Counseling Association members are strongly urging counselors to take note of the mental health issues associated with America’s obesity crisis.

Judith and Peter Warchal have seen the number of obese clients increase in recent years, both in practice settings and school settings. Because of this unsettling trend, the couple collaborated and collected data on adults and adolescents to help other mental health professionals recognize and address some of the issues that may accompany obesity, including depression, anxiety, low self-esteem and body dissatisfaction. They shared their suggestions, along with some of the latest research on the subject, in an Education Session, “Health and Wellness: Implications of the Obesity Crisis for Counselors,” at the ACA Conference in Hawaii in March.

“Weighing in on obesity...”

According to the U.S. Department of Health and Human Services, an estimated 66 percent of adults in the United States and more than 12.5 million children (slightly more than 17 percent) are either overweight or obese. The numbers are startling, and two American Counseling Association members have seen the number of obese clients increase in recent years, both in practice settings and school settings. Because of this unsettling trend, the couple collaborated and collected data on adults and adolescents to help other mental health professionals recognize and address some of the issues that may accompany obesity, including depression, anxiety, low self-esteem and body dissatisfaction. They shared their suggestions, along with some of the latest research on the subject, in an Education Session, “Health and Wellness: Implications of the Obesity Crisis for Counselors,” at the ACA Conference in Hawaii in March.

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CRCC releases draft revised code of ethics for public comment

BY CINDY A. CHAPMAN

The Commission on Rehabilitation Counselor Certification is releasing the draft revised Code of Professional Ethics for Rehabilitation Counselors for public comment. The code is meant to be a living document. Issues that have been raised with the Ethics Committee while adjudicating complaints and requests for advisory opinions, along with noted changes in the field since the code came into effect in 2002, led CRCC to adopt a five-year code review process in 2006.

To further explore changes, CRCC conducted a web-based ethics survey in 2006 that asked certified rehabilitation counselors to describe ethical challenges, troubling incidents or dilemmas they had faced in the recent past and what they would project to be ethically troubling issues they would face in the future. Based on the survey data, along with other quantitative and qualitative data, the Ethics Committee determined the need for modifications to the code.

In early 2007, a 10-member Code Revision Task Force was formed. The task force included subject matter experts, educators, practitioners and applied ethicists both from within and external to rehabilitation counseling. Using benchmarking documents that included the ethics survey, advisory opinions, quantitative and qualitative data regarding adjudicated complaints, relevant articles and related codes of ethics, the task force met in July 2007 to begin its work. Three subsequent work sessions were held to review each section of the code. The task force met again in February 2008 for its final review of the initial draft, which was then reviewed by the Ethics Committee.

CRCC is now making the draft code available for public comment through October 2008 via a series of town hall meetings and electronic submission of comments via CRCC’s website at www.crc-certification.com.

“This process helps the code to truly become a living document, responsive to current practice in the field,” says CRCC Code Revision Task Force Chair Vilia M. Tarvydas. CRCC invites you to share your comments.

Cindy A. Chapman is the executive director of CRCC.

By the Numbers: Childhood obesity

Data from two National Health and Nutrition Examination Surveys (1976-1980 and 2003-2004) conducted by the National Center for Health Statistics, part of the Centers for Disease Control and Prevention, show that the prevalence of overweight and obese children is increasing.

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The effects of childhood obesity aren’t just physical. American Counseling Association members Judith and Peter Warchal discuss some of the emotional and psychological ramifications in “Weighing in on obesity” on page 1.

ACA UPDATE

ACA announces R.O.A.R. winners

Thank you for supporting the American Counseling Association and participating in the Reach Out And Recruit (R.O.A.R.) membership recruitment campaign. Your dedication to ACA, and to your profession, is admirable and very much appreciated.

The 2007 campaign has ended, and the campaign winners are as follows:

- Le’Ann Solmonson, Nacogdoches, Texas — Grand prize winner of a laptop
- Mary O. Adekson, St. Bonaventure, N.Y. — One-year complimentary membership to ACA, one full conference registration and a $100 gift certificate to Amazon.com
- Susan Daley, Erie, Pa. — $50 cash prize
- Edward Cannon, Reston, Va. — $50 cash prize
- Kelly Duncan, Dakota Dunes, S.D. — $50 in ACA Bucks
- Connie Miller, Spring Lake Heights, N.J. — One free book from the ACA Publications Catalog

Again, thank you for your participation. ACA looks forward to even greater participation from its members during the 2008 R.O.A.R. membership recruitment campaign.

Book spotlights counseling interventions

Just because you couldn’t attend the ACA Conference & Exposition held in Honolulu in March doesn’t mean that you have to miss out on all the educational content that was provided. A new book from ACA, Compelling Counseling Interventions: Celebrating VISTAS’ Fifth Anniversary, compiles 30 articles, all based on presentations given at the 2008 conference.

Edited by Garry Walz, Jeanne Bleuer and Richard Yep, Compelling Counseling Interventions is full of articles that address current and emerging issues that affect clients across the life span. These articles represent many of the best ideas and practices of ACA members and offer highly useful and specific information about innovative interventions that can be put to use in a variety of counseling settings.

Articles are organized by topic, and include:

- Counseling children and adolescents
- Counseling families and adults
- Career development and counseling
- Client characteristics and needs
- Assessment, evaluation, accountability and research in counseling
- Counselor education, supervision and professional development

The book also includes appendixes of authors and titles of additional articles accepted for inclusion in the ACA online database of counseling resources as well as information for accessing VISTAS online.

