therapy. The efforts encouraged in this book are intended to assist therapists and clients in maintaining the alliance and successfully navigating through the therapeutic process.

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**Suicide: Foucault, History and Truth**


The word suicide activates several thoughts, feelings and personal experiences that integrate to create a place of knowing and subjective understanding. Ian Marsh philosophically and analytically discusses this process by examining both cultural and historical contexts related to suicide. In his book, *Suicide: Foucault, History and Truth*, Marsh seeks to deconstruct what is known about suicide by critiquing what have been suggested as “universal truths” on the topic. In fact, he suggests that the knowledge created through these universal truths has erected barriers to insights that may better capture the complexities surrounding suicide.

Marsh has been dynamic in promoting suicide prevention activities in the United Kingdom, and he started postulating different interpretations of suicide dating back to his dissertation. This book continues his success in building a thorough case for questioning the epistemology around suicide. The book is organized in a scaffolding structure, with Marsh using conclusions to link each chapter to the next. His thought processes are transparent and grounded in the literature as he seeks to provide evidence for coming to know suicide outside of medical and pathological dimensions. He emphasizes that views of suicide have evolved and new theories of suicide have emerged, with the contemporary result of systemically assessing, diagnosing and intervening with individuals deemed to be suicidal. However, he suggests limitations exist with the current approaches, and to fill the “gap,” he
says clinical staff must critique the way they have supported and organized their knowing about suicide. Marsh argues that accessing new avenues in knowing why persons experience suicidal ideation and complete the act of suicide ultimately will create possibilities for deeper, more successful ways of preventing suicide.

Marsh takes on an already stigmatized topic and trudges against universal truths in pursuit of a new, yet-to-be-discovered place of knowing in relation to suicide. He is not disillusioned by the thought that his way of thinking may be met by criticism from those who prefer more rigid, less fluid ways of knowing. “Easy answers may not be forthcoming,” he writes, “but, at least, we might be provoked into considering the different possibilities for thought, action and experiences that exist.” Readers can come away from this book either frustrated by Marsh’s innovative thinking or excited by it, accepting that knowledge is situated within the context of what we have been exposed to and that knowledge can be transcended when we question what we know and how we know what we know. The idea behind Marsh’s book seems to fit with counseling professionals’ commitment to learning about differing worldviews and ways of being, thinking and knowing.

This book is an appropriate resource for mental health providers who are open to different interpretations of suicide. In a profession in which counselors are often held accountable for preventing suicide, this resource validates profession-related stress, provides alternative avenues for prevention and encourages counselors to expand their worldviews.

Reviewed by Maribeth F. Jorgensen, a doctoral student in counselor education and supervision at the University of South Dakota.

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Letters to the editor: ct@counseling.org
Study examines unit cohesion’s possible buffering effects for soldiers

It was just before Christmas when my latest stack of American Counseling Association journals was complete, and I opened them with the interest some people reserve for beautifully wrapped gifts. I am always eager to discover what gems I will find inside. Granted, I’m not uncovering jewels, but an article that describes interesting research does hold high value for me. I’ll briefly discuss those articles that were most salient to me in the hope that readers will be motivated to read the full texts.

I know that mental health problems, particularly post-traumatic stress disorder (PTSD), are prevalent among our military personnel, so I was pleased to see an article that might contribute to our understanding of this issue and suggest how counselors can provide more effective services. In “Posttraumatic Stress in U.S. Marines: The Role of Unit Cohesion and Combat Exposure” in the Winter 2011 Journal of Counseling & Development, Patrick Armistead-Jehle, Scott L. Johnston, Nathaniel G. Wade and Christofer J. Ecklund report findings from their study of 300 male infantrymen departing a seven-month deployment to Iraq during which they saw considerable combat. The dependent variable was post-traumatic stress (PTS) symptoms, found at clinical levels in 8.5 percent of the sample.

Although exposure to combat predicted PTS, the researchers found that unit cohesion — a feeling of support and emotional connection to the unit — moderated that effect. When combat exposure was high and unit cohesion was high, PTS was less than when combat exposure was high and unit cohesion was low. Findings also suggested that greater unit cohesion acted as a buffer between combat exposure and depression. Less unit cohesion and greater combat exposure predicted greater anger.

The authors recommend that counselors working with active duty military personnel facing combat deployment advocate for efforts to build cohesion, educate commanders about the importance of this factor and investigate perceptions of unit cohesion among those clients who have served in combat. The authors acknowledge that their study did not include women, so we don’t know if the results apply to female service members. We also don’t know how these effects will hold up over time. Nevertheless, the study is helpful as a starting point to understanding this serious problem. To me, the most important message was that measures of unit cohesion and combat exposure might be useful in identifying those at risk for PTS and other mental health issues, because military personnel tend to be very reluctant to directly admit to psychological symptoms.

Ethnic identity after 9/11

The ongoing concerns over terrorism and the concomitant increase in negative attitudes toward Arab Americans is another matter of concern for counselors. I found Sylvia C. Nassar-McMillan, Richard G. Lambert and Julie Hakim-Larson’s article “Discrimination History, Backlash Fear and Ethnic Identity Among Arab Americans: Post-9/11 Snapshots” in the January 2011 issue of the Journal of Multicultural Counseling and Development to be quite informative. The authors were interested in how ethnic identity — a sense of pride in and identification with one’s culture of origin — was affected by discrimination history and fear of backlash after the 9/11 attacks.

The researchers used data collected by the Arab American Institute at three time points after 9/11 (October 2001, May 2002 and October 2002). The unique sample consisted of 1,513 participants: 64 percent were male, 36 percent were Muslim, 52 percent were Christian, 41 percent were U.S. born and 95 percent were U.S. citizens. On average, ethnic identity was rated between “somewhat important” and “very important” at all three waves of data collection, and the average respondent reported one or two of the four types of discrimination experiences. The sample was somewhat worried about backlash fear. Using hierarchical regression, researchers discovered that ethnic identity tended to be lower at all three time points among males born in the United States. Backlash fear and history of discrimination experiences explained variance in ethnic identity beyond that predicted by the demographic variables in the first and third wave but not in the second.

Counselors need to be mindful that Arab Americans may experience acculturative stress that is compounded by experiences of discrimination and fear of backlash. Counselors also need to understand issues (and laws) around racial profiling and be advocates for sociopolitical change. In addition to this useful advice, the authors note that the national origin of survey participants included a number of different Arab countries, so there might be variations among those.

Social coping and STEM majors

Although women’s enrollment in and graduation from colleges and universities exceed that of men, women are still underrepresented in STEM (science, technology, engineering and mathematics) majors, and of those women in these majors, there is a high rate of change to other fields. In “Understanding Women’s Underrepresentation in Science, Technology, Engineering and Mathematics: The Role of Social Coping,” an article in the December 2010 issue of The Career Development Quarterly, Valerie J. Morganson, Meghan P. Jones and Debra A. Major share the results of a study they conducted of 1,061 undergraduate students (75 percent of whom were male) enrolled in a computer science course required by several STEM majors. They found that women were more likely than males to use social support coping —
women also displayed significantly higher career commitment and greater motivation for career advancement. These researchers advise career counselors to keep cultural considerations in mind when conceptualizing possible barriers to career motivation. For more, read “Differences in Career and Life Planning Between African American and Caucasian Undergraduate Women” in JMCDD.

To subscribe to the journals mentioned in this article, call 800.633.4931.

Sheri Bauman is associate professor and director of the school counseling program at the University of Arizona, editor of the Journal for Specialists in Group Work and author of Cyberbullying: What Counselors Need to Know. Contact her at sherib@email.arizona.edu.
Dimensional assessment

One of the biggest changes anticipated in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is the inclusion of “dimensional assessments” with existing categorical diagnoses. Dimensional assessments are rating scales that measure frequency, duration, severity or other characteristics of a disorder.

The current DSM utilizes a categorical (binary) classification system. A categorical diagnosis has only two values: the presence or absence of a disorder. It assumes that members of a diagnostic group are relatively similar, having specific symptoms that reflect the particular diagnosis. Using this framework, counselors assess clients using a checklist approach, whereby a client must meet a minimum number of symptoms to receive a diagnosis.

For example, to receive a diagnosis of major depression, a client needs to meet at least five out of nine criteria. But what if a client has only four symptoms and each of these symptoms is severe? What if a person is depressed and has sleeping problems, suicidal thoughts and fatigue, so much so that he or she can’t get out of bed in the morning? Strictly speaking, the person could not be diagnosed with major depression under the DSM-IV-TR because only four criteria have been met.

For years, counselors have known that client populations do not fall neatly into specific categories — that although clients might have similar clinical presentations, they are highly heterogeneous. Even the DSM-IV-TR makes a disclaimer that mental disorders are not completely discrete entities and that individuals with the same diagnosis are likely to be heterogeneous. Researchers have documented the shortcomings of categorical models, including such problems as excessive use of the Not Otherwise Specified (NOS) categories, excessive comorbidity and irresolvable boundary disputes.

NOS often serves as a “catch-all,” used when the exact diagnostic criteria are not met but when it seems clear that something is wrong. Despite being a residual category, about one-third of clients are given an NOS diagnosis. Clinicians use NOS categories so frequently for many different reasons, but the most common is that the current categorical system provides inadequate diagnostic coverage.

Comorbidity refers to cases of diagnostic overlap, meaning that additional disorders coexist with another primary disorder. One would expect a certain level of comorbidity to occur by chance. However, prevalence studies of mental disorders consistently have found high comorbidity rates, typically exceeding 50 percent of the study group. The high magnitude of comorbidity has generated disputes about the boundaries between disorders. The DSM-IV-TR is replete with boundary problems, including the distinction between oppositional defiant disorder, attention-deficit/hyperactivity disorder and conduct disorder; anorexia and bulimia; and social phobia and avoidant personality disorder.

Excessive use of the NOS categories, excessive comorbidity and boundary disputes provide support for using a dimensional approach in the DSM-5. Unlike the binary “yes-no” approach of the categorical model, the dimensional approach uses three or more ordered values (rating scales) to describe the range of characteristics related to given DSM categories. For example, symptom severity could be measured using a four- or five-point scale. The term “dimensional” is likely a misnomer for what is better described as “ordinal.”

As an example of a dimensional assessment for the DSM-5, the DSM-5 Mood Disorder Work Group is considering using the Patient Health Questionnaire-9 (PHQ-9) for major depressive disorder. The PHQ-9 is a nine-item self-report scale that reflects the nine symptoms of a major depressive episode. It assesses symptom severity over a two-week period using a four-point scale: 0 = not at all; 1 = for several days; 2 = more than half the days; 3 = nearly every day. The respondent is asked, “Over the last two weeks, how often have you been bothered by any of the following problems?” Each item corresponds to depressive symptoms. For example, “little interest or pleasure in doing things”; “feeling down, depressed or hopeless”; “trouble falling or staying asleep”; and so on. Out of a possible 27 points, cut scores of five, 10, 15 and 20 represent mild, moderate, moderately severe and severe depression, respectively.

In addition to dimensional assessments for individual disorders, the DSM-5 Task Force is also proposing “cross-cutting” dimensional measures, which are being developed through the National Institutes of Health Patient-Reported Outcome Measurement Information System (PROMIS). Cross-cutting assessments evaluate symptoms of high importance to nearly all clients, such as depressed mood, anxiety, suicide risk and substance use. If any symptom is rated as clinically significant, additional questions would be asked about that symptom. Preliminary drafts of the cross-cutting assessments are located at dsm5.org.

The dimensional approach for classification offers some clear advantages over categorical models. By evaluating symptoms over multiple levels, a dimensional approach might be more reflective of the true, variable nature of mental disorders. By providing more specific descriptions of disorders, it may enhance the precision of categorical diagnoses, reduce boundary problems between disorders and increase the overall reliability of diagnosis. Dimensional assessments would help clinicians track a client’s progress in treatment, allowing a way to document improvements even if the symptoms don’t disappear entirely. Counselors could also document all of a client’s symptoms, including subthreshold levels of disorders. By recognizing and
tracking subthreshold conditions, a dimensional model might facilitate more precise and consistent cutoff points between normal functioning and psychopathology.

Some objections have been voiced about the proposed dimensional assessments. Because dimensional models involve assessing symptoms on a rating scale (rather than using a checklist approach), they are inherently more complex than diagnostic categories. As such, they have been criticized as being laborious and time-consuming. Adopting a dimensional approach may also complicate administrative tasks and record keeping. Furthermore, because of clinicians’ unfamiliarity with dimensional approaches, a massive retraining effort would be required of all mental health professionals.

To address these concerns, the DSM-5 Task Force is proposing that the DSM-5 not do away with the categorical diagnoses, but rather add a dimensional option to the usual categorical diagnoses. This way, the current categorical system would remain intact. The principal goal is for the dimensional assessments to supplement the categorical diagnosis and to provide clinicians with additional information for assessment, treatment planning and treatment monitoring.

K. Dayle Jones is a licensed mental health counselor and associate professor and coordinator of the Mental Health Counseling Program at the University of Central Florida. She served as a member of the American Counseling Association’s DSM Task Force, which was formed to provide feedback to the American Psychiatric Association on proposed revisions to the DSM-5. Contact her at kjones@mail.ucf.edu.

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We in the counseling community of New Orleans are delighted to welcome you to our city if you will be attending this month’s 2011 American Counseling Association Conference & Exposition. The location of the conference, and its partial focus on disaster mental health, may evoke memories of Hurricane Katrina and its aftermath. Although my own memories of the event certainly include the suffering, loss and desperation that I witnessed, I also recall countless small acts of kindness. I’d like to take the liberty of sharing one such memory.

One day in November 2006, three months after Katrina, I was sitting on my front porch watching a Bobcat tractor work its way down my street. It was picking up the mountains of soggy carpeting, drywall and furniture that had accumulated at curbside and depositing them into a trailing dump truck. As the Bobcat arrived in front of my house, it stopped so its operator could take his morning break. I got to talking with the operator and learned he was from Minnesota. He had answered an ad asking for Bobcat drivers to come to New Orleans. The ad had promised good pay and that housing would be provided. He had been in the city for seven weeks, had yet to be paid and was sleeping on the floor of a church. He wasn’t complaining though. He told me he was glad to be here helping in some small way. I don’t think he took me seriously when I told him he had entered into the karmic loop and that good things would come to him, but I trust that his good acts have indeed returned to him.

Many, many others entered the karmic loop in the aftermath of Katrina. A number of these were Gulf Coast counselors who were the beneficiaries of projects sponsored by the ACA Foundation. Awards from the Foundation’s Counselors Care Fund helped these counselors get back on their feet after losing their workplaces in the natural disaster. Others were school counselors who used funding from the ACA Foundation’s Growing Happy and Confident Kids program to replace books that had been destroyed. Still others were graduate students who received scholarships from the ACA Foundation that helped them return to school and complete their graduate education. Reentering the loop, these counselors used the help they received from the ACA Foundation to in turn help others.

We hope there will never be another Katrina, but it is inevitable that another type of disaster, in another place, at another time, will happen. Only through your support will the ACA Foundation be able to be there to extend a helping hand. As Howard Smith noted in his column in February, the ACA Foundation serves as a repository of the contributions that members give over time, which makes it possible to assist others in their time of need.

I urge you to make a donation — even a small amount — to the ACA Foundation and to do it today. Enter the karmic loop. I can’t promise that you’ll win the lottery, but I do believe this: Whatever karma you create, that you shall inherit.◆

Barbara Herlihy is the chair-elect of the ACA Foundation.
Breaking Away From the Pack

1. According to the Bureau of Labor Statistics, the current population of 665,000 counselors is expected to grow at what rate by the year 2018?
   a) 10% b) 15% c) 18% d) 20%

2. Private practice mentor Deborah Legge suggests that the best way for a counselor to market themselves is to begin by:
   a) Choosing a location with minimal competition
   b) Soliciting testimonials from satisfied clients
   c) Addressing marketing strategy in their business plan
   d) Selecting a counseling niche and getting trained in it

Forging Family Bonds

3. Counselor Susan Branco Alvaredo has found which of the following to be most effective in working with adoptive families?
   a) Individual therapy b) Family therapy
c) Psychodrama d) Parent education

4. In extreme cases of post-adoption depression (PAD), some parents may express a desire to:
   a) Disrupt the adoption
   b) Dissolve the adoption
   c) Harm their child
d) All of the above

Reader Viewpoint: What Counselors Can Learn From Counseling

5. Which of the combined principles are considered the cornerstone of all “improv”?
   a) The principles of Yes and And
   b) The principles of And and Here and Now
c) The principles of Here and Now and Flow
d) The principles of Yes and Flow

6. Which of the following types of counselor responses do the authors believe will most likely lead to therapeutic change?
   a) Rehearsed responses
   b) Attentive responses
c) Unrehearsed responses
d) Timed responses

Developing Programs That Meet Student Needs

7. Of the five phases of the school counseling management process, which phase does Patricia Henderson believe makes the greatest difference to program success?
   a) Planning b) Designing c) Implementing
d) Evaluating e) Enhancing

Inside the DSM-5

8. Cases of diagnostic overlap, meaning that additional disorders coexist with another primary disorder, represent a definition of what term?
   a) Multiple disorder diagnosis b) Diagnostic boundary conflict
c) Comorbidity d) None of the above

9. In order to keep the current categorical diagnoses system intact and respond to multiple objections to use of dimensional assessments, the DSM-5 Task Force is proposing that the DSM-5 not do away with the categorical diagnoses, but rather add a new dimensional assessment option.
   a) True b) False

Private Practice in Counseling

10. Which of the managed health care plans described by the column writers allow an employee to choose any licensed counselor?
    a) Health maintenance organization (HMO)
b) Preferred provider organization (PPO)
c) Point of service plan (POS)
d) All of the above

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For Margie Williams, the goal was always to be her own boss. "In grad school, I knew that I'd have to learn to be a therapist by actually doing it, and that meant putting in the time at the best training site I could talk my way into. The years I spent working at a residential treatment center gave me a solid foundation in every aspect of this field, until there came a point when I was ready to call my own shots."

