Breast cancer is diagnosed, it’s as if her body — her womanhood — has turned against her. According to the American Cancer Society, this year alone approximately 178,480 women in the United States will discover that they have invasive breast cancer. Currently, more than 2 million women living in the United States have been treated for breast cancer, and one in eight women is at risk of getting the cancer.

University of North Carolina doctoral student Amy Bigbee never planned on working with breast cancer patients, but by chance, her internship brought her to the pastoral care program at the Moses Cone Regional Cancer Center in Greensboro. The encounters she had while working there altered the course of her life. At the American Counseling Association Convention in Detroit in March, she shared her experiences and suggestions in the session “Pink Ribbons: How to Use Group Therapy in Working With Women Who Have Breast Cancer.”

“I was moved every time I went to the group,” Bigbee says. “My life was changed because of those women. They faced death, and I learned to live. Personally, I learned what’s important in my life. Professionally, it was hard. The emotional drain ... counseling any group is emotionally hard, but working with people who are facing death can be really heavy. Having to process that can be hard, but at the same time, it’s the most rewarding, to work with people who so courageously face death.”

Bound with pink ribbons

Using group therapy to help women with breast cancer

By Angela Kennedy

She is taught early on to search for something that she doesn’t want to find: an uninvited guest lurking within. From the point when she finds a lump, her fear is real and sometimes immobilizing. When breast cancer is diagnosed, it’s as if her body — her womanhood — has turned against her.

According to the American Cancer Society, this year alone approximately 178,480 women in the United States will discover that they have invasive breast cancer. Currently, more than 2 million women living in the United States have been treated for breast cancer, and one in eight women is at risk of getting the cancer.

University of North Carolina doctoral student Amy Bigbee never planned on working with breast cancer patients, but by chance, her internship brought her to the pastoral care program at the Moses Cone Regional Cancer Center in Greensboro. The encounters she had while working there altered the course of her life. At the American Counseling Association Convention in Detroit in March, she shared her experiences and suggestions in the session “Pink Ribbons: How to Use Group Therapy in Working With Women Who Have Breast Cancer.”
Dear NCE Candidate,

IPGA is in its seventeenth (17th) year of successfully preparing candidates for Licensing Exams. Our full time business is to HELP YOU PASS, so it is our priority to give you extensive preparation for the NCE Exam.

Our materials are comprehensive, concise, and highly focused. They are designed to expose you to:

- Visual learning, via the NCE Study Manual,
- Experiential learning via the Online Testing System, and
- Auditory learning, via NCE Study Manual Audio Version on 16 audio CDs.

Our NCE Study Manual covers all eight (8) Exam Content Areas (the CACREP areas), but is divided into thirteen (13) chapters for ease of study and focus.


Thanks for considering IPGA!

President
M.MFT, LMFT, LPC, NCC

---

**NCE ONLINE TESTING SYSTEM**

The Online Testing System contains over 3,000 questions and allows you take both Full Exams (200 questions) and Chapter Tests (over the 13 chapters in the NCE Study Manual).

You can access the questions from any computer with internet access via your e-mail address and the password you create.

Full Exams can be taken in either a Simulated Mode (simulating some features of the actual Exam in an electronic format) or in Study Mode (which allows you to see correct and incorrect answers and mark 25 questions for later study).

Chapter Tests are presented with the same options of Simulated Mode or Study Mode.

Purchase the package that meets your study needs! Packages from $29.00.

---

**NCE STUDY MANUAL**

The NCE Study Manual is available in three formats:

1. Hard copy
2. Immediate Download
3. Audio CDs – 16 Compact Discs.

The NCE Study Manual contains more that 620 pages of comprehensive, concise, and highly focused material. It covers all eight (8) Exam Content Areas (the CACREP areas) but is divided into thirteen (13) chapters for ease of study. The chapter titles are:

- Normal Human Growth & Development
- Abnormal Human Behavior
- Research Methods & Statistical Studies
- Appraisal or Assessment Techniques
- Counseling Theories, Methods, & Techniques
- Family Therapy
- Group Dynamics, Theories, & Techniques
- Professional Orientation and Ethics
- Lifestyle & Career Development
- Social, Cultural, & Family Issues
- Referral/Triage/Advocacy
- Consultation
- Supervision

Study Manual

$149.00

When taking a Simulated Mode Exam you can review scores by:

- Overall Score
- The Eight Exam Content Areas
- The Thirteen Study manual Chapters

Online Testing System

from $29.00

---

To order call 888-929-0276 or order online at www.nceexam.com

---

FREE DEMO! www.nceexam.com
ACA gives full support to National Children’s Mental Health Awareness Day

The second annual National Children’s Mental Health Awareness Day, launched by the Substance Abuse and Mental Health Services Administration, will take place May 8. Awareness Day is an opportunity for SAMHSA, SAMHSA-funded communities and partner organizations such as the American Counseling Association to promote positive youth development, resilience, recovery and the transformation of mental health service delivery for children and youth with serious mental health needs and their families.

The theme for this year’s Awareness Day is “Thriving in the Community,” with a special focus on school-based mental health. ACA joins SAMHSA’s Center for Mental Health Services in supporting Children’s Mental Health Awareness Day, which is part of Mental Health Month 2007.

The three goals of National Children’s Mental Health Awareness Day are to:

- Raise awareness of effective programs for children’s mental health issues
- Demonstrate how children’s mental health initiatives promote positive youth development, recovery and resilience
- Show how children with mental health needs can thrive in their communities

For more information, visit http://systemsofcare.samhsa.gov/nationalawareness/materials.aspx.

ACA IN ACTION

Assistance offered in shooting aftermath

Within the first few hours of the shootings that claimed the lives of 33 people on the campus of Virginia Tech University on April 16, the American Counseling Association was responding to the tragedy. After first ensuring that everyone associated with the university’s counselor education program was safe, ACA added a special section to its website (accessible through the home page at www.counseling.org) offering resources on coping with crisis for both the public and professional counselors. ACA also told the Virginia Tech counselor education faculty that the association would offer additional assistance as needed.

As a disaster mental health partner of the American Red Cross, ACA also offered to assist with the deployment of disaster mental health volunteers. In addition, ACA planned to contact area colleges to see if they needed help in dealing with vicarious trauma. At press time, the association was also considering setting up an electronic discussion group for counselors that would focus on the tragedy at Virginia Tech and its aftermath.

The shootings at Virginia Tech took place as Counseling Today was preparing to go to press. CT will have full coverage of the incident in next month’s issue. In addition, articles in the July issue will focus on trauma and disaster response counseling.

ACA responds to Imus’ comments

In reaction to Don Imus’ comments about the Rutgers University women’s basketball team, ACA President Marie Wakefield sent a letter to the president of CBS Radio and a copy to the president of NBC, the parent company of MSNBC. In addition to addressing the former radio host’s remarks, the letter offered a plan to promote high moral standards and behavior.

“(ACA) has very skilled professional members who specialize in areas related to multiculturalism, diversity and social justice,” Wakefield wrote. “We would be honored to assist in working with CBS to develop culturally sensitive programming. Let us partner and model responsible communication.”

To view the letter in its entirety, visit ACA’s online pressroom at www.counseling.org/PressRoom.

Be a presenter at the 2008 conference

ACA has issued a call for programs for the 2008 Annual Conference in Honolulu. All proposals for Learning Institutes and Education Sessions must be submitted by June 4, 2007.

The Learning Institutes provide counseling professionals with opportunities to enhance their skills while earning continuing education credit. Both three-hour and six-hour Learning Institute formats are available. Education Sessions will feature 90-minute sessions, 60-minute sessions and 30-minute project/research poster sessions. An individual may not present at more than two Education Sessions.

New for the 2008 conference, Education Sessions will be listed by skill level in the program guide. ACA is actively soliciting proposals for advanced programs that provide in-depth knowledge or skills beyond the introductory or basic level.

Prospective presenters should submit their proposals using the online form at www.counseling.org/convention. The user-friendly form will guide presenters through the process. A committee of professional counselors representing all ACA divisions and regions will review the proposals using a blind review process. Acceptance/rejection notices will be delivered by Aug. 15. The main presenter at each Learning Institute and Education Session must be a current ACA member in good standing.

Call ACA Professional Learning at 800.347.6647 ext. 306 with questions.
Trip to Detroit proves extremely rewarding.

The purpose of this letter is to commend and offer thanks to all those responsible for the wonderful time I had at this year’s American Counseling Association Convention in Detroit. This is my second year in attendance, and each experience has been refreshing and stimulating.

I am a mature counseling professional, nearing retirement, who enjoyed this year’s convention. The academy format of the sessions was very impressive. Equally rewarding was the opportunity to see and interact with the best and brightest minds in the counseling profession. This year, the crowd seemed younger, but the attendees exhibited a strong presence of interest, dedication and commitment.

ACA is the brain trust of the counseling profession and does a fantastic job of keeping interested counseling professionals informed of current trends in the field.

Again, thanks to everyone involved in the planning and implementation of this year’s spectacular convention! Mary D. Anderson North Brunswick, N.J.

College counselors: An endangered species?
I read Barbara R. Jones-Kavalier’s op-ed piece, “Where have all the counselors gone?” (February 2007), with great interest. The problem she highlights, however, plagued not only community colleges, but senior colleges and universities as well.

Indeed, during the 1960s and 1970s, colleges were experiencing unprecedented growth. New colleges were springing up, and existing colleges were experiencing soaring enrollments. Counselors became a significant part of this burgeoning landscape.

In the decades that followed, enrollments declined, budgets were tightened and public funding for higher education eroded. Counselors retired or moved on to other arenas and simply were not replaced. It was natural for administrators to target counseling centers for budget cuts because they often saw them as nonessential components of the colleges. After all, they don’t generate full-time equivalent students and aren’t a part of the core mission of the college, which is to teach.

I’m not sure when the paradigm shift occurred, but it was likely during the 1980s, when colleges took on more of a corporate stance and counselors were no longer viewed as valuable commodities. Throughout all sectors of the workforce, full-time employees were replaced with part-time and temporary workers. Although we have seen growth in student enrollments in recent years, what was once lost remains lost.

College counselors have declined in numbers and in their value to the college community. Today’s college presidents are more like CEOs and fund-raisers and may have little knowledge of, or interest in, counseling. It is not unusual for mental health services to be outsourced to an off-campus agency.

In her article, Jones-Kavalier discussed faculty counselors. I have worked as a counselor for more than 22 years at a large public university and was hired on a nonfaculty line. Because faculty have a reduced work week and are off during intersession and the summer, the university felt it needed to have more bang for its buck. They hired nonfaculty counselors who would be working more hours per week and more days per year and who would be more available to students. Our credentials are equal to or even exceed those of our faculty counterparts. However, we are at somewhat of a disadvantage. Because we do not have faculty status, we are often ineligible for certain grants and, although we can serve on some committees, we cannot be part of the college governance. If faculty counselors are second-class citizens to the teaching faculty, then we are certainly third-class citizens. This helps spur feelings that counselors are less valuable members of the college community and makes it difficult to have a voice on campus and to advocate for our students.

Juxtaposing the decline in the number of counselors is the hiring of personnel to do what counselors once did. Student services personnel, who may or may not have training in counseling, are being hired to address the needs of populations that were once the purview of counselors.

One example is the growth of freshman year programs designed to aid the fledglings as they navigate the maze of higher education. The academic and psychological support for these students, and their retention at the college, was once the domain of counselors.

In addition to the decreasing number of counselors, their diminished status and the hiring of other personnel to do their jobs is the problem of counselors performing functions that clearly are not part of their identity and training. Counselors often take on the roles of academic advisers and financial aid counselors. There is a feeling among counselors and administrators of counseling centers that we need to be all things to all people and to constantly prove our worth. If a horse wanders onto the campus, you can be sure that the Counseling Today staff will publish letters anticipated to be of interest to readers. Because of time and space limitations, letters cannot be acknowledged or returned, and Counseling Today reserves the right to edit letters.

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

Opinions expressed in letters do not necessarily reflect the views of ACA or the Counseling Today staff. Send letters and comments to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304–3300 as typed, double-spaced copy. Submissions cannot be returned.

For more information, e-mail cr@counseling.org to request a copy of the writing guidelines.

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

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

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

Opinions expressed in letters do not necessarily reflect the views of ACA or the Counseling Today staff. Send letters and comments to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304–3300.

Fax: 703.823.9800;
Tel: 703.823.9800;
E-mail: cr@counseling.org

American Counseling Association
The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

Correction
The heading for the National Employment Counseling Association was unintentionally dropped from the election results published in the April 2007 issue of Counseling Today. The election results for NECA should have read as follows:

NECA
President
* Robert C. Chope
Treasurer
* Lisa Fulton
Board of Trustees
Diane Sukienik
* Sue E. Pressman
* Judith Moton

* Indicates individual elected

Counseling Today
Volume 49/Number 11

Counseling Today Staff
Publisher
Richard Yip
800.347.6647 ext. 231
ryip@counseling.org
Associate Publisher
Carol Nunez
800.347.6647 ext. 288
cnunez@counseling.org
Editor-in-Chief
Jonathan Rollins
800.347.6647 ext. 339
jrollins@counseling.org
Senior Staff Writer
Angela Kennedy
800.347.6647 ext. 230
akennedy@counseling.org
Contributing Writers
Stacy Notaras Murphy
smurphys@pastoral.counselingcdi.com
Jim Pater
mypat@radix.net

Advertising Representative
Katie Boven
317.873.1800
kbovine@counseling.org

Graphic Designer
Carlos J. Santos
800.347.6647 ext. 377
csantos@counseling.org

CT Column Coordinators
Wartime Update
Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org
Finding Your Way
Jeffrey A. Kotler
jfkotler@fullerton.edu

Dignity, Development and Diversity
Michael D’Andrea
michael.dandrea@gmail.com
and
Judy Daniels
judydaniels@gmail.com

Student Focus
Richard Hazler
hazler@center.edu

Resource Reviews
Ruth Harper
Ruth.Harper@edstate.edu

ACA Journal Spotlight
Susan X. Day
sxday@houston.rr.com

Counseling Career Corner
Amy Reese Connolly
aca@careersoftcounseling.org

Private Practice in Counseling
Robert J. Walsh
800.347.6647
Norman C. Dassenbroek
walsh@424ad.com

Behind the Book
John Lougheed
behindthebook@counseling.org

The American Counseling Association
President
Marie A. Wakefield
800.347.6647 ext. 232
mawakefield@cox.net
President-Elect
Brian S. Canfield
800.347.6647
D8SC@acacareersoft.com
Executive Director
Richard Yip
800.347.6647 ext. 231
ryip@counseling.org

Counseling Today (ISSN 1078-8719) is the monthly newspaper of the American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304–3300. Tel: 703.823.9800; Web: www.counseling.org
Subscriptions are available for $117 for 12 issues by calling PPR at 800.633.4931. Single copies are available at $10 each by calling ACA in-house fulfillment at 800.422.2648. Periodicals postage paid at Alexandria, VA, and additional mailing offices.

Postmaster: Send address changes to: ACA Member Services, 5999 Stevenson Ave., Alexandria, VA 22304. All rights reserved, 2007 by the American Counseling Association.

Editorial Policies
Counseling Today accepts unsolicited articles and guest editorials. Please send to cr@counseling.org or to Counseling Today at 5999 Stevenson Ave., Alexandria, VA 22304–3300 as typed, double-spaced copy. Submissions will not be returned.

For more information, e-mail cr@counseling.org to request a copy of the writing guidelines.

Anti-Discrimination Policy
There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age and/or disability.

Mission Statement
The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.
From the President - BY MARIE A. WAKEFIELD

Oh, the places you’ll go and the people you’ll meet

Over the past 10 years, I have had the privilege of facilitating the First-Timers event at the American Counseling Association Convention, often using “Oh, the places you’ll go” (think Dr. Seuss) as my opening. What a great opportunity to network and collaborate with colleagues and practitioners; provide information that may increase participation in branch, region and division activities; introduce leaders from various levels of ACA’s structure; and broaden the view of our organization’s vast resources.

I talked with many attendees in Detroit and decided to ask two first-timers to share their thoughts about the conference.

Areta Phillips: Even though I registered and made the necessary reservations, my first feeling was fear, and I asked myself what I was thinking. In all my many years, I had never before traveled completely alone, but I was determined not to let fear stop me. I wanted to expand my horizons, to push my limits, and this was one reason I came to the ACA Convention in Detroit. The airport was so confusing, but fortunately I got to the place where I was to pick up my luggage, and there stood a lady with a sign that read “ACA.” That was one welcome sight! Oh, the places you go and the people you meet.

Although I had been warned not to walk alone anywhere in Detroit, the COBO Center was three blocks away from my hotel. I could recognize other conference participants who were walking because of their badges and bags with the ACA logo. Everyone I talked to was friendly, but I was still very scared. Later, I was introduced to the shuttle and was able to go where I needed to be with ease.

I attended the Welcome Reception in the COBO Exhibit Hall. I still felt very much alone in the midst of hundreds of people, not knowing anyone. While many were in groups, it helped when one of the ladies at the table where I sat talked to me.

Highlights for me included (keynote speaker) Linda Ellerbee and the First-Timers Orientation and Mentoring Luncheon. Both were delightful. At the end of the program, a dear lady by the name of Carol took me up to the president’s suite and I met Marie Wakefield, the president of ACA. The support I felt heightened my spirit of feeling connected.

I enjoyed the Education Sessions very much, although I had a hard time choosing which to attend out of so many choices. My interest is aging, and I attended some very good sessions on the subject. Anytime I asked for help, whomever I spoke to was very accommodating. Sometimes the person would walk me to my destination. I felt strange being surrounded by all those Ph.D.s when I am still working on my bachelor’s at the age of 72. But I am convinced that the ACA people are the greatest.

Moses Powe: From a first-timer’s prospective, I thoroughly enjoyed my first ACA Convention. The events that had the most impact on me were the private practice seminar, which really motivated me to look into starting my own practice to create those multiple streams of income; the DSM-IV training, which was much too short but perfect timing for a refresher; and the Multicultural Mixer. I look forward to doing it all over again in Honolulu.

Many happy returns

People keep returning to ACA conferences for many reasons. Here is what a few of our colleagues said.

Nancy Gentis: I had not attended an ACA Convention since it was held in Reno, Nev. The academic sessions, the opportunities to be introduced to so many practitioners from a variety of settings and the vast.

Continued on page 42
Executive Director’s Message — By Richard Yep

Looking back, looking around and looking forward

My May column is always an interesting one to write because I have so much to share regarding what has been happening. At the same time, I’m looking toward the close of ACA’s fiscal year at the end of June and, of course, thinking about our student members. Many of them will be moving toward the New Professional category of membership in the association.

Elsewhere in this issue of Counseling Today, you will read about (and see) things that happened during the ACA Annual Convention in Detroit. Despite planning for 2,400 attendees, we were overwhelmed (and quite happy) to welcome more than 3,000 professional counselors, counselor educators and students to the big event. Over the course of several days, a great deal of networking, career building and socializing took place. A great deal of information was also exchanged, whether informally or through attendance at Education Sessions. While some of us may have looked a bit lost at times in navigating the Marriott Hotel or the COBO Convention Center, we usually found where we needed to go. The energy and general atmosphere of the convention was very positive.

I will say there was one sad note during the convention. Jack Cloud, a longtime member of ACA and a great supporter of the counseling profession, especially to those just starting out in the field, unexpectedly passed away while we were in Detroit (see p. 48). Given Jack’s love of our organization, its people and its mission, he clearly was among some of his closest friends when he died.

Shortly after the convention concluded, his family very graciously designated the ACA Foundation as a place to make donations in Jack’s memory. If you would like to donate to the Jack Cloud Memorial Fund, send your contribution to: ACA Foundation, Jack Cloud Memorial Fund, 5999 Stevenson Avenue, Alexandria, VA 22304.

I noted that May is also a time when we see many of our student members transition into life as recent graduates. As ACA President-Elect Brian Canfield says, students are our “colleagues in training.” It is our hope that ACA will be there for all of our new professionals as they move from the challenges of classroom, research and dissertations to the world of work as a professional counselor. This is an exciting time. I know it may also be a time of concern, trepidation and anxiety. Again, ACA wants to be here for all of you. If you are one of these new professionals, we hope you will contact us for help.

To all of you who have completed your studies and will now be moving beyond your institutions of higher education, we congratulate you! We look forward to your continued involvement with ACA, whether it is for help in your career, your need for continuing education or your desire to stay connected to your colleagues, professors and mentors.

So, as I begin to store my winter clothing (which stayed out for an extended period of time this year) and look forward to warmer days here on the East Coast, I want to make sure that I thank all of you — students, professionals and retired members of ACA. Your continued dedication to helping people as they face many of life’s challenges is something that is always an inspiration to me. Thank you for all you do.

As always, please feel free to contact me with any questions, comments or suggestions by e-mailing ryep@counseling.org or calling 800.347.6647 ext. 231.

Thanks and be well. ■

Got Issues? See a Professional Counselor.

To Learn More About Counseling, Visit counseling.org

PROMOTE YOUR PROFESSION ALL YEAR LONG!

Promoting the work of counselors is a matter of professional pride and responsibility that extends beyond Counselor Awareness Month in April. Get your counseling promotion materials from the ACA online bookstore. If you can use a larger quantity of materials, contact Nona Phinn in ACA Marketing at 800-347-7747 x265.
The Best Preparation for NCC and LPC Licensure

NCMHCE

DSM-IV TR Disorders: Diagnosis To Referral
Gary L. Arthur, Ed.D. • Joel O. Brende, M.D.

NCE

2007 12th Edition
Gary L. Arthur, Ed.D.

Now Available Online...
The Arthur-Brende Scenario Simulator

Study Materials Written by
Dr. Gary L. Arthur, Ed.D., LPC, NCC

Dr. Arthur’s qualifications:

- Professor Emeritus of Professional Counseling at Georgia State University
- Has taught counseling courses at the graduate level for 34+ years
- Has taught in CACREP programs for 20+ years
- Since 1984, has conducted 100+ two-day seminars preparing participants for their state licensure exam
- Dr. Arthur wrote these study guides for the specific purpose of preparing you for the licensure exam

Preparation for State Licensure Exams

These study materials will help assess your weaknesses and strengthen what you already know. Included are questions, scenarios, and answers that give insight into the style and format of your state licensure exams. Detailed explanations of the correct answers are provided.

ORDER YOUR STUDY MATERIALS TODAY!

Visit: counselorexams.com
or Call 888-326-9229

Call and ask about our MONEY BACK PASS GUARANTEE!