Order Compelling Counseling Interventions (Order #72878) through the ACA online bookstore at www.counseling.org or by calling the ACA order line at 800.422.2648 ext. 222.

The price is $34.95 for ACA members and $44.95 for nonmembers.
In response to Brian Canfield’s column (“The vital role of school counselors in the counseling profession”) in the March issue of Counseling Today, I appreciate the positive and complimentary remarks that Dr. Canfield made about school counselors and the American School Counselor Association; however, I am disappointed that he chose to devote most of his column to the few ways that the American Counseling Association and ASCA are different and separate instead of the many ways we are alike and together.

It seems ACA has increasingly been focusing on the professional counseling identity. ASCA has been relatively inactive in this issue for one simple reason: To elementary, middle and high school students, it doesn’t matter. Through conceptual frameworks such as Norm Gysbers’ comprehensive school counseling and Sharon and Curly Johnson’s results-based school counseling, school counselors have a clear picture of their role in student success. School counselors work side-by-side with mental health counselors, marriage and family counselors, school social workers, school psychologists, teachers and other professionals. Our roles are different, but they’re all important. And what’s most important is that school counselors, working with other professionals, help their students overcome obstacles to learning.

Trying to group everyone into one professional identity may appear to be confusing but in practice, it may prove to be divisive. At the October meeting of the Council of Presidents and Region Chairs, presidents of several ACA divisions said their members perceive the profession differently. A few said their practitioners included school counselors, social work counselors, marriage and family counselors, school social workers, school psychologists, teachers and other professionals. Our roles are different, but they’re all important. And what’s most important is that school counselors, working with other professionals, help their students overcome obstacles to learning.

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There are hundreds of theories and approaches to counseling and psychotherapy documented in the professional literature. Counselors often ask, “What theory works best? What approach will best meet the needs of my clients?”

Along with my students, supervisees and colleagues, I often struggle to make sense of this reality. Like many in our field, my approach to counseling practice draws from a number of sources. I have found many of the concepts and techniques from person-centered, systems, family of origin, structural, strategic, communications, rational emotive, Gestalt and existential approaches — to name just a few — very useful in my work with clients.

The particular theory we employ reflects our assumptions about the nature of people, problems and change — concepts that are either well thought out or muddled and confused. There is nothing magical or systemic liberal and biased perspective present in our work. For most counselors, however, these issues offer useful perspectives and an ethical foundation for working with all clients.

In the final analysis, articulating and prioritizing social justice issues presents some challenges — often an expression of personal values rather than a consensus within the counseling profession. Regrettably, I have heard from many counselors who view the dominant voices within the multicultural and social justice movements as “one-sided,” reflecting a politically liberal and biased perspective. This is unfortunate because insights into social justice issues and an awareness of the challenges and complexities of living and working in a multicultural society are important to everyone. I hope this conversation will continue. In particular, there is a tremendous need for research that better informs counselors about multicultural and social justice issues. Not just radical diatribes and “soapbox opinions,” but real research that expands our skills for helping others.

Some folks consider “research” — particularly research in the scientific method vein — to be a restrictive and linear Western concept. As such, much of what passes as “research” in the counseling field has little empirical basis and often reflects, intentionally or unintentionally, opinion rather than objective and systematic inquiry. Any form of research has its limitations, but if we consider research in the broadest sense, we are endorsing a systematic process of inquiry that minimizes bias and seeks to establish qualified facts. For many of us in the counseling field, well-conceived research provides the best hope for the future of counseling practice.

A greater emphasis on research — in particular, research on counseling outcome effectiveness — will greatly enhance our credibility as a profession.

Counseling has always been more “art” than “science,” so expanding our research efforts will not be an easy undertaking. Nonetheless, without a systematic evaluation of the work we do, professional counseling will remain in the eyes of many a dubious and largely unproven activity and, consequently, a marginal part of the larger mental health care industry. As counseling professionals, we cannot allow this to happen. Every counselor can take the following steps to enhance the level of professionalism in the field of counseling:

- Maintain membership in the American Counseling Association, your state branch and the national division that best reflects your primary work setting or practice emphasis. Become an active within these organizations as possible. Insist (or at least strongly encourage) that your students, supervisees and associates also maintain membership in these organizations. The organizations publish the research and utilize resources on our behalf.
- Subscribe and read professional counseling journals. Distinguish between articles that present facts and objective data from “opinion pieces” that advocate a particular political agenda or bias. Contact journal editors and editorial board members requesting a greater emphasis on articles that better inform counseling practice through research, particularly in the area of outcome effectiveness.

Hold counseling association leaders accountable to ensure that association resources focus, first and foremost, on advancing the profession and practice of counseling and the career needs of counselors. Insist that ACA, its divisions and branches maintain a neutral position on political issues and issues of social conscience that do not directly relate to the counseling profession, the needs of our clients and the professional interests of counselors. To do otherwise divides our membership and impedes our effectiveness.

If you have any questions or comments, I welcome your e-mail at canfield@sandiego.edu.
Executive Director's Message – BY RICHARD YEP

You and ACA: Making a difference

Professional counselors sometimes question whether their efforts are having an impact. While some see results quickly, others wonder if they are making a difference.