Williams, who runs a private practice in Tucson, Ariz., is hesitant to call herself a born entrepreneur, but she knows she's never been happier. Many counselors-in-training and veteran counselors alike have dreams of one day working in private practice, so Counseling Today reached out to a handful of private practitioners and asked them to share a little about the challenges they have faced, the lessons they have learned and the strategies they have implemented to ensure success.

One message came through loud and clear: Private practice is gratifying for so many. As Williams says, "It's so much fun, it's silly to call it work."

Putting the dream within reach of others

Stories of successful clients are never far from Deborah Legge's mind. Legge, a private practice mentor and a member of the American Counseling Association, recalls one counselor who was involved in agency work for several years before getting the itch to start a private practice. With Legge's help, the counselor went from having no clients to having more than 30 per week, running her own practice and renting space to other clinicians.

Then there's the psychologist who worked for many years in a college counseling setting before transitioning to self-employment. "Before she had to juggle her responsibilities as a mom around a Monday-to-Friday, 9-to-5 job," Legge says. "Now she sees as many clients as she likes during the hours her kids are in school. And in the summer, she decreases her practice so she can spend even more time with her children and family. Isn't that great?"

Legge also mentions a social worker client who had been employed by agencies for about 15 years. The social worker moved into private practice but didn't see much of a spike in finances. After working with Legge, however, the social worker found a new space with significantly lower rent, her client hours increased and her overall income grew to six figures. "This is a woman who settled for a piece of the pie when she really wanted the whole thing," Legge says. "Our work together showed her that it was her pie to take. Soon she had the courage, resources and confidence necessary to have what she really wanted all along. She has been going strong for almost four years now in her new and improved private practice, and I can't help but feel joy whenever I think of how happy she is."

Legge, an assistant professor in the mental health counseling program at Medaille College, also sees counseling clients out of her Buffalo, N.Y., practice. She points to the growth of the counseling profession as the reason why her work as a private practice mentor is so vital. According to the Bureau of Labor Statistics,
counselors held more than 665,000 jobs in 2008, and an 18 percent increase in jobs for counselors is projected between 2008 and 2018. “As our field grows, more and more counselors break away from the pack to pursue private practice,” says Legge, who will present the Education Session “Beyond Dollars for Hours: Maximizing Your Private Practice Potential” at the ACA Annual Conference & Exposition in New Orleans on March 27 at 10:30 a.m.

Legge sees clients at all stages, from those who have a dream to open a private practice to those who have already made that move but are struggling to make it work. Although some of the mentoring is conducted face-to-face, Legge works with about 75 percent of her mentoring clients, who hail from all over the country, via Skype, e-mail or phone.

Counseling is a second career for Legge, who worked in sales before going back to graduate school. After graduating, Legge says she quickly realized that to survive financially, she needed to go into private practice. She worked part time as a research assistant for about three months while she got her practice up and running. To find clients initially, Legge networked with anyone she thought could provide referrals, from physicians and psychiatrists to other counselors, clergy members and school systems. She also volunteered her time speaking in the community on mental health issues, as well as offering trainings and workshops.

Although Legge now has a strong referral base in the community and gets many of her counseling and mentoring clients via word of mouth, she hasn’t pulled back from efforts to get her name out there. She writes blog posts, networks with colleagues, uses Facebook and even reaches out to other practitioners who work as private practice mentors in an effort to collaborate. Legge runs CounselorsCorner.net for her counseling clients and uses InfluentialTherapist.com to share information about private practice work and to provide mentoring services. “When people start to read things that are important and helpful, they think of you when they’re looking for a mentor,” she says.

With the knowledge she’s gained from starting her own practice, Legge helps her mentoring clients forge their own paths. She says she creates a personalized plan for each mentoring client because each client has unique needs. Some want to go into private practice part time, while others want full-time work. Some have trouble with the business aspects of private practice, while others want help with marketing. “I try to help people reach the potential they’ve set for themselves,” Legge says.

Breaking free from the “dollars for hours” mentality is one topic that Legge addresses with many of her mentoring clients. Most clinicians learn in school that one client equals one billable hour, Legge says, so counselors receive the message that they can make as much money as they want — just as long as they’re willing to fill a corresponding number of hour-long slots each week. “But when you want that to be your full-time career and something you want to take into retirement,” she says, “people don’t know how they’re going to make more money than the hours they put in or how they will ramp down in retirement.”

Legge acknowledges that some practitioners are happy with the dollars-for-hours mentality but says many of her clients are not. She helps those who want to broaden their income opportunities explore how they can generate more money or work less time in their practice. “You need to find ways to either take your own work and your own ideas and make them more accessible to more people without having to invest more of your time, or you need to find ways to utilize others to bring in income for you,” Legge says.

Legge leases rather than owns the space where her practice is located, and one way she makes additional income is by subleasing the space to other counselors. Another revenue-generating idea she offers to counselors is creating products from the work they do, such as videotaping a seminar or workshop, and then selling those products. She also recommends that private practitioners look into writing books, hiring other professionals to conduct trainings or groups on the practitioner’s behalf or taking a role as an affiliate for products that the practitioner believes are helpful. With the last option, Legge says, counselors should be careful about first checking into any potential ethical issues.

Legge tells her mentoring clients to market themselves as best they can by picking a niche, getting trained in it and then going out and talking about it everywhere. But she also advises budding private practitioners to ditch their competitive natures and pick up a spirit of collaboration in their search for new clients.

“I’ve seen that professionals who feel in competition with others usually end up spending a lot of time looking over their shoulders and looking at life with an expectation of scarcity,” she says. “It is a lonely existence. Recognizing and celebrating the abundance life has to offer, including clients, referral sources and business opportunities, allows us...
Branching out

A little over 10 years ago, Janet Slack read an article about coaching in Psychotherapy Networker magazine. She cut the article out and told herself, “I’m going to do this.”

Now running a successful private practice in Hendersonville, N.C., Slack admits that getting into coaching was one of her best decisions. “If I had not added coaching, I would no longer be in private practice,” says Slack, who splits her time between counseling clients and coaching clients. “It has invigorated all the work that I do. By adding coaching, I am a better counselor and less burned out. The work with my coaching clients is less stressful and the clients are less vulnerable. My coaching clients are making obvious progress and obvious changes that I can see on a daily basis, and that’s really rewarding to me. It’s the reward and invigoration and the challenge of it that have made the difference for me.”

Slack, a member of ACA who presented on “Adding Coaching to Your Counseling Private Practice” at the 2010 ACA Conference in Pittsburgh, has been a counselor for almost 25 years in a range of settings. Shortly after reading about coaching, she decided to leave her job at a mental health center in Asheville, N.C., and strike out on her own by opening a private practice while simultaneously going to coach training. Slack says she wouldn’t recommend that others learn about coaching while simultaneously trying to start a practice, but she made it work. She worked part time as a counselor at a rape crisis center for about 18 months before she was able to go full time with her practice.

Slack received many of her original referrals through the phone book, but that was a decade ago, she points out, and things don’t work the same way now. “Quite frankly, if a counselor today is not marketing their private practice online, they are not really marketing,” says Slack, who maintains SoloPreneur.biz for her coaching business and another website, growthandchange.com, for her counseling business. “A website or blog is a necessity, along with attention to search engine optimization. Online directories and social media sites are also good marketing options.”
Between 12 and 15 of Slack's weekly spots are set aside for counseling clients; she has 10 to 12 coaching clients as well. Slack works with about 90 percent of her coaching clients by phone, which is a big reason why coaching held such appeal for her. “A private practice is actually relatively confining, and I wanted to have some time where I didn’t have to be in an office,” she says. “There’s a lot of freedom to coaching people by telephone.”

Slack says her counseling clients require services and skills that are distinctly different from those she uses in coaching. Slack sees both adolescents and adults in her counseling practice, where she focuses on marriage counseling and treatment for depression, anxiety, substance abuse and trauma. In her coaching work, Slack works with business owners of all kinds, including counselors and other therapists, pharmacists, writers and graphic designers, on business growth and development.

The relationship between counseling and coaching is akin to that of pairs figure skating and ice dancing, Slack says. “They might look like they’re the same, but they have different rules, purpose, skills and structure. I think of coaching as joining someone in their process of change. I think of it as being an accelerator for someone. It is not a helping role; it’s a partnering role. A coach sees the client already as creative, resourceful and whole.”

“What I bring to the [coaching] relationship is the second brain, the understanding of growth and change,” Slack continues. “I bring the ability to notice and speak what’s happening. I bring my intuition. I bring my wisdom and understanding if the client wants it.” With coaching, Slack says she is not leading the session — the client is. “They have on the agenda what needs to happen,” she says. “I don’t come in as the expert with the idea of ‘This is what we need to do.’”

With coaching, Slack is less hesitant to share her take on what is going on with clients. She also feels more freedom to self-disclose and to bring accountability to the client. Depending on the method of counseling a practitioner uses, coaching skills might not sound all that different from counseling techniques, Slack says, adding that some coaching skills are transferable to counseling sessions. Some private practitioners might be coachlike in their counseling, she says, while others might prefer to offer coaching as a separate service.

One benefit of offering coaching services that Slack appreciates is the reduced paperwork and red tape. “I don’t know of any health insurance that covers coaching,” she says, “so clients are either self-pay or it’s paid by the employer.” Slack also credits coaching with expanding her reach to new markets — the business clients who come in as coaching clients offer a new arena of work for her. It also expands her word-of-mouth referrals because a counseling client might recommend Slack’s coaching services to a friend, or vice versa. “I also think that in spite of what all of us counselors would like to think, for some people, there is a stigma about going to see a counselor. Having a coach does not have that stigma.”

The first step for counselors interested in adding coaching to their work is to get trained, Slack says. She recommends looking for a school accredited by the International Coach Federation, then hiring a coach for yourself. “I don’t think anyone can be an adequate coach if they haven’t been coached,” she says. “To really understand the difference between that and counseling, you have to experience it and feel what it’s like to be in that kind of relationship.”

**On-the-ground perspective**

A cross-section of ACA members discuss what led them to pursue private practice and what they have experienced since taking the private practice plunge.

Margie Williams opened her private practice in Tucson, Ariz., in 2007. Find her at margiewilliams@counseling.com.

**Share a little about your specialty.**

I’m probably best known for my work with adolescents and young adults, both locally and around the country. At the end of grad school, I talked my way into an internship at a well-known residential treatment center here in Tucson. They weren’t hiring, but I wasn’t taking no for an answer. They assigned me to the adolescent girl unit. I was absolutely terrified, sure that the patients would chew me up and spit me out. It turned out to be the greatest experience of my life because I found my niche with adolescents and had a fabulous supervisor and mentor who remains a trusted friend and colleague to this day.

**How did you transition into private practice?**

After working for about five years at the residential treatment center, I was burned-out. While my experience there had been fantastic, I craved the freedom to be more creative and grow professionally. I resigned and took three months off to decompress and plan my next adventure — private practice.

It was a true *Field of Dreams* experience. I got on Craigslist and found the exact location I wanted, two miles from home and walking distance from my kids’ schools. Once I had an address, I got a phone, designed business cards, brochures and stationery, ordered office furniture and opened the doors. I contacted colleagues in the community whom I had dealt with before and let them know I had opened my private practice specializing in teenagers and young adults. The referrals started coming.

In the beginning, I dreamed of the days when I’d have a whopping three clients in a single week and how that would be a true marker of success. Once I had three, I focused on five. When I had five, I focused on eight. And it took off from there. I worked it as a full-time job even before I had clients to see.

**What tips can you offer to others looking to work in private practice?**

It never occurred to me that I wouldn’t be successful, and I never second-guessed my decision. So my best tip would be first and foremost, believe in your ability to be successful. Believe it will happen.

**How do you market yourself?**

I don’t generally follow the pack, so my methods may seem unconventional to people with real business backgrounds. For example, I didn’t do a business plan and honestly don’t even know what that is. I made a deliberate choice from the start not to take insurance. I have a set hourly rate, payable by check or cash, and I don’t take credit cards. I don’t do a sliding scale, but...
I do have a limited number of discounted slots. I offer a discount to college students. I use a cell phone for business, separate from my personal cell, so I can be reached anywhere. I answer my own phones, return my own calls and schedule my own clients. I have a website through TherapySites, which was fun to set up, is easy to edit and looks very professional. I'm listed on the NBCC (National Board for Certified Counselors) CounselorFind and Psychology Today websites. Whenever I receive a referral from a new source, I send a handwritten thank-you note and include a couple of business cards.

How has specializing helped your practice?

I’ve found that it’s helpful to be known as the “go-to” person for a specific population. When people are looking for a therapist for a teenager, I want them to think of me first. I’ve been a speaker at national and local conferences, in the court system, for specialty groups, at public and private schools and have consulted with school districts on substance abuse and self-harm policies. I’m also willing to donate my time, which always seems to pay off in some bigger way. My next big adventure is to write a book for teenagers based on my experiences working with them.

How can counselors working in private practice find support?

I’m a great collaborator, so I was concerned about becoming isolated and stale in my work. I got myself into a consultation group with five fabulous therapists. We meet once a month and do case consultations, inform each other of changes in policy by the state board, share best practices, discuss personal and professional challenges, and process the issues that arise in each person’s practice. We’ve also become tremendous referral sources for one another, since we have varied and complementary skills.

What business advice would you give to others starting out?

Return phone calls within 24 hours. Pay your bills on time. Establish good relationships at your bank, with your accountant and with the licensure board in your state. Donate your time and give back to the community. And have fun with it!

What tips can you offer to others looking to work in private practice?

Take a marketing class and be certain you are thinking of yourself as a businessperson, not just a clinician. Find other clinicians or a supervisor whom you can talk to about money. Often, clinicians coming from agency work have not had to deal with the financial piece of the services they provide. This can deeply affect how a clinician values his or her time, and they can have difficulty in private practice with collecting copays, self-paying clients, setting appropriate rates that reflect the clinician’s market value and creating and implementing a missed appointment/late cancellation policy, for example.

How do you market yourself?

After taking a marketing class, it became clear to me that to try and capitalize on my experience with the adolescent population was the best way to get my name in the marketplace. I learned about the importance of a niche in marketing and have reaped the rewards of that. Initially, I was very hesitant to market only to adolescents and their families, but my marketing teacher and coach assured me that other clients would come. She was right.

Share a little about your practice.

I was a high school English teacher with a master’s degree in English education before I became a counselor, and I continued to work with adolescents throughout my clinical training. Once I completed my master’s in counseling, I worked in various counseling roles in several secondary schools across the country. I chose to continue to build on my experience with adolescents, and now in private practice, I market my 19 years of experience as an expertise with adolescents and college students.

How did you transition into private practice?

The process included securing an office space and outfitting it, including a telephone and fax, becoming paneled with the major insurance companies in my area, creating a brochure and business cards, and letting my colleagues in the area know I was open for business and accepting referrals. For me, having appropriate intake paperwork was more challenging than I anticipated. Rather than reinvent the wheel, I chose to purchase forms from a company that specializes in creating paperwork for therapists. I also needed to learn how to bill insurance companies. I received some direction from friends who are colleagues and some [direction] from Google. I learned very quickly that the majority of my colleagues in the area use a biller in exchange for a percentage of their insurance reimbursement. A biller felt like an extravagance to me since I had the time to do it myself, so I ordered a box of HFCA-1500 forms and learned through trial and error how to navigate the insurance billing system. As I become paneled with more insurance companies, there is more to learn, but I am able to keep up at this time.

Shelagh Stone runs her own practice in Wakefield, R.I., which she opened about 15 months ago.

Lucy Pirner works as part of a small holistic practice in Hudson, Wis., and has been a counselor for almost 20 years. Find her at awakencounselingandwellness.com.

Lucy Pirner works as part of a small holistic practice in Hudson, Wis., and has been a counselor for almost 20 years. Find her at awakencounselingandwellness.com.
How did you transition into private practice?

In the 19 years that I have practiced, I have worked in three nonprofit residential facilities and in three private practices. The process of getting into private practice was confusing at first. There were so many details. In general, the paperwork and approval process of getting in-network with insurance companies was overwhelming. But once in, the renewal process is fairly simple, and if you're contracted as an individual, then your contracts go with you if you change practices. Some companies took up to three months for approval. So, it took awhile to build my practice. Working part time was the only choice while waiting for the contracts to come through.

Having to pay quarterly taxes while finding and financing my own health insurance were responsibilities that took awhile getting used to. Another hurdle was budgeting for vacation and sick time. There was no human resources department to ask for help. I had to figure it out on my own by asking other counselors. Hiring a billing company was one of the smartest things I did.

How did you land in this specialty?

I got into holistic counseling following my own bout with anxiety and depression following the suicide of a client. In recovery, I found that traditional models didn't meet my needs. One wise practitioner suggested I take the Jon Kabat-Zinn mindfulness-based stress reduction course, which in turn introduced me to yoga. I became a registered yoga teacher in 2001 with the dream of integrating yoga and mental health.