Published by
Career Training Concepts, Inc.
3640 Hewatt Court • Snellville, GA 30039
20/20 initiative gaining focus

Delegates discussing seven major areas likely to determine the future direction of the counseling profession

BY JONATHAN ROLLINS

A coordinated and consolidated effort to proactively put the counseling profession on more solid ground in the future has moved steadily forward in the last year. Delegates representing 29 different counseling associations and entities met yet again at the most recent American Counseling Association Convention in Detroit to discuss the progress being made on the initiative, known as 20/20: A Vision for the Future of Counseling.

Since getting the process started by holding counseling summits in 2006 at the American Association of State Counseling Boards Annual Conference and the ACA Convention, the delegates have chosen seven areas they believe need to be actively addressed to ensure the future health of the profession. Those areas are:

- Strengthening identity
- Presenting ourselves as one profession
- Improving public perception/recognition and advocating for professional issues
- Creating licensing portability
- Expanding and promoting the research base of professional counseling
- Focusing on students and prospective students
- Promoting client welfare and advocacy

In the past year, the delegates split into work groups and fashioned reports that recommend how to address each of the focus areas. First drafts of the reports were presented at the AASCB Annual Conference in Sarasota, Fla., in January; second drafts were discussed by the delegates at the ACA Convention in Detroit. In addition, an Education Session was held in Detroit so the 20/20 Oversight Committee could begin to better inform counseling professionals of the initiative.

While general feedback was solicited during the Education Session, the committee doesn’t want to present anything “official” to the public for comment until delegates have reached a 90 percent consensus on each concept, said ACA Chief Professional Officer David Kaplan. When the delegates develop an initial draft of a consensus document, the public will be given ample opportunity to provide feedback, he added.

While there was some hope the delegates would begin to reach consensus on concepts in Detroit, there is no set timetable for development of the consensus document. “This is a major initiative in the counseling profession,” Kaplan said. “This is an open process that involves all the major players in counseling. It’s not about glossing over specialties, regions and grassroots. Sensitivity is being paid to that. Doing this right is more important than arbitrary deadlines.”

At the same time, everyone involved with the 20/20 Vision effort agrees that the clock is ticking. If the counseling profession cannot come to grips with its core identity, then it risks becoming irrelevant. The ongoing struggle is how best to present counseling as a single, unified profession with many specialties.

“What we’re trying to do is unify the profession and have some core thread,” said AASCB Past President Charlie Gagnon at the Education Session on the 20/20 initiative in Detroit. “We don’t want to take away from the individuals in the field but instead give them a core identity with their specialty. … One of the issues we’re struggling with is defining what a counselor is.”

Sam Gladding, a past president of ACA who is serving as the facilitator for the 20/20 process, voiced similar sentiments about identifying a core for the counseling profession. “If we don’t take steps to define that, we’re not going to be very functional in the future, and we’re not going to have a very good public perception,” he said. “We need to define ourselves rather than having other groups define us. If we can agree what our identity is, it will also help us with our identity in the public eye.”

Another option, Kaplan pointed out, is to determine that each counseling specialty—mental health, school, career, rehabilitation and so on—actually constitutes its own unique profession. One of the main problems with that approach, he said, is that, acting alone, the counseling groups lose their power to influence legislation. “We want to unify our profession and present ourselves as a coherent group to outside groups,” Kaplan emphasized. “Otherwise, legislators ask, ‘Why don’t you have one group with one voice? Come back when you have your act together.’”

Finding that one voice has proved to be a difficult task for the counseling profession. As Gladding told the delegates convened in Detroit, “We have been stuck for years as a profession at ‘storming’ in the group process.”

The current process doesn’t promise smooth sailing either, but those involved in the 20/20 initiative appear committed for Continued on page 30
Knowledge is earning a master’s or PhD to move your counseling career forward without moving your life back.

Capella is the first and only online university to provide CACREP-accredited programs in Mental Health Counseling and Marital/Family Counseling/Therapy, plus:

- A broad array of other counseling and psychology specializations
- Scholarships, grants, and financial aid available
- Accredited and fully online at capella.edu/counselors

Call 1-888-CAPELNA, ext. 22064

Visit us at booth #626 at the ACA Convention and meet our faculty and staff.
The Alpha Chi Chi Chapter of Chatham College in Pittsburgh presented the poster session “The Choking Game – America’s Dirty Little Secret Gasping for Public Exposure!” at the American Counseling Association Convention in Detroit. Under the direction of their professor, Mark Lepore, the students recently presented their awareness program, geared toward educating professional counselors, community members, teachers and parents, at a countywide in-service day for educators in Allegheny County, Pa. The poster session at the convention spotlighted their comprehensive outreach program to educate others about the deadly “game” being “played” by adolescents nationwide.

The choking game, also known as “pass out,” “fainting game” and “space monkey,” is far from a harmless diversion. “We are trying to get away from using the term ‘game’ because it has the connotation that it’s fun and not harmful. Instead we are using the term asphyxia play,” said first year graduate student and presenter Erica Hughes. She explained that the object of the activity is to experience temporary asphyxiation by applying pressure to the carotid artery in the neck, restricting oxygen and blood flow to the brain. The result creates a “high,” a tingling sensation before the person goes unconscious. After the pressure is released, a second high takes place as the person comes to and blood rushes to the brain. “Another way is called self-induced hypocapnia, which is when the person hyperventilates by taking several deep breaths over and over again,” she explained.

The choking game can be played in a group or, in its most risky form, alone, with the child using a rope or belt as a ligature around the neck. Lone participants may tie the other end in a slipknot to a bedpost, closet rack or doorknob and sit down to increase the tension on the ligature. “They are achieving the same high when they do that, but when they are by themselves, there is no one else there to release the pressure,” Hughes said. In numerous instances, she added, children and teens have died from this practice, and the initial reaction is to claim the incident as a suicide. Those who participate in this activity aren’t suicidal, she said, and they have no intention of dying. They are merely thrill-seeking or chasing a high. Because these deaths may be reported as suicides, the number of deaths related to asphyxia play is not accurate, Hughes says.

Additionally, Hughes said, this isn’t a game being played mostly by “at-risk” kids. Typical participants and reported victims range from ages 9 to 14, both male and female, and come from all cultures and socioeconomic backgrounds. She said the participants are generally good students with many friends.

**Warning signs**

The poster session presented some of the “red flags” of asphyxia play:

- Changes in personality
- Being overly aggressive or agitated
- Suspicious marks/bruising (may be hidden by scarves or turtleneck shirts)
- Unusual items in bedrooms, such as rope or ties
- Headaches
- Flushed face
- Raspy voice
- Bloodshot eyes or other noticeable stress in the eyes
- Thuds in the bedroom or against the wall (often indicating a fall in cases of solitary practice)
- Unusual need for privacy (locked bedroom doors)

Many readers may look at those warning signs as being typical of moody teens. And that’s what is so dangerous about this activity — the warning signs aren’t that obvious or don’t necessarily stand out to others as a cause for worry. “In hindsight, it’s easy to see,” Hughes said, “but as it’s going on, the signs are innocuous.”
Caitlin Cousins, another of the presenters, remembers playing the game herself at a sleepover when she was 13. “We would hyperventilate and someone would pick us up and hold us, like they were going to crack our back, until we passed out,” she recalled. “Then they would let you down and you would wake up.” The girls would then share their “dreams” and “crazy visions” with each other, she said.

“With my friends and I, we were all on the honor roll or played sports. I was involved in student government, and we never showed any signs or had marks on our necks,” Cousins doesn’t recall how she and her friends heard about the game, but she speculates it might have been from an older sibling. This activity may be news to some, but Cousins reported that while presenting this topic to a group of adults, many of them recalled participating in the activity themselves as adolescents. “We believe that it’s been happening for a really long time, so it’s interesting to hear adults in their 30s, 40s and 50s saying they did this as a kid,” she said. Many of the adults said they thought the game’s popularity when they were kids had something to do with the mainstream emergence of professional wrestling. Variations of “choke holds” were used by numerous performers, including Brutus “The Barber” Beefcake, who was notorious for rendering his opponents unconscious before cutting their hair.

Prevention

The graduate student presenters don’t buy into the idea that children are actually encouraged to participate in a risky behavior when adults talk about it with them. The presenters strongly believe that communication is essential to preventing future tragedies associated with asphyxia play.

“We really think education and prevention are key, but when you say this could result in death, it’s just such a hard concept for kids to grasp,” Hughes said. “We think we can make it more realistic for them by saying this can cause brain damage. Kids understand what that is and they know they have to live that way for the rest of their life.” Hughes said her fellow presenters estimate that nine out of 10 students know about the game, have played the game or know someone who has played the game.

The graduate students suggested (that the best way for adults to approach the subject is to be straight with kids and present the information clearly, then allow them to ask questions. Furthermore, the presenters stressed the importance of school personnel and parents talking with children about the risks involved before a fatality or incident occurs.

“Kids don’t understand how dangerous this is,” said Mildred Bernard, a counseling student and program collaborator. “They don’t know that you can become paralyzed or have a stroke. They just think that it can’t be bad because they aren’t using drugs or alcohol, so this is a safe alternative to those kinds of things.”

Bernard and Hughes agree that part of prevention is showing kids other options, including positive risk-taking activities such as sports, student council or drama. “We need to get on their level and talk to them about this — on MySpace and Facebook even, the places where the kids are at — letting them know the dangers of this game,” Bernard said.

Resources

The following resources suggested by the presenters offer more information on asphyxia play:

- www.stop-the-choking-game.com
- www.deadlygameschildrenplay.com
- www.en.wikipedia.org/wiki/Choking_game
- www.chokinggameinformation.com
- www.stilllovingmygabriel.com

Angela Kennedy is a senior writer at Counseling Today. Contact her at akennedy@counseling.org.

Letters to the editor: ct@counseling.org

Resources

The following resources suggested by the presenters offer more information on asphyxia play:

- www.stop-the-choking-game.com
- www.deadlygameschildrenplay.com
- www.en.wikipedia.org/wiki/Choking_game
- www.chokinggameinformation.com
- www.stilllovingmygabriel.com

Angela Kennedy is a senior writer at Counseling Today. Contact her at akennedy@counseling.org.

Letters to the editor: ct@counseling.org
What am I really: My degree versus the professional me

I get nervous whenever someone asks, “What are you really?” “Do you identify as a psychologist, a counselor or a counselor educator?” “What’s your core theoretical orientation?” I even get what’s actually your ethnicity?”

Each time, I hold my breath for just a second before answering. It is similar to fight in which both were right and wrong, ask me to choose sides. “I don’t want to choose sides,” I think to myself. “I love you all and share something with each of you.”

When asked if he was a Hindu, Gandhi replied, “Yes, I am. I am also a Muslim, a Christian, a Buddhist and a Jew.” Walt Whitman said, “I am large; I contain multitudes.” Says Maya Angelou, “I am human, and nothing human can be alien to me.” Aristotle, Shakespeare, William James, religious thinkers and prophets East and West … all of them seem to have similarly nonessentialist answers. Trying to simplify the complex, as Jimmy Buffett sums up, always leaves things “Simply Complicated.”

None of these great thinkers, or should I say, neither these great thinkers nor Jimmy Buffett have ever had an easy answer to the question “Who am I?” Yet it seems as though many people want me to have all my professional and cultural contradictions worked out right now.

Part of me thinks there’s something to it. Perhaps I should be more definitive about who I am. After all, I’m in my fourth year of counseling training and want to be therapeutic. But I’m still not sure, even with all this education, that I’m ready to limit myself in how to be therapeutic. The daily questions about who I am received outside encouragement with the American Counseling Association’s comments on the Council for Accreditation of Counseling and Related Educational Programs’ new standard revisions proposal that appeared in the February issue of Counseling Today.

Part of me thinks there’s something to it. Perhaps I should be more definitive about who I am. After all, I’m in my fourth year of counseling training and want to be therapeutic. But I’m still not sure, even with all this education, that I’m ready to limit myself in how to be therapeutic. The daily questions about who I am received outside encouragement with the American Counseling Association’s comments on the Council for Accreditation of Counseling and Related Educational Programs’ new standard revisions proposal that appeared in the February issue of Counseling Today.

CACREP: Who is really a counselor?

The mega-issue raised for me by the CACREP standards draft is the definition of what a real counselor or counselor educator identity looks like. The proposal includes a new requirement that “starting in 2011, all new full-time faculty with academic appointments in counselor education must have earned doctoral degrees in counselor education.” The motivation for identity makes sense to me, and it is certainly the model the American Psychological Association has taken for psychologists. So where is the problem?

The problem for me is that although I identify strongly with and participate in ACA, I’m in a counseling psychology program, and people like me would be left out of the counselor education faculty model. How could this be when I see myself as being so much a part of the counseling profession? A fair question to ask is that if my statement is true, how did I end up in a counseling psychology program?

Five years ago, I was sitting in my dorm room in Bradford, England, finishing a master’s thesis for a degree in peace studies and conflict resolution. I had the conviction that many of the problems in international relations had solutions in the process-oriented field of counseling. Unfortunately, like so many other graduate students, I knew far too little about the political struggles, historical evolution and still developing identity differences between the various counseling fields when I applied to graduate school.

What I did know was that an APA-approved Ph.D. program appeared to offer the broadest licensing abilities. I also read writers such as Carl Rogers, Fritz Perls and Virginia Satir, who came from diverse educational backgrounds but all believed in an orientation toward a health over deficit model. I understood this to be the primary difference between counseling and clinical psychology; so an APA program in counseling psychology seemed like the best of all possible worlds. Five years into the program, I realize it’s not nearly that clear.

Meeting people and taking courses in counselor education introduced me to a field genuinely committed to the process orientation, multiculturalism and systems-oriented thinking that drew me to become a counselor in the first place. My counseling psychology program emphasizes assessment, the movement toward cognitive therapies, narrowly focused research and the Diagnostic and Statistical Manual of Mental Disorders. While valuable, these are elements I thought I would minimize by not choosing a clinical program. Counselor education has captured my passion, and I’ve come to think of myself as a counselor educator in the large part. But the new restrictive CACREP standards wouldn’t allow me to educate counselors full time.

The rationale for the move is an attempt to promote stronger identity, and since you can see me struggling with my own identity, I have to admit there is something to this direction. Maybe my being a counselor educator “in large part” really isn’t good enough. I’ll have a degree in counseling psychology, but I don’t think of myself as a psychologist. Or rather, I think of myself also as a psychologist in part. I don’t promote a psychologist identity or support pathologizing, and I’m a committed systems thinker who participates in ACA.

To me, this struggle feels like the debate between “universal” and “focused” multiculturalism. My degree is a sort of “visible sign” of group mem-


Albert B. Hood and Richard W. Johnson

“The authors’ expertise and passion for assessment is clear to the reader from beginning to end. This book is truly an outstanding contribution to the field of counseling!”

—Valerie Schwiebert, PhD

President, AACE, 2006–2007

This best-selling handbook describes the basics of psychological assessment and the most widely used tests by counselors. Hood and Johnson explain how to choose and administer testing instruments, conduct assessments, and interpret and communicate test results. More than 100 instruments—used in schools, university counseling centers, government, mental health clinics, and private practice—on intelligence, academic aptitude, career development, personal value measurement, interpersonal relationships, mental health, and ethnic minority populations are discussed. Clear and concise, Assessment in Counseling provides an excellent framework for assessment courses and is a handy reference for practitioners.
Development strategies

Regardless of how the political battles and CACREP standards play out, I am still left to struggle with my own professional identity. I’m encouraged by believing that I do not have to choose between including my diverse parts and wanting to develop a strong, harmonized identity. Each step I’ve taken has provided a way to reconcile my various identities to build an ever more powerful and self-sustaining inner identity. The combination of those various identities has always proved more valuable than my visible group identity.

The path through these struggles has left me feeling torn at times, and at others has helped me realize new sides of myself. The following have served as some of the most valuable modes of exploration for me.

Saying what I’m for

Discovering “who I am” always seems to have something to do with “what I’m for.” Accordingly, it has been helpful to make lists of what I’m for. Sometimes these are general statements and other times a collection of various quotes that I like. What would your lists look like?

Next, I look for commonalities. I try to see the deeper relationship that these quotes share and then attempt to articulate it in a sentence, such as “I’m for X” or “I’m against Y.” They don’t have to be thought out paragraphs, and I’ve even found it valuable if they contradict each other. I just collect them all, stare at them every once in a while and see what comes out. It’s often amazing what the pattern that emerges begins to say about me.
Members of the American Counseling Association Public Awareness and Support Committee presented “Five Ways to Make ‘Counselor’ a Household Word” at the ACA Convention in Detroit in March. Chair Jane Webber, along with committee members Jan Bartlett, Anees Bhimani and Delila Owens, also highlighted useful information from the updated “Public Awareness Ideas and Strategies for Professional Counselors” manual, a media relations and marketing packet produced by the committee.

Webber, currently serving her third year on the committee, said the major goals are to promote both advocacy and awareness of the profession as well as advocacy for groups that are underserved by the profession, such as immigrant families, undocumented students, lower income families and the elderly.

“Advocacy is important for the survival and future of our profession,” she says. “More than ever we need counseling and support for people rather than just the traditional medical model. As counselors, we see people as collaborators rather than just the person being treated.” That approach is what makes counselors unique within mental health services, she adds.

Webber also believes counseling will continue to assume an ever more important role. “Counseling is the future of the 21st century because the stresses of everyday life are far more complex than they were 25 to 30 years ago,” she says.

“With Katrina, terrorism, even daily stress — our counseling wellness model really fits what many people need. Counseling’s holistic approach addresses many needs instead of one medical diagnosis. That’s why we want to make counseling a household word.”

Community and state advocacy: Get the news out

“We have to have parity. We have to get the news out, and part of that is our name,” Webber says. “People know what a social worker is, they know what a psychologist is, but they may not know who we are. The word ‘counselor’ may mean so many different things to a layperson. We need to explain how we are specifically trained.” Practitioners should start by spreading the word locally in their communities, she stresses.

“There is just a lack of understanding in different parts of the country about what counselors do,” adds Bartlett, a counselor educator at Oklahoma State University. “Take a little time to educate people about what we do, who we are, especially to stakeholders in our communities — those organizations that have similar interests with us for the successes of communities, youth, families or specific health issues. We need to go and present at their conferences and leave our literature with their offices.”

Private practice advocacy: Go public about counselor identity

The counseling profession has succeeded in getting licensure laws passed in almost every state (see p. 1, “Licensure bills gain traction in California and Nevada”), and private practitioners can be found nationwide, but in many areas, the term “licensed professional counselor” (or state equivalent) is fairly new. In many instances, the public is unaware of the title (LPC) that private practitioners use to identify themselves.

“We have to advocate as private practitioners the way social counselors do,” Bartlett says. “It really isn’t that expensive to do that kind of thing now;” she says. “It can cater to the specifics of their community or the makeup of their state.” The promotion could run on public television or simply serve as an educational tool for other agencies and like-minded organizations, she says. Bartlett also notes that many state legislatures have a mental health lobbying day, which is a prime opportunity to work together on issues that impact clients with other agencies and professions.

Suggestions:

- Profile counselors in newspapers and on websites.
- Prepare public service announcements.
- Advocate for underserved groups.
- Lobby for mental health issues.

Bartlett also suggests that ACA state branches collaborate to produce a 30-second promotional DVD that quickly and stylishly explains what counselors do. “It really isn’t that expensive to do that kind of thing now,” she says. “It can cater to the specifics of their community or the makeup of their state.”
workers and psychologists have been doing for 50 years," says Webber, who is also a private practitioner. "We need to be proud of being an LPC, not 'just' (an LPC). You are as good as or better than other mental health professionals."

Webber suggests that counselors always identify themselves with their licensing state’s title and become marketers for both their practice and the profession. "We are a little hesitant to toot our own horn, maybe because of the humility of the profession, but we have to be much stronger salespeople," she says. "We aren’t used to that. No one taught us that in grad school."

Suggestions:
- Display title and license on all business-related documents.
- Write a column for the local paper.
- Distribute fact sheets about counseling.
- Promote your specialty and be known as an expert in that niche.

"If you have a specialty, be competent in it and share it," Webber says. "I would like to see LPCs on the talk shows and local radio shows. I don’t think competence makes us vain. We have to be out there."

Strengthen professional identity: Speak with a common language

“This is a tough one, and a challenge to counselors in every state and region because we all have different titles,” Webber says. “My dream is for us to come up with one title that will, as best as possible, reflect the unique counseling profession and then use it in all states’ licensure and even in advertising such as the Yellow Pages and Internet. We need commonalities that we use across the board — a common language and definition.”

ACA and the American Association of State Counseling Boards are working toward this goal with the national licensure portability plan and 20/20: A Vision for the Future of Counseling project (see related article, p. 8). Webber believes that using the same definition and title nationwide would ultimately strengthen the profession.

Common language goals:
- Speak as one core voice with many specialties.
- Use one title across all states, consistent licensure criteria and national credentialing forms.
- Make ACA, division and branch counseling associations the primary source for information on mental health counseling issues.
- Develop brochures, fliers and books by counselors using the common language.
- Develop products and services for the local community using the common language.

Collaborate with others: Achieve equal visibility
Webber and Bartlett strongly advise counselors to bury the hatchet and drop the "us versus them" mentality as it relates to other mental health professions. "We need to combine rather than separate. Work with social workers, work with psychologists, not against," Webber says. "We are different and unique, but by collaborating with other mental health professionals in your community, you get more publicity than working on your own. You have parity when you are seen, photographed or quoted with other professionals. That builds our own confidence up. We can help each other and show our individual strengths at the same time."

An often-overlooked dimension of counseling advocacy: It’s important to educate not only the public but also other mental health professionals about the counseling profession. "We need to reach out collaboratively," Bartlett says. "There’s been this history of turf war and competition. I think if we reframe that in a more collaborative and collegiate way, it’s actually much more productive. I tell my students, there are plenty of mental health issues for everybody. There are plenty of issues to go around for all of us to do work.”

Suggestions:
- Volunteer for services with other mental health professionals.
- Organize local roundtable discussions among service providers.
- Create a 60-second spot for television or radio.
- Volunteer to deliver presentations or free screenings.
- Promote inclusion of licensed professional counselors in employment ads listing only licensed clinical social workers.

Webber routinely checks newspaper employment sections and websites for job positions that call exclusively for licensed social workers when a master’s-level counselor could perform the same duties. She has no qualms about calling the employer and asking why LPCs were excluded. Usually, after a brief conversation, Webber says, employers agree to include LPCs as potential job candidates.