If you look at our society in its current state, I think a lack of professional counseling services and counselor education would have resulted in many more problems, such as increased bullying, more crime, a higher incidence of discrimination and more cases of depression. Trust me, you make a difference!

How do I know? I’ll point to one example I observed at the end of March when nearly 3,000 counseling professionals gathered for the American Counseling Association Annual Conference in Honolulu. Attendees chose from more than 500 people signed up in Hawaii for next year’s conference in Charlotte, N.C. (March 19-23, 2009)? To me, that is a very good sign for what is shaping up to be another important networking and professional development event.

Many of you also received an e-mail from me last month informing you that dues in the association would be going up by $4 as of July 1. I appreciate those of you who responded by indicating that you understand why this step is being taken; I also appreciate the handful who shared concerns about whether the increase is justified.

I hope my responses helped to articulate the need for the increase and let you know that, given the economic situation, your ACA Governing Council deliberately chose to cap the increase at $4. While this works out to less than 2 cents per day, I realize that every penny counts. My commitment is that ACA will continue to look at ways to deliver services and resources that offer the best possible value. How do we know what to produce? Good question. In the old days, a list of ideas and a dartboard might have worked! But not in this day and age, when every decision could cost the organization and its members many, many hard-earned dollars. So let me tell you something that is about to happen.

As an ACA member, your opinions are needed. Beginning later this month, ACA will be conducting a survey of members as we continue to ask how ACA can best serve you. What can we do for you? How can we help you grow as a professional counselor? How can we best deliver value and quality services?

We have engaged a national research organization to conduct this survey. This company will collect information from a sample of our members and provide an independent report of your opinions and needs. Your answers will be confidential, so if you are called, feel free to speak honestly. Your time with this effort is greatly appreciated and will result in our being able to provide better services, products and resources for the ACA membership.

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.
COMING EVENTS

Ecological Counseling Conference
May 9-10 Cincinnati

The Center for Ecological Counseling, the University of Cincinnati Counseling Program and Chi Sigma Iota, Upsilon Chi Chapter, will host the first Ecological Counseling Conference at the University of Cincinnati, Tangeman University Center. Conference benefits include (1) learning a system of organizing and communicating environmental and personal factors through a series of workshops and speakers, (2) exploring ecologically focused research at workshops and poster sessions, (3) hearing how other professionals are using ecological principles in their practice and (4) developing strategies for implementing ecological principles into practice through hands-on workgroups. For more information, contact Steven Smith at zevonite@hotmail.com.

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

The 2008 Mental Health America Conference and National Mental Health Promotion and Prevention Summit will be held at the Hyatt Regency Washington on Capitol Hill.

The 2008 conference, “No Health Without Mental Health,” will include a full day of advocacy on Capitol Hill, skill-building sessions, an exhibit hall and other events. Contact Danielle Fritz at 703.797.2591 or visit www.mentalhealthamerica.net for more information.

Annual Postpartum Support Conference
June 6-7 Houston

The 22nd Annual Postpartum Support International Conference, “Maternal Mental Health: A Multisystemic View,” will examine the topic from a variety of vantage points, including medical, psychological, familial, cultural, legal, governmental and others. The conference will be held at the Hilton Americas. For information, contact Devani Stumpf at 805.967.7636 or psioffice@postpartum.net.

NECA WorkForce Institute II
July 8 Washington, D.C.

The National Employment Counseling Association will host the WorkForce Institute II, “Navigating the Passages to Employability in the Global Market-Place: Best Practices for Jumpstarting Tough Economic Times.” The learning sessions include “Advocacy on Behalf of Hispanics,” led by Charles Kamasaki, executive vice president of the National Council of La Raza; “Best Practices: High Growth Job Training Initiatives,” led by Gay Gilbert, administrator of the U.S. Department of Labor Employment and Training Administration, Office of Workforce Investment; and “Make a Six-Figure Income Without Breaking a Sweat,” led by Robert Chope, professor/chair of the Department of Counseling at San Francisco State University.

This event will be held at the Capitol Yacht Club. Visit www.employmentcounseling.org for online registration and more details, or e-mail questions to kbrawley@mindspring.com.

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BY ANGELA KENNEDY

The curtain rises and the houselights dim. A shy and anxious young woman sits bathed in a spotlight as she wails her confession: “I’ve got problems! I’ve got problems!” Other actors appear around her and gleefully shout out their reply: “We’ve got them too! Welcome to the group!”

Welcome, also, to the opening number of the musical created by American Counseling Association member Aaron Toronto, who first conceived of the idea for Group ... For Your Mental Health in 2005 while leading a mock group therapy session during a graduate counseling class at South Dakota State University. “I thought that an anxiety therapy group would be rich fodder for a play. That’s where the inspiration came from,” he says. “I chose anxiety because it’s the most common reason people seek counseling and, I think, seen in the right light, anxiety offers a lot of opportunity for comedy.”

With the creative juices flowing, it didn’t take Toronto long to create a rough draft of the play, which he presented to his adviser, SDSU counselor educator and ACA member Chris Briddick. “I didn’t start writing the play with school in mind,” Toronto says, “but after talking to Chris, he suggested that we should do this as an independent study. I thought, ‘That’s a great idea. Get extra credit for writing a play!’ So we met every week or so about it, and he gave me some great ideas and direction.”