How do you market yourself?

I work with populations that many others don't — adolescents and severe diagnoses — and our practice is the only practice in the area that offers complementary healing under one roof. Teaching “Yoga With a Mental Health Twist” and offering workshops also makes my practice unique.
What are the challenges and benefits of being in private practice?

The benefits and challenges are often the same. It’s great being my own boss when things are going great, but when times are hard, I wish I had someone to share the responsibility with. Working without a secretary saves me a lot of money, but when the work piles up and the phone is ringing off the hook, I wish I had help. Overall, the benefits far outweigh the challenges.

How do you maintain balance and keep from overloading with clients?

Learn how to say “no.” Block out times in your schedule for paperwork, phone calls and urgent clients.

What business advice would you give to others starting out?

It’s important that practitioners support each other and not be competitive. Willingness to collaborate and refer makes people more willing to do the same for you.

When would you recommend that a counselor move into private practice?

I think it depends on the goals that a counselor has. Some prefer the regular job, the security of a paycheck coming in weekly, the benefits, the community of people practicing in an agency. To move into your own private practice requires being at least a bit of an entrepreneur and involves a fair amount of work behind the scenes. In that regard, it is a good fit for someone who can afford to move into it slowly or someone who is moving into a semireirement phase or doing private practice part time in conjunction with other work. [There are] lots of things to consider, but the bottom line for me is the sense of calling — the purpose, meaning and values — that the counselor is moved by.

What tips can you offer to others looking to work in private practice?

I think in two ways, inner and outer, like the in-breath and out-breath. The inner work is making your practice congruent with your beliefs, your passion and your own inner reality. If you are doing work you love, it is more likely to blossom. The outer is about networking and specialties. It’s great to be able to take a wide range of clients, but having a specialty as well moves you into a niche market. This also allows you to represent yourself in your community as an expert on one thing or another.

Do you have any advice for counselors working in private practice to find support?

This is, of course, key. It is so important to have collegial support, peer supervision and the sense of community. Ethically, it seems that this is essential. I support the idea of peer supervision groups, group practices, cross-platform associations like massage therapists, chiropractors, medical doctors, herbalists, etc. If some systems of support are not built into the initial move into private practice, I’d say make it happen.
practice. The reason for this is that the relationship created in the therapy room between the patient and the therapist is a highly specialized one. It is comprised of dependencies and unconscious psychodynamics that have importance to the life of the patient. How these dynamics work is not something we know instinctually. They require examination on both the part of the practitioner and an experienced clinician together.

There are very good publications on starting out in private practice. These will have CDs that have billing systems, therapeutic contracts, ethics and recommendations for sharing office space, as well as how to handle leases. There are also books on ways of marketing your practice and suggestions of forms of writing to let people know what you do. I took advantage of all these.

How do you market yourself?

One requirement of private practice is to have some form of presentation you can do to groups. You must have the ability to come to those groups to speak about the population you serve, what that population’s needs are and how you see them being addressed. This has the double effect in community service of raising awareness on important issues as well as introducing yourself as someone who is doing this work.

What business advice would you give to others starting out?

As a private practitioner, you must be aware that there is no clinic or institution that is representing you. Every word that you speak, every piece of clothing you wear and the way you pick your kids up after school informs those around you of who you are as a professional. People will be less likely to refer to the United Clinic of Hooserville having one kind of policy or another. They will say, “He is the guy I saw in the grocery store who …” disagreed with the checker or helped that older person pick up the vegetables they dropped or talked with the Salvation Army volunteer. This may seem burdensome. However, moving from institutional work to private practice is a move on to your own. You are taking on public and private responsibilities that other entities held when you worked for someone else.

Patricia McCormack works in private practice in Brentwood, Tenn. She has been a private practitioner for more than 20 years. Find her at brentwoodcounseling.net.

Share a little about your practice.

I do a lot of marriage and individual counseling. I enjoy working with clients who are experiencing relationship problems. I like to work with individuals who have anxiety or depression because I love to watch them overcome these painful emotional states. I do hypnosis as well as many other types of therapies.

How did you transition into private practice?

Originally, I worked with another person in private practice to build up my own practice. As I learned how to network, the practice grew. I worked part time and still do, as I enjoy other types of things. I work with the local school system as a school psychologist.

How do you market yourself?

It requires a lot of networking and advertising. Things have really changed with advertising. The Yellow Pages used to be a very good source. Few people look there now. It takes a website. Local networking groups are good. When I began, I sent brochures to other therapists with information about my specialty areas, specifically hypnosis and how their clients could benefit from hypnosis as well as inner-child healing techniques.

How do you set yourself apart from others in private practice?

I am certified by the American Society of Clinical Hypnosis, and I am trained to do eye movement desensitization and reprocessing (EMDR). The majority of therapists do neither of these.
When would you recommend that a counselor move into private practice?

Currently, the economy makes this a tough decision. Beginning part time with another way of making money would be pragmatic.

What business advice would you give to others starting out?

Be a professional with every person with whom you come into contact. Then, keep very good records!


Share a little about your practice.

I see 40-plus clients a week face-to-face and then have four websites where I have a staff that does online counseling and where I sell hypnosis CDs, mental health books and 13 mental health videos. The age range of my private practice is 6 to 80-plus. Over the years, I have specialized in chemical dependence, marriage and family, family-of-origin issues, trauma and post-traumatic stress disorder. I do a lot of hypnosis, EMDR and energy psychology techniques like the Neuro Emotional Technique and Emotional Freedom Technique.

How did you transition into private practice?

I worked in psychiatric hospitals for five years and outpatient mental health clinics for three, then went in with a psychiatrist in private practice for one year and then out on my own. I worked full time at the clinic and part time at my practice until I had enough clients to risk full-time private practice.

What tips can you offer to others looking to work in private practice?

Work in the field while going to school and get all the varied experience you can before you specialize. Then specialize in a needed and upcoming part of the field that is underrepresented, such as pain management, children under 6 or gay issues, because it is easier to get onto HMO (health maintenance organization) panels. Also, get as many licenses as possible. Think practically, look out for new trends, take risks and stay with it.

How do you market yourself?

Besides specializing, I got into the Internet early to not be too dependent on HMOs. I own the oldest and largest online counseling service. We provide e-mail, chat, phone and video counseling. We also provide articles, books, hypnosis CDs and mental health videos. A good third of my clients find me by seeing that site and then coming in for face-to-face counseling.

When would you recommend that a counselor move into private practice?

I want to say when they are ready, but I don’t think anyone ever feels totally ready. I waited longer than I needed to and only did it when I went to an Ericksonian Evolution [of Psychotherapy] Conference and watched some of the pioneers in the field working with clients and realized I was making the same interventions with my clients.

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

Letters to the editor:
ct@counseling.org
Student-to-counselor ratios remain high

The ratio of students to school counselors in U.S. public elementary and secondary schools decreased slightly in the 2008-2009 school year, according to data recently released by the U.S. Department of Education’s National Center for Education Statistics (NCES). The data show the U.S. student-to-counselor ratio is 457:1, down from 467:1 the previous year. The ratio is based on the total number of students enrolled in public elementary and secondary schools and the total number of “guidance counselors” employed in public schools during fall of the 2008-2009 school year, the most recent year for which data is available.

The American Counseling Association recommends a maximum average student-to-counselor ratio of 250:1 to ensure that students have adequate access to counseling services. Research shows that the provision of school counseling services can improve student well-being and academic achievement. On the basis of NCES’s data, only five states met ACA’s recommended ratio of 250:1 during the 2008-2009 school year: Louisiana (238:1), Mississippi (234:1), New Hampshire (233:1), Vermont (209:1) and Wyoming (197:1).

To calculate your respective school district’s student-to-counselor ratio for the 2008-2009 school year, visit the NCES website at nces.ed.gov/ccd/districtsearch/ and enter in the name of your school district. Information on total students and total school counselors reported will be available. To calculate the student-to-counselor ratio for your school district, divide the number of students by the number of counselors.

Through its Common Core Data program, NCES annually collects fiscal and non-fiscal data about all public schools, public school districts and state education agencies in the United States. The data are supplied by state education agency officials and include information that describes schools and school districts; descriptive information about students and staff; including demographics; and fiscal data, including revenues and current expenditures. For more information, visit nces.ed.gov/ccd/

ACA also makes the updated student-to-counselor ratio chart available on its webpage at counseling.org/PublicPolicy/TP/ResourcesForSchoolCounselors/CT2.aspx.

### United States Student-to-Counselor Ratios for Elementary and Secondary Schools

<table>
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<tr>
<th>U.S. States</th>
<th># of Students</th>
<th># of Counselors</th>
<th>Student-to-Counselor Ratio</th>
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A simple e-mail makes all the hard work worthwhile for Susan Branco Alvarado. “I may not show it all the time,” an adopted teenage client wrote to Alvarado, “but I really appreciate everything you have done for me. Thanks to you, my relationship with my mom has gotten a thousand times better and my life has also changed for the better. So thank you!”

Alvarado, who runs a private practice in Falls Church, Va., that specializes in adoption issues, had begun working with the client and her mother after individual therapy for the daughter failed to yield improvements in her mood or her connection with her adoptive mother. “Initially, the sessions were not smooth with the family because years of disconnectedness and resentment had built a wall between them,” says Alvarado, a member of the American Counseling Association. “This wall was especially evident in session when the teen would pile several pillows between her and her frustrated mom.”

The teen displayed a high level of anxiety, anxious attachment to her mom and an increasing level of withdrawal and irritability, while the mother felt rejected by her daughter and helpless. After Alvarado tried a combination of narrative and expressive therapies in addition to Theraplay, a form of directive parent-child play therapy, the mother-daughter duo reported progress. “Both excitedly shared that they had a successful disagreement with a healthy repair to reconnect them,” Alvarado says. Helping adopted children and their families has personal meaning for Alvarado, who was adopted herself from Bogotá, Colombia.

The work is equally personal for Suzanne Clark, who runs a private practice specializing in adoption issues in Roswell, Ga. Born in Kentucky and raised by adoptive parents in Florida, Clark says she didn’t have much interest in or understanding of adoption until she went to college and began working as a Big Sister to pregnant teenagers. “At the time, I didn’t realize why I was so fascinated with this population. I just thought it was a fun community service activity,” says Clark, a member of ACA. “After I graduated from college, I began working within the foster care system, then transitioned to a job at a maternity home. I completely immersed myself in my work with these girls, some of whom were parenting, some of whom were making adoption plans for their children. It was around this time I began to realize that this was the one way I was able to connect with my own birth mother and give back to her. The only thing I had ever known about her was that she was 15 when she had me. I never thought much about it past that.”

Both Alvarado and Clark offer counseling to individuals who have been adopted, birth parents who have chosen to make a plan of adoption for their children and families who have adopted a child. Clark also offers consultations to adoptive families and birth parents who are considering adoptions, as well as group counseling and lectures on adoption issues throughout the Atlanta area. Alvarado, whose clients range from infancy to middle adulthood, also provides workshops to local adoption and child welfare agencies, as well as presentations at adoption conferences.

According to Alvarado, counseling on adoption-related issues relies heavily on family work. It includes normalizing typical adoption-related developmental milestones, such as when children begin wondering why they were adopted or express a desire to meet their birth parents, and involves helping family members learn to trust one another.

“Additionally,” she says, “adoption therapists should be knowledgeable in identifying and treating trauma-
related disorders. This can be a factor in situations where a child has been removed from his or her first family because of abuse or neglect or has experienced trauma in institutionalized settings. This type of counseling also includes birth family searching and preparation for birth family reunions and post-reunion relationships.”

Counseling that’s focused around adoption issues requires practitioners to pick up on subtle nuances in complex situations, Alvarado adds. “Therapists must be skilled in identifying the layers of adjustment issues that can stem from prenatal conditions, heredity, parental bonding and child attachment concerns, identity issues, trauma, and grief and loss experienced by both children and adoptive parents within adoptive families.”

Handling loss
Clark points to research showing that even if a child has been adopted at a very early age, grief can still emerge as a by-product later in life. “That grief, even though it’s preverbal, is still imprinted in them and definitely affects how they interact with people and form relationships,” Clark says. Grief can also weigh on adoptive parents, she adds, who might still mourn the biological child they couldn’t have on their own.

Clark often starts by telling these families that she understands their desire to be considered a “normal” family, while also encouraging them not to overlook the fact that their family was created on the basis of some type of loss. The parents might have struggled with infertility and not dealt with the grief, she explains, while the adopted child must deal with the loss of his or her original family. “When those two things are overlooked and the family tries to come together and pretend like everything’s OK, everyone’s feelings of loss and grief are still there,” Clark says. “And it comes out in the relationships.”

An important first step, Clark says, is acknowledging that everyone might be experiencing grief. She often recommends allowing parents to admit and deal with their grief alone with the counselor rather than in front of the adopted child. Clark then helps the parents or child pay tribute to the lost relationships.

With parents, she says, the process can begin by having them describe the initial hopes they had for their family or what they think their biological child would have been like. “Depending on what the parents identify as their choice of expression, I have them draw a picture, write a poem, tell a story [or] act out a scenario that depicts these feelings,” Clark says. “Based on this, we decide how they would like to pay tribute to this child. Some people make a memory box, some plant a tree. It’s really about giving them permission and then a voice to express these things.”

The process is similar with the children, although geared toward their age and how they feel most comfortable expressing themselves, Clark says. “Based on this, we decide how they would like to pay tribute to their birth family. If the adopted child is younger or adolescent and still living with the adoptive family, the adoptive family is included in what the child wants to do. We also discuss that the grieving process is a continuum of feelings that will change as the child reaches certain milestones throughout life.”
Clark says building a bridge between the adoptive family and the birth family — even if the adoptive family doesn’t know anything about the birth family — is important so the child will feel connected to everyone. There are ways for adoptive parents to acknowledge the child’s grief and honor his or her relationship to the birth family through talking, Clark says. For example, an adoptive parent might tell the child his ability to play soccer so well must come from his birth parents. Talking openly takes away some of the unspoken shame the child might feel, Clark says.

In session, the counselor can also help children understand why they were “given away,” which is how Clark says many children phrase their adoption. Even if children have a wonderful adoptive family and are functioning well, they still long to know where they came from and why they didn’t remain there, Clark says. She suggests that counselors offer these children space to acknowledge those feelings. Journaling, writing “letters” (not to be mailed) to the birth family and drawing pictures are among the useful techniques that can help adopted children heal and gain insight, she says.

In addition to grief, Alvarado says common issues that adopted children face include feelings of being “different” from their peers, potential discrimination, particularly with transracial or transcultural adoptions, and curiosity about their heritage and birth families. “Counselors can be very helpful to children experiencing these typical concerns by normalizing them, facilitating exploration of their identities within a safe environment and facilitating discussions of these topics within the context of the family system,” she says.

In addition to grief, Alvarado says common issues that adopted children face include feelings of being “different” from their peers, potential discrimination, particularly with transracial or transcultural adoptions, and curiosity about their heritage and birth families. “Counselors can be very helpful to children experiencing these typical concerns by normalizing them, facilitating exploration of their identities within a safe environment and facilitating discussions of these topics within the context of the family system,” she says.

Telling the story

Alvarado points to family therapy as the most effective tool in working with adoptive families. “Regardless of the age of the child, it is very important that the counselor is facilitating increased connections between the child and the parent or parents,” she says, adding that Theraplay is one method that enhances the quality of the attachment. In addition, she says, narrative and expressive therapies such as drawing, sand tray and bibliotherapy are helpful in creating and retelling the story of a child’s
adoption journey within the family context. Alvarado also uses cognitive behavioral techniques, relaxation and mindfulness training to reduce anxiety and some trauma symptoms among clients.

Andrea Miller, a registered play therapist in Charlotte, N.C., who has worked with a number of adopted kids during her three years in private practice, says communication between adoptive parents and the children is often a challenge. She sometimes asks the parents and child to take part in an activity, such as drawing individual pictures of the day the child was born. Even though the child can’t remember the event and the adoptive parents most likely were not present, Miller says discussing how each person views that day can serve as a good jumping-off point.

Miller, a member of ACA, also points to “adoptive stories” as a helpful tool, with the child drawing a time line from when he or she was born up through the present. The child can use the time line as a way to identify, verbalize and open up about feelings related to his or her biological parents. “Showing [adoptive] parents that time line and having them involved helps them understand some of the questions that the child might have but may not have asked or didn’t know how to ask,” she says.

Among adoptive parents, a feeling of competition with the birth parents can sometimes surface, Clark says. It’s important for counselors to let the adoptive parents admit that and then give them a comfortable place to talk about it or cry about it. “Not all adoptive parents feel competitive, and there may be varying degrees of these feelings,” Clark says. “It’s offering a space to voice these feelings, acknowledge them, discuss them and maybe even use the topic as a discussion point with their adopted child, depending on the age and maturity of that child.” Group counseling can be helpful, she says, because it allows adoptive parents to see others at different stages of the process who have made it through difficult times.

Adoptive parents can also bear the burden of feeling that they’re expected to meet a higher standard of parenting, both before and after an adoption. “For lack of a better term, adoptive parents have many hoops to jump through before they are able to adopt,” Clark says. “In addition, they typically have to endure long periods of time while they are approved and matched with a child. These experiences alone set them apart from families who are able to conceive biologically. You add to this having to navigate an open or semi-open adoption gracefully without any signs that they maybe feel tired and frustrated by the process, and you have a family who is already having to meet a higher standard than non-adoptive families. Simply acknowledging or suggesting that this might be the case and offering a place for the family to voice their frustration, or just exhaustion, can be very healing.”