Mentor our legacy: Graduate students carry the torch
As the song goes, “Teach them well and let them lead the way.” Webber says graduate students hold the keys to the future of the counseling profession. "Our graduate students are more aware of what counselors are because they are growing up in CACREP-accredited programs and they are immersed in professional counselor identity," she says. “They are better at it than we are. They are the next generation, so what we need to do is really nurture them in professional identity and teach them that advocacy is a priority.”

Continued on page 25

GRIEVING PEOPLE DRAG UNRESOLVED GRIEF BEHIND THEM IN INVISIBLE WAGONS

| April* | 20-23 | Denver, CO  
| 22-23 | Boston, MA  
| 27-30 | Sacramento, CA  
| 27-30 | Columbus, OH  
| May* | 4-7 | Elizabeth, NJ  
| 4-7 | Tulsa, OK  
| 18-21 | Sherman Oaks, CA  
| June | 8-11 | Richmond, VA  
| 8-11 | Dallas, TX  
| 22-25 | Irvine, CA  
| 22-25 | Lansing, MI  
| July | 13-16 | Fargo, ND  
| 13-16 | Chicago, IL  
| 20-23 | Austin, TX  
| 20-23 | Charleston, SC  
| 27-30 | Sherman Oaks, CA  

*Early Registration Discount
Extended for ACA Members

Regular Tuition - $1,995.00
Early Registration Tuition - $1,695.00 (60 day advance)

30 CEU’s:
✓ NBCC (6210)  
✓ NAADAC (531)

Continuing Education Credits are also available for Nurses and Chaplains - Call The Grief Recovery Institute or visit www.grief.net for information.

(818) 907-9600  
WWW.GRIEF.NET

THE GRIEF RECOVERY® CERTIFICATION TRAINING PROGRAM

All The Tools You Need To Help Your Clients Empty Their Wagons and Move On with Their Lives

Counseling Today • May 2007

15
Finding Your Way – BY RHONDA SUTTON

When life takes a turn onto the mommy track

I am a self-proclaimed feminist. I have had the privilege of teaching graduate courses that focused on gender issues and cross-cultural issues in counseling. I have advocated for equal opportunity, justice for survivors of rape and relationship violence, and the advancement of women within higher education. Women are the main population I have served as a counselor, and I have always felt a certain pride in the support and encouragement I have provided to women through direct, face-to-face contact or in the past work I have done.

Now, at the ripe age of 42, I have become a mother for the first time. My daughter is a blessing and, in what seems like a mere moment in time, she has turned my life and my ideologies upside down and sideways.

I used to think I could empathize with the women who sought my counseling services. I am, after all, female! I knew my openness, genuineness, and nonjudgmental approach could help my female clients achieve a greater sense of self. Based on my own personal experiences associated with my gender, I felt I possessed the ability to connect with women in a way that enhanced my counseling abilities. This self-confidence was solid and self-assuring, but with the birth of my daughter, I now know how much I was missing in my understanding of what it means to be female in this society. I also realize I was lacking insight regarding the monumental role that women — and men — assume as caretakers.

It was presumptuous of me to think that advancing women’s causes improved their lives. Indeed, my lack of experience as a mother may have encouraged a sense of frustration in those women whose lives I tried to impact. At the time, I did not truly know the depth of emotion or the array of struggles that motherhood encompasses. I was somewhat mortified in coming to the realization that I may have done a disservice to these women clients and to women who hoped to become mothers. I encouraged them to find “balance” in their lives and “time” in their schedules when, in reality, the roles they have and the feelings they possess regarding these roles embody so much more than we as individuals and society allow. It is humbling to realize I am not as self-actualized as I thought and, as a counselor, I had my own areas of self-development that could not take place until I became a mother.

In addition to these realizations, I also now wonder about men and their roles as fathers. We are living in a society in which the roles men play regarding childcare are broadening. More men than ever are choosing to become stay-at-home fathers or even single fathers. In general, men are more involved with the daily childcare duties. These are all positive changes, but I have no doubt that men, just like women, face challenges with the conflicts that arise from juggling responsibilities associated with parenthood, work and intimate partnerships.

I still recall one of the very first clients I saw when I volunteered at my county women’s center. “Maggie” came in one evening wanting to talk with someone. I was the peer counselor available to see her. Maggie was White, married, middle class, in her early 30s and the mother of three children. I recall thinking how “normal” she appeared, but what she revealed in her session astounded me at the time. Maggie had recently had her third child, and through the course of

Continued on page 24
16 million Americans are sex addicts.

78% of counselors say they need additional training in assessing and treating sexual addiction.
(NBCC, Fall 2004)

Freedom begins with you.

Freedom Begins Here: The Diagnosis and Treatment of Sexual Addiction is a ground-breaking, comprehensive distance learning curriculum that ties together the clinical and spiritual aspects of sexual addiction, providing a biblically-based method of helping those besieged by this insidious problem. Dr. Mark Laaser anchors the curriculum with contributions from Dr. Patrick Carnes and Dr. Daniel Amen. Dr. Laaser and Dr. Carnes have appeared on Dateline NBC as sexual addiction experts and Dr. Amen was featured on the cover of Newsweek.

“This is solid material that you can’t get in any other series.”
Dr. H. Norman Wright, Author of “Experiencing Grief”

Order Your Curriculum Today! and receive a free copy of “Healing the Wounds of Sexual Addiction” by Dr. Mark Laaser while supplies last.

Introductory DVD Kit available online for only $14.99
Order the Introductory Kit and we will deduct $14.99 when you order the curriculum.

www.elucidalearning.com 800.364.6863

This program is available for 30 continuing education (CE) credits through the co-sponsorship of Psychological Resources, Inc. (PEU) and Elucida Learning. To learn more about CE credits, visit our website - www.elucidalarning.com
Christian counselors, secular clients

It was not too long ago that many traditional Christian faith communities rejected most forms of therapy and psychology. Many churches taught that mental and emotional issues were really spiritual problems and only preachers, evangelists and theologians were qualified to deal with the psychological needs of parishioners. Over time, however, conservative churches recognized the insight gained by persons in the mental health field. Ministers have increased training in human behavior, and an increasing number of Christian therapists have entered the mental health field, which can only benefit those in the faith community.

Discussions about reparative therapy and counseling persons who question their sexual orientation illustrate the difficulty some Christian counselors have in reconciling their religious values with the guidelines of the counseling profession. Secular or non-Christian counselors may feel uncomfortable when dialoguing with Christian counselors over concerns about values being imposed on a client. The term “Christian” counselor could include an array of persons with various spiritual and ecclesiastical affiliations, but I am referring to those Christian counselors who consider themselves evangelical and/or traditional in their belief system and in their understanding of the difficult social issues facing our culture.

Constructivism and postmodernism appear to pose a conflict for the Christian therapist. Ten- sion exists between the personal- ial faith and conscience of the Christian therapist and the desire to help clients who may not share the spiritual or religious values espoused by the therapist. Constructivism and postmodernism present Christian counselors with the dilemma that there is no absolute truth to be maintained or pre- sented. Truth and reality are relative to the perception of the individual.

The relativism within the field of counseling, and in our culture, is often disturbing to Christian therapists because their belief system is frequently what led them initially to pur- sue a career in the helping pro- fession. Christian counselors can avoid potential conflicts by practicing in ecclesiastical set- tings or by focusing their pri- vate practice on individuals who have a Christian world- view. In these settings, Christ- ian counselors can appeal to authoritative religious texts and creeds because the client’s belief system accepts these sources as true and helpful.

But can Christian counselors help clients with different reli- gious or spiritual value sys- tems? Should non-Christian counselors view Christian counselors with the suspicion that they are using their license as a vehicle for evangelism? Can the Christian counselor affirm a belief in absolute truth and still respect the autonomy of clients who have different belief systems? I would submit there are absolute truths affirmed by Christian coun- selors that can also be enthusi- astically affirmed by the coun- seling profession as a whole. I would also suggest that post- modern narrative therapy might be a tool for Christian thera- pists who want to engage clients who do not share their religious values.

The absolute truths affirmed by Christian therapists are as follows. All persons, regardless of race, creed, sexual orienta- tion, age, physical ability, men- tal capacity or gender, have an inherent dignity and worth by virtue of being human. All per- sons are endowed with “cre- ational virtues” mentioned in the Genesis narrative and affirmed by Jesus Christ. Humans were created to live in relationship, form families, live in community, grow and create. The other truth is that the world needs healing. Things are not as they should be and, thus, people are suffering and wounded (the Christian calls this “sin” or the “fallen condi- tion”). Christian therapists base their assumptions on the belief that all persons are created in the image of God and have God-given virtues inherent to their being. Whether or not one accepts the religious founda- tions, the assumptions are true for all counsellors.

While postmodernism is often difficult for Christian counselors, the use of postmodern narrative counseling may prove beneficial when dealing with clients who do not accept Christian counselors’ value system. For example, consider the discussion surrounding counseling clients who are struggling with their sexual ori- entation. The debate over rep- erative therapy and counseling persons who question their sexual ori- entation illustrate the difficulty some Christian counselors have in reconciling their religious values with the guidelines of the counseling profession. Sec- ular or non-Christian coun- selors may feel uncomfortable when dialoguing with Christian counselors over concerns about values being imposed on a client. The term “Christian” counselor could include an array of persons with various spiritual and ecclesiastical afiliations, but I am referring to those Christian counselors who consider themselves evangel- ical and/or traditional in their belief system and in their understanding of the difficult social issues facing our culture.

Constructivism and postmodernism appear to pose a conflict for the Christian therapist. Ten- sion exists between the personal- ial faith and conscience of the Christian therapist and the desire to help clients who may not share the spiritual or religious values espoused by the therapist. Constructivism and postmodernism present Christian counselors with the dilemma that there is no absolute truth to be maintained or pre- sented. Truth and reality are relative to the perception of the individual.
Are You Prepared to Work with and for the “Multiracial” Communities?

There are now more than 3 million interracial marriages and nearly 7 million Americans who identify themselves by multiple heritages. In addition, the number of transracial adoptions has grown significantly (US Census 2000).

Register Today!

Gain new insight and strategies for meeting the needs of this increasingly diverse population in the United States!

Make History

The Loving Decision Conference will mark the 40th Anniversary of the Supreme Court case that legalized interracial marriage (Loving v. Virginia, 1967). For the first time in U.S. history, the growing multiracial community and their advocates will unite and address some of the legal, educational, professional, ethnomedical, and social issues faced by this growing population.

The conference will include:

- Over 100 presenters and performers conducting interactive workshops and panels
- High profile speakers
- Activities for all ages, including students and families
- Networking and community building opportunities
- More than 15 seminars will directly target counseling and psychology professionals

More Information

Conference Coordinator: Jungmiwha Bullock
818.230.2285 coordinators@lovingconference.com

For conference information including registration, a full schedule of events, and more: www.lovingconference.com

Coordinating sponsor:
Association of Multi-Ethnic Americans (AMEA)

Event space courtesy of:
Roosevelt University

Organized with:
iPride (CA)
Bridge Communications Inc. (IL)
MOHXCA (Canada)
Interracial Family Circle (DC/MD)
HONEY Inc. (NJ)
Oregon Council on Multiracial Affairs (OR)
The Topaz Club
Biracial Family Network (IL)
Multiracial Americans of Southern California (CA)
Multiethnic Education Program (CA)
American Counseling Association
Loving Day (NY)

And more...

REGISTER TODAY - WWW.LOVINGCONFERENCE.COM
Helping Abused and Traumatized Children: Integrating Directive and Nondirective Approaches

This book is a glimmer of hope at the end of a very dark tunnel! It focuses on the idea of integrating expressive or creative therapies, such as play therapy, with more traditional approaches such as cognitive behavioral and family therapy. The book is well written, with the first part presenting different clinical techniques and the second offering four examples. These examples paint a vivid picture that illustrates not only the pain children suffer due to abuse and trauma, but also the effectiveness of integrating several methods when treating these children.

Eliana Gil has worked with traumatized children, particularly those who have been sexually abused, and their families for 33 years. She is currently director of the Starbright Training Institute for Child and Play Therapy. In this book, her expertise, compassion and devotion to the children she has helped, and those she will help in the future, shine through.

Throughout the book, Gil emphasizes the importance of keeping an open mind when working with children who have been traumatized. Because all children are different with regard to their experiences, personalities and reactions, it is essential to integrate a variety of methods to be flexible and responsive to individual needs. This seems like a very basic principle. However, the idea can be overlooked at times, especially when a clinician is rigid in the use of therapy techniques. Treatment should be centered on the child, and discovering what each child needs is as important as the treatment itself.

Gil also briefly addresses another important issue in this book: countertransference and self-care. She notes that working with children of trauma is rewarding, but there are some concerns for the mental health professional. Working with victims who have endured traumatic situations is never easy, but it seems much worse when the trauma involves the abuse or neglect of a child. This brief section offers some insight into how Gil has managed to conduct this type of therapy for so many years. It is somewhat surprising that Gil explicitly addresses this issue, yet it is as important as any other topic in the book.

Unfortunately, child abuse and neglect are major problems today in society. The stories are often horrifying and the effects are devastating. Although this topic is grim, Gil offers hope through this book. It ultimately restores a little faith in humanity and would be beneficial to anyone working with children. Reviewed by Theresa Lively, a graduate student in counseling at Adams State College, Alamosa, Colo.

The Power of Kindness: The Unexpected Benefits of Leading a Compassionate Life

This is an elegant, inspiring and ultimately moving book. Italian transpersonal psychologist Piero Ferrucci has produced a modern-day book of virtues. In spare yet highly descriptive language, this volume of interwoven essays explores the power of kindness, which turns out to be surprisingly potent.

True kindness is both simple and complex. It is simple in the sense that all people have the capacity for kindness; we have opportunities to make this positive choice each day. Kindness is complex in that today’s cynicism and materialism serve to actively and effectively sabotage it.

Ferrucci speaks of “global cooling” (p. 7), meaning an emotional coldness that has overtaken much of the world. The postindustrial age fragments and distances human interaction, a phenomenon the author associates with the significant increases in depression and anxiety among us. His heartfelt remedy is kindness — never a shallow or self-serving niceness, but genuine care and concern for others that prompts thoughtful behavior.

The book abounds with rich wisdom from many cultures and many centuries, as well as with results of contemporary research that demonstrates the value of kindness to both recipient and enactor. Documented claims regarding the benefits of kindness rival any miracle drug: Being kind lowers blood pressure, strengthens the immune system, reduces stress, induces more peaceful sleep, etc.

The Dalai Lama says that his philosophy may be reduced to, in a word, kindness. Essays in this book address 18 virtues the author relates to deep kindness; qualities such as forgiveness, mindfulness, humility, gratitude and joy. Each trait is discussed with exquisite care and includes examples that range from the mundane to the mythological. For example, forgiveness is said to be “the most important thing in life” (p. 31). But it is not to be confused with condemning or ever done in a self-righteous manner. The vulnerability of being truly forgiving is also briefly addressed. The idea is that we need to deal with our anger at injustice. Ferrucci writes, “We cannot be kind while we carry the weight of our resentments. Nor while we remain too rigid to ask for forgiveness. Nor if our emotions are colored by guilt or vindictiveness” (p. 38).

Forgiveness is linked to kindness in that it becomes more a state of being than discrete actions. And, just as with kindness, the benefits are reciprocal. Ferrucci’s final essay on joy says we are most happy when our lives are meaningful. But the challenge of finding true happiness is fear of being burned by that joy or finding that it may equate with being frivolous (p. 203). In the context of this book, joy is an essential piece of kindness, an optimism “at its very core” (p. 199).

Each chapter provides wonderful material for reflection or discussion. In individual therapy, classrooms, group work, retreat centers — people in many settings will find the contents of this book insightful and therapeutic. Some will even find the beautifully expressed ideas transformational. Ferrucci says that when a client expresses gratitude, he knows that person is healed (p. 179). Reading and considering the many gentle yet powerful lessons in this book is healing indeed.

Reviewed by Ruth Harper, the column coordinator for Resource Reviews.

Convenient, Informative and a Real Value for only $18!

Do you have a hard time earning your yearly 20 hours of Continuing Education? Tired of last minute frantic searches for interesting workshops before your renewal deadline? Have a hard time getting to them? Paying too much? Now there’s a simple solution…

Read the selected articles in this issue of CounselingToday.* Complete the quiz. Then send it to us with $18* — and you’re done!

Think of it: Every issue you could be eligible for one hour of credit through this program which is approved by the National Board for Certified Counselors and now, also, the Florida Board of Mental Health Counseling. That means you may be able to earn up to 12 credits per year and up to 60 credits in 5 years. That’s potentially more than half the total requirements you currently need to recertify as an NCC—for a remarkably low price! And NBCC approved home-study credits are often acceptable to State Licensing Boards. Check your local rules.

This is an extraordinary offer: Take advantage of this affordable Continuing Ed for reading CounselingToday® any or every month.

But do it now! Take a few minutes to answer these questions while reading each article. That way you’ll be able to answer the questions quickly and easily.

Answer 7 questions correctly, and we’ll send you your certificate of completion. If you’re already reading CounselingToday®, the additional time could be as little as 10 minutes per month.

Think of it: Every issue you could be eligible for one hour of credit through this program which is approved by the National Board for Certified Counselors and now, also, the Florida Board of Mental Health Counseling. That means you may be able to earn up to 12 credits per year and up to 60 credits in 5 years. That’s potentially more than half the total requirements you currently need to recertify as an NCC—for a remarkably low price! And NBCC approved home-study credits are often acceptable to State Licensing Boards. Check your local rules.

This is an extraordinary offer: Take advantage of this affordable Continuing Ed for reading CounselingToday® any or every month.

But do it now! Take a few minutes to answer these questions while reading each article. That way you’ll be able to answer the questions quickly and easily.

*Price subject to change in future issues.

CounselingToday Quiz – May 2007

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

“Bound With Pink Ribbons”

1. According to Bigbee, taking the first step and attending a group session can be very difficult because:
   a. It’s the ultimate acceptance of the diagnosis.
   b. Women often feel ashamed about body image and sexual concerns.
   c. No one wants to talk about death.
   d. They are afraid to share their pain.

2. Group leaders should do all of the following EXCEPT:
   a. Help members recognize and prioritize what really matters to them now.
   b. Set a particular topic for each session.
   c. Have a basic knowledge of oncology.
   d. Be familiar with the facility or cancer center where the women are receiving treatment.

“Choking Game Anything but Child’s Play”

3. Participants in asphyxia play tend to be at-risk kids.
   a. True
   b. False

4. Hughes said her fellow presenters estimate that ___ students know about the game, have played the game or know someone who has played the game.
   a. Nearly half of
   b. One out of three
   c. One out of ten
   d. Nine out of ten

“Making ‘Counselor’ a Household Word”

5. An often-overlooked dimension of counseling advocacy is the importance of educating ___ about the profession.
   a. The public
   b. Medical professionals
   c. Other mental health professionals
   d. All of the above

6. What statement best reflects how Webber gained confidence to take part in public awareness?
   a. “I realized no one else would do it for me.”
   b. “When I spoke out on something that I felt passionately about, it came easy.”
   c. “I saw that my grad school students were not afraid to speak out, and I wanted to honor my responsibility to be a model for them.”
   d. “As a counselor, my role is partly to teach. Why not the public as well as my students and clients?”

“Private Practice in Counseling”

7. It is always necessary to have a National Provider Identifier number for client billing.
   a. True
   b. False

“Behind the Book”

8. Boundary issues in Counseling was created to offer readers a way of ___ the ethical dimensions of personal and professional boundaries.
   a. Thinking about
   b. Navigating
   c. Practically applying
   d. Grounding themselves in

9. Multiple relationship and boundary issues affect ___ mental health professionals.
   a. A significant number of
   b. Many
   c. Most
   d. Virtually all

“Washington Update”

10. Would prohibit most private-sector health plans from covering mental health and substance abuse services differently from general medical care.
    a. H.R. 1424
    b. H.R. 1663
    c. H.R. 1588
    d. S. 921

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

Please rate the following on a scale of 1 to 5 (1 is poor, 5 is excellent):

1. I would recommend this home study program to others.
   a. True
   b. False

2. Did you read more of CounselingToday because you could get CE Credits?
   a. Yes
   b. No

Please allow 3 to 6 weeks for notification of your results and your certificate of completion (if you pass).

We recommend that you keep a copy of this quiz as a record for your licensing board. JournaLearning International® maintains responsibility for this program and its contents. We adhere to NBCC Continuing Education Guidelines. This home study program has been approved by the NBCC for 1 hour of continuing education credit for NCC’s subject to continued approval by NBCC. NBCC Provider #5635. Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling. Provider Number BAP 274, Expires 05/31/09 (continuing education appropriate for Mental Health Counselors).

Although we collaborate with the ACA, JournaLearning International® is a separate entity and retains sole responsibility for this home study program. Copyright ©2007 JournaLearning International®. All rights reserved.

For more information, visit our website at www.journalearning.com
Medicare Coverage of Licensed Professional Counselors

Legislation is pending in the House of Representatives that would improve Medicare’s mental health benefit by establishing coverage of services provided by counselors. Reps. Barbara Cubin (R-Wyo.) and Bart Gordon (D-Tenn.) have introduced H.R. 1588, the Seniors Mental Health Access Improvement Act, which would cover licensed professional counselors’ services under Medicare. In addition, Rep. Pete Stark (D-Calif.) has introduced H.R. 1663, broader legislation that would cover counselors under Medicare and take several other steps to improve Medicare’s mental health benefit. Enactment of these bills would significantly increase access to mental health care for seniors and individuals with disabilities.

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

Suggested Message:
“I am calling to ask the representative to support letting licensed TRICARE mental health counselors practice independently under the program, just like other master’s-level mental health professionals. A RAND study has shown that granting independent practice to counselors is a no-cost way of increasing access to and quality of mental health care for our troops, and the House of Representatives twice has approved legislation to make this change. I want the senator to contact Armed Services Committee Chair Carl Levin to ask that his committee approve this language. Thank you for your consideration.”

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

Internet briefing paper:
www.counseling.org/publicpolicy

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

Independent Practice Authority for TRICARE Mental Health Counselors

Service members and their families are experiencing high levels of mental and emotional health problems and disorders as a result of the ongoing wars in Iraq and Afghanistan. All too often, their mental health treatment needs are not being adequately addressed. One factor exacerbating this problem is TRICARE’s policy of requiring physician referral and supervision of services provided by licensed TRICARE mental health counselors. Licensed TRICARE mental health counselors are the only master’s-level providers required to operate under physician referral and supervision. Although the House of Representatives has twice approved legislation to allow counselors to practice independently — just like all other covered providers — Senate Armed Services Committee staff continue to believe that physicians know best. Please contact your senators and let them know how important this issue is to you and to our troops.