Taking time off to pursue independent study can be risky for a student, but Briddick was confident that Toronto was up to the challenge. “It’s one of those things that, as a professor, you hope that when students step in to do independent studies, that they have the motivation to follow them through and do a good job,” Briddick says. “From day one, I was never concerned that Aaron wouldn’t be able to do this. You could just hear his determination and passion when he spoke about it. And it has turned out to be the most fun I’ve had in my teaching career.”

Toronto collaborated with friend Heidi Grimsley, a composer, to craft the songs for the quirky musical and cast local theater students from SDSU for the production. After several rewrites and rehearsals, the play premiered on campus earlier this year.

In Group, the audience gets to observe group therapy sessions, led by pop psychologist Dr. Bloom, and watch the journey of six panic-riddled clients as they attempt to manage their various anxieties and issues. “Everyone in the group has suffered a number of panic attacks,” Toronto explains. “During the session, they allow time to ‘unpack’ — ‘pack’ being short for panic attack — and share their stories about their anxieties. Although the group members are all connected by anxiety, we do see glimpses of other disorders and issues such as depression, OCD, social phobias, sexual abuse and obesity. However, I wanted anxiety to be the thread that held the quilt together, so to speak.”

In guiding the group members through their anxiety-filled struggles, the egocentric Dr. Bloom, author of the renowned self-help manual, Titanic Panic: Don’t Let Anxiety Sink You, eventually is compelled to face his own demons, which threaten to destroy his career and the fragile world of his clients.

Toronto, who graduated from the master’s counseling program last year and currently works in private practice as well as part time at the SDSU counseling center, says real-life clients inspired several of the characters in his musical production. “I’m a big believer in life imitates art and art imitates life,” he says. “Some of the characters are based on clients that I’ve seen, but one in particular was actually a client of my mother’s. My mom is a psychiatrist, and she saw a client who owns hundreds of pairs of panties because she has a compulsion to change her under- wear. I took that idea and exaggerated it a bit for theatrics and to make it funny. The character I created is a woman who must change her panties seven times a day. She does this to get rid of the cooties because her ex-husband cheated on her with seven different women.”

With taglines such as “Putting the fun back in dysfunctional” and “When you’re one step away from crazy, sometimes all you can do is sing,” audiences understand ahead of time that humor will play a major role in the production. But Toronto notes that the play features some realistic and intense scenes as well. In particular, he points to the play’s climax, when Dr. Bloom collapses in his first panic attack during a group session. His attack is brought on by suppressed emotions surrounding his teenage son’s suicide years earlier. “He’s struggling with his own issues,” Toronto explains. “I wanted to show that this world-famous, well-known author and therapist who has helped many people, in the end, he couldn’t help his own son.”

Briddick adds that one of Dr. Bloom’s biggest flails is that he is determined to help his clients by the book. — his book. “But he also has some things that are haunting him as well, so in a way, it’s about how therapists need to stay in check with their
own feelings, issues and well-being,” Briddick says. “It speaks to the importance of therapists making sure that we aren’t impaired by our own issues.”

In addition to weaving the true-life message about self-care into the play, Toronto says he tried to keep the dialogue portions of the musical realistic, reflecting what might be said during a typical counseling session. Ultimately, he says, he wanted the characters to be entertaining yet relatable and universal.

“I really wanted to try to get across the point that everyone struggles,” he says. “The characters are everyday people. Some have had events in their lives that led to their anxiety, and some are just anxious because they are anxious. I wanted to show that everyone has issues and everyone has things they are working on, but it’s better to get through these things together than to go at it alone.”

Some audience members may consider parts of the play shocking, but Toronto insists the scenes weren’t included for their shock value alone. One of the most extreme scenes involves the therapy group’s reenactment of a group member’s sexual assault after Dr. Bloom instructs the group to role-play the incident. Toronto received some negative comments about the scene, and he admits the scenario is far-fetched for any true counseling group, but he believes the scene communicates an important point while also provoking thought. “I wrote it to show that the therapist had become so arrogant that he felt like he could do that and it would be OK,” Toronto explains. “It does get out of hand, and it causes a very intense moment in the play. That scene has bothered some people, but I haven’t changed it because I wanted to push the envelope a bit and also show that therapists make mistakes. They are just people too.”

What the (counselor) critics are saying

Of the nine performances of Group held on the SDSU campus, eight played to sold-out crowds, with many people waiting in standby lines in hopes of scoring an open seat.

Briddick labels Toronto’s musical a “dramedy” — part drama and part comedy. “There are parts where you don’t know if you are supposed to laugh or cry,” the counselor educator says. “But what I enjoyed the most was seeing these quirky and humorous characters display incredible resiliency. The first time I watched the performance, I was literally amazed. Each character feels that they are losing control or that they aren’t in control of their lives. But they all are resilient, and they have a true desire to help themselves and others. It’s one of those therapeutic constants that we hope for — that people have the potential to solve their own problems, and maybe they are strong enough to help those around them.”

Howard B. Smith, interim dean of the counseling department at SDSU, admits that he was concerned about how the mental health profession would be portrayed when he first heard about the play. But after watching a performance, he found that the play represented the profession in a positive — yet still human — light.