In extreme cases, Alvarado says, some parents can experience post-adoption depression (PAD), which can be similar to postpartum depression. “In these situations, parents can experience extreme levels of depression and anxiety, may report a desire to disrupt or dissolve the adoption and even harm their child,” says Alvarado, who recommends screening clients for symptoms of PAD. She believes counselors can be most helpful to parents by educating them about normative adoptive family milestones, normalizing grief and helping them find coping mechanisms and community resources.

In recent years, Clark says, the trend has been toward doing more open adoptions, in which the adoptive and birth families stay in contact. This can present a host of challenges, such as determining when to include the birth family in events and how much freedom to give the child when it comes to contacting the birth family. Talk is often the answer, Clark says, and counselors can help adoptive parents and children (if they are old enough to be part of the conversation) identify the issues by encouraging them to share their fears, wants and expectations with one another. In many instances, this serves to decrease each family member’s anxiety level.

Even when counselors help adoptive families open the lines of communication, the prospect of search and reunion can present a major hurdle. The issue is more prevalent now that e-mail, the Internet and social networking sites are making it easier for birth families and those who have been adopted to find each other, Clark says.

“Adoptive families have varying degrees of comfort with the topic,” Clark says. “Some are totally open to it and are just waiting for the day that their child decides to make contact or to offer the information to their child without hesitation. Others feel that their child should have all of [his or her] needs met by the adoptive family, and there is no need to discuss it. Regardless of where the family is on the continuum, it’s really key to open up the topic for discussion and acknowledge that it is something to consider when everyone feels comfortable.”

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

Letters to the editor:
ct@counseling.org
As a stock analyst for roughly five years on Wall Street, Philip Gnilka encountered plenty of driven, perfectionistic people. What might come as a surprise is that perfectionism is also common among members of the counseling profession, says Gnilka, now an assistant professor in the Counseling and Human Development Services Program at Kent State University.

Something else that might be news to many counselor practitioners: Perfectionism is not uniformly “bad” or problematic. Instead, Gnilka says, thanks to continuing research, perfectionism is beginning to be recognized as a multidimensional construct that can be differentiated between a positive version (“adaptive” perfectionism) and a negative version (“maladaptive” perfectionism).

Adaptive perfectionists have higher standards than non-perfectionists, and these standards drive their performance, but they are not hypercritical of themselves if they don’t always meet those standards, explains Gnilka, a member of the American Counseling Association. In general, they derive a sense of pleasure from the effort they put forth, not just the results they achieve, and they are more capable of chalking up their failures as “lessons learned” that will be used to ultimately help them attain a goal. Adaptive perfectionists also appear better able to separate their self-worth solely from their performance or results.

On the other hand, Gnilka says, “Maladaptive perfectionists are those who hold similarly high personal standards but are unable to feel any sense of consistent fulfillment even when they meet those standards.” And although success provides little in the way of lasting joy for maladaptive perfectionists, failure — which they define as being anything less than the “best” or “perfect” — can plunge them into the depths of self-criticism.

Counselors can distinguish between adaptive and maladaptive perfectionists by noting how these clients regard themselves, Gnilka says. “What’s their reaction, what do they think of themselves, if they don’t meet that perfect standard, if they score only 98 out of 100? If you’re a maladaptive perfectionist and you miss meeting your high standards, even by a small amount, you’re terrible, you’re a failure. Maladaptive perfectionists are really walking through life creating stress for themselves.”

Unlike adaptive perfectionists, who are focused on figuring out a way to succeed or attain a goal, Gnilka says maladaptive perfectionists focus more on avoiding failure, which can leave them feeling paralyzed to attempt anything. Maladaptive perfectionists also tend to internalize their failures, which negatively affects their self-esteem and self-worth.

Gnilka credits researcher Don Hamachek with being among the first to conceptualize two different kinds of perfectionism, which Hamachek labeled “neurotic” and “normal” in an influential 1978 article. “Up until then,” Gnilka says, “everyone thought perfectionism was unidimensional and pathological, and the more perfectionistic you were, the worse off you were.” In the past decade, other researchers have begun drawing connections between adaptive perfectionism and positive characteristics such as conscientiousness, life satisfaction, self-esteem, motivation and achievement, Gnilka says.

Recently, Gnilka teamed with Jeffrey Ashby, Wendy Dickinson and Christina Noble of Georgia State University to study the relationship between hope, depression and adaptive and maladaptive perfectionism among middle school students. They found that adaptive perfectionists demonstrated significantly higher levels of hope and significantly lower levels of depression than both maladaptive perfectionists and non-perfectionists. (The results of their research will be published in the Spring Learning to live less perfectly

For many individuals, the pipe dream of perfection serves only as an impediment to happiness and success

By Jonathan Rollins
“We believe that adaptive perfectionists’ higher levels of hope are helping buffer them from depression,” Gnilka says. “Maladaptive perfectionists have higher levels of depression due to their lower levels of hope.”

This multidimensional concept of perfectionism should alter the way that counselors address the issue with clients, Gnilka says. “Should a counselor immediately think that perfectionism is a problem or assume that a client is coming in because of perfectionism? I would argue that the research is starting to say no. With adaptive perfectionists in particular, we might not want to focus on their high standards. I would focus on their coping strategies that might be useful.”

During his master’s-level counseling internship at Wake Forest University, Gnilka worked with artists at what is now the University of North Carolina School of the Arts. “They were raging perfectionists, and many of them were very stressed out,” he says, “but it was very off-putting to them to suggest that they might want to try to lower their high standards. So instead, we really focused on wellness and coping in counseling.”

**Message received**

Rachel Eddins, a licensed professional counselor who heads a group private practice in Houston, has gained insight into perfectionism through her work with eating disorders. “Perfectionism is a common co-occurrence with the eating disordered population,” explains Eddins, a member of ACA.

Eddins also draws a line between negative and positive forms of perfectionism, or what she calls “emotionally healthy high producers.” In an article on her website (eddincounseling.com) about managing perfectionism, she delineates between the two. “Perfectionism is not the same as striving for excellence,” she writes. “People who pursue excellence in a healthy way take genuine pleasure in working to meet high standards. Alternatively, people motivated [by] perfection may be driven by self-doubt and fears of disapproval, ridicule and rejection. The high producer has drive, while the perfectionist is driven.” She points out that, left unchecked, perfectionism can lead to depression, anxiety and low self-esteem because “one continuously feels ‘less than.’”

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**Perfectionists and stress**

Philip Gnilka will present a research poster session titled “How Do Perfectionists Cope With Stress?” at the ACA Annual Conference & Exposition in New Orleans on March 26 from 10:30-11 a.m. The session will assist counselors in more clearly identifying, understanding and working with perfectionists and how various coping styles influence stress levels and well-being. It will also feature a review of the current relevant research as well as conceptual and theoretical foundations. Also included will be case studies and a discussion designed to illustrate how to identify, conceptualize and intervene with perfectionists by focusing on coping styles and strategies.

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“There’s a difference between working toward high standards and standards that are beyond reach and reason,” Eddins says in an interview with Counseling Today. “If you’re taking the standards of a symphony player and applying them to your hobby of playing music, that’s perfectionism. With perfectionists, the unrealistic standards become a measure of their self-worth and an indicator that they’re not ‘good enough,’ which is a claim that is pervasive with my clients. When clients present with anxiety and depression, there is often an element of perfectionism in their lives. They can’t live up to their own excessively high standards, and it becomes an issue of punishment and ridicule for them when they don’t.”

It is very rare for clients to ask for help addressing perfectionism in their lives, Eddins says, because from their perspective, their pursuit of perfection is totally rational. Instead, these clients usually present with anxiety, depression or an eating disorder, and as Eddins begins to explore their belief systems and behaviors, she finds perfectionism intertwined with their other issues. In fact, she says, some clients seek her help for issues such as binging precisely because they want to uphold a perfect standard. With certain clients, such as those battling eating disorders, Eddins begins addressing perfectionism right away. “Although, because there is often some resistance to it at the beginning, I might not label it that way. I might say we need to work on their all-or-nothing thinking.”

Secondary client issues such as fatigue, judgmental thinking, obsessiveness to do things a certain way and anger often hint at the existence of a negative form of perfectionism, says Ken Fields, a licensed mental health counselor in Hawaii with more than 25 years of experience in the field. “It’s [perfectionist clients’] repeated failures to live up to their own standards that make them angry,” he says. They often place expectations on others to meet these perfect standards as well, which can create conflict in their relationships, he adds. “Standard of performance is a common theme in couples counseling,” says Fields, a member of ACA, “because both individuals came into the relationship with a separate set of standards that they learned.”

Perfectionism itself might be labeled a learned behavior. Fields, who began providing online counseling in 2006, often points clients to short essays that he writes and publishes online so they can discuss the content together. In an article called “The Imperfection of Perfection,” he wrote that “Perfectionism is a conditioned belief established in the mind during childhood. … Parents, teachers, coaches and other adults in the life of a child can easily imprint the attitude and belief that anything less than perfection is failure. Exactly what perfection entails is often nebulous and ends up being what the adult says it is. This then teaches the child that perfection is attained only when the adult, the authority, so says. As an adult, any achievement of perfection would then necessarily need to be confirmed by some authority figure. … The critical factor in perfectionism is what is referred to as ‘external locus of control,’ which simply means that we seek the confirmation of our perfection from outside ourselves.”

Gnilka says researchers are still trying to figure out precisely what is at the root of perfectionism, but most believe there is a connection to family upbringing. He explains Hamachek thought there were two possibilities apiece for normal (adaptive) perfectionists and neurotic (maladaptive) perfectionists. Hamachek posited that normal perfectionists were influenced by either positive modeling (a close identification with a person, most typically a mother or father, who taught them that if they were going to do something, they should strive to do it well and to be satisfied with their accomplishments) or negative modeling (in which they decided they did not want to be like a certain frazzled or disorganized adult in their life and determined to do things differently). Hamachek believed neurotic perfectionists had grown up either in an environment of inconsistent approval or nonapproval (which made them anxious about being accepted by others and led them to develop high standards for themselves as a way to avoid rejection), or had been consistently exposed to conditional positive approval (internalizing a message that they were only loved and valued if they made straight As, for example).

Fields says some perfectionists grow so anxious about what it says about them if they fail to meet certain standards that they create or find obstacles that prevent them from even trying in the first place. “It’s almost better for them to say, ‘I’m sick’ or ‘I broke my leg’ rather than accept the fact that they can’t live up to a perfect standard,” he says.

Recently, a client came to Fields because he felt extremely anxious about attending his college classes. In talking with him, Fields found out the client had been very successful and popular in high school. Now he felt tremendous pressure to duplicate that level of achievement in college. “We discussed that, and it was revelatory for him,” Fields says.

“Underneath it all for perfectionists is this issue of self-esteem,” Fields says. “We need to be OK with who we are, even when we fail, instead of our self-worth being tied up in results.”

An emotional issue

Eddins often begins addressing perfectionism with clients by looking at the pros and cons of them changing or not changing their behaviors. “It’s really important to assess how this is affecting all areas of their life: work, school, hobbies, health, relationships.” For example, she says, clients’ perfectionism may have reached a point at which they are no longer meeting deadlines, thus jeopardizing their job security or academic pursuits. Their harsh critiques, both of themselves and of their significant others, might be causing rifts in their relationships. Or their perfectionism could be resulting in social anxiety, leading them to withdraw and isolate.

But Eddins admits that is the easier part of the equation when it comes to treating perfectionism. “When clients look at how perfectionism affects their lives, they can often recognize it, but it’s kind of a head thing. As counselors, we still have to get them to deal with the emotional side. It’s important to look at all the emotions underneath because they are using perfectionism to avoid certain feelings: low self-worth, shame, inadequacy. If someone is uncomfortable experiencing negative emotions, they might try to control that by developing perfectionistic behaviors.”

In fact, avoidance of emotions is one of the traits Eddins looks for when determining whether a client might struggle with perfectionism. To tap into the emotions side of perfectionism, she sometimes asks these clients when they
experienced certain emotions. “Then I backtrack and ask them how they interpreted the situation. What were they feeling? What were they thinking? The emotions are usually a response to their interpretations, so what triggered those emotions? Then we can sit with that emotion right there in session in a safe environment. It’s getting them comfortable sitting with those feelings because their whole strategy has been set up to avoid them.”

Eddins runs a group for eating disordered clients in which she gradually introduces “forbidden foods” over the course of several sessions as part of exposure therapy. The exercise is educational, getting the group members to recognize their bodies’ responses to the food. “But it’s also about soliciting emotions,” Eddins says. “How did they feel about having food in the room? How did they feel that I didn’t let them eat it right away? Some might say they felt anxious or angry. Others feel shame because they don’t want to eat in front of others, which acknowledges a fear of being judged. In going through this process, you get to see their belief systems, and they end up processing a lot of emotions.”

Altered thinking

Fields is a proponent of using cognitive behavior therapy (CBT) in conjunction with other techniques with clients who struggle with perfectionism. “CBT offers intellectually based ideas, concepts and information that can impact their behavior if they work at it,” he says. “What we think determines our world.”

“The solutions to most people’s problems are contained within their stories,” he says, “so I listen carefully and probe to get to the underlying structures, thought patterns and beliefs that are not valid, or that at least need to be questioned. I tell them I want us to get into more evidence-based thinking, so I ask, ‘What’s the evidence for that belief you hold?’”

He continues, “With perfectionists, there is no gray — ‘If I’m not the best, I’m a total failure’ — so it’s helping them discover the shades of gray that exist. It’s getting them to take an honest look at what it would be like if they were a 5 or a 6 on occasion instead of always being a 10. Going over these irrational thought patterns is often quite revelatory for them.”

Fields, who also uses visualization techniques and hypnotherapy with perfectionists, might have these clients examine the assumptions by which they are living. “They have arrived at this equation in their mind: Happiness equals perfection,” he says. “I invite them to take a harder look at that equation. What if happiness actually equals comfort or casualness or something else?”

Sometimes, Fields also challenges clients to purposely shatter the image of perfection they have worked so hard to create and protect. For example, he might instruct them to go to a public place looking like a slob or to go to the market and pay for their purchase entirely in pennies. “I tell them, ‘I want you to do something that makes people look at you a little odd,’” Fields says. “That exercise gets to the heart of needing to be perfect in other people’s eyes all the time.”

Fields also taps into perfectionists’ results-driven mind-sets to further motivate them to make healthy, positive changes. He teaches them that by putting so much pressure on themselves, they are increasing their stress and anxiety levels, which actually inhibits their ability to do good work. “I tell them if they really want to be perfect, ironically, they need to relax so they can achieve their best results,” Fields says.

Hamachek made several suggestions for helping neurotic/maladaptive perfectionists through counseling, Gnilka says. These included:

- Assisting them in being selective concerning the tasks for which they think perfectionistic standards are required
- Having them choose one activity for which they refrain from self-criticism and find satisfying even if not perfectly done
- Guiding them in setting reasonable goals
- Helping them build and solidify their own coping styles

In addition, Gnilka says, counselors can provide support to maladaptive perfectionists by teaching them how to reframe failure and helping them to believe in their ability to reach their goals.

Sometimes, Fields adds, counselors need to help perfectionists learn to laugh at themselves and remind themselves that they are simply human. “Ultimately,” he says, “perfectionism is anti-human. You’re demanding something of yourself that humans aren’t capable of. We fumble, we make mistakes, we learn. That’s OK.”

Jonathan Rollins is the editor-in-chief of Counseling Today. Contact him at jrollins@counseling.org.
Throughout her career, Patricia Henderson has been one of the most eloquent advocates for effective school counseling programs. As the veteran director of guidance for the Northside Independent School District (NISD) in Texas, she advanced a management and organizational structure that helped build one of the strongest pre-K-12 counseling initiatives in the nation. The program is widely recognized for its excellence. Her commitment to the counseling needs of students and the advancement of the work of professional school counselors also earned her a unique achievement: A new elementary school in San Antonio was named in her honor — the Pat Henderson Elementary School (see the December 2010 issue of Counseling Today for more).

Henderson began her career as an English teacher and counselor in California. She eventually moved into leadership when she assumed administrative and supervisory positions with both the Orange County and California Departments of Education. With colleague Norman Gysbers, she introduced the concept of Comprehensive Guidance Programs consisting of four components: guidance, responsive services, individual planning and system support.

She joined NISD in Texas as the director of guidance in 1982, transforming the district’s guidance and counseling program and expanding the paradigm of the counselor-student relationship to one involving greater outreach to students. Her work in improving and expanding NISD counseling programs (pre-K through high school) brought her personal recognition and professional acclaim. Her model was eventually adopted by the Texas Education Agency and by national programs. The Association for Counselor Education and Supervision, the American School Counselor Association and the Texas Counseling Association have each honored her with lifetime achievement awards.

Her books Developing and Managing Your School Guidance and Counseling Program, which she coauthored with Gysbers, and The New Handbook of Administrative Supervision in Counseling are consistent best sellers among the titles offered by the American Counseling Association. Henderson is now retired but remains active as a consultant and volunteer, including spending time with the appreciative students at Pat Henderson Elementary School.

Calls for greater accountability are being made for all aspects of U.S. education. How can accountability be achieved in the establishment and development of school counseling programs? What role will school counselors play in the overall accountability aspect?