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

Suggested Message:
“I am calling to ask the senator to support letting licensed TRICARE mental health counselors practice independently under the program, just like other master’s-level mental health professionals. A RAND study has shown that granting independent practice to counselors is a no-cost way of increasing access to and quality of mental health care for our troops, and the House of Representatives twice has approved legislation to make this change. I want the senator to contact Armed Services Committee Chair Carl Levin to ask that his committee approve this language. Thank you for your consideration.”

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

Internet briefing paper:
www.counseling.org/publicpolicy

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

Parity of Insurance Coverage for Mental Health and Substance Abuse Treatment

Legislation is expected to be voted on soon in committees within the House of Representatives to establish parity of health insurance coverage for mental health and substance abuse treatments. Federal law prohibits health plans from using lower dollar coverage limits for mental health treatments than for other types of care but still allows the use of discriminatory copayment requirements, inpatient coverage and visit limits for mental health care. Although most states have enacted mental health parity laws, these laws vary from state to state and don’t apply to self-insured health plans. A new federal parity law is needed to close these loopholes and to help improve coverage for substance abuse treatment.

Please call or write your representative to ask him or her to vote for H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act, when it comes before them. Also ask them to vote against amendments that would weaken the bill.

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

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

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

Internet briefing paper:
www.counseling.org/publicpolicy
Medicare push begins

The American Counseling Association’s efforts to gain Medicare coverage of outpatient mental health services provided by state-licensed professional counselors began in earnest in March with the introduction of bipartisan legislation establishing such coverage in both the House and Senate. The bill introductions mark the first step in the push to gain enactment of counselor coverage as part of broader Medicare legislation that is expected to be considered by Congress later this year.

Also in March, one of the key House committees with jurisdiction over Medicare held a hearing on mental health issues, including proposals to improve Medicare’s benefit. The hearing was an indication of our greatly improved prospects for gaining counselor recognition under Medicare. ACA is working alongside the American Mental Health Counselors Association on this issue, as well as with the National Board for Certified Counselors.

In the House of Representatives, Reps. Barbara Cubin (R-Wyo.) and Bart Gordon (D-Tenn.) introduced H.R. 1588, the Seniors Mental Health Access Improvement Act. The legislation is identical to the bill Cubin introduced last year and would establish Medicare coverage of both licensed professional counselors and marriage and family therapists. In addition to this bill, Rep. Pete Stark (D-Calif.) has introduced H.R. 1663, the Medicare Mental Health Modernization Act. Like his same bill from the previous Congress, H.R. 1663 would establish coverage of counselors and make several other improvements to Medicare’s mental health benefit.

Unlike the previous Congress, however, Stark is now the chair of the House Ways and Means subcommittee on Health, which has jurisdiction over Medicare. Stark’s commitment to improving Medicare’s mental health benefit was shown when he called a subcommittee hearing on the issue of mental health parity in both the private sector and under Medicare.

During the hearing, Reps. Patrick Kennedy (D-R.I.) and Jim Ramstad (R-Minn.) testified about their recently introduced mental health parity legislation, H.R. 1424, the Paul Wellstone Mental Health and Addiction Equity Act of 2007. H.R. 1424 would prohibit most private-sector health plans from covering mental health and substance abuse services differently from general medical care. Under current federal law, health plans are free to set arbitrary limits on mental health treatment coverage and to use significantly higher copayments and deductibles for such care. H.R. 1424 would prohibit such practices. ACA has joined a long list of national organizations in endorsing H.R. 1424.

The hearing also focused on Medicare’s mental health benefit. Ron Manderscheid, former National Institute of Mental Health and the Substance Abuse and Mental Health Services Administration, testified that Medicare’s mental health benefit is weighted toward high-cost inpatient care at the expense of lower-cost outpatient treatment. Manderscheid stated that offering parity for both mental health and substance abuse services would lead to lower overall costs for Medicare. “By encouraging that these issues be addressed before they become crises, it is likely that recipients will cost the program less over their lifetimes,” Manderscheid said.

Stark has introduced the Medicare Mental Health Modernization Act since 1995. Under his leadership, the committee appears ready to finally bring Medicare mental health coverage into the 21st century. ACA strongly encourages its members to ask their representatives to cosponsor both H.R. 1588, the Cubin/Gordon bill, and H.R. 1663, the Stark/Ramstad bill.

In the Senate, support for establishing Medicare coverage of licensed professional counselors is virtually routine. The chamber has twice approved legislation doing so, most recently in late 2005. On March 20, Sens. Craig Thomas (R-Wyo) and Blanche Lincoln (D-Ark.) introduced S. 921, the Wellstone Mental Health and Medicare Advantage plans covering extra services. Congress is expected to take up Medicare legislation before the year ends.

It is imperative that members of Congress hear from their constituents on the importance of covering counselors under the program. ACA members can learn about this issue (and take action!) by visiting either of our legislative websites: www.counseling.org/public policy and http://capwiz.com/counseling. For more information, contact Peter Atlee with ACA’s Office of Public Policy and Legislation at 800.347.6647 ext. 242 or via e-mail at patelee@counseling.org. ■
our counseling session, she stated that she resented this child. Maggie cried as she said this and even appeared shocked by her own revelation. I tried to be empathetic and encouraging, as any 20-something novice counselor would, but I remember my surprise that a woman could feel that way about her child. This, I thought, could not be normal.

Now (as I write this with a severe case of sleep deprivation), I have a glimmer of what this mother must have been feeling. I love my daughter and yearn to spend every moment of the day with her. However, she is demanding, dependent and defenseless. Parenthood is not some idyllic state of contentment; it has its own unique physical, emotional and mental challenges. For one, I feel it is incumbent upon me to fulfill all of my daughter’s needs. Often, I am not even sure what these needs are! In addition, I struggle with my own desire to have an identity outside of motherhood so I won’t lose sight of what I worked so hard to achieve.

I now understand that Maggie’s willingness and ability to verbalize her feelings to me was so important. I know that I often feel pressured to put my “strong, happy face” forward and hide those feelings of desperation, depression, incompetence and fear that often accompany the awe, joy and thrill of being someone’s mommy.

From a therapeutic standpoint, I wonder if my counseling sessions allowed most of my female clients to express their conflictual feelings of motherhood. Up until this point, I am not convinced that I permitted women to share or show the part of their lives where discrepant feelings about their caretaking roles existed. It has become apparent to me that I lacked the understanding of what this identity truly entails for women. And if I failed to see this for women, what of the men I counseled who were struggling with the feelings associated with being a father?

In my current position as a counselor, I mainly work with students who are seeking a doctoral degree in veterinary medicine. The majority of these students are female, and a significant number of these women are mothers. Quite a few of these students have even been pregnant while enrolled in the college.

A student client I’ll call “Karen” came by several months ago. She had given birth to her first child a few months prior to our meeting. In my initial session with her, Karen shared that she had finally decided to come see me because she knew that she was a new mother too. Karen was feeling overwhelmed by all that was on her plate — clinical rotations as a fourth-year student, taking care of her baby, getting ready for the holidays, taking large amounts of time to study for the board exam. Karen also had experienced feelings of declining competence as a medical student. She was questioning her ability to fulfill her career goals.

It became clear during our session that Karen was struggling with the compromises she felt she had to make to be both a mother and a doctor. I almost felt too close to Karen’s situation given my emotions regarding my own experience: I have been working as a counselor for more than 15 years, I have my Ph.D. and now I am a mother.

Prior to our session, I had concluded that the feminist movement has definitively made some positive strides for women. With these advancements, however, we have come new challenges with few easy answers. Karen shared a similar sentiment during our session. She realized she wasn’t the same woman she had been prior to becoming a mother, and she had yet to figure out what that meant for her career.

Women’s rights aside, the reality of juggling the responsibilities and demands of being a wife, mother and professional is overwhelming. With all the progress that has been made for women, new problems have arisen that are not easily resolved. How does a woman have the time to take care of her children, attend to her relationship with her spouse or significant other and fulfill her professional obligations? Karen told me that she didn’t share her feelings of vulnerability with others. She felt it was a way to do it all without vocalizing her feelings of stress, depression and uncertainty. She felt she needed to come back from her maternity leave from school totally prepared, competent and “together.”

I, too, have felt this in my job. So, for once, I listened to my client with a different ear and did not encourage her to find balance in her life. Instead, I asked her what it would mean not to do everything she felt she had to do. I encouraged her to share how she viewed her life now in comparison with what her life was like before becoming a mother.

After our session, I reflected on my own hesitancy to ask for a more flexible work schedule. I struggle knowing how much to share with others about the concerns I have regarding how I raise my daughter. I worry about how I appear to people if I go home exactly at 5 p.m. or if I close the door to my office to express my milk.

Given my new concerns, I wonder if I — both as a counselor and a woman — contributed to this silencing of women’s voices, because I, too, have felt the need to be able to do it all while at the same time knowing in my heart that it simply was not possible.

So here I am, a woman who prided herself on championing women’s causes. Now I feel compromised in the choices I have to make regarding the roles in my life. It is humbling to realize the shallowness of my understanding regarding women’s issues. As a counselor, I only hope I have not fallen short of providing the depth of therapeutic support many women and men may have needed from me in reconciling what they want, what they can accomplish and what society expects them to do. I have had to take a few steps back and consider what it means to encourage people to pursue their goals when, in reality, there are often compromises to be made once partnership, children and career are all components of the big picture.

On a personal level, the realization that I cannot have or even “do it all” is difficult to accept. I also recognize there is a need for both women and men to open up about the challenges associated with parenthood. Keeping these thoughts and feelings silenced is not mentally healthy. My daughter is a gift beyond comprehension, but the gift of her life has also brought on a wide array of emotions related to the responsibility I have for her. As I struggle with the choices regarding her care, how much work, how much time I give to others and how I handle my responsibilities, I only hope this new identity helps me to become a better counselor — one who has a clearer understanding of what both women and men in the 21st century are experiencing as parents, partners and professionals.

I also realize the need to suspend the idea that people can “balance” the varied facets of their lives. In many cases, these expectations are unrealistic. Therapy may help people come to terms with the feelings they possess about their roles, but counseling alone will not resolve their concerns. Work needs to take place on a greater societal level to recognize and appreciate parenthood as a vital part of our lives. I, as both a professional counselor and a mother, need to embrace the scope of my experiences, while coming to terms with my limitations.

With these realizations, I know the counseling I provide needs to offer a wider path of exploration and understanding for those grappling with their roles and responsibilities. My hope is that the struggles I and other parents face today will improve our world so that our children are not confronted by the same challenges.

Feminism has made positive changes for women, and these changes came about because of the problems women faced. Possibly the next personal and political movement can be one in which both women and men advance the importance of family in their lives so that roles and goals are not compromised but instead intertwined in a way that leads to greater self-actualization. Who knows? Maybe a movement known as “familism?”

Rhonda Sutton is the mother of Anna, the wife of Chris and a full-time clinical counselor at a veterinary medical college in Raleigh, N.C. Contact her at rhonda.sutton@ncsu.edu.

Jeffrey A. Kotter is the column coordinator for Finding Your Way. Submit article ideas or manuscripts to jkottler@fullerton.edu.

Letters to the editor: ct@counseling.org
Suggestions:
- Mentor graduate students in professional counselor identity and advocacy.
- Set awareness and advocacy priorities in graduate student programs.
- Strengthen professional counselor identity in all courses and in field experience.
- Have graduate students practice talking about professional counseling roles.
- Encourage graduate students to participate in ACA Foundation essay contests and the ACA graduate student organization and present at ACA conferences.
- Give graduate students opportunities to speak out at local service events, schools and agencies.

**PR made easy**
Stepping out into the spotlight with advocacy efforts may be a bit intimidating for some counselors, but the Public Awareness and Support Committee has developed a step-by-step manual to help counselors ease into the practice. The manual, free to all ACA members, provides sample press releases, media advisories, workshop ideas, interview tips and much more.

“It’s a little scary, but the manual is the how-to for all of that,” Webber says. “It explains everything — how to contact radio stations, how to do free public service announcements and how to write a press release.” Webber speaks from experience as an advocate for school counseling and for undocumented students. She’s been interviewed on local radio frequently and presents at college fairs and to local civic groups.

“When I spoke out on something that I felt passionately about, it came easy,” she says.

“So now I feel much better about it, and I’m teaching others how to do it. It’s absolutely essential in our jobs as counselors to take part in public awareness.”

The “Public Awareness Ideas and Strategies for Professional Counselors” manual can be downloaded from the ACA website (www.counseling.org). Counselors may also request a hard copy by e-mailing Janice Macdonald at jmacdonald@counseling.org or calling 800.347.6647 ext 204.

**The challenge**
“For us to simply do a session in Detroit and go home is not advocacy,” Webber says. “Advocacy is initiating a grassroots or national movement forward. We suggested to ACA President Marie Wakefield that we need to generate the kind of enthusiasm that you can in one session in Detroit across the country.” With that goal, the committee is encouraging all ACA members to participate and help define what it means to be a counselor.

- Submit an original tag line or expression describing “who we are or what we do as counselors” (nine words or less).
- Submit a paragraph or poem describing what it means to be a counselor (120 words or less).
- Submit an illustration, photograph or multimedia creation representing what it means to be a counselor.

Submissions should be sent to ACA PASC, c/o Janice Macdonald, 5999 Stevenson Ave., Alexandria, VA, 22304. Include your name, address, ACA membership number, e-mail and phone number with your organization and address. Also include the following statement, “I give my permission for the ACA PASC to use my work, with attribution, as part of the Making Counselor a Household Word Public Awareness Initiative,” followed by your signature and the date.

The committee hopes to display the contributions at regional meetings and events and also at the 2008 ACA Annual Conference in Hawaii. Ultimately, your work could be used in one of ACA’s marketing campaigns.

Remember, every member has a role to play in advocating for the counseling profession.

---

**DISCOVER THE DIFFERENCE!**

Distance Learning Universities are not alike...

**BA, MA, and PsyD Degrees in Psychology**

- Study from the comfort of your home
  No on-campus requirements
- Affordable tuition with convenient payment plans
- The PsyD degree in Psychology is approved by the Board of Psychology for licensure as a clinical psychologist in California.
- The MA in Psychology is approved by the Board of Behavioral Sciences for licensure as a Marriage and Family Therapist in California.
- Business and Law degrees are also offered.

Call for more information

(800) 477-2254
WWW.SCUPS.EDU

Leader in Distance Learning Since 1978
Southern California University for Professional Studies
1840 E. 17th Street, Santa Ana, California 92705

---

**Grow spiritually and help others to do so.**

One Spirit Interfaith Seminary is a two year part time professional training ideal for counselors.

- Integrate the world’s religions with cutting edge developments in psychology, science and integral philosophy.
- Expand your spiritual understanding and gain the skills to support others in cultivating an authentic spiritual life.
- Training culminates in ordination as an Interfaith Minister.

Other programs Developing Spiritual Depth: Foundations for Skillful Service

On site NYC & distance learning.

For info: (212) 931-6840 X51 or info@onespiritinterfaith.org
Bigbee has found the supportive/expressive group therapy approach developed by David Spiegel to be the most beneficial model for her patients. She adds that the model has supporting research going back more than 30 years. “It’s you using what you already know about group therapy but applying it to a different population,” she says.

The Spiegel model suggests 90-minute unstructured sessions, with the leader having a basic knowledge of oncology, including the different types of breast cancer, stages of breast cancer, drugs, treatments, side effects and symptoms. “If you are going to work with women with breast cancer, the American Cancer Society website (www.cancer.org) will become your best friend,” she says. “I used it a lot to get basic information.” She points out, however, that she ended up learning the most from the women themselves.

Before working with women who have breast cancer, Bigbee suggests evaluating different options for times and locations of group meetings. “These women didn’t want to go back to the cancer center at night after they repeatedly go there for treatment,” she explains. “So that might be something you want to consider — the location and time. What might be convenient for the counselor might not be the most convenient for the women.”

Another reality is that these women are dealing with serious health issues, she says, so their attendance may be irregular. Similarly, the unpredictability and uncertainty of their cancer defies establishing hard rules for therapy. “There isn’t a blanket approach,” Bigbee says. “Each woman’s journey with breast cancer is different. A lot of times the group’s focus will depend on what they are going through week to week.”

The one certainty, however, is the need for mental health services in this area. Bigbee says research has shown that the Spiegel model is effective with this population. The women who participate have a higher rate of survival because, in general, they actively take part in and adhere to their medical treatment. Furthermore, group members have reported decreased levels of distress and a greater acceptance of life and death. Bigbee also points out research has shown that the benefit of mind-body wellness has ultimately lowered the health care costs of participants in this model of group therapy.

Group goals

Although there are specific goals for the use of supportive/expressive group therapy with women who have breast cancer, Bigbee advises that group leaders not try to meet a particular goal or set a particular topic for each session. Leaders should help facilitate and guide the discussion, she says, but the group should remain unstructured.

Some of the group goals, such as social and emotional support, will be achieved through discussions that arise more naturally, Bigbee says. But the group leader may have to take a more active role in prompting certain topics, such as reordering life and facing death. Bigbee highlighted the following goals of supportive/expressive group therapy in her presentation.

Social support

“These women want to know that they aren’t alone. They can go (to group) and have these 90 minutes to be under-stood,” Bigbee says. Being with other women going through the same struggles provides group members a sense of normalcy and a safe place to share their emotions. However, Bigbee says, taking the first step and attending a group session can be very difficult because it’s the ultimate acceptance of the diagnosis. Group members are encouraged to attend sessions even after their recovery as a way of giving back and inspiring hope in those who continue to fight the disease. “The women need to see some-one who has gone through this and beat it. We had some women who had been cancer-free for 10 years, yet they still wanted to come back,” she says. Additionally, some members attend because even though they’re “cured,” they still live with the painful memories and the knowledge that the cancer may return.

Reordering life

Group leaders should help members reorganize and prioritize what really matters to them now. It’s a time for
Bigbee feels fortunate to have worked at a cancer center where the medical staff was very supportive of her work. The oncologists routinely referred patients to her and kept her up-to-date on patients’ medical prognosis. If a member got a bad lab result back, she was aware of that and could ask about it in group.

**Symptom control**

The thought of undergoing chemotherapy — the nausea, the fatigue, the muscle pain — can be almost as scary as the cancer itself for many patients. Bigbee’s group allowed women to share their “home remedies” and coping tools for dealing with treatment cycles.

“One woman swore by eating a peanut butter sandwich before chemo. She said she would never get sick,” Bigbee says. “But there were women who didn’t know they could ask for medication to help with the side effects of the treatments. This is something they’re encouraged to talk about.”

**Group frequency and makeup**

Bigbee suggests that groups meet weekly rather than monthly. Many women who have participated in group therapy agree that more frequent meetings are beneficial. “One of the things I was so angry about was that because I had breast cancer, I could only go to group once a month, but if I was an alcoholic, I could go to a group once a day,” says breast cancer survivor Montse Casado-Kehoe, an assistant professor and play therapy certificate coordinator at the University of Central Florida. “It was very hard for me to understand. They treat the body but don’t treat the mind.”

When Casado-Kehoe was initially diagnosed with breast cancer, she asked her doctor about attending a support group. The reply shocked her — her cancer was very supportive of her work. The medical staff was very encouraging, saying, “If it’s going to ‘overreact’ and think the worst, then that’s what it’s going to do, but I don’t want you to lose it.” She wrote a letter to her breast to say goodbye. “I’m already lost your sister, and now you are leaving me too!”

Women have addressed letters to their breasts, their bodies in general or even to the cancer, Bigbee says. “What rich information you are going to find within those letters,” she adds. “Those sessions were my favorite because of the honesty.”

Mask making is another highly recom-

---

**Family support**

“Life doesn’t stop when you get cancer,” Bigbee says. “It just keeps marching on.” This is particularly hard for women who have children and are fighting to maintain the “soccer mom” pace, she says. While the stresses on family life during this time can be tremendous — Bigbee has worked with women whose marriages failed in the middle of their treatment — the time is for breast cancer patients to learn (and accept) what family support is there for them, she says.

Although many agree that their families should also seek mental health support, most of the women in Bigbee’s group were adamant that they did not want family members to attend their group sessions. “They need this time to be for themselves,” Bigbee says. “I’ve heard so many women say that they have to pretend that everything is OK. They have this pressure of constantly being ‘on,’ but once a week, they can let their guard down and be as vulnerable as they feel.”

**Communication with medical staff**

The group empowers the women to act as their own advocates. They learn from those further along in treatment how to talk with their doctors, what questions to ask and what options they have.

“Talking to the doctor can be intimidating,” Bigbee points out. “(But group members) learn to speak up for the treatment and cure they want. Many women choose not to have chemotherapy treatments. They need to make their own decision, and that’s OK. It’s critical for women to understand that they can ask questions and get the explanations they need.”

It’s also important for group leaders to be familiar with the facility where the women are receiving treatment. Counselors should attempt to form a relationship with staff members at the facility. Bigbee feels fortunate to have worked at a cancer center where the medical staff was very supportive of her work. The oncologists routinely referred patients to her and kept her up-to-date on patients’ medical prognosis. If a member got a bad lab result back, she was aware of that and could ask about it in group.

This prompts a question: Should women with advanced stages of breast cancer be in one group, while those with less severe prognoses participate in another? Several of the breast cancer survivors who attended Bigbee’s session said stage doesn’t matter. They can all learn and support one another; they all have breast cancer, and that’s what bonds them. “There are some who are worse off than me, some who are better off than me, but we all share the same fears,” Casado-Kehoe says. Furthermore, many of the women do not want doctors, nurses or other experts invited to join in on the group discussions, according to Bigbee. She says these women attend the groups mainly for peer support, not to listen to lectures or seminars.

**Group activities**

Bigbee encourages women with breast cancer to journal, letting that serve as a kind of “friend” and companion in between group sessions. She also thinks letter writing can be extremely powerful for this population. She told the story of a woman who had lost one breast and was advised to remove the other after being genetically tested. “She said, ‘I know I need to have the breast removed. It’s the smart thing to do, but I don’t want to lose it.’” So she wrote a letter to her breast to say goodbye. “She sat down and constructed a five-page letter. It was the most amazing thing, what came out in her letter writing. The idea of betrayal — ‘I’ve already lost your sister, and now you are leaving me too!’ What are men going to think of me? I’m never going to feel the same way’.”

Women have addressed letters to their breasts, their bodies in general or even to the cancer, Bigbee says. “What rich information you are going to find within those letters,” she adds. “Those sessions were my favorite because of the honesty.”