“Generally speaking, the fact that counseling as a profession is seen more and more in entertainment in society today is healthy and good for the profession in many ways, as it de-mystifies the profession and makes it more real,” Smith says. “Counselors are usually seen as being the caring and helping professionals that they are, which humanizes them and removes some of the stigma or anxiety that getting help can often create. We, as counselors, must be seen as approachable, well-educated and highly skilled professionals, capable

Continued on page 19


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John J. Murphy

Dr. Murphy offers a refreshingly positive and practical approach to resolving a diverse range of problems from preschool through high school. Drawing on the most recent research and on his extensive experience as a school practitioner and trainer, he presents a step-by-step guide to solution-focused counseling in today’s schools. This strength-based approach is illustrated through real-world examples and dialogues from actual counseling sessions. User-friendly forms, questionnaires, and handouts are provided for immediate application with students, teachers, and parents.

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edited by Suzanne M. (Hobson) Dugger and Laurie A. Carlson

This new resource provides an extensive array of cases on counseling children under the age of 15 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.

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ESSCP is the only federal program focused on helping school districts hire more counseling professionals. Although the program is small, it plays a critical and fundamental role in expanding students’ access to necessary counseling services. The No Child Left Behind Act expanded the counseling program to include secondary schools but instituted a funding trigger requiring that the first $40 million spent on the program each year go to primary schools. As a result, secondary schools cannot apply for grants unless total funding exceeds $40 million.

During the last fiscal year, ESSCP received a record $48.6 million, a $14 million increase over the previous year and the program’s highest funding level yet. The funding level allows middle and high schools to apply for ESSCP grants for the first time and should make it possible for roughly 50 new awards to be presented.

The American Counseling Association strongly lobbied members of Congress to sign the Langevin-Ehlers letter. In February, counselors attending the ACA Legislative Institute in Washington, D.C., lobbied their members of Congress on behalf of ESSCP and asked them to sign onto the Langevin-Ehlers letter. ACA members also utilized the association’s online advocacy center to generate hundreds of e-mails to their members of Congress in support of the letter. For more information on ESSCP, or on how you can help fight for an increased investment in the school counseling program, visit ACA’s legislative action center at http://capwiz.com/counseling/. You can also contact ACA Government Relations Representative Chris Campbell at 800-347.6647 ext. 241 or ccampbell@counseling.org.

Financial chair pushing smaller, short-term Medicare payment fix

Senate Finance Committee Chair Max Baucus (D-Mont.) recently outlined a package of Medicare legislation that would delay pending physician pay cuts for another 18 months. Under current law, Medicare payment to doctors will drop 10 percent July 1. ACA has been working to convince legislators to include coverage of counselors as part of any Medicare legislation taken up this year. Physician and consumer groups have been pressuring Congress to prevent the pay cuts from taking effect so that doctors don’t stop taking Medicare patients.

Under the proposal Baucus outlined, physician payment rates would be cut 21 percent in 2010. Because the cost of postponing the payment cuts would be paid for largely by instituting even more massive cuts at a later date, the total price tag of Baucus’ proposal is only $8 billion over five years.

Little money is available to pay for changes in physician payment rates given Senate Republicans’ opposition to reducing government payments to private managed care companies. The Medicare legislation the House of Representatives passed last August would have spent roughly $11.8 billion over five years on benefit improvements, including establishing coverage of state-licensed professional counselors and eliminating the 50 percent copayment requirement for outpatient mental health services. This spending was offset primarily by reductions in government overpayments to managed care companies.

The much smaller size of the legislative package Baucus proposed will constrain legislators’ ability to adopt benefit improvements, such as establishing Medicare coverage of counselors. Nevertheless, ACA and the American Mental Health Counselors Association are combining to push for Medicare coverage of counselors to be included as part of the legislation. However, a more comprehensive Medicare package may have to wait until a new administration and Congress take office next January.

ESSCP supporters

Following is the list of U.S. representatives and senators who signed letters urging appropriators to provide additional funding for the Elementary and Secondary School Counseling Program next year. If your representative or senator is listed, please take a moment to send him or her a quick “thank you” for their support.

To get started, visit ACA’s Legislative Action Center at http://capwiz.com/counseling. Click on “Elected Officials,” enter your ZIP code, click on “E-Mail” under the picture of your representative or senator and then click “Compose Your Own Letter.”

U.S. House of Representatives

Tom Allen (D-Maine)
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Nancy Boyda (D-Kan.)
Lois Capps (D-Calif.)
Russ Carnahan (D-Mo.)
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John Conyers (D-Mich.)
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Vern Ehlers (R-Mich.)
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Raúl Grijalva (D-Ariz.)
Paul Hodes (D-N.H.)
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Dennis Kucinich (D-Ohio)
Jim Langevin (D-R.I.)
David Loebback (D-Iowa)
Dennis Moore (D-Kan.)
Jim Oberstar (D-Minn.)
Ed Perlmutter (D-Colo.)
Colin Peterson (D-Minn.)
Todd Platt (R-Pa.)
David Price (D-N.C.)
Mike Ross (D-Ark.)
Linda Sanchez (D-Calif.)
Chris Smith (R-N.J.)
Betty Sutton (D-Ohio)
Ed Towns (D-N.Y.)
Chris Van Hollen (D-Md.)
David Wu (D-Ore.)
Robert Wexler (D-Fla.)
Ed Towns (D-N.Y.)
Betty Sutton (D-Ohio)
John Yarmuth (D-Ky.)