In well-developed programs, the means for evaluating and being accountable for them are determined at the outset. Knowing what we want our students to learn through the guidance and counseling program and each of its activities allows for ongoing measurement of their effectiveness. It is imperative that the measures are based on standards appropriate to guidance and counseling, not those of other education programs such as instruction or administration.

For example, in guidance activities aligned with the Texas program model, we aim for students of all ages to build self-confidence, maintain motivation to achieve, make decisions and set goals, use good communication skills, develop effective interpersonal and cross-cultural relationship skills, and be responsible for their own behaviors. These provide the standards for student learning in the school counseling program, pre-K to 12th grade. Every activity carried out by a school counselor should address one or more of those content areas, whether it is a guidance curriculum lesson, an individualized student planning or responsive services session, or a system support service.
You have written and taught extensively about the importance of developing and managing counseling and student service programs. What do you see as the essential elements?

There are five phases of the process: planning, designing, implementing, evaluating and enhancing. Each of these is essential. From my perspective, the one that makes “the difference” is the designing phase, during which priorities are set for the categories of students to be served, use of counselors’ specialized skills, topics to be addressed and recommendations made for how counselors should divvy up their time among the variables. Time management is the essential element in program management. Students’ needs are infinite; program resources (for example, counselor time) are finite.

Another set of essential elements is related to leading and managing counselors’ performance: linking their job descriptions, clinical and administrative supervision, evaluation of the quality of their performance and their professional development goals. To be fair, just and relevant, these elements are based on established performance standards.

There are many school counselors who have the potential to assume counseling and student service management and supervisory roles in schools and school districts. What personal and professional characteristics distinguish a manager/supervisor from a practitioner?

This is a hard question to answer because there are so many variables. In The New Handbook of Administrative Supervision in Counseling, I identified five sets of competencies: conceptual, human, professional, technical and self-management. The latter is critical and hard to learn. It includes maintaining one’s own wellness, building healthy relationships, enjoying the work, having a strong and appropriate professional identity and having a sense of humor.

Regardless of one’s personality, I think some “must haves” are a vision, a dream for the healthy emotional, social and mental development of children and adolescents, for schools and for how counselors can best help the kids. To be an effective leader, one has to be willing to take responsibility to help others be the best professionals they can be and to develop systems that make others’ work meaningful and productive. One must be able to lead others, accept leadership responsibilities and carry them out in the best interests of the students and the counselors. Being brave and assertive are helpful characteristics, as are being adept at navigating school and district politics and being able to use the powers that come with authority and responsibility to achieve goals.

Few counselors have a school named in their honor. What ran through your mind when you learned about the school being named for you?

I was astounded! I had no idea that my name had been put forth and advocated by a stalwart group of professional school counselors. The process is thorough, and the school board makes the selection from a fairly long list of nominees — nearly 300 in my case. It took awhile for it to sink in. I had a year to grow in my understanding of what being a “school namesake” means. It takes on a little more texture each day.

Last week, I volunteered to read a popular guidance book to kindergartners and first-graders at the school. What a joy! It is definitely a tribute to the NISD counselors and administrators who consciously and conscientiously work hard every day to tend to the mental health needs of students.

Editor’s note: Frank Burtnett conducted the following interview for publication in the Winter 2011 edition of ACAeNews for School Counselors, one of four special focus e-newsletters produced by the American Counseling Association.

Frank Burtnett is the editor of ACAeNews and ACA’s four special focus e-newsletters for school counselors; counselor educators; counseling students and new professionals; and mental health, private practice and community agency counselors. Contact him at fburtnett@counseling.org. To opt in to any of the free special focus e-newsletters, contact ACA Member Services at 800.347.6647 ext. 222 or e-mail acamemberservices@counseling.org.

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What counselors can learn from improv

Whose Line Is It Anyway? and Chicago’s Second City are two of the countless examples of improv, a popular form of performing arts that does not rely on a prepared script. Using audience suggestions for characters and situations, performers ad-lib what they say and what they do, all the while working off of one another, demonstrating a keen sense of timing and trusting absolutely in the process. Somehow during this absorbing and creative process, something new and exciting emerges.

In other words, improv has a great deal in common with counseling. Much like an improv skit, a counseling session immerses the participants in a dynamic, unrehearsed, here-and-now process that, if successful, is an intrinsically fulfilling, totally absorbing and ultimately rewarding experience. Clients often come to counseling carrying life scripts that have imprisoned them. Their self-characterizations can be so negative and rigid that they sabotage any sense of hope for change. Your challenge as a counselor is to help clients set aside the tired, old life scripts and improvise new possibilities for their lives.

Improvising your counseling

Improvisation takes place anytime someone practices a craft fully in the moment, without relying on recipes, scripts or manuals. When you improvise, your spontaneous responses to the immediate circumstances can lead to discoveries, surprises, insights and personal growth. These are moments of inspiration when the Muse speaks, lightning flashes, pieces of the puzzle come together and you have an “aha!” experience.

The trick to improvising your counseling is to realize there is no trick. You do not practice one-liners that can be applied to any situation. Instead, you provide your client with a safe haven, develop a trusting relationship, communicate your faith in the client’s inner resources and carefully follow the principles of improv to invite, encourage and help your client to take full advantage of the counseling session.

Principles of improv

Improvis teachers have developed guidelines and rules for students who want to learn the craft. Del Close, one of the pioneers of improv and a member of the troupe that later became Chicago’s Second City, offered 11 commandments. David Alger of San Francisco’s Pan Theater lists a total of 20 rules, while many other performers have developed terms to describe the dynamics of improvisation. In reviewing this literature, we have identified five fundamental principles. As you read the following rules, notice the striking parallels between improv and counseling.

Yes! The first and most basic principle of improv, like counseling, is to accept. As a participant in either a skit or a counseling session, your primary responsibility is to receive gratefully and unconditionally whatever the other participant gives you. Every word or gesture from an improv performer is an offer that defines some element of the emerging scene. The actor might name a character, describe a profession or identify a situation. Your basic task in improvisation is to accept the offers of your fellow performers. By following the principle of Yes!, you agree to enter into the imagined reality they are creating.

Inexperienced improvisers often violate this fundamental rule. Instead of accepting, they may block or deny the offer of fellow performers, often in a misguided attempt at humor. For example, if their partner arranges chairs side by side and invites them to sit in this brand-new sports car, they could block the offer by objecting, “That’s no sports car! That’s a sailboat!”

The principle of Yes! is no less crucial in counseling. Your client’s every word and gesture is an offer to you — an invitation to listen, an appeal for understanding, a plea for validation. By accepting these offers, you agree to enter into your client’s psychological world — his or her subjective reality. Committing yourself to accept these offers is essential for developing an empathic relationship. In improv, the participant accepts a premise, but in counseling, you accept the person.

And! Acceptance alone is not sufficient for successful improv. When an improvisation truly takes flight, the participants are working together in a process of co-creation that builds and propels the story. Therefore, the second principle of improvisation is And! In improv, once you accept what the other participant has offered, you immediately add your own contribution to advance the scene. Your new offer combines with that of the other participant to weave together a Yes-And! sequence that refines the characters and propels the story. These first two principles combine to form the cornerstone of all improv.

The most common failure to follow the rule of And! is wanking. This is a desperate attempt to add to an offer by acting in an outrageous, cute or silly manner without actually advancing the scene. The audience may laugh, but you risk annoying the other performers, derailing the narrative and sabotaging the big payoff of a scene for the sake of a cheap joke.

In counseling, we have our own version of this error. We are wanking as counselors when we constantly attempt to offer immediate insights, quick interpretations, formulaic advice or simplistic guidance. Instead of attempting a quick fix, the skilled counselor follows the And! principle by contributing to the process of change in empathic, supportive and respectful ways. The counselor does not steal the limelight and assume the
role of heroic rescuer or wise sage. He or she remains a supportive actor whose role is to facilitate personal growth, promote therapeutic change and co-construct, with the client, a new portrayal of the situation that offers hope.

Here and now. A script is “there and then” — words you have memorized ahead of time and are reciting now. The heart of improvisation is dealing with whatever is present in the here and now — the circumstances, people and props that you are given. With these ingredients, and nothing pre-scripted, a performer creates something fresh and new. In counseling, we refer to interventions that follow this principle of the moment as immediacies. Here-and-now communications are fresh, vivid and powerful.

Many novice counselors try to insert canned phrases or rehearsed lines into their sessions with clients. As a result, these counselors become more focused on remembering what they are going to say next than on what is currently taking place in their encounter with a client. Similarly, in improv, successful performers truly listen to one another, while unsuccessful performers simply wait for their turn to talk. Following the here-and-now principle, effective counselors focus on what is going on in the session at that moment. Because communication is both verbal and nonverbal, informational and emotional, they listen with their ears and eyes, head and heart. They tune into the client’s words, gestures, tone of voice, posture and facial expressions. Counseling is never static. You perform the dance of counseling when you keep in step with your client, responding to the nuances and rhythms of this dynamic process in the here and now.

Flow. Experienced improv performers make it seem so easy because they are practicing the principle of flow, the mental state that Mihaly Csikszentmihalyi has researched and described. People find flow when they are immersed in an activity, losing their sense of self-awareness as they get caught up in the process. The experience of flow is intrinsically rewarding, totally absorbing and feels effortless.

One common problem of some novice improvisers is driving, which involves taking over a scene and not allowing other performers to alter its direction. Driving not only makes you unpopular among your fellow improvisers, it also dampens the creative sparks that can fly when everyone is part of the dynamic process of co-creation.

The same holds true for counseling. Beginning counselors regularly feel an urgent need to do something to alleviate their clients’ discomfort or pain. At those times, it is not clear who is more uncomfortable — the counselor or the client — but what is obvious is that the counselor is working much harder than the client. Counselors who attempt to drive the process will fail to find flow. They tend to become exhausted by their work and may burn out early in their careers. But those counselors who report spontaneity, creativity and a sense of acceptance in their sessions are nourished by their time with clients.

The fundamental prerequisite for flow in counseling is confidence in the process. In possessing this confidence, you are then able to be fully present with your client and trust that good things will happen. Flow comes when you lift yourself out of a “gotta-try-harder” mentality and connect with the best in both your client and yourself. You want to give your best effort of course, but the paradox is that effortful counseling can obstruct a good outcome. Being with your clients communicates your faith in their capabilities to gain new perspectives, express emotions and transform their lives.

Explore possibilities. The final principle of improv is exploring possibilities, which is the motivating force for any skit. This fundamental rule highlights the intentional nature and purpose of improvisation. An example of the principle is the technique of heightening, in which the improviser takes an idea and runs with it, seeing where it may lead, exploring its natural consequences and, in the process, intensifying the emotional payoff of a scene.

Beginners in improv may be energetic and accepting, but they often fail to follow this principle. Instead, they resort to wimping, which is babbling on about...
an offer but not actualizing any of its potential for humor or drama. Wimping always leaves the action to be decided by the other performers. Wimping halts any momentum in a skit because it fails to add either to character development or narrative flow.

Some counselors engage in wimping by constantly paraphrasing and summarizing their clients’ remarks, thus keeping the communication at a superficial level. When used sparingly and appropriately, these tracking responses can be helpful in clarifying a client’s message, but overreliance on these responses stalls any therapeutic momentum. Instead, successful counselors consistently heighten the process by wondering to themselves, “If this dynamic is going on in the counseling relationship, then where else is it happening?” For example, when you notice a client avoids expressing any emotion with you, explore with the client how this dynamic might be playing out in other relationships.

Depending on their theoretical orientations, counselors will use a session to explore a variety of possibilities.

By harnessing the many subtle cues that the client presents, the counselor can facilitate goal setting, illuminate strengths, reveal discrepancies or encourage personal reflection. Whatever their theoretical perspective, skilled counselors heighten what the client offers to facilitate the change process.

**Improv so clients can improve**

As a student or practitioner of counseling, you may sometimes wish you possessed a script of what to say to your clients — magic words to recite in response to their concerns. Of course, you already know that such lines do not exist and, even if they did, if you tried mouthing them, you would come across as inauthentic and mechanical. In fact, you are at your best as a counselor when you are playing it by ear, trusting your intuition, taking it as it comes and making it up as you go along. The unrehearsed responses you give in counseling are the ones most likely to lead to therapeutic change. In other words, when you improv, your clients improve.

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Letters to the editor: ct@counseling.org
Thelma Jones Vriend, a longtime counselor, counselor supervisor and counselor educator, died Jan. 5, 2011, at the age of 81.

Vriend spent most of her life in Detroit and retired from a successful counseling career after serving as dean of student services at Wayne County Community College and then as vice president of the college. Those closest to Vriend say she realized early on that education would offer her a path to fulfillment. Mentors opened doors for her and, in turn, she worked throughout her life to serve as a role model to other young people.

"Thelma was an important influence on counselors from minority backgrounds, particularly women, as well as for all women," says Jane Goodman, professor emerita of counseling at Oakland University and a colleague and friend of Vriend’s for more than 30 years. “She was not only a role model but a mentor who advised, helped and, yes, pushed minority women to be involved in their profession, succeed at advancement and take their place in the sun. She was an able administrator and teacher, but my view of her was more as supporter and cheerleader for others.”

Vriend was born in Panama City, Fla., on July 20, 1929. She excelled in the classroom and was accepted to Florida A&M University at age 15. After her sophomore year, she moved to Detroit to be with her sister. She enrolled in Lewis Business College before entering Wayne State University and graduating with a degree in family life education.

Vriend took a position teaching family living at Eastern High School but found herself doing as much counseling as teaching. Inspired, she chose to return to Wayne State to earn a master’s degree in counseling. Not long after, she was accepted for a National Defense and Education Act grant, which offered her a yearlong training at New York University (NYU) focused on counseling minority students. Vriend subsequently earned her doctorate from NYU in guidance and counseling before returning to Detroit.

“I am a woman of age, wisdom and power,” Vriend remarked during an interview for the fall 2000 issue of The Exemplar, a publication of Chi Sigma Iota, where Vriend was designated a scholar. “I am a seeker and a learner. I am healthy, I think my spirit is young. In fact, my spirit gets me in trouble with my body.”

Excellence was a theme in Vriend’s life, as she alluded to in The Exemplar interview. “I remember a little saying: ‘If a task is once begun, never leave it till it’s done. Be it labor great or small, do it well or not at all.’ That’s the way my parents were. They were uneducated, but very smart people. That’s the way the teachers in my school were also. Susan Taylor writes about the concept of ‘carrying your own head.’ That is, being responsible for your own ideas and for the things you do. That concept has always been with me: living from the inside out. Personal excellence for me is using our innate gifts and talents, living our purpose and carrying our own heads.”

Vriend’s push for excellence rubbed off on others. “Thelma always helped me remember that one could be tough and strong, as well as warm and accessible,” says Goodman, a past president of the American Counseling Association who worked with Vriend in the Michigan Counseling Association. “She never backed down from a principle and always helped others fight for their rights. She brooked no nonsense.”

Tom Sweeney, professor emeritus at Ohio University and a longtime friend of Vriend’s, agrees. “Thelma helped me to be my best self in her presence as a man and a human being,” says Sweeney, executive director of CSI and a past president of ACA. “She just called forth your best by being who she was — caring, compassionate and totally at ease with herself. She was truly one of a kind.”

Vriend’s death is an enormous loss to those who knew and loved her, Sweeney says. “Her legacy lives on, however, through her many services to those she loved, which, broadly speaking, is also enormous. She was a one-of-kind, hands-on advocate for social justice before it became a passion for other counselors. She ‘walked the walk and talked the talk’ with forthright integrity, courage and determination.”

Sweeney met Vriend while they were both working as trustees of the National Vocational Guidance Association (now ACA). “We sat together throughout meetings, comparing notes and laughing a lot. Thelma was outrageously funny with quips under her breath. She came to meetings prepared, and she participated as one with a solid grounding in the work of counselors. Over the years, we kept touch, and even more so with e-mail. She never forgot birthdays, anniversaries or holidays and always [sent] a note.”

As one of a select few CSI scholars, Vriend often spoke at chapter initiations. “Those new to the profession benefited from her unique wisdom and simple philosophy of social equality and decency for all,” Sweeney says.

One of Sweeney’s favorite memories of Vriend was when they were standing in his living room, looking at a large watercolor of a wild turkey by a well-known wildlife painter. “After gazing at it for a time, she turned to me and said with her nose wrinkled as only she could do, ‘Tom, I think that may be the ugliest picture that I have ever seen!’ We both laughed until we had tears in our eyes.”

Elly Waters, who met Vriend through MCA, also remembers Vriend’s lighter side. “She was always fun,” says Waters, a past president of the Association for Adult Development and Aging, a division of ACA. “We had a good time together. She was a big giggle.”

“Take the issues seriously, not yourself” was another theme of Vriend’s life, Waters says. “She never seemed impressed with her own importance, even though she was dean of student services and vice president. That never kept her from being human and fun.”

In addition to her work at Wayne County Community College, Vriend
served on many boards and committees, including with MCA, ACA and the Council for Accreditation of Counseling and Related Educational Programs. In addition to being a CSI scholar, Vriend was a member of Zeta Phi Beta sorority. Locally, Vriend served on the Board of Directors of the Detroit Area Agency on Aging and Leadership Detroit. Vriend is survived by her sister Piccola Jones of Detroit and her nephew David Jones of Panama City. She was predeceased by her former husband, John Vriend, and also by her companion of many years, John Webb. She is also survived by many good friends, including goddaughter Charmaine Johnson and “sister of the heart” Helen Leonard.
A memorial service was held in Vriend’s honor on Feb. 12 in Detroit.