---

**Publishing with You & Your Clients in Mind**

**NEW**

An Effective, Easy-to-Use Program for Teaching Children Self-Control

**NEW**

What to Do When Your Child Is Shy, Socially Anxious, Withdrawn, or Bullied

---

**The National Institute for Trauma and Loss in Children**

**Childhood Trauma Practitioners Assembly**

**TLC has provided field-tested and evidence-based, researched interventions and training for helping professionals who work with traumatized children and families since 1990.**

**Register Today!**

Call toll-free at 877-306-5256.

Register online at www.tlcinstitute.org and click on the Assembly Link.

All courses and workshops provide CEUs and CEAs.

**Space is limited!**

27 Courses by Trauma Practitioners

- Varying expressive interventions
- School- and agency-based structured and manualized programs for all age levels
- Suicide prevention and education
- Ready, Set, R.E.L.A.X. Program
- Art, play, and sensory interventions
- Bibliotherapy workshop
- Cognitive-behavioral strategies
- Top 10 loss & grief therapy models
- TLC Certification courses
- And other specific topics

**www.tlcinstitute.org or toll-free 877-306-5256**

---

**Counseling Today, May 2007**

---

**Are you a mental health professional?**

If so, sign up for our new eNewsletter at newharbinger.com to receive exclusive offers.
mended activity. Women create and decorate the outside of the mask to reflect how they believe others see them. The designs on the inside of the mask are meant to reflect the fears, dreams or feelings they are afraid to show to those around them. Bigbee says group leaders might consider seeking out local artists to come help with supplies and ideas for the creative outlet, which can be very powerful. Mask making is a lengthier process, not a one-night activity, she advises. The same ideas can be expressed more simply, however, using both sides of a sheet of paper.

Other suggested activities leaders can present to the group to inspire dialogue:
- Guided imagery
- Control activities (listing the things they can control and those they cannot)
- Labyrinth walking (a maze-like walkway that forces the person to focus on what is directly in front of them instead of thinking too far ahead; Bigbee says it symbolizes the journey inward)
- Adapted life review (writing about their past, present and future)

From personal experience
Vivian Lee, a higher education school counselor specialist with the National Office of School Counselor Advocacy, attended Bigbee’s session both as a counselor and a survivor of breast cancer.

Lee discovered a small lump in her breast in 2001, but it was found to be calcified tissue and not cancer. “Because of the fact that I had something, when I went to the doctor, I routinely got the kinds of test that women don’t normally get when they go for a checkup or routine mammogram,” she says. “Every time I went, I got an ultrasound. That saved my life. It was only on that test and not the mammogram that the cancer was detected four years later. If I had only had mammograms, by the time it was big enough to be detected, my prognosis would have been very different.”

Lee’s cancer was detected very early, so she didn’t have to undergo chemotherapy. Instead, she had a lumpectomy and radiation in addition to a regimen of medications for the next five years. “It’s important that women know that there are other tests that can be done that are more definitive than mammography,” she says, noting that tests such as MRIs and ultrasounds aren’t normally given because of cost and medical insurance restrictions. “Even though I spent from 2001 to 2005 worried sick, the tests I had, I believe, saved my life.”

Lee had surgery in 2005. Though her initial prognosis was good, there were complications because the cancerous tumor lay on her chest wall, so the lumpectomy caused some muscle damage. Scheduled to begin radiation, the treatment had to be postponed because she had lost significant mobility in her arm and couldn’t hold it above her head during treatment. “I developed severe scar tissue, fluid and swelling, so I had to do physical therapy and have this deep tissue massage that was excruciatingly painful,” she says. Lee went in for therapy three times a week until she was able to hold the position long enough to receive radiation treatment.

Lee also continued to go to work throughout the grueling schedule of physical therapy and radiation treatments, commuting from her home in Maryland to Washington, D.C. “Honestly, I don’t know how I did it,” she says. “I just wanted to maintain life as normal as possible. If you stop, it’s like it’s got you. It’s almost like you’re trying to outrun cancer. You try to find control and maintain life the best way you know how.”

Lee says one of the more poignant moments for her during her battle with breast cancer came when a colleague asked her how she was dealing with the fear. “I looked at her and said that she was the first person who had put it that straight, direct and clear. I so appreciated her question,” Lee recalls. “We don’t talk about
the fear, but you’re terrified the whole time you are going through it. That’s the harder conversation to have. That and am I going to die?"

“In counselor training, we don’t talk about that a lot. We don’t talk about that in society or polite conversation, but when you are faced with the diagnosis of cancer, that’s in your mind. As counselors, those are areas we need to talk about if we are going to work with cancer patients.”

A family affair
Lee certainly wasn’t a stranger to breast cancer. She has calculated that approximately 75 percent of the women on the maternal side of her family have dealt with something ranging from breast abnormalities to a full-blown diagnosis. In her grandmother’s generation, three out of five sisters were diagnosed with breast cancer. In her mother’s generation, two sisters died because of it. Lee and one of her two sisters has also been diagnosed with breast cancer. Several other family members have experienced cysts and fibroids.

“I’m the youngest diagnosed,” she says. “That was hard on my family, but they were very supportive because they had gone through it — three generations.” Many of her family members never fathomed that Lee would be diagnosed — she is an avid vegetarian, physically fit and active.

“They were really shocked,” Lee says. “That’s why, from a counselor’s perspective, looking at family systems is so important to me. I can’t ever remember a time that I didn’t know about breast cancer. It’s always been a part of my life. That’s crucially important. We have to understand the disease as a systemic family systems approach. They are the ones with us every day. It’s not just the patient; the whole family gets cancer, and we really must consider and understand the needs of the family.”

Hope for the future
Today, Lee is cancer-free. Her doctors are very optimistic that she will not have another occurrence, but she admits a lot of unknowns still exist. “The only certainty is the uncertainty,” she says. “You live, love and laugh the very best you can.”

Lee still takes preventative medication and must continue strength training for her arm. Last year, she participated in the Susan G. Komen Race for the Cure. At the end of the race, her husband, Courtland, took a photo of her crossing the finish line. “I look at that picture and think, ‘My arm is in the air! I can keep it up there now!’” Lee says. She is currently considering participating in a 60-mile walk in October.

“It’s long overdue,” she says of the session on counseling breast cancer patients. “There were things that Amy Bigbee did that, as a survivor, I really appreciated. She was very honest and upfront about how she didn’t have any background in this. She isn’t a cancer survivor, no one in her family has had it, but she was really open to learning. That felt very good to me, her openness. She made it a very safe and comfortable environment for discussion that meant a lot.

“I had just come from (keynote speaker) Linda Ellerbee’s session where she talked about her journey with breast cancer, and we had just heard about Elizabeth Edwards’ press conference. It’s very real and out there. The counseling needs are real. Amy was very brave, and I was grateful that she did the session. Hopefully this will spur more attention to this area of counseling.”

Angela Kennedy is a senior writer at Counseling Today. Contact her at akennedy@counseling.org.

Letters to the editor: ct@counseling.org

Programs starting in September.
To learn more, contact Rosalie Maiorella at (973) 313-6239 or maiorero@shu.edu

Apply online at www.setonWorldWide.net
The career marketing toolkit

Many counseling professionals bristle at the term “self-promotion,” but it’s a crucial element for career success. Let’s examine some of the tools that counselors can utilize in marketing their services.

Curriculum vitae (a.k.a. “C.V.” or “Vitae”): This is a detailed accounting of one’s professional life, including courses, workshops, presentations, published works, employment, licensure, certification, community service, professional manuscripts, honors and awards, etc. This document is most commonly used when applying for positions in educational or research institutions, grant opportunities or awards related to academic or research entities. In cases in which the included information is voluminous, the C.V. is often accompanied by an executive summary (see below).

Résumé: A résumé often shares many of the same elements and uses as a C.V., but the most effective résumés are best developed as brief documents that address experiences and accomplishments closely aligned with a specific position. Individuals with broad experiences may have several versions of their résumé, each targeting a different aspect (and application) of their background.

Executive summary: Up to (but not exceeding) a page in length, the executive summary should serve as a scannable synopsis of those professional experiences most closely aligned with the activity for which the document is being prepared. When accompanying a C.V., the executive summary takes up many properties of a résumé, highlighting accomplishments and targeting specific activities related to the submission. In a résumé, the executive summary serves as an overview of the remainder of the document and, when well-devised, encourages the reader to seek additional information.

Bio: Similar to the executive summary in its brevity, but meant to be read, not scanned. It addresses a need for information about your background without baring the reader with the minutiae of your career path. Include basic biographical information (name, educational background, etc.), scope of practice, career highlights and contact information. This is the document that humanizes you, so you may want to include some information about family, hobbies or community activities. In these days of identity theft and other crimes, be careful when sharing personal information. (If you need an example of how a bio should read, pick up almost any published book with scholarly or self-help overtones and examine the “About the Author” entry.)

You should update your C.V., résumé, executive summary and bio on a regular basis (at least once a year, but more effectively, once a quarter) so they are readily available when opportunity knocks.

Any of these documents would appropriately be accompanied by a …

Cover letter: As its name suggests, this is the letter that covers your résumé or C.V. The most effective cover letters are brief and specifically prepared for the opportunity. They should accomplish three things: present concise reasoning as to why you are a strong candidate for the position or award; share enough of your background to create interest and encourage the reader to look at your résumé; and provide an opportunity for follow-up regarding your candidacy. This is not the place for a lengthy “Philosophy of Counseling” statement (best handled as a separate document presented as an appendix to your C.V. or résumé.) If your cover letter exceeds three to four paragraphs or one type-written page, it’s time to edit.

A few other recommendations for your career marketing arsenal:

Press releases: Present a free seminar in conjunction with a community organization and promote it through the local news media. In addition to newspaper and television entities, don’t forget school newsletters, library information boards, grocery store community boards and church bulletins. Name recognition is the goal here.

Websites: In the Age of the Internet, a website legitimizes your business. Internet presence is rapidly becoming a necessity, especially for those in private practice. Make certain your website contains appropriate buzz words that will be captured by search engines.

Business cards: In your word-of-mouth marketing plan, there is no easier leave-behind than a business card. Besides supplying contact information, the flip side of the card can be used to list services provided to clients.

Brochures: Think of a brochure as a business card on steroids with a bio attached. These can be instrumental marketing tools for practices that actively seek referrals through auxiliary entities: Provide a bundle to your contact and let them share the information.

In the business of counseling, all practitioners must engage in marketing their services on some level, either in seeking to join an institution, agency or practice, or in seeking private clients. How many of these tools are you using to promote your career?
High school student wins NCDA logo contest

Submitted by Deneen Pennington
dpennington@ncda.org

The winner of the National Career Development Association logo contest is Bilal K. Hussein, a senior at Farmington High School in Michigan. Hussein also attends Oakland Schools Technical Campus Southwest to study visual imaging under his teacher, Stephen Williams, and instructional technician Nick Anderson.

Hussein’s design, selected from more than 100 entries from across the United States, will be launched at the NCDA annual conference this summer in Seattle. This is only the second logo design for NCDA. The original design has been used since the 1950s.

NCDA is an international association dedicated to career counselors and other career service providers. NCDA’s mission is to promote the career development of all people throughout the lifespan. To achieve this mission, NCDA provides services to the public and to professionals involved with or interested in career development, including professional development activities, publications, research, public information, professional standards, advocacy, and recognition for achievement and service.

Hussein will receive a plaque and a cash award of $250 for his submission. He hopes to pursue a career in graphic design or web design in the future. Congratulations to Bilal Hussein and to Nancy Thelen, NCDA Midwest Region trustee, for inspiring her students to submit the designs.

For additional information, contact NCDA toll free at 866-FOR-NCDA (367.6232) or visit the website at www.ncda.org.

EB-ACA has Learning Institute participants ‘go to the movies’

Submitted by Laura Cobb
Laura.Cobb@us.army.mil

Twenty-one attendees enjoyed a wonderful Learning Institute, “Let’s Go to the Movies and Do Group and Family Work: Applications for Mental Health and Substance Abuse Counselors,” presented by Jerry Mobley at the Luxhof Hotel in Speyer, Germany, Feb. 24-25. The European Branch of the American Counseling Association sponsored the Learning Institute.

Mobley, an associate professor at Fort Valley State University, utilized an exceptional balance of lecture, large group discussion, small group work and role play. The highlight of the weekend, however, included watching short clips from various movies to apply each of the group and family-related counseling topics presented. Throughout the weekend, attendees increased their skills as group leaders and family consultants. Basic concepts and skills were described, and concrete examples from the movies were offered.

Mobley presented basic concepts and practical strategies related to counselor development (Cars) and various multicultural counseling essentials such as empathy (Patch Adams), multicultural interpretations (Barbershop) and focusing on thinking (Apollo 13), feelings (Manic) and behavior (The Horse Whisperer). He also communicated the importance of special skills associated with group leadership, such as active listening, self-disclosure, modeling, planning within the group, gatekeeping and interpreting. Mobley addressed the significance of group roles such as isolates (White Squall), clowns/distractors (Return of the King), informal leaders (Dangerous Minds) and intellectualizers (Final Battlefield), as well as the concept of group development.

The dialogue between the presenter and participants fostered an energetic, lively atmosphere and an exceptionally large group discussion. Mobley presented the family as a system (e.g., key roles, rules and patterns), similarities and differences within families (My Big Fat Greek Wedding), family stories (Big Fish), psychological birth order (My Big Fat Greek Wedding) and the benefit of using genograms (Lion King II: Simba’s Pride). In addition, the presentation addressed Virginia Satir’s family roles from People-making and adult children of alcoholics.

Mobley facilitated small group work by asking participants to form groups based on their particular style of communicating in their families of origin. This activity fostered the opportunity to apply some personal experiences based on theoretical concepts. Mobley addressed family developmental stages, triangulation, the significance of culture and the unification of putting ‘together’ families’ stories, roles, rules, patterns, triangles, alliances and unwritten laws so that they become visible. He then invited the participants to join with a partner to share their family genograms. Afterward, attendees shared their personal experiences as a large group.

Mobley presented three types of families: too distant, too close and balanced. In addition, he highlighted Olson’s Circumplex Model and the three dimensions of family functioning: cohesion, flexibility and communication. Finally, Mobley underscored various family skills such as reframing, affirming the less obvious, preferring action over words, breaking intergenerational patterns, scheduling rituals, dealing with secrets and paradoxing.

Overall, the Learning Institute was excellent. The eclectic backgrounds and workplaces of the attendees provided ample opportunities for open dialogue in small groups and large group discussion. The highlight of the weekend, however, was Mobley, a dynamic presenter who utilized cinema to present theories, concepts and applications.

Continued on page 42
See you in Hawaii!
ACA 2007 National Award Winners

The 2007 American Counseling Association National Awards Ceremony was held March 24 as part of ACA Convention in Detroit. Sponsored by the ACA Foundation and co-hosted by the ACA Awards Committee, the gala event celebrated those who have distinguished themselves and made an impact on the counseling profession. Following is the list of ACA national award winners.

Glen Hubele National Graduate Student Award

This award recognizes outstanding scholarship by an ACA student member. Susan Eaves, a doctoral student in community counseling at Mississippi State University, has successfully completed data collection for her dissertation. She researched attachment style, self-esteem and perceived peer norms as predictors of sexually risky behavior among college students ages 17 to 24. Eaves has held a demanding position as counseling laboratory coordinator, conducting individual and group counseling sessions, conducting initial psychological evaluations of clients and managing day-to-day operations of the facility. Her pursuit of academic excellence is evidenced by her presidency of the Mu Sigma Upsilon chapter of Chi Sigma Iota. Her professor calls Eaves “the most outstanding graduate student” with whom he has ever worked.

David K. Brooks Distinguished Mentor Award

This award, presented by the ACA Foundation, recognizes the invaluable influence of a professional mentor and salutes the ACA member whose actions adhere to this special type of teaching that David Brooks supported throughout his career. Martin Ritchie is a counselor educator at the University of Toledo. Like Brooks, he has an unwavering commitment to the counseling profession. He enthusiastically teaches and trains students to become professionals and advocates within the counseling profession. Ritchie does this by example, through encouragement and through his own involvement in leadership and advocacy. He is an exceptional educator, mentor and role model. Ritchie is passionate about his professional identity and shares that passion with both his students and his colleagues. For more than 25 years, he has committed himself to being a mentor to help shape the profession’s future. He continually shares his vision for why it is important to get involved in the profession and supports those wishing to build a strong identity.

Ralph Berdie Memorial Research Award

This award supports research in the area of college student affairs or related areas of counseling and education. Douglas Guillifrida is a counselor educator at the Margaret Warner Graduate School of Education and Human Development at the University of Rochester. He is currently researching the efficacy of the cultural/motivational model of student persistence that he developed and is also developing and researching constructivist methods for teaching counseling theories and supervising counseling-in-training. The results of his research have appeared in leading counseling and student affairs journals. His line of research provides tremendous potential not only for advancing college retention theory but also for improving the ways in which counselors and other student affairs professionals prepare and support minority college students.

Don Dinkmeyer Social Interest Award

This award recognizes an individual or organization that has made a significant contribution to families. This year, the award was presented to CARE (Community Assessment Referral and Education) of Macomob, Mich. The CARE motto is “an agency dedicated to supporting healthy families.” Its mission is to strengthen, empower and support individuals and families through the provision of a high-quality, comprehensive network of substance abuse disorder, mental health and employee assistance services. The agency’s commitment to prevention is particularly commendable, having established one of the largest and longest-lasting parent education programs in the country. CARE shows that families benefit from a community commitment to mental health.

ACA Extended Research Award

This award recognizes an ACA member who has conducted high-quality research on issues of significance to the counseling profession over the course of 10 years or more. Throughout her career, Patricia Elmore has established herself as an authority on measurement and evaluation. Her research on school counselor evaluation and test use standards, counselor training in assessment and measurement, research methodology, statistics teaching, measurement and evaluation, a theoretical model for predicting educational achievement and evaluation of teaching effectiveness has been presented at national and international conferences. She has made more than 100 paper presentations since 1971. Elmore has also been very giving of her time in promoting the College of Certified School Counselors. The sum body of her work has left a lasting impression on the areas of measurement and evaluation in counseling.

Courtland C. Lee Multicultural Excellence Scholarship Award

This award is presented to a graduate student in counselor education whose dedication and academic work demonstrate excellence in the theory and practice of multicultural counseling. Song Lee completed her Ph.D. program in counselor education at North Carolina State University in 2006. Her dissertation brings critical importance to the global understanding of multicultural issues, particularly from a Hmong-American perspective. North Carolina is host to the fourth largest Hmong population in the United States. As a Hmong refugee and woman, Lee experienced firsthand the struggles minorities have to overcome. As a result, in high school and college, she worked to promote diversity and higher education for minority students. She assisted in developing workshops to inform South-east Asian students, a minority Asian population, of college and career options. Her vision and commitment to multiculturalism and diversity crystallized during her master’s and doctoral programs. Lee’s goal is to contribute to the field of counseling through practical work, empirical studies and literary work on the Southeast Asian population, particularly the Hmong population.

Robert Rencken Emerging Professional Leader Award

This award, presented for the first time this year, honors a former ACA state branch or state division president who has demonstrated the potential to become a dedicated leader of the counseling profession in future years. Sarah Moore Brookshire is a doctoral student of philosophy at the University of North Carolina at Charlotte, where she also earned a master’s in counseling. In addition, she holds a master’s in education from Tusculum College and a bachelor’s in psychology from Appalachian State University. She has been a member of the board of the North Carolina Counseling Association, a division president and president of NCCA. She has fostered collaboration between NCCA and the National Board for Certified Counselors and continues to support a working relationship with both the Licensed Professional Association of North Carolina and the North Carolina School Counselors Association in spite of their dissatisfaction from NCCCA. Brookshire has supported NCCA coming together with the North Carolina Psychological Association, the National Association of Social Workers (North Carolina chapter), Licensed Professional Counselors Association of North Carolina, the North Carolina Marriage and Family Association and others to form the Professional Associations Council, a group that advocates for the various allied professions as the North Carolina Mental Health System undergoes reform. She has brought counselors together to speak with one voice in the public arena for the good of all. Brookshire has demonstrated significant dedication to becoming an outstanding leader of the counseling profession.

Gilbert and Kathleen Wrenn Award for a Humanitarian and Caring Person

This award honors an ACA member who gives to others without fanfare or expectation of reward other than the personal satisfaction of seeing other people made happier.

Sam Gladding, one of the most recognizable names in American counseling circles, is known for his caring and unselfish manner, his unceasing nurture and support of students and professionals alike, and the ability to stay “one down” so the people he helps can take credit for their own successes. There are many examples of his generous spirit. After the 9/11 tragedy, he immediately answered the call for grief counselors in New York, working 14- to 15-hour days and personally helping more than 200 people adjust to the horrible realization that their loved ones had died. His reaction to this tragedy was stolidly positive. “This has strengthened my faith in the goodness and kindness of people and the generosity of individuals,” he said. Gladding also spent weeks with Mother Teresa during a trip to Calcutta with a dozen of his students to work with the sick and infirm, bathing and feeding them and aiding those who could not walk so they could enjoy the simple pleasure of sitting in the sunshine. His caring and advocacy seem to supply him with a personal pool of renewable energy as he continues his unselfish journey to serve others.

ACA Research Award

This award honors outstanding original research involving systematic inquiry or investigation. This year’s award goes to Gargi Roychiar for her presentation “Development of Counseling Trainees’ Multicultural Awareness Through Mentoring ESL Students,” which was published in the Journal of Multicultural Counseling & Development. The study is a well-
designed investigation of the impact of structured mentoring on counseling trainees' development of multicultural competence. The research is sound in design and useful in documenting how guided practice can be used to develop such competence. Its strength and utility is enhanced by Roysircar’s use and integration of quantitative and qualitative research procedures. The article is scholarly, well written and responsible in its interpretations and implications. Roysircar’s coauthors are Gregory Gard, Robert Hubbell and Marilyn Ortega.

Arthur A. Hitchcock Distinguished Professional Service Award

This award honors service by an ACA member at the local, state or national level to promote or enhance the well-being of the counseling profession. Reese M. House has worked to transform school counseling in 23 states and Washington, D.C. He has had the broadest impact through his work as director of the National Center for Transforming School Counseling. His work has helped the role and function of school counselors to evolve, both through changes to the nature and practice of school counseling and to state-level rules and regulations related to school counseling. House developed the National School Counseling Training Initiative, which trained school counselors from every state in the country. He has also worked closely with the American School Counselor Association in the development of its national model for school counseling programs. House has been an instrumental force behind the transformation of school counseling. His ability to work effectively with schools, school counselors, counselor educators, university administrators and state departments of education has led to a truly exception- al contribution to the profession.