U.S. Senate

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Dick Durbin (D-Ill.)
Russ Feingold (D-Wis.)
Herb Kohl (D-Wis.)
Frank Lautenberg (D-N.J.)
Patrick Leahy (D-Vt.)
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May 2008

What counselors can do to help the isolated student connect

CONSPICUOUSLY INCORPOROUS

BY JIM PATERSON

Michael Firch spends a lot of time in the halls of Milford (Del.) Middle School and its busy cafeteria chatting with students, gathering information and spotting problems. One thing the veteran school counselor quickly notices amid the confusion, clamor and camaraderie is the student who doesn’t fit in — the child who sits quietly by himself in the cafeteria or walks to classes alone, seeming almost to flinch as other students pass by.

“I worry about these students for a number of reasons,” says Firch, middle/high school vice president for the Delaware School Counselor Association and a member of the American School Counselor Association, a division of the American Counseling Association. “I wonder how the isolation impacts them. If they are unable to develop or unleash their potential, we may never know what they can contribute.”

School counselors at all levels say they are very conscious of students who seem unable to find a spot to belong, and the counselors believe it is critically important to help these students connect to others. “Schools are very social places, and if students do not fit in, they can become more and more reclusive and angry,” says Dominick J. D’Andrea, a counselor at Christopher Columbus Middle School in Clifton, N.J., and middle school vice president of the New Jersey School Counselor Association. “That can lead to acting out in class, having disputes with classmates, failing grades, truancy and escalating discipline issues.”

Wendy Rock, the senior counselor at Hahnville High School in Boutte, La., warns of even more serious consequences if a student feels alienated. “If we have a student who is not fitting in, we have many support systems — counselors, advisers, mentors, teachers and community agencies. But we are not perfect,” says Rock, an ASCA and ACA member and president-elect of the Louisiana School Counselor Association. “A Columbine or Virginia Tech incident, or a suicide, which I think is the most extreme consequence if the student continues to feel isolated, can happen here or anywhere else.”

Others worry about these students joining gangs to find a connection or moving toward destructive behavior to express their frustration. “They can also become depressed or seek illicit drugs and self-medicate,” D’Andrea says. “They can totally shut down and refuse to perform.”

ASCA member Colleen Baldrica, president of the Minnesota School Counselors Association and lead counselor for St. Paul schools, says education of all students is key because bullying is often the reason for the isolation — or the result. “The No. 1 goal for schools is to keep the student safe — and that often means from other students,” she says.

And, like Firch, many counselors worry that these students suffer emotionally and may not get the same opportunities to reach their full potential.

TAKING ACTION

Understanding the potential consequences of allowing students to remain isolated, many school counselors are making assessments, offering counseling, using resources both inside and outside of the schools and even utilizing other students to help connect troubled young people to their schools and classmates.

Shirley Redcay, a school counselor at Bryan Elementary School in Plant City, Fla., and elementary school vice president for the Florida School Counselor Association, invites students who seem isolated to lunch along with another student who is struggling. She then has the students play a game in which they can express their feelings and discuss goals.

Redcay, a member of ASCA and ACA, says isolated students often simply need to build confidence. “Many times they are not picked because they don’t exude a sort of OK-ness. That can cause other students to avoid them,” she says. “When they build confidence and have some success, that gives them some boldness and make other students feel more comfortable with them. My plan is to empower them by teaching social skills and problem-solving strategies and then providing a positive, nonthreatening environment so they can use the skills successfully, build confidence and begin making a connection with other students.”

Rock says many of the techniques useful with younger students also apply in upper grade levels. When dealing with a high school student who is isolated, however, she believes it is important to begin by meeting directly with the student. “Individual counseling is where we start,” she says. “We identify reasons why the student may not be fitting in. Are they choosing not to fit in, or are other students excluding them?”

Mara Zigurs, a social worker for Bryan Community, an alternative school in Lincoln, Neb., uses a tool called TeenScreen from Columbia University to assess students. Other counselors use their skills and other assessment tools or seek help from mental health professionals to make sure the student doesn’t suffer from more serious problems.

“Often the students who are isolated are the ones with fairly severe behavioral or learning challenges,” says Elizabeth Bartron, an elementary school counselor at Salem School in Salem, Conn. “For those children, we use social stories, social skills in small groups.”

SOCIAL SITUATIONS ARE KEY

ASCA member Carol Tomkalski, a counselor at Woodbury Middle School in Connecticut, says the reasons for student isolation can vary broadly, often according to gender. “Social issues are at the root of all evil during the mid-
dle years. Girls can be very cruel, and the advancement of technology has made it even worse," she says in reference both to the anonymity of online communities and the speed at which a person's reputation can be damaged by someone ridiculing her online. She believes boys are more likely to resolve an issue with another student by arguing, getting into a physical confrontation or working things out, whereas girls who are shunned or mistreated will often withdraw socially.

To intervene, Tomkalski sets goals for isolated students — for example, having them sit with someone at lunch, contact a club sponsor or attend a meeting. She also talks with them about their interests or helps them find things they might want to do. After identifying students who appear to be isolated, counselors should also assess these individuals to see if other issues may be affecting them.

ASCA member Mary Pat McCartney, a school counselor at Bristow Run Elementary School in Bristow, Va., says she asks isolated students to do "homework," which might involve practicing a skill such as joining a conversation. McCartney has these students maintain a chart that monitors their efforts, and she also connects them with social skills counseling group.