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**ACA Blogs: Written by Counselors, For Counselors** - By Anthony Centore

**Marketing a counseling practice: Don’t censor your fans!**

It’s hard to get people to talk about your business if you’re a restaurant. If you’re a counselor, you’re really fighting an uphill battle, as clients need to overcome the social stigma of being in counseling in order to tell others about your service.

Therefore, to recruit a “raving fan” (that is, someone who passionately tells others about your service), you have to make a big positive impression. You have to exceed your clients’ expectations, provide outstanding service and care, and offer a “remarkable” experience that they can’t help but to tell their friends about.

Once you accomplish this and you have clients who are talking about you, or writing blogs about you, or posting reviews about you, or maybe even singing songs about you (who knows?), there is something very important that you need to do.

Ready? This is what you need to do: Stay Out Of Their Way! It took a lot of fuel to get that car moving … don’t hit the breaks!

The only reason you should intervene is to help, encourage, reward, thank or incentivize your fans to continue talking about (thereby promoting) your counseling service. It should be common sense not to hush your cheerleaders, but …

Businesses make mistakes all the time as they try to manage their fans and control the way their fans share their brand. For sure, your customers won’t market your counseling practice the way you market your counseling practice. They will do it their way — in chat rooms, on a blog, in unscrupulous terms to their friends. They might quote you without permission. They might copy text from your brochure. They might copy and paste your logo. They might take a picture of your office and tag it on Facebook. A client could mention that you wore an ugly sweater on Wednesday. (My clients have told others that I wear brightly colored socks. Not exactly what my marketing message is, but I’ll take it! And I feel fortunate that my clients are talking about my practice.)

Learn to love your clients’ creative and unorthodox methods of spreading the word about your service. Learn to get comfortable being reviewed. Even if reviews are mixed. Even if some of the reviews are negative (and some will be).

**A real-life example of what not to do**

I had been promoting a company (let’s call them “Company X”) in my writing, speaking and consulting for a couple of years. Recently, I copied an e-mail they had sent me about an upcoming sale and posted it online to share with my readers in hopes of sending Company X more customers.

Sounds good, right? Not to the marketing department at Company X. Twenty-four hours after posting the e-mail, a company representative contacted me to request that I remove the post. Here’s the e-mail I received:

Hi Anthony!

I hope this e-mail finds you well. I was doing some searching on the Internet and noticed you posted up our entire Black Friday e-mail on your wordpress blog www.startacounselingpractice.com. This was a special offer sent out only to our previous customers and not intended to be posted up for the public to see. I would appreciate it if you removed the coupon code and e-mail entirely. Thanks so much and please let me know if you have any other questions.

[Name Removed]
Director
[Company Name Removed]

This is a polite e-mail, for sure, but it’s the opposite message you want to send to anyone trying to send you business. If Company X was smart about getting the word out about their product, the staff would have sent me more offers to promote. Instead, they couldn’t handle that my promotion approach was different from theirs! How unfortunate! Don’t make this mistake with your clients.

**Anthony Centore is a counselor and helps other counselors build successful practices. For more information on private practice and insurance panels, visit thriveworks.com.**

**Rebecca Daniel-Burke oversees the ACA blog project. For questions or to find out how to become a blogger, contact her at rdanielburke@counseling.org. To access the ACA blog page, visit my.counseling.org./**
The ACA 2011 Conference & Exposition is Around the Corner

New Orleans, Louisiana
March 25-27, 2011
Pre-conference Learning Institutes March 23-24

There is still time to register!

Counseling.org/conference
800-347-6647, 222

View the entire Conference Program Guide online
1-Day Registration $250 • 2-Day Registration $380
Full conference registration $435 ($275 Students)

See you in New Orleans!
ACA Members: Check Out These Offerings by Our 2011 Conference Sponsors!

MetLife

MetLife offers ACA members and their families access to the MetLife Preferred Dentist Program (PDP) at competitive group rates.

MetLife has been offering dental benefits for more than 45 years and we have the experience to understand what matters to you.

Like most group benefit programs, benefit programs offered by MetLife contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask you MetLife group representative for costs and complete details.

For more information, log on to www.hpso.com or call 1-800-982-9491 and speak to any of our experienced client service representatives.

Note: The graduate certificate will not certify you as a professional counselor. However, courses may be utilized for additional credits toward licensure or for continuing education credits (CEUs).

Please stop by the ACAIT exhibit booth, #202, to pick up information and learn more about this program or go to www.acait.com.

HPSO

Healthcare Providers Service Organization (HPSO) has been the ACA-endorsed provider of professional liability insurance to ACA members since 2003.

HPSO serves over 70 professions and brings together over 1,000,000 healthcare, counseling and therapy professionals nationwide. The combined buying power means affordable group rates for our individual policyholders. ACA members get a 10% discount off the full-time premium.

The policy 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.

To learn more e-mail calugo@calu.edu, call 1-866-595-6348 or visit www.calu.edu/go

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

The 100% online Graduate Certificate in Sports Counseling is designed for practicing counselors, counselors-in-training (post 48-credits), educators and helping professionals desiring specialty training with youth, adolescent, young adult, or adult athletes across a variety of settings. Cal U’s certificate program provides training in:

- Foundations of sports counseling
- Contextual dimensions of sports counseling
- Knowledge and skills for the practice of sports counseling

Cal U also offers full degree programs in:

- M.Ed. in School Counseling (Elementary, Secondary or Dual)
- MS in Community Agency Counseling
- MS in Sport Management

Please stop by the ACAIT exhibit booth, #202, to pick up information and learn more about this program or go to www.acait.com.

Visit the ACA Bookstore and the ACA Expo while you are in New Orleans!
Walden University is an accredited institution that has been serving the higher education needs of working professionals for more than 40 years.

The university promotes lifelong learning by offering bachelor’s, master’s, and doctoral degrees online. Areas of study include counseling, human services, psychology, health sciences, management, education, public health, nursing, public administration, and information technology.

Walden’s Ph.D. in Counselor Education and Supervision program is designed to prepare students for roles as counselor educators. It also helps students meet the national standards that require new faculty members of Council for Accreditation of Counseling and Related Educational Programs (CACREP)-accredited programs to hold doctoral degrees in counselor education and supervision by 2013. In addition, Walden is one of the only schools to offer a CACREP-accredited M.S. in Mental Health Counseling online.

Walden is distinguished by high academic standards, an experienced faculty, and a rigorous curriculum. Using an array of technology, the university delivers an online education experience when, where, and how students need it. Walden attracts students from around the world, offering access to a variety of perspectives. Walden programs help students achieve personal enrichment and career advancement. Walden graduates, in turn, enrich and advance the lives of countless others they serve.

Statement on Licensure
The Ph.D. in Counselor Education and Supervision is not a licensure program and does not prepare an individual to become a licensed counseling professional.

Professional Accreditation
The Ph.D. in Counselor Education and Supervision is not accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). However, the program was developed to be in line with national standards for counselor education. Since Walden’s Ph.D. in Counselor Education and Supervision is a new program, the university is not yet able to apply for CACREP accreditation. Students will be notified at such time if the program becomes accredited in the future.

Walden’s M.S. in Mental Health Counseling program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). CACREP accreditation attests to the quality and relevancy of our program—a program that helps provide you with the skills and credibility to maximize your impact on your profession. In addition, earning a degree that is CACREP-accredited helps to streamline the licensing application process and provides you with an advantage when applying to doctoral programs.

For more information call 1-866-492-5336 or visit www.WaldenU.edu/counseling

Capella is an accredited online university specializing in master’s, EdS and doctoral degrees for working adults.

We offer graduate degree programs in counseling, psychology, social work, education, public administration, public safety, healthcare, public health, business and information technology.

In the realm of mental health services, Capella sets itself apart on two fronts. First, we take a holistic approach by offering counseling, psychology, and social work specializations. This approach capitalizes on the fundamental similarities as well as the distinct differences between these three disciplines. Second, Capella currently offers 3 CACREP-accredited MS programs: Mental Health Counseling, Marriage and Family Therapy, and School Counseling. 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 University 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.

For more information visit www.capella.edu

Not yet registered? There is still time. Register online at counseling.org/conference or call 800-347-6647 ext. 222 (M-F 8am – 7pm ET)
The ACA Bookstore will be open during all exposition hours. For your convenience, an ACA Preconference Bookstore will be located in the ACA registration area March 23–24 before the Exhibition Hall opens.

**ACA BOOKSTORE**

March 24, 4:30 pm – 7:00 pm – Welcome Reception  
March 25, 10:30 am – 6:00 pm • March 26, 10:00 am – 4:00 pm

**Ship Your Books Home for Free**

Spend $150 or more in the ACA Bookstore and we will ship your books home for free!

**KEYNOTE BOOK SIGNINGS**

**Soledad O’Brien**  
March 25, 10:30 am – 11:30 am

**Judith Beck**  
March 26, 10:00 am – 11:00 am

**ACA AUTHOR BOOK SIGNINGS**

March 24, 5:30 pm – 6:30 pm  
March 25, 4:00 pm – 5:00 pm

**New Releases From ACA!**

- *ACA Advocacy Competencies* edited by Manivong Ratts, Rebecca Toporek, and Judith Lewis
- *Clinical Supervision in the Helping Professions, Second Edition* by Gerald Corey, Robert Haynes, Patrice Moulton, and Michelle Muratori
- *Counseling and Psychotherapy: Theories and Interventions, Fifth Edition* edited by David Capuzzi and Douglas Gross
- *Creating Your Professional Path: Lessons From My Journey* by Gerald Corey
- *The Creative Arts in Counseling, Fourth Edition* by Samuel Gladding
- *Cyberbullying: What Counselors Need to Know* by Sheri Bauman
- *Developing Clinical Skills for Substance Abuse Counseling* by Daniel Yalisove
- *Ethics Desk Reference for Counselors* by Jeffrey Barnett and W. Brad Johnson
- *Experiential Activities for Teaching Multicultural Competence in Counseling* edited by Mark Pope, Joseph Pangelinan, and Angela Coker
- *The Handbook of Counselor Preparation* edited and cowritten by Garrett McAuliffe and Karen Eriksen
- *Integrating Spirituality and Religion Into Counseling, Second Edition* edited by Craig Cashwell and J. Scott Young
- *A Job Search Manual for Counselors and Counselor Educators* by Shannon Hodges and Amy Reece Connelly
- *Licensure Requirements for Professional Counselors 2010* by the ACA Office of Professional Affairs
- *Play Therapy: Basics and Beyond, Second Edition* by Terry Kottman
- *The Professional Counselor, Fourth Edition* by Dennis Engels, Casey Barrio Minton, Dee Ray, and Associates
- *Terrorism, Trauma, and Tragedies, Third Edition* edited by Jane Webber and J. Barry Mascari

*American Counseling Association, Booth #301*
Author Book Signings

Thursday, March 24 • 5:30 pm – 6:30 pm

- Sheri Bauman, Cyberbullying: What Counselors Need to Know
- Gerald Corey, Creating Your Professional Path and Clinical Supervision in the Helping Professions, Second Edition
- Barbara Herlihy, ACA Ethical Standards Casebook, Sixth Edition and Boundary Issues in Counseling, Second Edition
- Patricia Moulton, Clinical Supervision in the Helping Professions, Second Edition
- Manivong Ratts, Rebecca Toporek, and Judy Lewis, ACA Advocacy Competencies
- Anne Marie “Nancy” Wheeler and Burt Bertram, The Counselor and the Law, Fifth Edition

Friday, March 25 • 4:00 pm – 5:00 pm

- David Capuzzi, Counseling and Psychotherapy, Fifth Edition and Suicide Prevention in the Schools, Second Edition
- Craig Cashwell and J. Scott Young, Integrating Spirituality and Religion Into Counseling, Second Edition
- Richard Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen, Counseling Children: A Core Issues Approach
- Shannon Hodges and Amy Reece Connelly, A Job Search Manual for Counselors and Counselor Educators
- Garrett McAuliffe, The Handbook of Counselor Preparation
- Jane Webber and J. Barry Mascari, Terrorism, Trauma, and Tragedies, Third Edition

ACA Bookstore • Booth 301 • New Orleans Convention Center
March 25, 2011

7:30 am – 8:30 am • Program ID #110
The Creative Arts in Counseling
Samuel Gladding
This session will focus on how the creative arts (music, literature, drawing/painting, dance/movement, and humor) can be used effectively in a variety of settings to help clients gain insight into problems and negotiate solutions to situations they bring to counseling.

11:00 am – 12:00 pm • Program ID #151
Counseling Children: A Core Issues Approach
Richard Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen
This session will teach you about the nature of client core issues, how to conduct a core issues assessment, and how to implement counseling interventions that help children address the core problem and establish lasting change.

2:00 pm – 3:30 pm • Program ID #213
The Essentials of Tough Kids, Cool Counseling: Evidence-Based Principles and Innovative Techniques
John Sommers-Flanagan and Rita Sommers-Flanagan
Four culturally diverse cases will be reviewed and analyzed to illustrate effective counseling practice; collaborative disclosure, goal-setting, and agenda making; rolling with developmental autonomy; and playful therapeutic activities.

3:45 pm – 4:45 pm • Program ID #276
Clinical Supervision in the Helping Professions
Patrice Moulton and Gerald Corey
The presenters’ will discuss roles and responsibilities of supervisors, the importance of the supervisory relationship, multicultural competence in supervision, ethical issues in supervision, legal and risk management issues, evaluation in supervision, and becoming an effective supervisor.

5:00 pm – 6:00 pm • Program ID #318
A Job Search Manual for Counselors and Counselor Educators: How to Navigate and Promote Your Counseling Career
J. Shannon Hodges and Amy Reece Connelly
The authors of this new book will present helpful information job seekers in the counseling profession should know before they commence their search. Topics to be discussed will include writing effective résumés, CVs, and cover letters, as well as employment trends, interviewing tips, and managing disappointment.

March 26, 2011

7:30 am – 8:30 am • Program ID #340
Cyberbullying: What Counselors Need to Know
Sheri Bauman
This session will provide current information about cyberbullying and cyberaggression and will offer prevention and intervention strategies for technology users across the life span.

10:30 am – 12:00 pm • Program ID #381
Creating Your Professional Path: Lessons From My Journey
Gerald Corey
Dr. Corey will discuss turning points in his personal and professional journey, the counselor as person and professional, developing a personal perspective on counseling theory and group work, becoming an ethical counselor, being mentored and mentoring others, creating a career in counseling, becoming a writer, and self-care.

2:00 pm – 3:30 pm • Program ID #442
Experiential Activities for Teaching Multicultural Competence in Counseling
Mark Pope, Joseph Pangelinan, and Angela Coker
This interactive session will highlight creative, thought-provoking, and challenging multicultural activities designed to increase students’ awareness, knowledge, and skills regarding human diversity.

3:45 pm – 4:45 pm • Program ID #503
Terrorism, Trauma, and Tragedies: A Counselor’s Guide to Preparing and Responding
Jane Webber and J. Barry Mascari
The two coeditors of Terrorism, Trauma, and Tragedies share inspiring stories and photos that illustrate meaning-making; healing; and posttraumatic growth from Haiti, New Orleans, Virginia Tech, September 11, and the earthquake in China.

5:00 pm – 6:00 pm • Program ID #524
Integrating Spirituality and Religion Into Counseling: A Guide to Competent Practice
Craig Cashwell and J. Scott Young
The presenters will discuss the recently revised spirituality competencies, the history of the competencies, how the new competencies were developed, and clinical applications of each competency. In addition, new chapters from their book, including chapters on mindfulness, 12-step spirituality, feminine spirituality, prayer, and ritual will be highlighted.
Insurance is a boring subject to most people, yet it is a matter of necessity for counselors so they can protect their ability to practice and succeed. The calls received each day in the ACA Insurance Trust office share some common threads, and the goal of this article is to provide an overview.

Graduate counseling students frequently call when they begin their practicum. Most are interested in determining the most expeditious means of obtaining professional liability insurance coverage. All American Counseling Association student members enrolled in a master’s degree program are now covered with professional liability insurance at no additional cost.

The ACA Insurance Trust staff recommends that all counseling students become ACA members. The added benefits of membership include access to professionals who can provide help in the event of potential legal or ethical issues related to the student counselor’s work with clients. Once the student has joined ACA, he or she will be able to obtain verification of insurance by logging on to counseling.org as a member and then following the instructions for downloading insurance documentation. Assistance is available by contacting ACA Member Services at 800.347.6647 ext. 222.

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master’s degree counseling curriculum. Coverage terminates when the student member graduates from the master’s degree program or when their membership expires.

Students enrolled in a doctoral degree program or other post-master’s degree program need to apply for insurance at the professional level. Supervisors of students should be sure that they have their own professional liability policy, either individually or through their institutions. New graduates qualify for a 50 percent discount when they apply for coverage within 12 months of graduating from their degree programs.

Professional members have different issues, and the following information reflects answers to various inquiries that come up frequently.

During the policy period, coverage is in force 24/7. You are covered for incidents that occur on the job as well as after hours. Your protection remains in force even if you change jobs or face a period of unemployment.

Coverage is available worldwide, provided a claim is brought against you in the United States, its territories and possessions, Puerto Rico or Canada.

The ACA Insurance Trust Helpline offers you the opportunity to discuss a potential claim, get advice and reduce the possibility of a lawsuit. The Helpline is staffed by attorneys experienced in the mental health field. They can provide the helpful information you need to protect yourself.