ACA Professional Development Award

This award recognizes an ACA member who has developed techniques and systems that have strengthened, expanded, enhanced or improved the counseling profession and benefited counseling consumers. For more than 20 years, Janet Lenz has been a member of the Florida State University faculty, an outstanding university in regards to career development. In addition, she has been a contributing faculty member to the Psychological Services in Education program at FSU. She has coauthored books, manuals, book chapters and articles too numerous to mention, all on the application of cognitive information processing theory in career problem solving and decision-making within the context of career counseling. Lenz has also contributed to the application of Holland’s RIASEC theory through her writings. She has worked tirelessly to improve professional practice in the field, not only through her writings, but also her many national presentations. As president of the National Career Development Association, she was a soft-spoken yet firm leader who brought NCDA to new heights under her leadership.

Counselor Educator Advocacy Award

This award is given to an ACA member who has been involved in legislative advocacy training and development. Catherine Chang is an associate professor at Georgia State University and has been active in the counseling profession for more than 10 years. As program coordinator of the Counselor Education and Practice Committee at GSU, she facilitates a doctoral counseling seminar, a survey course in which students solidify their professional identities as counselors and counselor educators. She integrates activities and discussions of current professional, legal and ethical issues affecting the counseling profession. Chang strives to raise student awareness and skill levels around the essentials of legislative advocacy for the profession. She also encourages students to participate in the Chi Sigma Iota International fellowship program. Her true gift and mission is to engage students in a community of caring, helping them to transfer their energy to caring for others through legislative and social advocacy.

Federal Legislative Service Award

Reps. Michael Michaud (D-Maine) and Jerry Moran (D-Kan.) were presented with the ACA Federal Legislative Service Award for 2006. The awards, given to the congressmen earlier this year during the ACA Legislative Institute, recognize their hard work and leadership in establishing explicit recognition of licensed professional counselors as mental health service providers within the Veterans Health Administration.

Sam Gladding’s contributions to the counseling profession involve a combination of leadership and governance, scientific achievement and teaching/training. His capabilities as a scholar, leader and teacher and servant have helped move the counseling profession in a very positive direction for the past 20 years. He has a distinguished history of contributions centering on creativity in counseling. He is the kind of leader this award was created to acknowledge.

David Jepsen has been compared to the North Star, a point of reference that everyone uses to orient themselves and steer in the right direction. Jepsen has become the North Star for many of his colleagues, helping them know what to focus on and how to discriminate between significant issues and scam popularization, between verifiable evidence and shoddy claims, and between worthy research targets and meaningless endeavors. He will serve as the model of the complete Fellow — ever learning and helping the rest of us do that.

Spencer Niles is an internationally renowned scholar in the career development field. His line of inquiry has contributed substantially to our understanding of basic and advanced career counseling principles and benefits all counselors. He is a true mentor, taking many junior colleagues under his wing and starting them off on their own scholarship pursuits. He is like a favorite uncle to his current and former students, a man who makes you feel comfortable about yourself because he is so comfortable with himself.

Counseling Today  •  May 2007

Branch awards presented

At the Branch Awards and Dessert Reception held at the American Counseling Association Convention, branches were honored for consumer/client programs, leadership development programs, membership service, membership recruitment, journals and newsletters. Those honored were as follows:

Best Consumer/Client Service Program/Project ($500 monetary award)

Mississippi Counseling Association

Best Leadership Development Program

Small Branch: Tennessee Medium Branch: Arkansas and Kentucky Large Branch: Texas

Best Membership Service

Small Branch: European Medium Branch: Mississippi Large Branch: Alabama

Best Membership Recruitment Campaign

Small Branch: South Dakota Medium Branch: Kentucky Large Branch: No award presented

Best Branch Journal

Small Branch: New York Medium Branch: Kentucky Large Branch: Illinois

Best Branch Newsletter

Small Branch: European Medium Branch: Mississippi Large Branch: Alabama
Third ACA Ethics Committee Student Case Study Competition a success

BY SAMUEL SANABRIA
AND SHAWN SPURGEON

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

We were very pleased that a total of 14 teams of master’s and five teams of doctoral students from graduate programs across the country participated in the competition.

Participating master’s teams
• Radford University
• Oakland University
• University of Northern Colorado
• Ashland Theological Seminary
• Palm Beach Atlantic University
• California State University
• Columbus State University
• Stetson University
• Western Michigan University
• Southeast Missouri State University
• Texas Women’s University
• Southern Illinois University Carbondale
• Florida Atlantic University
• Johns Hopkins University

Participating doctoral teams
• Oakland University
• University of North Texas
• University of Toledo
• Ohio State University
• University of Akron

The team members critically analyzed the hypothetical cases and developed an ethical decision-making plan to respond to the situations presented. The cases were developed in consultation with all Ethics Committee members: Cindy Aderton, Darlene Daneker, Louis Downs, Mary A. Hermann, Michael M. Kozor, Sharon Robinson Kurpis, Lynn E. Linde and Vilia Tarvydas. Larry Freeman serves as the ACA staff liaison to the committee. We applaud all the students for the work they put into their responses.

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

Master’s-level winning teams
First place
Southern Illinois University Carbondale
Student team: Rebecca Lynn Pender, Elizabeth Tinsley, Courtney Caines and Amanda Minor
Faculty member: Tracy A. Stinchfield

Second place
Florida Atlantic University
Student team: Mindy Parsons, Tiffany Kristall and Tara Nelan
Faculty member: Larry Kontosh

Third place
Ohio State University
Student team: Julie Nelson, Jamiliah Butler, Sibyl Cato and Elizabeth D. Camp
Faculty member: Lisa Hinkelman

University of Akron
Student Team: Amanda Rovnak, Marissa White and Jane Finn
Faculty member: Cynthia Reynolds

First-place team members were each awarded $75 ACA Book Store coupons, a letter of recognition and a certificate. Members of the second-place teams were each awarded $25 ACA Book Store coupons, a letter of recognition and a certificate. Third-place winners received a certificate and a letter of recognition. Each of the winning teams’ programs also received a letter of recognition with the names of the team members. In addition, the first place case study submissions for both the master’s and doctoral teams were posted on the ACA website at www.counseling.org.

The Ethics Committee and ACA congratulate the winning teams and their respective graduate programs. The committee also commends the other participating teams from outstanding graduate programs across the nation. We thank everyone for their participation and commitment to raising awareness of the ethical standards that are so vital to our profession.

In Brief
Mental Health Groups sign open letter to film’s marketing campaign

Mental Health America and 13 of its national colleagues signed a joint letter to AfterDark and Lionsgate in March, asking the companies to drop their plans to launch the film Wristcutters. They reported that the open letter and calls had gone unanswered by AfterDark, while Lionsgate claimed it has nothing to do with marketing decisions.

The open letter stated, “As the leaders of organizations dedicated to mental health and suicide prevention, we are writing to express our concerns about your companies’ marketing plans for the suicide comedy Wristcutters, and in particular your focus on attracting young adults aged 17-30. We request that you drop your plans to launch the marketing campaign with graphic depictions of suicide.”

The letter goes on to urge the production companies to consider the impact that Wristcutters and its aggressive marketing to young people could have on countless teenagers and young adults. The coalition is disturbed by AfterDark Films’ intended marketing campaign, which would feature cardboard cutouts of characters jumping off a bridge, electrocuting themselves and hanging themselves. If the marketing campaign proceeds as planned, the signs would hang from telephone poles and trees in communities nationwide. Mental Health America and the other organizations fear that the film and marketing strategies pose the very real danger of “suicide contagion” the clinical term for “copycat” suicides.

“The time has come when the impact of the entertainment industry must be taken seriously. Our groups urge you to pull the marketing campaign for Wristcutters, as it trivializes a very significant public health issue and could lead to serious consequences involving suicide contagion,” stated the letter. The mental health agencies are hoping to work with the film companies to help them fully understand the issue and explore partnership opportunities to prevent the tragic loss of life involving suicide.

Mental Health America and its national partners had not yet viewed the film and could not yet share any details of its content.
Leaders grow through elders’ groups

Elderly residents of nursing homes gain in well-being through group counseling with a focus on reminiscence and life review. As researchers Teresa Christensen, Diana Hulse-Killacky, Roy Salgado, Mark Thornton and Jason Miller discovered, trainer counselors also grow from leading such groups.

These researchers studied groups in a long-term care facility by observing the groups, interviewing eight group leaders (doctoral students in counseling), holding a focus group with five other leaders and observing the group leaders’ supervision sessions. Besides several insights about the content of the sessions, the article describes changes in the group leaders themselves. They became less wedded to their preferred theories, growing in adaptability and flexibility as they worked with the elderly. They began to use multiple, innovative, creative methods and to slow down in pace, taking time to listen even when groups appeared to digress. In this setting, they found that breaking down usual boundaries was desirable. For example, the trainer conducted in-group rooms to collect them for the group and look at their pictures and personal effects.

The study was reported in the Journal for Specialists in Group Work (March 2006, pages 73-88) and recently received the 2006 Best Group Research Award from the Association for Specialists in Group Work.

The role counselors can play in preventing Alzheimer’s dementia

More women are living with Alzheimer’s disease than men, in both affluent and developing nations. The dementia that accompanies Alzheimer’s disease is influenced by a complex system of social, biological and psychological factors which particularly affect women, as eloquently described in an article by Kathryn Z. Douthit, “Averting Dementia of the Alzheimer’s Type in Women: Can Counselors Help?” (Adultspan Journal, Spring 2007, pages 15-29).

As the title implies, mental health counselors can assist women throughout the lifespan to reduce several risk factors for dementia of the Alzheimer’s type (DAT). This article provides a good overview of research about DAT and relates the research to what counselors can do to prevent or delay the disorder. Depression intervention, stress management and social integration are all within the purview of counselors, and these are all connected to our clients’ prognosis as far as DAT. Douthit suggests a model of wellness counseling based on the famous “Nun Study” of the School Sisters of Notre Dame, who remain cognitively intact into very late life.

Dismissing unfit counseling students: The frightening reality

Counselor educators find a disturbing but highly edifying case study in the March 2007 issue of Counselor Education and Supervision. Three educators in a CACREP program describe their decision to dismiss a counseling student for serious misconduct in a practical setting and subsequent failure to comply with the program’s remediation plan. The student sued the program, the university, the instructor of the practical training, the doctoral student who provided supervision and the student’s faculty adviser for breach of contract, denial of due process and conspiracy, among other charges. Though the defendants were cleared in court and again at the level of appeals, the process took three years and immense amounts of time, resources and energy from the university, the program and individual teachers and students.

The article by Charles R. McAdams III, Victoria A. Foster and Thomas J. Ward, “Remediation and Dismissal Policies in Counselor Education: Lessons Learned From a Challenge in Federal Court” (pages 212-229), reports the experience in detail, outlining what the program did right and what could have been done better. Especially useful to all counseling programs is the appendix, “Descriptive Criteria for Professional Performance Review Policy Standards,” a document that provides explicit definitions of acceptable, unacceptable and excellent student performance in 10 areas. The counseling program created this document as a result of its experience defending a dismissal decision in court.
Dear Editor,

I have been following the debate on the nature of atheism in the journal articles you have published. As a professional counselor, I have found these discussions to be both enlightening and thought-provoking.

Firstly, the concept of an 'oppressed minority' is intriguing. It raises the question of how one defines and identifies such a group. The author argues that atheism is indeed an oppressed minority, but this assertion is open to interpretation.

Secondly, the debate on whether atheism thwarts such emancipation is complex. While some argue that religion thwarts such emancipation, others believe that the absence of a particular faith tradition has no bearing on the advancement of human rights.

Finally, the discussion on the definition of an oppressed minority is essential. It is crucial to consider the criteria used to identify such groups and the implications of labeling a group as 'oppressed.'

I would be interested in hearing your thoughts on these points.

Yours sincerely,

[Your Name]
Deadline for NPI approaching quickly

Q: I'm a bit confused and hope you can help me. I just opened a private practice at the start of the month and will begin seeing fee-for-service (private pay) clients beginning this week. I just found out about NPI (National Provider Identifier) numbers yesterday when ordering my imprinted HCFA forms. Since I am not on any insurance panels and will not get reimbursed by insurance companies (clients will submit their HCFA billing forms to their insurance company for reimbursement), do I need an NPI?

A: It is not necessary to get an NPI if you have never managed care or insurance. If the client sends the bill on to his or her insurance, you may need an NPI. We recommend you obtain one regardless.

Q: I am having some difficulty getting started. I received my tax ID number (employer ID), but I cannot seem to find what the NPI number is. Additionally, CAQH (the Council for Affordable Quality Healthcare) is giving me difficulties with the information I need from them. I am not sure exactly what they do either. Please help!

A: We have had many questions about this as the deadline for obtaining your NPI approaches, so we will provide this information again:

**Important date! May 23 is the deadline for obtaining your NPI.** The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of a standard unique identifier for health care providers. Information can be obtained at www.cms.hhs.gov/nationalproviderstand/, and an application can be downloaded at https://nppes.cms.hhs.gov/NPPES/welcom.do. Additional information regarding private practice issues is available on the ACA website at www.counseling.org/Counselors/. From this page, click on “Private Practice Pointers” (note that this is an ACA members-only section).

CAQH information is available at https://caqh.geonaccess.com/oas/. Through CAQH, a counselor can submit a credentialing application that can be accessed by more than 100 insurance and managed health care companies. We recommend you go through Aetna’s Credentialing Customer Service Department. Call 800.353.1232 and ask to be referred to CAQH to receive an “identification number.” Online, Aetna has a helpful link at www.aetna.com/providers/credentialing.html that will facilitate this process. Just fill out the Aetna application request form, and you will be added to its CAQH-Aetna Provider Application Roster.

You can try this yourself, or you can contact Netsource Billing (call Donna at 866.441.1591), which will process your CAQH application for a fee.

Q: My question concerns a situation in which one person holds ownership in a private practice and allows another person to sublet an office. They do not share in the practice and are not partners. The counselor pays rent to the private practice. My thoughts are that the person who holds the highest coverage amount could be drawn into litigation. The person to sublet an office. They do not have to do anything wrong or negligent to be sued.

A: We have never heard of a counselor being targeted in a lawsuit because of having the highest coverage. The minimum malpractice coverage required by insurance and managed health care companies is $1 million/$3 million. Malpractice insurance is available through the American Counseling Association Insurance Trust (call 800.347.6647 ext. 284). We recommend getting as much coverage as possible. Peace of mind is worth the extra cost.

Q: I’ve noticed that several of my clients (private practice) are reporting higher copays and deductibles as of Jan. 1 2007. I’m a master’s-level counseling and managed health care.

A: The good news is that as a profession, counseling is not at the top of the list for lawsuits. Moreover, malpractice insurance for counselors is available at very reasonable rates. It goes without saying (even though we are saying it) that all counselors in private practice must have malpractice insurance. You do not have to do anything wrong or negligent to be sued.

We have never heard of a counselor being targeted in a lawsuit because of having the highest coverage. The minimum malpractice coverage required by insurance and managed health care companies is $1 million/$3 million. Malpractice insurance is available through the American Counseling Association Insurance Trust (call 800.347.6647 ext. 284). We recommend getting as much coverage as possible. Peace of mind is worth the extra cost.

**Continued on page 47**
From the President

Continued from page 5

amount of available new material was exciting. Oh, the places you go and the people who come. What was most impressive was to see all the past presidents. To be among them and talk with them was truly a privilege. It is good to hear from the past and focus on the present and future of the profession. I believe that if we do not stay current with the issues and changes, we will not be effective as counselors.

Carol Shaw: Oh, the places you go and the friends you will make! Through the years, I have attended over a dozen ACA conferences from the early nineties to Detroit. I am a retired middle school guidance counselor who still has a lot of energy left. I love doing just that! Thank you for your commitment, your participation and your engagement.

COTs CEO Cheryl J. Johnson (center) said the agency partners with community development centers to address the essential needs and employment skill development of Detroit's homeless population. Awards Chair Gwen Pringle (right) coordinated NECA's 41st anniversary awards program.

The National Employment Counseling Association presented its Signature Workforce Model Award at its annual conference. “We are pleased to recognize the achievements of Detroit’s Coalition On Temporary Shelter (COTS) program,” said NECA President Rita Freeborough (left). “NECA shares the nonprofit’s position that training people to qualify and find jobs not only benefits those individuals and their employers, but also strengthens families and communities.” COTS CEO Cheryl J. Johnson (center) said the agency partners with community development centers to address the essential needs and employment skill development of Detroit’s homeless population. Awards Chair Gwen Pringle (right) coordinated NECA’s 41st anniversary awards program.

The Association for Multicultural Counseling and Development will sponsor a one-day conference with the theme of “Raising Critical Consciousness Through Advocacy and Outreach.” As an add-on experience (an additional 10 days through July 7), a handful of counselors and students will participate in clinical outreach experiences in South Africa and Botswana. In Botswana, the clinical outreach team will work with the counseling faculty at the University of Botswana to establish partnerships with the visiting ACA members. For more information on the tour, go to http://education.ufl.edu/Faculty/WestOlatunji/amcd_tour.html or contact Circie A. West-Olatunji at cwestolatunji@coe.ufl.edu or 352.392.0731 ext. 235.
Counselors partnering with parents

**BY MARK J. BRITZMAN**

Tim was disappointed that his father didn’t attend the last soccer game of the season, but he wasn’t surprised. He was a mature 10-year old and he understood that lots of clients depended on his dad, a lawyer who had to work most nights and weekends. Still, it made him sad, especially since this year he’d won the league’s most valuable player award.

One evening, Tim got up the nerve to interrupt his father’s work at home to ask him how much lawyers make per hour. His father was annoyed and gruffly answered, “They pay me $200 an hour.”

Tim gulped and said, “Wow, that’s a lot. Would you lend me $75?”

“Of course not,” his father barked. “Please, let me work.”

Later, the father felt guilty and went to Tim’s room, where he found him sobbing. “Son,” he said, “I’m sorry. If you need some money, of course I’ll lend it to you. But can I ask why?”

“Of course not,” his father said, “I’m sorry. If you need some money, of course I’ll lend it to you. But can I ask why?”

Tim’s statement hit his father like a punch to the heart. He realized his son needed him more than he needed money or career accolades. He hugged him and said, “I’m so proud of you, nothing could keep me away.” (Taken from Michael Josephson’s You Don’t Have to Be Sick to Get Better, published by the Josephson Institute of Ethics in 2001.)

Tim is obviously starving for time, attention and affection. Parenting is a humbling endeavor. This is particularly true in our society of “time poverty,” with its many distractions and energy drains. Busy lifestyles, however, can no longer serve as an excuse. Parenting is a major responsibility.

To a youngster, the opposite of love is indifference. Feeling insignificant and lacking a sense of belonging is often the breeding ground for discouragement. Unfortunately, modern parents face difficult challenges as they try to meet the insatiable external demands of work as well as the needs of their families. The good news is that many parents just need some encouragement, education and respectful reminders to develop a healthy home and work boundary.

Counselors have a rich tradition of embracing a preventative and positive approach to strengthening families. Regardless of the pressures to intervene only when parent and child problems are acute, counselors need to seize opportunities to partner with parents in promoting healthy family relationships. Although it is optimal to provide ongoing parent education via support groups and educational presentations, practical information and encouraging reminders can also be disseminating via newsletters, websites and e-mails. As counselors, let’s remind parents of the following information:

1. Develop a healthy emotional attachment by being attentive to your youngsters, giving them both quantity and quality time.
2. Treat your youngsters and others with mutual respect, allowing their opinion to be heard and providing opportunities for input.
3. Become a “talent scout” and acknowledge strengths and useful behavior.
4. Model and teach good manners.
5. Use moral reasoning and good ethical decision-making.
6. Demonstrate kind acts and help people in need.
7. Evaluate whether TV shows, movies and videos are teaching your children the values you want them to live by.
8. Look for daily opportunities to encourage and reinforce behaviors that demonstrate social responsibility.
9. Develop high expectations for your child’s behavior as well as rules and consistently applied consequences.
10. Initiate difficult yet developmentally appropriate discussions and highlight “the right thing to do.”
11. Discuss the meanings of holidays and the true spirit behind special days.
12. Look for daily teachable moments and character sightings and link them to virtues you want to teach.
13. Try not to make excuses when your child exhibits poor choices.
14. Say no when appropriate and hold your ground.
15. Develop a family mission statement and reinforce it with weekly family meetings.
16. Develop ongoing wellness behaviors that promote positive energy and healthy lifestyles.
17. Encourage your children to participate in extracurricular activities that foster respect for diversity and teamwork and motivate them toward positive goals with the desired outcome of fostering healthy relationships and deemphasizing society’s focus on materialism.

Strong relationships between parents and their children are key to kids developing a healthy sense of significance and belonging. Although there are a multitude of factors that leave families fragile, counselors can serve as caring partners to parents by seizing opportunities to respectfully remind them of what is most important — their children!

Mark J. Britzman is a professor in the Counseling and Human Resource Development Department at South Dakota State University. Contact him at Mark.Britzman@sdstate.edu.

Letters to the editor: ctt@counseling.org

---

**PRIVATE PRACTICE: Starting or Expanding?**

**CONSULTANTS IN PRIVATE PRACTICE MANAGEMENT**

Robert Walsh, MA, NCC, LCPC and Norman C. Dassenbrook, MS, LCPC, consultants and authors, have helped hundreds of counselors start and expand successful private practices. Since 1999 Walsh and Dassenbrook have lectured through out the country and co-authored, "The Complete Guide to Private Practice for Licensed Mental Health Professionals," now in it's 3rd edition. The Complete Guide 3rd edition contains over 170 pages of ideas and examples, included are all the private practice forms on CD-ROM.