Special groups at Ernesto Serna School in El Paso, Texas, bring isolated students together to talk about their fears and goals and what they are going to do to work on them. "I've found that once a student gets involved in this sort of group, they generally stay involved," says ASCA member Tammi Mackeben, a counselor at the school, which serves first-through-eighth-graders. She also connects individual students with activities that they might enjoy and makes the activities' advisers aware of the students' difficulties so the advisers can provide additional support.

Raising a student's status

D’Andrea believes isolated students at every level of school often benefit from being given other responsibilities by school personnel — writing on the board, passing out papers or being a messenger, for example. "These are activities other students recognize, and they identify this student as a class leader who is held in high respect by the teacher. Then they want to connect with this student," he says.

Megyn Shea, a counselor at Gaiser Middle School in Vancouver, Wash., and president-elect of the Washington School Counselor Association, says counselors' efforts to help isolated students often need to be collaborative. "For example," she says, "if we know of a student who is not making friends, we will ask teachers to strategically seat the student or pick peer groups where it is likely they will make a connection with someone." Counselors, teachers and administrators should work together to identify isolated students, she says, and then invite them to a special alternative lunch activity, where they can play board games and interact with one another, facilitated by a counselor or school psychologist.

"We chose this time because lunch can be a very difficult time for students who have made few or no friends," says Shea, a member of ASCA. "This is a safe place for students to gain confidence, meet others and work on social skills."

Rock says counselors may determine that outside resources are necessary. She sometimes finds students individual or group counseling and encourages them to use a "Cope Line" telephone support service that helps them deal with their problems.

Classmates can help

Another method that may help is to engage other students in reaching out to their more isolated peers. This can smooth the path for the struggling student and increase the self-esteem of the student who is assisting. "We may ask students who are very mature and responsible if they wouldn't mind eating lunch with an isolated student or sitting on the bus with them, just including them somehow," Rock says. Counselors can also take the lead in encouraging the entire school community to work together to change the school climate. "Students should notice when someone needs their help," Shea says. "We want students to pay attention to other kids — and to do something about it. For example, we ask that if students see someone sitting alone, that they invite them to sit with their group."

Likewise, Shea notes that isolated students often are the objects of bullying. She reminds students to step in or to report such incidents when they see them. "We want kids to be aware that they can impact their community," she says. "We want them to know what it looks like to be a responsible citizen."

Bartron emphasizes social skills and respecting differences in her classroom lessons and encourages teachers to use the same sort of language "to teach empathy and help develop problem-solving techniques." If a student is being shunned or harassed and the issue is severe, she also asks parents of students on both sides of the issue to come in to discuss the situation. "We have no tolerance for meanness at our school," Tomkalski says. "We have created a culture of respect and understanding. When a student is feeling isolated or rejected by their peers, we respond immediately to the situation. Kids need to feel connected."

Jim Paterson is a contributing writer to Counseling Today and a school counselor at Wheaton High School in Maryland. Contact him at mtpat@reed.net.

Letters to the editor: ct@counseling.org

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Counseling Today ■ May 2008
Behind the Book

BY JOHN LOUGH

Interviws with the authors of books for counseling professionals

Solution-Focused Counseling in Schools, Second Edition
by John J. Murphy

School counseling offers a variety of challenges, and solution-focused counseling is an approach that can help minimize many of those challenges. The counseling method translates current research into practical strategies for resolving problems from preschool through high school.

Solution-Focused Counseling in Schools was written as a practical handbook that offers counselors, psychologists, teachers, administrators and parents a detailed understanding of solution-focused counseling. The book provides a comprehensive set of concepts, examples and models in outlining a counseling method that takes into account both the school environment and the clients being served. This new edition has been revised to reflect the latest research findings and expanded to now cover preschool through high school students.

John J. Murphy is a professor of psychology and counseling at the University of Central Arkansas. A mental health consultant with the Conway, Ark., public schools system, he also consults with a number of other school districts and agencies across the United States. Named one of the top five school psychologists by the National Association of School Psychologists, he is a popular presenter who has trained thousands of counselors throughout the United States and overseas.

Information about training with Murphy is available by calling 501.450.5450, e-mailing jmurphy@uca.edu or visiting his website at www.drjohnmurphy.com.

Counseling Today: What is solution-focused counseling, and why is it appropriate for schools?

John Murphy: “Solution-focused therapy” was coined by Steve de Shazer 30 years ago to describe a method of therapy focusing on what was right about clients versus what was wrong. It involves finding out people’s future wants (goals) and building on what they were already doing to reach their goals. These practical strategies have been applied in many different settings, including schools, where they have proved very useful in enlisting the cooperation and motivation of students, teachers and parents who are struggling with serious school problems.

While traditional approaches focus on diagnosing and discussing problems, solution-focused counseling jump-starts the change process by inviting students to envision a better future and apply their strengths and resources toward reaching it. The efficiency of using students’ strengths and successes is very appealing to busy school counselors who are strapped for time.

CT: How is solution-focused counseling different from what occurs in most schools today?

JM: Much of today’s counseling in schools was designed for different populations (adults) and different settings (hospitals, private practice). Whereas adults often seek help on their own, students are usually “mandated clients,” sent at the urging of teachers or parents. And unlike private practice or hospitals, it’s often impossible to spend an uninterrupted hour with a student for several weeks in a row.

We’ve found there are benefits in meeting students where they are and going forward from there instead of trying to convince students they have a problem and forcing their cooperation. The book offers numerous suggestions for cooperating with students.