This benefit is available only to ACA members who participate in the sponsored professional liability insurance through Healthcare Providers Service Organization (HPSO).

The ACA Insurance Trust has developed health insurance plans to meet the immediate needs of private practitioners and small group practices. This insurance is offered by Assurant Health and is available through National Affinity Services.

Go to insnetwork.net to get a quote. If you reside in a state where Assurant is not available, simply provide some basic information, and a proposal will be developed through an alternative source. The response time is prompt and, if you wish, a personal representative will call you. The plans offer decreasing deductible and maximum benefits available up to $8 million. Healthy Discount rewards you for maintaining your good health by providing 10 percent off your renewal rate or by extending the 24-month rate guarantee to your new renewal rate.

Also offered is a short-term medical insurance plan. Short-term medical insurance is guaranteed issue and provides protection for as little as 30 days or for as long as one year.

HPSO provides a discounted rate to ACA members. Discounts are also provided on the auto and homeowners insurance plans negotiated by the ACA Insurance Trust and offered through Liberty Mutual Insurance Company.

The ACA Insurance Trust has developed other insurance plans for life, disability and dental coverage at competitive rates.

Contact the ACA Insurance Trust with questions related to insurance at 800.347.6647 ext. 284, or visit the website at acait.com.
Imagine landing at an airport in a verdant valley surrounded by the high peaks of the Himalayas after flying by cloud-draped Mount Everest and K2. Bhutan is one of the least visited and most remote countries on Earth, not admitting its first group of tourists until 1974. Yet, as Nepal’s next door neighbor, Bhutan is a trekker’s paradise and a country that very much values and seeks to preserve its natural beauty, resources and culture. Bhutan also managed to escape the colonization that occurred with so many of its neighbors. It is a proud and independent nation with a fascinating mix of modern and traditional. Dzongkha is the national language, but English is widely spoken and even recognized as the official language in the country’s education system. Many other languages and dialects are common.

Bhutan is an ancient kingdom nestled in the Himalayas just east of Nepal, bordered by Tibet on the north and India on the south, east and west. Formerly a constitutional monarchy, the Bhutanese government is now a parliamentary democracy with a 30-year-old king, Jigme Khesar Namgyel Wangchuck, the world’s youngest reigning monarch. Bhutan is primarily a Buddhist country. Prayer flags can be seen fluttering in the wind all across the landscape, and prayer wheels are common along the roadside. Buddhist values and traditions permeate the fabric of the country. Until the 1960s, Bhutan was virtually isolated from the rest of the world. Satellite television was allowed beginning only in 1999, and Internet access arrived in 2000. The country is approximately the size of Switzerland or Indiana, with a population of 750,000. Unique among the nations of the world, Bhutan is known for its philosophy of “Gross National Happiness,” which supersedes gross national product as an indicator of the country’s prosperity and the status of its people.

The National Board for Certified Counselors’ involvement with Bhutan began when the country’s sole counselor with a master’s degree sent a request to become a National Certified Counselor. Her application opened a door for NBCC to consult with the government about mental health needs and services in the country. In 2008, NBCC Board representatives and staff traveled to Bhutan to award Tshering Dolkar her NCC certificate and to present the fourth queen, Her Majesty Ashi Sangay Choden Wangchuck, with an award recognizing her commitment to women’s issues and mental health in her country.

A unique opportunity exists to develop the counseling profession as the primary mental health profession in Bhutan. Currently, only two psychiatrists practice in the entire country. Both are located at a psychiatric hospital unit in Thimphu, the nation’s capital. On the psychiatric ward, family members not only visit patients but also stay with them and help with daily care. Other mental health professions such as psychology and social work do not yet exist in Bhutan.

The origins of counseling in Bhutan stem from the creation of RENEW, a nongovernmental organization (NGO) founded by Her Majesty Queen Ashi Sangay Choden Wangchuck for the purpose of working to empower disadvantaged girls, women and families in Bhutan. RENEW is an acronym for “Respect, Educate, Nurture and Empower Women.” This organization is shaping the roles of women in Bhutanese society, and the NGO has a special relationship with Her Majesty the fourth queen, who continues to chair the operation and provide support and resources for the center.

In October 2010, NBCC Board Chair James Benshoff and Board member Dibya Chouduri, together with NBCC President and CEO Thomas Clawson, NBCC Director of Professional Development Scott Hinkle and Ted Remley, a professor at Old Dominion University, traveled to Bhutan at the invitation of the queen. The team met with representatives of various government ministries as well as university administrators to discuss future collaborations between NBCC, RENEW and the Bhutanese government to expand counseling and mental health services in the country. A highlight of the trip was an audience with Her Majesty that included...
signing a memorandum of understanding with RENEW for implementation of numerous counseling initiatives related to counseling programs and standards, next steps for development of the Mental Health Facilitator program and planning for a conference to follow the February 2011 board meeting in Thimphu. Hinkle and Clawson facilitated a focus group of important stakeholders to formulate a list of possible projects as well as topics to be included at the conference. In addition, NBCC International pledged funds to assist with fees for translating the NBCC Mental Health Facilitator curriculum into Dzongkha.

In early February 2011, the NBCC Board held its spring board meeting in Thimphu. After the meeting, board members and staff collaborated with RENEW to sponsor the First Annual Bhutan Counseling Conference, a two-day conference on counseling-related topics for Bhutanese human services providers, educators and staff from related government ministries. Each board and staff member presented at least one workshop on topics such as clinical supervision, substance abuse, working with adolescents, family counseling, domestic violence and suicide. All of the topics were requested by RENEW staff.

This conference, the first mental health counseling conference ever held in Bhutan, was enthusiastically received. In the next stage of education and intervention, Remley will lead a two-week service learning trip for selected counselor educators and doctoral students to Bhutan in October. This trip will further the development of the counseling profession in Bhutan by working directly with clients, educators and human services providers. Clearly, the future for counseling in Bhutan is bright. The groundwork laid by NBCC and its Bhutanese partners should result in extraordinary cross-cultural experiences in the coming years.

James M. Benshoff serves as chair of the NBCC Board and is a professor at the University of North Carolina at Greensboro.

Letters to the editor: ct@counseling.org
Defining counseling for the college setting
Submitted by Perry Francis pfrancis@emich.edu

For the past several years, counseling professionals from across the country have met as part of the 20/20: A Vision for the Future of Counseling initiative to create a definition for counseling. Until recently, there has not been an agreed upon definition promoted by the profession that sought to cross all specialization areas. In March 2010, the 20/20 delegates created such a definition, which has since been endorsed by 29 organizations, including the American College Counseling Association. It is now our task to apply that definition, “Counseling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals,” to college counseling.

The profession of college counseling is deceptively diverse. It encompasses counseling professionals who work in academic advising and career counseling offices to provide support to students who are seeking a direction for their college education (career counseling and educational advising/counseling). It includes counseling professionals working in wellness offices to provide programming and preventative services that promote mental health and positive relationships and empowering students to be the best they can be (empowering diverse individuals and groups). College counseling also includes professional counselors who work in counseling centers to provide mental health services to a diverse student body in technical schools, community colleges and four-year comprehensive colleges and universities across the nation (to accomplish mental health goals).

It now becomes our task to promote this definition in our work, advocating for the profession at large and in our own specialty. This begins with helping college and university administrators and faculty to understand that our qualifications to practice mental health work are on par with our colleagues in the other mental health professions. It continues with distinguishing between advising and counseling in the college setting and promoting the comprehensive nature of the counseling profession.

ACCA, through its advocacy work, marketing efforts, continuing educational offerings and leadership in the field, continues to promote the work of the college counseling professional and now the definition of counseling as it is applied to our setting.

AMHCA invites counselors to Cuba
Submitted by Tom Ferro tfjtherapy@msn.com

The American Mental Health Counselors Association in conjunction with Professionals Abroad, a division of Academic Travel Abroad, is assembling a delegation of mental health counselors to visit Cuba with the purpose of studying mental health services both in community and institutional settings. Our delegation will depart Miami on May 22 for Havana, Cuba, and return on May 27.

Each program will include a briefing by the Cuban Ministry of Public Health to provide a foundation for the site visits and meetings. The delegation will visit universities, community outpatient programs and inpatient facilities, meeting with educators and practitioners to address the preliminary topics of discussion:

- Greatest mental health needs in Cuba
- Licensing requirements and standards of practice
- Universal health care and how mental health needs are met within this infrastructure
- Cuba’s disaster response plans and effective trauma and PTSD treatments
- How mental health services are supported through community programs

This list will be expanded and refined as the interests and backgrounds of the delegation members become known. Program details can be found at professionalsabroad.org.

Due to the extensive planning and communication involved in coordinating programs of this nature, please reserve your position on the team as soon as possible by calling Professionals Abroad at 877.298.9677 or visiting professionalsabroad.org. I am pleased AMHCA has this unique opportunity for professional research in Cuba, and I hope you will consider continuing your professional development through this program. I would not want you to miss what will surely be a unique educational experience in Cuba.

NECA hosts Day of Learning
Submitted by Kay Brawley kaybrawley@mindspring.com

Time is of the essence — join the National Employment Counseling Association Institute, “Resilience During Challenging Times,” on Friday, March 25, at the Hilton Riverside in New Orleans. Register today for this Day of Learning program at employmentcounseling.org.

Sessions include the following:

- Career Flow: A Hope-Centered Model for Career Intervention (Roberta Neault, Life Strategies Ltd, British Columbia and Spencer Niles, Center for Public Policy, Penn State University). A holistic approach addresses the range...
of stress resulting from career transition, underemployment and unemployment. Participants will learn a new vision to help clients build essential career self-management competencies grounded in hope and positive psychology.

- Lifespan-Focused Treatment After Natural Disaster (Carolyn Greer, Texas A&M University). People face trauma differently at different ages. Life span issues and healing techniques after crisis will be addressed, plus self-soothing methods for older adults who need to return to work.

- Employment Solutions for Success (Seneka Rachel Arrington, Stetson University). Long-term unemployment not only suppresses productivity in the economy, it creates havoc in relationships and communities. Solutions include overcoming consequential dysfunctions within society, helping counselors make money, assisting graduate students with finding employment and bouncing back from unemployment through contractual employment.

- Bioenvironmental Counseling Solutions (Kimberly Key, Encompass Work & Family, Austin, Texas). The aftermath of natural disasters and continued environmental damage lead to long-term impacts on health, home, job, family and the community as a whole. Learn bioenvironmental counseling methods addressing hidden systemic impacts from natural disasters on people, their work, their families and communities.

- Holistic Solutions for Harnessing Resilience in Times of Crisis (Michael Lazarchick, Holistic Employment Counseling, Mays Landing, N.J.). Michael Lazarchick has spent a lifetime helping people overcome trauma and find personal strength by tapping hidden sources of resilience for healing, including helping the underprivileged find employment, the wounded find healing and the hopeless find meaning. Leave feeling more hopeful, healed and motivated for moving forward.

The day includes brunch and up to six CEUs. Registration is $65 until March 10, $75 after. The NECA Suite Reception will be from 7 to 8:30 p.m.

C-AHEAD announces name change to Association for Humanistic Counseling

Submitted by Michelle Perepiczka mperepiczka@gmail.com

The Counseling Association for Humanistic Education and Development Executive Board is pleased to announce a name change to the Association for Humanistic Counseling (AHC). This change involved much deliberation and careful consideration, resulting in a unanimous vote of the executive board and a majority vote by the members in favor of this change.

There are numerous reasons why the name change is advantageous for the organization at this time. One of the dominant rationales was the desire to follow in the footsteps of the 20/20 initiative and renew our commitment to highlighting that we are professional counselors. Second, the change follows the division leaders’ past practice of updating the division name to reflect the current focus of its members. Finally, the new name will be utilized as an organizational branding tool to help build and strengthen our division.

The AHC Executive Board is thrilled to announce this new development and is excited about the future of the division. Current and prospective members can view our new website at humanisticcounselor.org for additional information.

In other news, AHC is pleased to recognize the following award winners for 2011:

- Kara Carnes-Holt was the recipient of the 2011 Outstanding Humanistic Dissertation Award. Carnes-Holt was honored for her humanistic dissertation research on Child-Parent Relationship Therapy with adoptive families. Carnes-Holt was nominated by her doctoral committee chairperson, Sue Bratton, from the University of North Texas.

- Garry Landreth (University of North Texas) was the recipient of the 2011 Humanistic Impact Award. He was recognized for this lifelong commitment to humanistic work focusing on child-centered play therapy and parent-child relationship therapy. Landreth was nominated by Kara Carnes-Holt from the University of Wyoming.

- Linda Leech (University of South Carolina — retired, Turning Point Counseling and Educational Services), Colette Dollarhide (Ohio State University) and Cathy Malchiodi (private practice) were the recipients of the Past President Award. They were recognized for their exceptional service to the division. All three were nominated by the AHC Executive Board.

- Mark Scholl (East Carolina University) and James T. Hansen (Oakland University) were the recipients of the 2011 Distinguished Journal Reviewer Award. Scholl and Hansen were recognized for their outstanding service to the Journal of Humanistic Counseling. Both were nominated by the current journal editor, Collette Dollarhide (Ohio State University).

The award winners will be recognized at the AHC breakfast at the ACA Conference in New Orleans.

Attention division, region and branch leaders

Did you know you can submit news articles each month about your organization’s activities? Items for Division, Region and Branch News should be sent via e-mail to lshallcross@counseling.org with “Division News” in the subject line. The deadline is 5 p.m. (Eastern) on the first of each month for publication in the following month’s issue. For example, news items for the April issue must be submitted no later than March 1. E-mail lshallcross@counseling.org for full guidelines, including word counts.
COMING EVENTS

OCA Annual Conference
March 3-5
Norman, Okla.
“Healing Ourselves, Transforming Our World” is the theme of the Oklahoma Counseling Association Annual Conference, to be held at the National Center for Employee Development. A preconference workshop and Friday’s keynote speech will be presented by Mary Nurrie-Stearns, counselor, yoga teacher and author of Yoga for Depression and Anxiety. Saturday’s keynote speech and breakout sessions will be presented by Rockey Robbins, a member of the Cherokee/Choctaw tribe and associate professor at the University of Oklahoma. Additional session topics include biophilia, anti-gay bullying, medical marijuana, animal-assisted therapy, autism, ethics and supervision. For more information, visit oklahomacounseling.org or contact Connie Fox at connie@cjfoxphd.com or 405.473.3453.

CCA Annual Conference
March 11-12
Westminster, Colo.
The Colorado Counseling Association will host its annual conference, themed “Community and Collaboration: Promoting Personal & Professional Development,” at the Doubletree Hotel. Two preconference workshops — “When Your Spouse Comes Out: Counseling the Straight Mate” and “The Graduate Course You Never Had: How to Develop and Market a Flourishing Practice” — will be offered Friday, as will a networking reception. Saturday’s full-day conference events include the keynote address “How Do You Reach the Top When You Find Yourself at the Bottom?” from ACA Executive Director Richard Yep and an open forum with CCA’s lobbyist, who is tracking legislative issues related to mental health. Local experts will present several excellent breakout sessions. For more information, visit coloradocounselingassociation.org.

ACA Annual Conference & Exposition
March 23-27
New Orleans
Register for the largest conference in the world dedicated to the counseling profession. The American Counseling Association Annual Conference offers a wide array of speakers, 500-plus education sessions, inspiring keynote addresses, social events and tours of the city. For more information, visit counseling.org/conference or call 800.347.6647 ext. 222.

Spiral Foundation Symposium
March 25-26
Boston
Boston-based SPIRAL Foundation at OTA-Watertown is sponsoring the Sensory Processing Symposium on Emotion and Behavior: Clinical Innovations and Research. A one-day preconference institute, “Increasing the Power of Intervention for Professionals: Improving Attachment, Regulation and Sensory Processing,” will be offered March 24 by Dan Hughes, developer of Dyadic Developmental Psychotherapy, and Jane Koomar. The two-day symposium and one-day preconference institute will provide clinicians with cutting-edge presentations on clinical practice and current research related to sensory processing, emotion and behavior, with a focus on trauma, attachment and bullying. Presenters are nationally recognized researchers and clinical leaders in their fields. For more information, visit thespiralfoundation.org.

CCA Annual Conference
April 28-30
Danbury, Conn.
The Connecticut Counseling Association will host its annual conference at the Westside Campus of Western Connecticut State University. Themed “Counseling Connections 2011: Wellness Across the Lifespan,” the conference will include leadership training, play therapy and specialist training in specific strands. Featured speakers include ACA President Marcheta Evans and Jodi Mullen, editor of Play Therapy Magazine. For more information, visit ccamain.com or contact cochairs Karla Troesser and Gabriel Lomas at ccaconference@hotmail.com.

FYI

Call for Transcripts
Alexander Street Press (ASP) is seeking recordings and/or transcripts of therapy sessions for inclusion in a unique academic research collection, “Counseling and Psychotherapy Transcripts, Client Narratives and Reference Works.” This collection is already a fixture at universities around the world, with students and faculty relying on the transcripts to better understand the realities of working with clients. Audio and video recordings will be transcribed and anonymized by ASP in accordance with the American Psychological Association’s ethics guidelines for use and anonymity. ASP will pay $50 for each accepted transcript or recorded session. Submit transcripts or questions to Elizabeth Robey, editor of Counseling and Therapy, at erobey@alexanderstreet.com or Alexander Street Press, 3212 Duke St., Alexandria, VA 22314. For complete transcript submission guidelines, visit alexanderstreet.com/products/psyc/msguidelines.htm.