**TOPICS INCLUDE**

- Marketing strategies and advertising
- Office set up with minimal investment
- How to bill insurance
- Dealing with managed care
- Referral sources
- HIPAA disclosure and client's rights documents
- And much more

**ORDER YOUR COPY TODAY! CALL 1.815.877.0399**

Visit us on the web for more information on The Complete Guide, Consultation Service and Seminars at www.Counseling-Privatepractice.com. The American Counseling Association and Walsh and Dassenbrook have formed a collaborative initiative as a new service to members to bring timely information on private practice issues to the membership. Please log on the ACA’s website www.counseling.org for the latest private practice information. Look for Walsh and Dassenbrook’s question and answer column, Private Practice in Counseling, in Counseling today.
Mastering the Art of Solution-Focused Counseling
Jeffrey T. Guterman
Guterman takes a highly effective model to a new level by helping clients identify and harness their existing strengths, resources, and problem-solving skills to promote positive change. Numerous case examples illustrate this approach throughout the therapeutic process with clients experiencing various problems, including depression, substance abuse, grief, suicidal behavior, trichotillomania, and schizophrenia. 2006 • 175 pages
Order #78067 List Price: $39.95 ACA Member Price: $24.95

Assessment of Client Core Issues
Richard W. Halstead
Halstead instructs counselors on how to better recognize, understand, and treat clients’ underlying problems in order to provide the most effective counseling services possible. The model presented in this book helps uncover the origin of these core concerns, provides a means to address them by deconstructing the client’s living story, and challenges counselors to move beyond the diagnostic limitations of the DSM-IV-TR. This framework will assist counselors in developing more targeted treatment plans to help clients establish lasting, meaningful change. 2007 • 128 pages
Order #72844 List Price: $29.95 ACA Member Price: $22.95

Counseling as an Art: The Creative Arts in Counseling, Third Edition
Samuel T. Gladding
Dr. Gladding demonstrates how music, dance, imagery, literature, drama, and humor can be used in counseling on primary, secondary, and tertiary levels. Clients of all ages and cultural backgrounds will benefit from the clinically tested techniques presented in this inspiring book. Counseling as an Art is sure to become a treasured resource that you will reach for time and time again in looking for new ways to enhance your skills and effectiveness as a helping professional. 2005 • 248 pages
Order #72825 List Price: $42.95 ACA Member Price: $25.95

John Sommers-Flanagan and Rita Sommers-Flanagan
Tough Kids, Cool Counseling offers creative techniques for overcoming resistance, fostering constructive therapy relationships, and generating opportunities for client change and growth. This edition includes a new chapter on resistance busters and updated and fresh ideas for establishing rapport, carrying out informal assessments, improving negative moods, modifying maladaptive behaviors, and educating parents. Suicide assessment, medication referrals, and therapy termination are also discussed. 2007 • 260 pages
Order #72850 List Price: $45.95 ACA Member Price: $29.95

Supervising the School Counselor Trainee
Jeannine R. Studer
This book provides guidelines that explain the how-tos of school counseling supervision. Topics discussed include supervisory models and trends, supervisor roles in each stage of the supervisory process, the ASCA National Model, technology, legal and ethical issues, working with difficult trainees, creative supervisory techniques, and supervisee evaluation. In addition, numerous training exercises, forms, case examples, questions for reflection, and supervision resources help to demystify the supervision process. 2006 • 220 pages
Order #78068 List Price: $42.95 ACA Member Price: $27.95

Please include $6.75 for shipping of the first book and $1.00 for each additional book.
Interviews with the authors of books for counseling professionals

**Boundary Issues in Counseling: Multiple Roles and Responsibilities, 2nd edition, edited by Barbara Herlihy and Gerald Corey**

While numerous professional organizations have issued ethical guidelines in recent years regarding boundary issues, such guidelines often fall short in addressing the subtle, yet important implications and problems brought on by these issues. *Boundary Issues in Counseling* was created to offer readers a way of thinking about the ethical dimensions of personal and professional boundaries.

Rather than adopting a rules-based approach centered on fear of malpractice, this book offers a variety of perspectives on a range of boundary concerns. Instead of providing specific answers, it challenges readers to apply their personal values to dealing with a wide range of ethical issues that most counselors will face.

This new, second edition was edited by Barbara Herlihy and Gerald Corey, who also edited the original edition. Herlihy, a professor of counselor education at the University of New Orleans, has been the author or coauthor of a number of books and journal articles related to ethical issues in counseling. She has served on the American Counseling Association Ethics Committee as well as on the Ethics Code Revision Task Force that issued the 2005 ACA Code of Ethics.

Corey is a professor emeritus of the University of South Florida, Tampa. He has authored or coauthored several books and journal articles on issues in counseling over the past decade. While discussing boundary issues, he emphasizes the need for counselors to monitor themselves and to examine our rationale for these practices. He hopes this book will help stimulate thinking about such issues as well as encourage counselors to seek consultation with colleagues, experts, and supervisors when multiple relationship issues arise.

CT: Isn’t simply avoiding dual or multiple relationships a way to avoid these ethical issues?

BH: One point we make throughout the book is that it really is impossible for many counselors to avoid dual or multiple relationships, even if such relationships always were harmful and to be avoided at all costs. While an abundance of literature discusses the inevitable dual relating that goes on in rural communities, there are many other “small worlds” that exist, even in urban areas, in which dual or multiple relationships are common. Some substance abuse counselors, in recovery themselves, might encounter clients at 12-step or other meetings. Clients might seek a counselor whom they know from a social, political or community encounter. The potential is almost always there for dual relationships to develop. Rather than thinking in terms of trying to avoid them, we suggest thinking in terms of how to manage them.

CT: Aren’t boundary issues almost always problematic?

GC: We try to emphasize in the book the big difference between boundary violations and boundary crossings. Boundary violations are serious breaches in professional relationships that are unethical and sometimes illegal because of the harm to clients (or students) and the abuse of power. Boundary crossings refer to a wide range of activities that depart from traditional professional roles. Boundary crossings do not necessarily involve harm to clients and may even enhance the professional relationship and benefit the client. It is essential that counselors learn how to think reflectively about these issues, involve the client in the discourse and learn to manage ethically and effectively situations pertaining to appropriate boundaries.

**New Edition Based on the 2005 ACA Code of Ethics!**

**Boundary Issues in Counseling: Multiple Roles and Responsibilities, Second Edition**

*B. H. Herlihy* and *G. Corey*

“I see this book as a major contribution to our field because it will enable us to move to a new level of understanding and competence on a topic of concern to all of us. It is a must for serious courses in ethics, professionals who wish to update their training on these issues, and all counselor educators.” — Allen E. Ivey, EdD, ABPP

Distinguished University Professor (Emeritus), University of Massachusetts, Amherst

President, Microtraining Associates, Inc.

Professor, Counselor Education, University of South Florida, Tampa

The second edition of this best-seller reflects the profession’s current thinking on nonprofessional and multiple relationships. Revised in accordance with the 2005 ACA Code of Ethics and the most recent ethical codes of related professional associations including APA, ACES, ASCA, AAMFT, ASGW, and NASW, this book is a necessity for all counselors seeking to make sense of and develop a clear personal stance on this controversial topic. 2006, 230 pages

Order #72840 ISBN 1-55620-245-8

List Price: $45.95

ACA Member Price: $27.95

Please include $6.75 for shipping of the first book and $1.00 for each additional copy.

Order by visiting ACA’s online bookstore (www.counseling.org) or by calling the ACA order line at 800.422.2648 ext. 222.
The bill requires 3,000 hours of post-master’s supervised experience, including at least 1,750 hours of “direct counseling with individuals or groups in a clinical or counseling setting using a variety of psychotherapeutic techniques and recognized counseling interventions.” Applicants will be required to pass exams such as the National Counselor Examination (NCE) and the National Clinical Mental Health Counselor Examination (NCMHC). For grandparenting purposes, counselors must pass both the NCMHC and either the NCE or the Certified Rehabilitation Counseling Examination (CRCE).

After its approval by the California Assembly Business and Professions Committee, AB 1486 now moves to the Assembly Appropriations Committee for its consideration in May. Appropriations Committee approval is a key hurdle that must be cleared. Last year’s counselor licensure bill stalled in this committee because of concerns regarding the startup costs of the licensing program. If the Appropriations Committee approves the bill, it will go to the floor of the Assembly by early June; if approved in the Assembly, the bill will then proceed to the Senate.

In Nevada, the push for counselor licensure is making rapid progress. On April 13, the Nevada Senate Committee on Commerce and Labor approved SB 543, a counselor licensure bill championed by state Senator Joseph Heck. Committee approval follows months of joint work in support of Heck’s legislation and counselors in Nevada by ACA, the American Mental Health Counselors Association and the National Board for Certified Counselors.

At a preliminary hearing on the legislation held by the Senate Commerce and Labor Committee on April 9, ACA President Marie A. Wakefield testified in support of SB 543 on behalf of the three national organizations. Wakefield’s statement highlighted Nevada’s poor mental health status as measured by several surveys and indicators. Nevada has the nation’s second highest suicide rate, at almost double the national average.

“By joining the rest of the nation in establishing licensure of professional counselors, Nevada can expand its pool of qualified mental health professionals available to meet residents’ treatment needs.”

ACA President Marie A. Wakefield

A separate counselor licensure bill introduced in the state’s Assembly — AB 424, introduced by Assembly member Sheila Leslie — was also approved in that chamber April 13. The Senate version of the legislation is expected to be the primary focus of legislators, however.

With continued work, the counseling profession may be able to celebrate 2007 as the year in which the goal of establishing licensure in all 50 states was achieved. ACA’s Office of Public Policy and Legislation will continue to work hard in support of counselor licensure and report on further developments as they occur. Stay tuned!

ACA’s Office of Public Policy and Legislation. Contact him at sbarstow@counseling.org

Letters to the editor: ctf@counseling.org

Scott Barstow is the director of ACA’s Office of Public Policy and Legislation. Contact him at sbarstow@counseling.org
(LPC) clinician in Missouri. When BlueCross BlueShield was bought by Anthem and the new year began, this is when the higher copay started.

Now, instead of an office visit copay of perhaps $25, my clients’ plans have me as a “specialist,” and the copay can be as high as $50. I’ve been shocked and saddened by this practice, as it often either meant that my clients couldn’t come to therapy regularly or decided to end therapy altogether.

Have you heard of this? Will the new (mental health parity) bill attend to this issue? I think it’s just a way for Anthem to have its clients pay unfairly for more of their mental health or substance abuse treatment. So far, Anthem is the only company I’ve seen do this. I’d appreciate hearing your feedback on this issue.

At Yes, this has happened, along with much higher deductibles on some insurance plans. Indeed, it poses a hardship on our clients.

When industry representatives negotiate an insurance contract for their employees or look for better deals with the various managed care and insurance companies, they search for the best ways to save themselves and their employees money and supposedly hold down health care costs. It’s supply and demand.

Across the board, more of the expense of health care is being turned over to employees. Many are facing higher copays, not only for mental health but for doctor visits as well. It appears the insurance industry is trying to save the companies they represent some money and/or make more profit. We may see more of this. Some of my clients failed to notice the Jan. 1 letters from their insurance plans and were shocked to learn their deductible was now $500 or even $1,000 or their copays increased substantially.

Union plans and very large company plans are still paying as they were. We are watching these trends and will alert our readers to changes. We warn counselors to start each year always asking clients for the full fee for one or two or now three sessions to cover the deductible that has renewed itself each Jan. 1.

Q: We were your room monitors at the ACA Convention in Detroit. We wanted to let you both know that we really enjoyed listening to all of your ideas, thoughts and opinions. We purchased the notebook of information and appreciate everything that is in there. However, there is one thing we were interested in that we can’t find in our notes. One of you talked about purchasing “canned group material” for education purposes. Where did you say that we could find those materials?

A: One very good resource is Impact Publishers (www.impactpublishers.com). Take a look at the website and scroll around to see all the topics: parenting, marriage, depression, stress, communication, etc. Another useful resource is AGS (check out the website at www.pearsonassessments.com).

The power of the mind is limitless at Argosy University.

Graduate Degree Programs in
- Community Counseling
- Marriage & Family Therapy
- School Counseling
- Professional Counseling
- Mental Health Counseling

At Argosy University we offer master’s and doctoral degree programs in a range of programs that allow you to make a difference in your life.

Our Master of Arts in Mental Health Counseling at Argosy University/Sarasota and our Master of Arts in Community Counseling at Argosy University Schaumburg are now CACREP accredited.

With a variety of scheduling options, Argosy University offers instruction that can work for your life. Contact us today at 1-800-377-0617 and see how we can help.

Visit Our Web Site for Information Session Dates

1.800.377.0617 | argosy.edu
Argosy University | Two First National Plaza
20 South Clark Street | 26th Floor | Chicago, IL 60601

ARGOSY UNIVERSITY LOCATIONS: ATLANTA | CHICAGO | DALLAS | DENVER | HAWAII | NASHVILLE
ORANGE COUNTY (Santa Ana) | PHOENIX | SAN FRANCISCO BAY AREA (Pine Ridge) | SARASOTA | SCHUAUMBURG | SEATTLE | TAMPA | TWIN CITIES (Minneapolis) | WASHINGTON DC

APPROVED DEGREE SITES: INLAND EMPIRE (San Bernardino) | NASHVILLE | PHOENIX | TAMPA | TWIN CITIES (Minneapolis) | WASHINGTON DC

Counseling Today May 2007

Critical Incidents in Counseling Children
EDITED BY SUZANNE M. HOBSON DUGGER AND LAURIE A. CARLSON

“Dugger and Carlson have masterfully compiled this comprehensive collection of real-life vignettes representing a diverse population of children. The critical incidents and responses from a list of who’s who in the world of counseling make this an extraordinary textbook and reference tool that definitely belongs on the shelves of clinicians and school counselors alike.”

—Denise Verner, MA, LPC, NCC
Past President, Association of Michigan School Counselors
Counselor, Chippewa Valley High School, Clinton Township, Michigan

This phenomenal resource provides an extensive array of cases on counseling children under the age of 13 in both school and nonschool settings. Each case offers specific suggestions for working with clients for whom words are not necessarily their primary form of communication. Instead of focusing only on “success stories,” the counselors in this book also discuss especially challenging cases and give candid descriptions of their self-doubt and confusion about how to proceed.

2007 432 pages
Order #72845
ACA Member Price: $35.95

Please include $6.75 for shipping of the first book and $1.00 for each additional copy.

American Counseling Association • 800-422-2648 x222

Robert J. Walsh and Norman Dassenbrook are coauthors of The Complete Guide to Private Practice for Licensed Mental Health Professionals (www.counseling-private-practices.com). ACA members can e-mail their questions to washgrasp@aoel.com and access a series of “Private Practice Pointers” on the ACA website at www.counseling.org.

Letters to the editor: ct@counseling.org

AGS (check out the website at www.impactpublishers.com) is a useful resource for counselors who are looking for a variety of scheduling options. Argosy University offers instruction that can work for your life. Contact us today at 1-800-377-0617 and see how we can help.
Jack L. Cloud
Michigan Board of Counseling member and dedicated advocate for the profession

Jack L. Cloud, a larger-than-life figure to many in the state of Michigan’s counseling community, died suddenly on March 24, 2007, while attending the American Counseling Association Convention in Detroit. He was 55.

His contributions to the counseling profession, both at the state and national level, were varied and significant. Born in Detroit and a resident of Bloomfield Hills, Cloud did much to shape the profession of counseling in Michigan. He was twice appointed by the governor to serve terms on the Michigan Board of Counseling, which is responsible for licensure of counselors and examination of professional counselors. He served a term on the state’s entry into the field. He also served on the Board of Directors for the Professional Counseling Fund, the political action committee that promotes the profession and the welfare of its clients through the political process. He was also an avid supporter of both ACA and the ACA Foundation.

Despite holding various leadership positions, Cloud was perhaps even more well known for his accessibility and his desire to help his fellow counselors with their questions. He regularly mentored young counselors and was always present at MCA conferences on how to open and manage a private practice. He founded a very successful private practice, Lakeside Family Counseling, in the mid-1970s.

“Jack was a pioneer in the human condition,” said MCA President Laura Rodriguez-Kitkowski. “He understood people in a way that was admirable. Those of us who had the good fortune of knowing him were most certainly touched by his humanism, by his zest for life and by his welcoming nature. If you ever needed anything, no matter how busy he was, he was there for you. Jack represented the essence of counseling. He ‘walked the walk, and he talked the talk.’ He was a counselor, an educator, a dedicated chair, a friend, a mentor, a ‘brother,’ a father, a husband, a business owner and a lover of life. We will miss him deeply.”

As a testament to the way he affected others’ lives for the better, Rodriguez-Kitkowski says she received more than 150 e-mails about Cloud in the three days following his untimely death.

“Jack was always a force to be dealt with,” said David Rasse, a licensed professional counselor in private practice in Missouri who was close friends with Cloud. “His passion for our profession was without bounds. During our private time, we would discuss the various political activities occurring nationally and how they affected our own states. He also had a passion for the counselor-in-training and wanting to make counseling more accessible to the public. One of our last discussions was about the licensure rule changes being considered in Michigan and what challenges were being faced in other states. We frequently discussed professional development concerns and what type of programs would benefit the practicing counselor. The void left by his passing will be difficult to fill.”

Cloud and Rasse were part of a tight-knit group of friends that also included LPC John Rinke and ACA Chief Financial Officer Richard Mozier.

“When he came to the Opening Party (at the ACA Convention) in Detroit, he simply worked the room,” Mozier said. “He had that magnetic personality, and people just lit up when they saw him. It was like the mayor walking into the room. Everyone he talked to, he made them feel like he was their best friend.”

Cloud was survived by his wife, Bobbie; his daughter, Jaclyn; his son, Ryan; and his brother, Charles. A memorial service was held on April 1 in Birmingham, Mich. Contributions in memory of Cloud’s life can be sent to the ACA Foundation, Jack L. Cloud Memorial Fund, 5999 Stevenson Ave., Alexandria, VA 22304.

Ordering back issues of Counseling Today is as easy as making a phone call! Call us at 806.422.2648. Issues are $10.00 each. Be sure to specify issue date or volume and issue number from the masthead.

You can also order via mail by sending a check or money order for $10.00 per issue along with issue information and your address to:

Member Services
5999 Stevenson Ave.
Alexandria, Virginia 22304
Beyond the ‘Imus controversy’: The role of the counselor

The inappropriate statements made by Don Imus, the controversial radio broadcaster, once again redirected the national discussion to the complex problems of racism and sexism in our society. Without diminishing the insensitive and harmful impact of Imus’ comments about the members of the Rutgers University women’s basketball team, it is instructive to take note of people’s reactions.

With this in mind, we have directed time and energy to reading comments that professional counselors and psychologists have posted about this controversy on a number of Listservs. We found that many of the reactions could be classified into one of several response categories. We simply refer to these categories by using the following phrases:

- “Imus’ comments are totally unacceptable.”
- “What about the other forms of injustice besides racism and sexism that are harmful to human dignity and development?”
- “What can we do to forgive Imus?”
- “What’s all the fuss?”
- “Shouldn’t we look at ourselves before we criticize others?”
- “What role can counselors play in ameliorating the complex problems of racism, sexism and other forms of social injustice that are harmful to people’s psychological health and collective well-being?”

The need for self-reflection

Although it would be interesting to explore the implications of each of the response categories for the work that professional counselors do, we’ll focus on the final two categories given the space limitations of this column. In doing so, we first acknowledge that culturally competent counselors do indeed take time to regularly assess the ways in which they may unintentionally help to perpetuate racism, sexism and other forms of cultural oppression in the work they do. This includes the ways counselors unwittingly help perpetuate heterosexism, ageism, classism and ableism in our personal and professional lives. The attention the Imus controversy has received in the mass media encourages us all to think of the importance of engaging in this sort of self-reflection.

In fact, numerous counselors on different Listservs stated that the controversy had caused them to take stock of how their own prejudices, biases and “self-protection” tendencies might lead them to unintentionally contribute to the previously mentioned problems in different ways. Some indicated that their failure to act or even speak about these problems with colleagues likely allows such injustices to continue to adversely impact the academic and psychological health and well-being of their students and clients. These comments are consistent with the teachings of Martin Luther King Jr., who emphasized that “in the face of injustice, silence is betrayal.”

What role can counselors play?

Rather than simply expressing frustration over their failure to address these problems in their personal and professional lives, several individuals wrote about the need to move the discussion beyond the Imus controversy to the role that counselors can play in addressing racism, sexism and other forms of cultural oppression in their daily work. Brian Canfield, the president-elect of the American Counseling Association, was particularly clear in a statement he wrote in this discussion regarding the need to educate the public on how counselors can help ameliorate these problems.

William Parham, president of American Psychological Association Division 17 (the Society of Counseling Psychology), described the “hidden opportunities” that exist for the mental health professions in addressing the Imus controversy. He suggested that ACA, APA, the National Association of Social...
COMING EVENTS

Men’s Psychotherapy Conference

June 2
Northridge, California

Phillips Graduate Institute is one of several institutions of higher learning to sponsor the National Psychotherapy With Men Conference at California State University, Northridge. Presented in association with the American Psychological Association, Division 51 Society for the Psychological Study of Men and Masculinity, a distinguished group of nationally recognized educators, therapists and researchers in the field of psychotherapy will undertake the difficult issues of motivating males to use psychotherapy and keeping them in therapy to resolve mental problems such as depression. The keynote speakers at the conference will be Aaron Rochlen, associate professor of psychology at the University of Texas, who will speak on “Who Are Those Masked Men: Developments in Diagnosis and Treatment of Men with Depression,” and Anderson J. Franklin, professor of psychology at Boston College, who will speak on “Engaging Black Men in Psychotherapy.”

CALL FOR PAPERS, MANUSCRIPTS

All papers are welcome. Selected papers will be published in Counseling Today. Authors are encouraged to submit a proposal that will be reviewed for presentation. Authors should submit proposals electronically to Counseling Today, International, Inc. at info@cttoday.org. A separate submission is required for conference presentation and to Counseling Today. A single e-mail should be sent with both the proposal and the manuscript. The deadline for proposal submission is September 1, 2007. The deadline for submission of the full manuscript is November 1, 2007. Authors will be contacted by the end of November to confirm their acceptance into the program. The deadline for presentation of accepted proposals is April 1, 2008. Final manuscripts are due May 15, 2008.

Counseling Today is seeking writers for the Point/Counterpoint column, a forum for professionals to debate a hot-button issue currently affecting the counseling field. Proposed topics include:

- Are counselor educators giving too many A’s? Is the grading system too lenient? (A viewpoint affirming these statements is needed.)
- Counseling choice! Do you have a suggested topic or would like to propose a topic of debate? E-mail Counseling Today with your ideas for Point/Counterpoint articles.

If you are interested in writing on the suggested topic or would like to propose a topic of your own, contact Angela Kennedy at askendy@counseling.org. Please put “Point/Counterpoint” in the subject line. The e-mail must include the topic you would like to write about and your stance on the issue.

The Journal for Social Action in Counseling and Psychology is accepting manuscripts in English and Spanish that promote reflection on community change and system transformation in which counselors and psychologists play a role. Appropriate manuscripts may include social action research, theory and examples of transformative practice. JSACP is an official publication of Psychologists for Social Responsibility and Counselors for Social Justice (a division of the American Counseling Association) and is published with the support of the doctoral program in Community Research and Action at Vanderbilt University. The deadline for the first issue will be June 1. Manuscripts will be reviewed through a masked, peer-review process. For editorial policy and other information, visit www.psysr.org/social-action.htm. Tod Sloan and Rebecca Toporek are serving as the journal’s editors.