Call for Submissions
The Wisconsin Counseling Journal is seeking article submissions for its fall 2011 edition, a special issue on professional collaboration between mental health professionals. The journal places emphasis on original, data-based research but will also consider conceptual articles (e.g., position papers, innovative program development, case studies). All manuscripts are subject to a peer-review process involving members of the editorial board. The 2008 edition of the Wisconsin Counseling Journal was awarded “Best Journal, Small Branch” by ACA at the 2009 Annual Conference & Exposition in Charlotte, N.C. For submission guidelines, contact Scott Woitaszewski, guest editor, at scott.woitaszewski@uwrf.edu or visit uwrf.edu/CSP/Wisconsin-Counseling-Journal.cfm.

Call for Submissions
ADULTSPAN Journal, the journal of the Association for Adult Development and Aging, invites manuscripts on the general topic of spirituality and adult development for a special issue. We’re looking for articles that concern the conceptual and clinical aspects of spirituality. Research-based pieces are especially welcome, particularly those with an outcome-oriented focus. For this special issue, Radha H. Parker will serve as coeditor with Catherine Rolan. All manuscripts should be sent to Roland at rolandc@mail.montclair.edu by April 1. The journal also continues to solicit conceptual or research-based manuscripts spanning the adult life span and also includes practitioner-oriented pieces. Inquiries about the journal in general and manuscript ideas specifically should be addressed to editor Catherine Rolan.
Counseling definition endorsed by 29 diverse organizations

In 2010, delegates to 20/20: A Vision for the Future of Counseling, a continuing initiative being cosponsored by the American Counseling Association and the American Association of State Counseling Boards, created and reached consensus on a universal definition of counseling. That definition has since been endorsed by 29 organizations.

The definition is as follows: “Counseling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.”

The delegates who crafted and approved the definition encouraged organizations participating in the 20/20 initiative to add statements or passages to the definition that emphasized their particular specialties or areas of focus. The definition complements the Statement of Principles for unifying and strengthening the counseling profession that was adopted in 2009.

A list of endorsing organizations, as well as information about the purpose, history and current activities of the 20/20 initiative are available on the ACA website at counseling.org/20-20/index.aspx. Questions or comments about 20/20 can be directed to ACA Chief Professional Officer David Kaplan at dkaplan@counseling.org.

Counseling Today will provide an update on the next steps of the 20/20 initiative after the delegates meet in March in New Orleans during the ACA Annual Conference.

Portion of spending dedicated to behavioral health shrinking

According to a study published in the February issue of Health Affairs, spending on psychiatric drugs grew by 5.6 percent from 2004 to 2005, down from the 27.3 percent growth from 1999 to 2000. The study, conducted by the Substance Abuse and Mental Health Services Administration, analyzed health care costs from 1986 to 2005 to determine patterns in expenditures for behavioral health services.

In 2005, the latest year comparable data is available, behavioral health spending accounted for 7.3 percent ($135 billion) of the $1.85 trillion spent on all health care services in the United States. During the 20-year study period, both mental health and substance abuse spending grew more slowly than all other health spending: 4.8 percent annually for substance abuse, 6.9 percent annually for mental health and 7.9 percent annually for all health care services. The same pattern held in the most recent 2002-2005 period, in which spending for substance abuse experienced the slowest growth (5 percent), followed by mental health (6.4 percent) and all health (7.3 percent).

“Behavioral health services are critical to health systems and community strategies that improve health status, and they lower costs for individuals, families, businesses and governments,” said SAMHSA Administrator Pamela S. Hyde. “The value of behavioral health services is well documented. Studies have shown that every dollar invested in evidence-based treatments yields $2 to $10 in savings in health costs, criminal and juvenile justice costs, educational costs and lost productivity. Yet, too many people don’t get needed help for substance abuse or mental health problems, and health care costs continue to skyrocket.”

The study found that spending on behavioral health treatment (mental health and substance abuse) constituted 4.8 percent of private health insurance expenditures in 2005 and grew by 7 percent from 2004 to 2005. This estimate provides an important baseline for evaluating the impact of the Mental Health Parity and Addictions Equity Act and Affordable Care Act. In contrast, Medicaid behavioral health was responsible for 11.5 percent of total spending by Medicaid. Thus, the study indicates that the level of public spending on behavioral health issues might be related to a lack of private insurance benefits for many with mental health needs and that these problems might be addressed with parity. Among the study’s key findings:

- Unlike overall health spending, the vast majority of behavioral health services is publicly funded. In 2005, public payers accounted for 79 percent of spending on substance abuse treatment services and 58 percent of spending on mental health services. In contrast, public payers accounted for 46 percent of all health spending.

- Psychiatric drug spending growth is declining. In the past, psychiatric drugs were a major driver of overall mental health spending, contributing almost half of the increase in spending between 1998 and 2002. Because of the wider use of less-expensive generic drugs and the reduced numbers of new people using psychiatric medications, the growth rate in spending for these drugs slowed from 27.3 percent from 1999 to 2000 to only 5.6 percent from 2004 to 2005.

- Spending on addiction medications is increasing but still remains relatively small. As a result of the introduction of new medications to treat substance dependence, spending on addiction medications has grown rapidly, from $10 million in 1992 to $141 million in 2005. More recent data from IMS Health shows that spending increased to $780 million in 2009. However, it remains only a small fraction of the entire amount spent on substance abuse treatment (0.6 percent of $22 billion in 2005).

NHSC loan repayment program open

The U.S. Department of Health and Human Services has opened the application process for the 2011 National Health Service Corps (NHSC) Loan Repayment Program, which works to bring health professionals to areas with inadequate access to health care. In return for their service, the NHSC assists counselors and other health professionals in repaying qualifying education loans. To be eligible, counselors must be fully trained, licensed and working at (or in the final stages of employment negotiations with) an NHSC-eligible facility.

For a list of facilities in search of an NHSC provider, visit nhscjobs.bhsa.gov. For more information or to apply online, visit nhsc.bhsa.gov/loansrepayment/apply.htm. The application deadline is May 26.
State mental health professions statistics

The chart below shows the current numbers of licensed professional counselors, marriage and family therapists, and clinical social workers, at the highest level of licensure, in each state. The chart is also available on the American Counseling Association Public Policy webpage at counseling.org/PublicPolicy/TP/ResourcesAndReports/CT2.aspx.

2011 Statistics on Mental Health Professions
(information provided is for the highest level of licensure)

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U.S. TOTALS
120,429 54,785 202,924

*Licensure recently established; state board in process of implementing law.
**Recently enacted law establishes a new tier of licensure; state board in process of implementing law.
CLASSIFIEDS

Classified advertising categories include: Calendar; Merchandise & Services; Consulting: Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

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

Employment ads are listed under international or national by state.

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

Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details.

Classified and employment ads are not commissionable and are billed at net rate only.

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

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

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

Phone: 607.662.4451
Fax: 607.662.4415

Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices. The publication of an advertisement in Counseling Today, Fast-Tracking Recovery.

Go to www.aamh.com or call 888-454-9766 for early registration savings.

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IMPROVE YOUR PRACTICE AND PROFIT

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EMPLOYMENT CLASSIFIEDS

NATIONAL

THE DEPARTMENT OF VETERANS AFFAIRS (VA)

Mental Health Opportunities
Nationwide

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. Our employees work at 154 medical centers, 875 ambulatory and community-based outpatient clinics, 136 nursing homes, and many other facilities, such as domiciliaries and readjustment counseling centers. More than a century ago, President Lincoln made a promise to America’s servicemen and women, pledging the care and concern of a grateful Nation for the sacrifices they made to preserve freedom. Since 1930, VA’s mission has been to keep that promise.

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

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

ARKANSAS

THE UNIVERSITY OF ARKANSAS

Clinical Case Manager

Counseling And Psychological Services: seeks a candidate for a Clinical Case Manager position to begin by July 2011.

Responsibilities: In collaboration with other CAPS clinicians, developing and monitoring a clinical case management system to improve continuity of care for higher need clients. Assisting in hospitalization of students and aftercare planning. Providing follow up to community referrals. Some possibility to provide direct time-limited therapy, group therapy, outreach services, and supervision to trainees, depending on case management demands. Provide daytime and on-call crisis services.

Qualifications: Doctorate in clinical or counseling psychology (APA accreditation preferred), or closely related discipline; Master’s in counselor education is acceptable but Doctorate is preferred (CACREP accreditation preferred); or MSW from accredited social work program. Within 18 months of hire, must secure licensure in Arkansas for independent practice in one’s discipline. SALARY: The expected range for this position is between $40,000 and $45,000. FOR

More Information: Go to http://hr.uark.edu/310.aspx and select AOther non-classified@ or contact Rosalyn Davis at rdd05@uark.edu Applications completed by March 15, 2011 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. This position is subject to a pre-employment criminal background check. A criminal conviction or arrest pending adjudication alone shall not disqualify an applicant in the absence of a relationship to the requirements of the position. Background check information will be used in a confidential, non-discriminatory manner consistent with state and federal law.

The University of Arkansas is an Affirmative Action/Equal Opportunity employer. All applicants are subject to public disclosure under the Arkansas Freedom of Information Act and persons hired must have proof of legal authority to work in the United States.

MENTAL HEALTH CAREER OPPORTUNITIES

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. We have opportunities for Counselors, Psychiatrists, Psychologists, Social Workers, and Psychiatric Nurses nationwide. Visit us at www.VAcareers.va.gov to learn more or to apply. EOE/AA, M/D/F/V
THE GEORGE WASHINGTON UNIVERSITY
Assistant or Associate Professor

The Graduate School of Education and Human Development at The George Washington University (GW) is currently seeking applications for an Assistant or Associate Professor in Clinical Mental Health Counseling. This is a tenure-accruing, academic year appointment, beginning August 2011. A full description of this position and application procedures can be found at http://gsehd.gwu.edu/FacultySearches. Confidential inquiries can be made directly to the Search Committee Chair, Dr. Chris Erickson, cerick@gwu.edu. The review of applications will begin on February 28, 2011, and will continue until the position is filled. All application materials must be submitted in hardcopy or electronic (.pdf) format and only complete applications will be considered. The George Washington University is an Affirmative Action/Equal Opportunity Employer, and seeks candidates of diverse cultural backgrounds and abilities. Members of underrepresented groups are strongly encouraged to apply.

Responsibilities: Candidates must have had paid work experience in the rehabilitation counseling field and successfully taught in an accredited graduate rehabilitation counselor training program. Additionally required are certification as a rehabilitation counselor (CRC) and eligibility for licensure as a professional counselor or psychologist in the state of Georgia. The successful candidate must have an established or emerging National reputation in the field, comprehensive knowledge of relevant accreditation standards and procedures, some academic program leadership experience, and hold membership and demonstrated active involvement in appropriate regional and national professional association(s).

Applications: Applicants should send a letter of application, curriculum vita, official transcript of highest degree earned and three letters of recommendation to Dr. Jeff Ashby, Search Committee Chair, Department of Counseling and Psychological Services, PO. Box 3980, Georgia State University, Atlanta, Georgia 30302-3980. Ethnic minorities, women and persons with disabilities are especially encouraged to apply.

Preference will be given to applications and supporting documents received by March 1, 2011, but the position will remain open until a suitable candidate is selected. Please be advised that should you be recommended for a position, the University System of Georgia Board of Regents policy requires the completion of a background check as a prior condition of employment.

Georgia State University is an equal opportunity educational institution and an equal opportunity affirmative action employer.

GEORGIA STATE UNIVERSITY
Tenure-Track, Assistant/Associate Professor, Rehabilitation Counseling Coordinator (Log # 12-086)

The Department of Counseling and Psychological Services at Georgia State University is searching for a tenure-track, assistant/associate professor in either Counseling Psychology or Counselor Education to begin fall, 2011.

Qualifications: The individual chosen for this position must have an earned doctorate from an accredited program and will be primarily involved in teaching in the Mental Health Counseling Program along with advising doctoral students in Counselor Education and Practice and/or Counseling Psychology.

Responsibilities: Applicants must show evidence of and/or potential for a focused line of research. Preference will be given to candidates who have a well-defined research program that has the potential for or is supported by research funding that is granted based on rigorous peer review. Preference will also be given to individuals who have expertise in quantitative research methodologies (e.g. HLM, Structural Equation Modeling, and Hierarchical Regression). Eligibility for licensure as either a licensed psychologist or professional counselor in Georgia is preferred.

Applications: Applicants should send a letter of application, curriculum vita, official transcript of highest degree earned and three letters of recommendation to Dr. Jeff Ashby, Search Committee Chair, Department of Counseling and Psychological Services, PO. Box 3980, Georgia State University, Atlanta, Georgia 30302-3980. Ethnic minorities, women and persons with disabilities are especially encouraged to apply.

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Applications: Applicants should send a letter of application, curriculum vita, official transcript of highest degree earned and three letters of recommendation to Dr. Jeff Ashby, Search Committee Chair, Department of Counseling and Psychological Services, PO. Box 3980, Georgia State University, Atlanta, Georgia 30302-3980. Ethnic minorities, women and persons with disabilities are especially encouraged to apply.

Preference will be given to applications and supporting documents received by March 1, 2011, but the position will remain open until a suitable candidate is selected. Please be advised that should you be recommended for a position, the University System of Georgia Board of Regents policy requires the completion of a background check as a prior condition of employment.

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GEORGIA STATE UNIVERSITY
Tenure Track, Assistant/Associate Professor, Rehabilitation Counseling
(Log # 12-084)

The Department of Counseling and Psychological Services at Georgia State University is searching for a tenure-track, assistant/associate professor in the Rehabilitation Counseling graduate program to begin fall 2011.

Qualifications: The person chosen must have an earned doctorate in a rehabilitation related program (e.g., rehabilitation counseling; rehabilitation psychology) from a CACREP, APA, or CORE accredited program. Additionally required are certification as a rehabilitation counselor (CRC) and eligibility for licensure as a professional counselor or psychologist in the state of Georgia. The successful candidate must hold membership and demonstrated active involvement in appropriate regional and national professional association(s). Applicants must show evidence of a clear line of research related to rehabilitation counselor training. Preference will be given to candidates who can demonstrate a strong methodological background and the potential for a well-defined research program that is supported by external funding.

Responsibilities: The individual must be prepared to teach courses in the rehabilitation counseling core such as medical and psychological aspects of disability, vocational evaluation and assessment of rehabilitation potential, and introductory class to rehabilitation, as well as supervise practica and internships. Depending on the individual’s strengths, teaching classes related to mental health counseling, in which rehabilitation students may enroll, may also be required.

The Rehabilitation Counseling program has a strong commitment to training based on the Council on Rehabilitation Education (CORE) accreditation guidelines which influence curricula as well as faculty and student research.

Applications: Applicants should send a letter of application, curriculum vita, official transcript of highest degree earned, two examples of published material, and three letters of recommendation to Dr. Brian Dew, Rehabilitation Faculty Search Committee Chair, Department of Counseling and Psychological Services, P.O. Box 3980, Georgia State University, Atlanta, Georgia 30302-3980. Preference will be given to applications and supporting documents received by March 1, 2011, but the position will remain open until a suitable candidate is selected. Ethnic minorities, women and persons with disabilities are especially encouraged to apply.

Please be advised that should you be recommended for a position, the University System of Georgia Board of Regents policy requires the completion of a background check as a prior condition of employment. Georgia State University is an equal opportunity educational institution and an equal opportunity affirmative action employer.

REGENT UNIVERSITY
Multiple Openings

Regent University, Virginia Beach, VA, Department of Counseling—School of Psychology & Counseling: Tenure line faculty openings in the Counseling Department with primary appointments to the Doctoral Program in Counselor Education & Supervision (CACREP-accredited), Master’s Program in Counseling, School/Community Programs (CACREP-accredited), or Master’s Program in Clinical Mental Health Counseling (online). Positions will be offered at the assistant professor rank and include a 9-month contract; separate summer contract is typically available, if desired. A doctoral degree in counselor education from a CACREP-accredited program is required; relevant license preferred. The ability to mentor students in counseling skill development consistent with competent, professional practice and a Judeo-Christian worldview is essential. Applications from historically underrepresented groups, women, and persons with disabilities are encouraged. Applications accepted until the positions are filled. Positions are contingent upon funding. Additional information and application available at: http://www.regent.edu/psychology/jobs.

The Association for Counselor Education and Supervision (ACES) seeks a part-time Executive Director. This position involves assisting with the administration of a several-thousand person professional association, including fiscal management, membership support, and administrative support. The position is designed ideally for a candidate working from a home office and requires travel to executive board meetings. A master’s degree is required and a doctorate in counselor education or nonprofit management highly preferred. Understanding of the counselor education field is required, and experience in association management as an Executive Director or in related areas is preferred. Technology skills (especially database management programs), social media, and website management highly preferred. The position is half-time and benefits are not provided. ACES is an EEO/AA employer and invites members of under-represented groups for this position including persons of nondominant ethnic/racial, gender, social class, sexual orientation/gender identities, and/or cultural identity to apply. Start Date: July 1, 2011. Application review will begin March 1st, and the position will remain open until filled. E-mail letter of application, resume/CV, and names and contact information of 3 references to Gerard Lawson, Search Committee Chair at glawson@vt.edu.
A counselor’s story…

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

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

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

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

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

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

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Consultation Expert: Dr. Janis Frankel

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