Multicultural Learning and Teaching is a new multidisciplinary international journal devoted to the education of people from multicultural backgrounds. Emphasis is placed on the interpretation of research literature and recommendations for the practice of multicultural education. Appropriate topics for articles include identification, assessment, labeling/categoryization, placement and instruction of underachieving, at-risk, urban, rural, linguistically different or exceptional children, youth and adults with diverse multicultural life experiences and backgrounds.

Manuscripts on family or community-related services, legislation, litigation and professional preparation are also of interest. Additional information, including guidelines for authors, is available at www.miltonline.org.

THE JOURNAL FOR SOCIAL ACTION IN COUNSELING AND PSYCHOLOGY

This journal is focused on topics of interest to Wisconsin’s counselors, including the following four areas:

- Innovative methods
- Theory and research
- Professional development
- Current issues affecting counseling and counselors

Individuals interested in submitting a manuscript should contact Mark Gillen: mark.gillen@uwrf.edu or 715.425.3890, or visit www.wicounseling.org for more information.

JADARA, the journal for Professionals Networking for Excellence in Service Delivery with Individuals who are Deaf and Hard of Hearing, is seeking manuscripts containing original scholarly research or practice in the field of deafness with school, community, clinical, social service or other related applications. Manuscripts must:

- Relate to deafness and be between 2,500 and 4,500 words
- Be prepared according to the Publication Manual of the American Psychological Association
- Be prepared in MS Word format and submitted to the editors via e-mail at dfeldman@mail.maconstate.edu
- Include an abstract of less than 100 words

Manuscripts should include keywords for the manuscript subject matter as well as all coauthors’ names, titles and addresses, including e-mail addresses. Manuscripts under consideration by another periodical should not be submitted to JADARA.

Following preliminary review by the editors, manuscripts will be sent to members of the Editorial Review Board. Authors will be notified when manuscripts are selected for publication. Those not accepted will be returned for revision or rejected as unacceptable for the journal.

The Journal of Trauma Counseling International, a new peer-reviewed journal, is seeking submissions from counselors for its Summer 2007 edition. Appropriate topics include counseling victims and survivors of traumatic research pertaining to traumatic stress and case studies dealing with specific trauma treatment issues. Other topics will also be considered.

Manuscripts should be prepared according to the guidelines of the Publication Manual of the American Psychological Association. Submissions should be in Microsoft Word, no longer than 20 pages and sent electronically as attachments. Please include contact information, including a telephone number. Send submissions to Editor Mike Dubi at mndubi@argosyu.edu.
Workers and other related professional groups would do well to collaborate on a joint response. This would reflect a unified reaction from a broad array of mental health professionals regarding the need to address the complex problems of racism, sexism and other forms of cultural oppression in the work all of us do.

Adding suggestions for positive action
We were motivated to build further on the constructive ideas presented by Brian Canfield and William Parham. Consequently, we thought it would be useful to remind readers of a set of eight social justice counseling resolutions that the ACA Governing Council formally endorsed in 2005. These resolutions are included to increase awareness of the types of social justice issues that ACA encourages counselors to address in promoting human dignity and development from a multicultural-social justice perspective.

We hope you will take time to familiarize yourself with the eight resolutions and, more important, implement new strategies intentionally aimed at addressing these issues in your work. This would be a very practical and helpful way of helping others understand the role that counselors can play in addressing the complex problems of racism, sexism and other forms of cultural oppression and injustice. It would also help us to move beyond the discussion of Imus’ harmful comments in ways that lead to constructive action.

ACA Governing Council motion, passed September 2005

Promoting a Socially Responsible Approach to Counseling

Whereas: the work of Dr. Martin Luther King Jr. exemplifies his commitment to peace, justice and the vital interconnections that exist between a just society and the psychological health of its inhabitants, we suggest that the time has come for continuing open and honest discussion about the need for counselors to implement more socially responsible approaches into their professional practices.

Therefore, it is moved: that the American Counseling Association endorse the following social justice resolutions:

Resolution #1: Given the substantial body of empirical knowledge that describes the negative affect that religious bigotry, violence and discrimination have on human development, it is resolved that the socially responsible approach to mental health care that Dr. Martin Luther King Jr. advocated is necessary to eradicate these toxic social-environmental conditions in our society.

Resolution #2: Given the substantial body of empirical knowledge that describes the negative impact that racism continues to have on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to eradicate this toxic social-environmental condition in our society.

Resolution #3: Given the substantial body of empirical knowledge that describes the negative impact that sexism and sexual violence continue to have on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to eradicate these toxic social-environmental conditions in our society.

Resolution #4: Given the substantial body of empirical knowledge that describes the negative impact that ableism continues to have on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to eradicate these toxic social-environmental conditions in our society.

Resolution #5: Given the substantial body of empirical knowledge that describes the negative impact that heterosexism and violence against gay/lesbian/bisexual/transgendered persons continue to have on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to eradicate these toxic social-environmental conditions in our society.

Resolution #6: Given the substantial body of empirical knowledge that describes the negative impact that ageism continues to have on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to eradicate these toxic social-environmental conditions in our society.

Resolution #7: Given the substantial body of empirical knowledge that describes the negative affect that poverty has on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to eradicate these toxic social-environmental conditions in our society.

Resolution #8: Given the substantial body of empirical knowledge that describes the negative affect that war has on human development, it is resolved that the socially responsible approach to mental health care that Dr. King advocated is necessary to promote peace and the end to all wars in our world.

Letters to the editor:

Michael D’Andrea
(michael.dandrea@gmail.com) and Judy Daniels (judy.daniels@gmail.com) are professors in the Department of Counseling Education at the University of Hawaii, Manoa.

Tobacco Cessation Treatment Specialists are in HIGH DEMAND

- Earn 20 NBCC * NAADAC * CNE Approved Credits
- Earn ABHWP Board Certification as a C.T.C.T.S.
- Certified Tobacco Cessation Treatment Specialist
- Live Training Class in Las Vegas, June 16-17
- Or an Intensive Self-Paced Homestudy Program
- Based on the US Surgeon General’s Treatment Protocol and fully integrable with a variety of treatment strategies and settings for maximum results - healthcare, fitness industry, corporate, group and individual counseling applications.
- Work with motivated, self-paying clients.
- Help people end despair and start feeling good.

Register Today at www.QuitSuccess.com

GET CERTIFIED in LAS VEGAS!
Tropicana Hotel June 16-17, 2007
(800) 390-9536 QuitSuccess.com
(Also Available as a Multi-Media Homestudy Program)
**MERCHANDISE/ SERVICES**

**COMPLEX BILLING SERVICES**

Experienced billing services dedicated only to mental health professionals. Totally electronic, Nationwide service. Supervised by LPC. Contact: 305-412-5074.

**LET US DO YOUR NEWSLETTER FOR YOU!**

Unique, guaranteed service used and loved by other counselors to grow their practice! www.NewlettersForTherapists.com (866) 200-6945.

**"SURVIVAL FROM DOMESTIC VIOLENCE: STORIES OF HOPE AND HEALING."**

Stories of women who transformed their lives after living through domestic violence. Inspirational, 14 minutes. $34. Contact: Joyceb9355@aol.com, or www.giftsfromwithin.org or (207) 236-8858

**LICENSE REVIEW EXAM REVIEW NCE & NCMHC**

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

**CLINICAL RECORD KEEPER**

An efficient, easy to use record keeping software for counselors. Visit: http://www.clinicalrecordkeeper.com

**CRAZED BY CLIENT BILLING?**

Visit www.ShrinkRapt.com today and learn more about ShrinkRapt™ the top selling billing and insurance program for mental health practitioners. Easy to use! Order today and receive a FREE Email & FREE Backup Module! Limited time offer! Request a fully functional Demo Package at www.ShrinkRapt.com or by calling Saner Software Inc. (520) 287-4717.

**DISSERTATION HELP**

After years of teaching statistics and helping faculty publish, I spent the last eight years in private consultation working with students on a one-to-one basis. I design excellent studies (including hypotheses, applicable statistics, and help in general proposal writing), as well as provide data analyses, assist with the write-ups, and provide hand-holding and encouragement. I have a proven track record nationwide; all my clients received their degrees. Call (805) 773-5193 or e mail: suekobel@belmont.edu

**EDUCATIONAL PROGRAMS**

**UNIQUE CONCEPT IN CONTINUING EDUCATION!**


**EASY CONTINUING EDUCATION**

NBCC approved online and homestudy provider. Courses from $3.33 per contact hour. Pay when finished. Instant certificates by email. http://www.CeuUniversity.com

**OFFICE SPACE**

**COUNSELING OFFICE FOR RENT**

In Michigan shared time, located in professional building in North section of Warren on Van Dyke across from Tech Center. Call (586) 978-7932.

**BUSINESSES FOR SALE**

For Sale: Busy Private Practice

In beautiful, growing Western Colorado. Skiing, mountain climbing, golfing, camping. Must be Colorado licensed. 970-209-7159.

**STATISTICAL CONSULTING**

**DISSERTATION HELP**

If the stress of designing or completing your dissertation is overwhelming, I can help you. After years of teaching statistics, research and helping faculty publish, I spent the last eight years in private consultation working with students on a one-to-one basis. I design excellent studies (including hypotheses, applicable statistics, and help in general proposal writing), as well as provide data analyses, assist with the write-ups, and provide hand-holding and encouragement. I have a proven track record nationwide; all my clients received their degrees. Call (805) 773-5193 or e mail: suekobel@belmont.edu

**BUSINESS FOR SALE**

**CLINICAL COUNSELING**

Well established clinical counseling center in Southern Illinois community of Murphysboro. 7 miles from Southern Illinois University of Carbondale. 40 long-term preferred provider contracts, BC/BS, preferred PPO and HMO, Cigna, CorPhanet, EAPS, managed care and numerous others. Yellow Pages advertising and well established medical and county courthouse referrals. Full test assessment batteries with copy-right. Urinalysis testing equipment, biofeedback, workbooks and videos for client and group use. 3-story Victorian enterprise zone bldg., extreme tax savings, private, luxurious residential upper suites. ADA accessible, very energy effi cient. Owner will help with financing until other financial arrangements can be made. Catastrophic illness has abruptly incited retirement. Call 618-687-5353 or 549-8785.

**EMPLOYMENT CLASSIFIEDS**

**EATING DISORDER REFERRALS**

The most comprehensive listing of treatment centers, professionals, and support groups for Eating Disorders, www.edrefferral.com/member.htm.

**EMPORIA STATE UNIVERSITY**

**Counselor Education:** Emporia State University invites applications for a Director of its Counseling and Assessment Clinic in the Counselor Education and Rehabilitation Programs department. This is a twelve-month assistant or associate professor position that is 75% administration and 25% teaching. Responsibilities include administration and organization of the clinic; oversight of technical support for the clinic; identification, recruitment, and screening of counseling clients; public relations liaison with community agencies and area schools; teach counseling or rehabilitation courses. Terminal degree in CACREP/CORE or closely related program; ABD considered; meet requirements for Kansas counselor licensure and national counselor certification; grant writing skills. Screening will begin immediately and continue until the position is filled. Please submit letter of interest and qualifications, current resume, transcripts, and names and phone numbers of five references to: Dr. Sherry Almquist, Search Committee Chair, Emporia State University, 1200 Commercial, Campus Box 4036, Emporia, KS 66801-5087. Phone: 620-341-5790; Fax: 620-341-6200, e-mail: salinquis@emporia.edu; An AA/EO institution, ESU encourages minorities and women to apply. www.emporia.edu

**ARIZONA**

**SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC.**

Multiple Positions

SEABHS, Inc., offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual ability highly valued, Arizona board certification and working knowledge of family-centered therapy preferred. Clinical & administrative positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Wilcox, Safford, Morenci and Douglas for MA, MSW, & CSAC. Call our job line at (800) 841-6308 or request an application at SEABHS, HR Dept., 489 N. Arroyo Blvd., Nogales, AZ 85621; (520) 287-4713 or fax (520) 287-4717.

**MARYLAND**

**JOHNS HOPKINS UNIVERSITY**

Counseling Faculty Position - REOPENED

Clinical Community Counseling Coordinator

The Graduate Division of Education, Department of Counseling and Human Services offers graduate programs in School Counseling, Clinical Community Counseling, and Organizational Counseling as well as a variety of post-master’s certificates. Courses are offered at three major centers and one off-site facility in the Baltimore Washington area. The department is accepting applications for the position of an open-rank position.
faculties and their employees every day. Some local travel required.

Applicants must have an earned doctorate in Counseling, Counselor Education, or a closely related field with extensive experience in graduate counselor education and program development. A competitive candidate will have (a) relevant clinical experience as a professional counselor; (b) experience in and understanding of clinical community/mental health counseling; (c) experience with the CACREP accreditation process; (d) experience in urban issues and commitment to working with diverse populations; and (e) demonstrated capacity to collaborate with counseling faculty and staff. Some expertise in organizational/business counseling and prior grant-writing experience are desirable. Rank will be determined based upon the successful candidate’s academic record and experience. Salary is competitive with excellent benefits including health insurance and tuition remission for family members. The position will remain open until filled. Letters of application and curriculum vitae should be forwarded to Connie Kinsley, Director Human Resources, Johns Hopkins University, 3400 North Charles Street, 203 Shaffer Hall, Baltimore, MD 21218.

Women and minorities are encouraged to apply. AA/EOE. Smoke Free and Drug Free.

MINNESOTA

COUNSELORS

Shape the Future, by joining Higher Colleges of Technology (HCT), one of the most progressive and innovative centres for higher learning in the UAE and help shape the future — yours and ours. HCT is an environment that both desires and produces excellence. From 14 modern campuses, our 16,000+ students enjoy the opportunity to learn and grow, becoming the foundations for tomorrow— taught by the experts of today.

The HCT are looking for Counselors who will be responsible for providing personal counselling and advice to students on an individual or on a group basis in workshops. Duties include: designing and conducting student development workshops, assisting with student orientation, identifying counseling materials for student use and professional development, participating in relevant meetings (campus and system wide) as appropriate, in addition to any other duties as required.

Salary & Benefits: Competitive tax-free salary, 44 annual vacation days, unfurnished accommodation, relocation allowance, tuition assistance for dependent children, annual air tickets to country of origin for employee and dependents, end of services benefits.

How to Apply: Qualified and interested candidates are welcomed to apply in confidence at http://recruit.hct.ac.ae
in substance abuse case management, management consult skills and practices, and critical incident/risk assessment technologies. Provide expert support to all of LifeWorks, and specifically to the Substance Abuse Case Management, Management Line, Critical Incident and Work Issues teams through coaching, training, and intervening in critical situations. 4. Lead quality assurance efforts through the development of standards and methodologies to assure consistent service delivery to users/clients across all service delivery centers. Develop, review and report on service quality metrics and other metrics. 5. Serve as part of Eagan Management Team, sharing responsibility for call center metrics and on call responsibilities. Qualifications: This position requires a Master’s degree in Human Resources, Management, or Behavioral Sciences and five to seven (5-7) years of experience in management position, and/or consultation to organizations. Position is one with a high degree of visibility and potential liability, requiring a high level of resilience, maturity, versatility, and excellent judgment. Extensive experience and strong demonstrated skills required in the following areas: Substance abuse assessment/treatment. Employee relations. CISD/crisis intervention. EAP/HR content. Demonstrated strong presentation and public speaking skills. Demonstrated strong project management skills. Strong written communications skills.

Ability to function as change agent and “lead by example. Ability to forge positive work relationships. Ability to monitor and analyze work patterns and resolve problems. Conflict resolution and negotiation skills. Ability to foster individual and team development. Clinical licensure and/or certification strongly preferred.

To apply please visit our career section on our website: www.myceridian.com

The following new vacancies are now available and are open until filled:

<table>
<thead>
<tr>
<th>Location</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Florida</td>
<td>Assistant Professor of Counseling and Psychology</td>
</tr>
<tr>
<td>Orlando, FL</td>
<td>Assistant Professor of Counseling and Psychology</td>
</tr>
</tbody>
</table>

Troy University is an AVEED employer and encourages applications from individuals with disabilities, females, African Americans and other minorities.

Pennsylvania

Slippery Rock University

Counselor - Student Counseling Center

Slippery Rock University invites applications for a counselor for a full time, 9-month, tenure track faculty position in the Student Counseling Center beginning August 2007. Responsibilities: Provide counseling, crisis intervention, consultation, supervision and psycho-education. The successful candidate in addition to counseling students, will supervise the Chemical Health Program, provide AOD assessment and treatment. Classroom teaching may be an option within the candidate’s qualifications and service requirements of the Student Counseling Center upon approval. Qualifications: Doctorate in counseling, counseling psychology, clinical psychology or a related field, experience with counseling diverse populations, as well as license eligible in the state of Pennsylvania are required. Successful performance in an on-campus interview, including a simulated counseling session, is also required. A degree from a CACREP or APA accredited institution, experience with AOD instruments, experience in AOD prevention programming, familiarity with developmental approaches to counseling, as well as master’s level counseling experience in a college or university counseling center preferred. Please send a letter of interest outlining how qualifications are met, curriculum vitae, a brief (no more than one page) statement of your counseling philosophy, graduate and undergraduate transcripts (official transcripts required before hiring) and the names, addresses and phone numbers of three references to: Carol Holland DrPH, Chairperson, Student Counseling Center Search Committee, Rhoads Hall, Slippery Rock University, Slippery Rock, PA 16057. Review of applications will begin by May 14, 2007 and continue until position is filled. Background investigation required for employment. Slippery Rock University of PA is a member of the State System of Higher Education and is an affirmative action/equal opportunity employer. Visit our web page at http://www.sru.edu/pages/13161.asp.

Your Membership Information and Win Great Prizes!

Our goal at ACA is to provide our members with the services and products they want, and to provide them in the most modern and cost-effective manner possible. To do this, we need the most up-to-date information about how to contact you and what you would like from your ACA membership.

HELP US UPDATE YOUR INFORMATION AND WIN GREAT PRIZES LIKE AN IPOD, DIGITAL CAMERA, OR A YEAR OF ACA MEMBERSHIP!

1. Go to www.counseling.org and click on MANAGE YOUR MEMBERSHIP
2. From the membership info box, go to UPDATE YOUR PROFILE INFORMATION and fill out the online form

If you do not have access to the internet, please call our member services department at 800-347-6647 x222. Make sure to mention this ad to be eligible for the drawing.

WINNERS WILL BE CHOSEN MONTHLY. PRIZE DRAWINGS END SOON SO LOG ON TODAY!

Patricia Shaw from Austin, TX
won an iPod in December!

Ugochukwu Uche from Tucson, AZ
won an iPod in January!

Cornelia Skipton from Rockville, MD
won an iPod in February!

* ACA rents its mailing lists to other like-minded organizations and individuals that have an interest in marketing to the Counseling Profession. ACA carefully reviews each mailing piece prior to approval. Items must be of professional interest to ACA members. Questions about the collection and use of this information can be addressed to the ACA webmaster at webmaster@counseling.org. ACA’s complete privacy statement is viewable online at www.counseling.org.
Perception:
Counselors don’t need malpractice insurance, employer-provided coverage protects us.

Reality:
Depending on the case, employer coverage may be limited or provide no protection at all.

Don’t put your career in someone else’s hands.

Most counselors assume that if they are sued, their employer will fully defend them. This is not always the case. Remember, institutional plans protect the institution first. Consider:

◆ If your employer disputes the facts of the case, they may not cover you. If your employment is terminated, your coverage is terminated.
◆ If the alleged incident occurred outside of your official duties or official workday, coverage can be denied.
◆ If defense and settlement costs exceed the limits of coverage, you could be faced with making up the difference.

These are just a few reasons why it’s so important to have your own individual professional liability insurance coverage.

Coverage is also available for business owners, call for details.

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:

Professional Liability Insurance offered through HPSO protects your interests first and foremost. You are covered with up to $3,000,000 aggregate, up to $1,000,000 each claim for amounts that you become legally obligated to pay as a result of a professional liability claim arising out of a covered incident. Plus, legal fees will be paid for covered claims in addition to your liability limits, WIN or LOSE!

Full-time employed counselor premiums start at $120 a year!

That’s why the American Counseling Association has endorsed the professional liability insurance offered through Healthcare Providers Service Organization (HPSO).

Endorsed By:
PREPARE & PASS — GUARANTEED!*  
50% Off Study Tools Until May 31, 2007

National Counselors Exam Package Combo (Includes Materials and Workshop)  
$399  
- Pass Guarantee*  
- Two Study Volumes  
- Three Audio CDs  
- Expert Phone Consultation  
- TestMASTER™ online practice exams

National Clinical Mental Health Counselors Exam Preparation Combo (Includes Materials and Workshop)  
$399  
- Three Study Volumes, featuring 14 practice vignettes  
- Two Motivational CDs  
- Expert Phone Consultation  
- Online Workshop Series

CasePRO™ - A powerful tool to enhance your studies and save time!
Delivered online, CasePRO™ gives you simulated exam practice by
modeling the actual NCNHEC™ exam. It scores your exam, analyzes your
performance, and offers explanations for each answer.

NCE® Online Workshop Series
$199  
- Interactive & Engaging  
- Covers the Content Domains  
- Industry Leading Instructors  
- Test Taking Strategies  
- Practice Questions

Flash Cards - A set of over 500 color-coded flashcards, 
addressing key topics and important information. These great
study tools are very convenient and organized by domain
$39 w/pkg

TestPro™ - Our online tool that allows you to create
exams from a bank of almost 600 additional test questions
$129 w/pkg

Workshop Summary CD Library - The perfect
tool to reinforce the skills learned in your study process
$129 w/pkg

Association for Advanced Training in the Behavioral Sciences  
5126 Ralston Street, Ventura, CA 93003

(800) 472-1931  
www.aatbs.com

*AATBS guarantees that you will pass your NCE® Exam or get your money back! Enroll in an AATBS® NCE® Exam Study Program today! With our new money-back guarantee, you can be assured of your success on the exam. Other companies may offer similar programs and guarantees, but some can match the quality and affordability of AATBS® Study Programs. Candidates are required to take and complete all of the TestMASTER Exams before taking the licensing exam. Study Program must be purchased at least 14 days, and not more than one year, prior to date of examination. Study Program must be returned within 60 days of examination date, with proof of failure, in order to receive refund. V. Valid for Study Program only, includes text, shipping, TestPro and CDs. **Offer expires December 31, 2007. ***50% off Tools with purchase of a study package required. Cannot be combined with any other offers. Pricing subject to change without prior notice. Offer expires May 31, 2007. Use Code: CT20.