Adapting to the school environment requires flexibility, perhaps conducting makeshift counseling in the lunchroom, playground or parking lot. In contrast to other approaches, the strategies in this book are designed specifically for schools and school problems.

CT: What are the main advantages of this approach in schools?

JM: Everything in the book is based on “what works” according to counseling research. Research indicates outcomes depend largely on the extent of client involvement throughout the counseling process. Solution-focused counseling actively seeks and respects the input of students, teachers and parents, placing those who are closest to the problem at center stage, enabling them to be heroes in their own stories of change and achievement. Putting clients first not only leads to better outcomes but also has practitioners reporting greater enjoyment and job satisfaction.

CT: Are there certain grade levels where this approach is more appropriate?

JM: It can be effective with any problem at any grade level. As with any approach, there are some unique challenges in counseling very young students and those with major communication difficulties. The book specifically addresses these and other developmental issues and provides tips for counseling students at all grade levels.

CT: Who are the primary audiences for this book?

JM: The primary audiences include school counselors, psychologists, social workers and graduate students, but parents, teachers and school administrators have also found this approach to be useful in helping students.

CT: Why did you decide to write a second edition at this time?

JM: We know more than we ever have about what works in counseling. I wanted to translate this new knowledge into practical techniques for working with students and others. My own counseling practice has also changed and evolved over the last 10 years. The response to the first edition has been very encouraging. I am hopeful that the expanded focus on preschool and elementary grades, and the other new features of the 2008 edition, will make it even more useful than the original.

Solution-Focused Counseling in Schools can be ordered directly from the American Counseling Association (Order #72873; cost is $33.95 for ACA members and $44.95 for nonmembers). Order through the ACA online bookstore at www.counseling.org or by calling the ACA order line at 800.422.2648 ext. 222.

John Lough is a communications consultant for ACA. Contact him at behindthebook@counseling.org.

Letters to the editor: ct@counseling.org
What’s on your postconference ‘to do’ list?

Does it seem that the time after the American Counseling Association Conference is somewhat anticlimactic when compared with the anticipation leading up to the event and the intellectual stimulation and renewal you experience during the conference? Don’t lose the momentum now that you’ve been back home for a month. Forge ahead and incorporate these experiences into career-enhancing activities! (Even if you weren’t able to attend the conference, you may find a few good ideas here.)

Reflect on what you learned. Pull out the notes you took during the education sessions you attended. Did you learn a new technique that you can incorporate into sessions with clients? Was there a certification available that you've been back home for a month. Forge ahead and incorporate these experiences into career-enhancing activities! (Even if you weren’t able to attend the conference, you may find a few good ideas here.)

You were inspired to begin a new project using techniques that have been proved by colleagues? If you can find at least three ways to apply this newly acquired information, that’s pretty worthwhile!

Update your résumé. If you presented an education session, learning institute, poster session or workshop, it probably belongs on your curriculum vitae. Or perhaps you stopped by the Career Center and had your current résumé critiqued by one of the National Career Development Association volunteers, and now you need to make some changes. If you haven’t revisited your résumé in the last six months, consider this your reminder to do so. (And when you save this document to send to prospective employers, save it as “Last Name, First Name Résumé.” Do you have any idea how many people save this document simply as “Résumé”? If you e-mail it that way, it is more difficult for potential employers to find the correct document.)

Organize the business cards you collected. Don’t just stack them neatly at the edge of your desk, or worse … wrap a rubber band around them and shove them in the bottom drawer! These business cards represent collegial relationships you have established through some form of initial contact. At the very least, add them to your Outlook file (or whatever program you use to manage your contacts) and send a quick e-mail. These contacts could be future copresenters, research associates, colleagues or employers. (Can you spell N-E-T-W-O-R-K?)

Provide some feedback. Was there a speaker who caused you to think about something in a different way? Did someone do something for you that was above and beyond the call of duty? Do you have a constructive idea about how to improve the conference for other attendees? Did you particularly appreciate some aspect of a program? Let somebody know. Ideas communicated in a positive way are almost always welcome. And if there’s a problem that needs to be addressed, speak up!

Apply for continuing education credits. Get credit for the sessions you attended during the conference! Download the form from the ACA website (or request one from Crystal Turner at ctturner@counseling.org). Identify the education sessions you attended by the program ID number and send in the form with a $15 processing fee (check or credit card) to receive your CEUs. Submit this to ACA by June 30 to ensure prompt processing, and please allow three to four weeks for receipt of your certificate.

Enroll in special certification courses. During the conference, were you inspired to learn more about a particular technique? Is there a certification available that would make you more marketable for a specialization within counseling? Find a course to pursue the additional training that differentiates you from other counselors. (Check out the online learning opportunities on our “Counselor Resources” page for ideas: www.counseling.org/Resources/OnlineLearning.aspx.)

Contact a colleague to collaborate on a project. Maybe you met someone with whom you’d like to conduct research or collaborate on an article or book. Pick up the phone, send an e-mail, write your outline and put together a plan. Get your ideas down on paper while you’re still inspired. The summer stretches out before you. It’s a great time to combine productivity with relaxation.

Gather your receipts to calculate your expenses. If your employer covers your expenses, request reimbursement as soon as possible. If not, check with your accountant. Many expenses are tax deductible if they are related to travel for continuing education and professional development.

Sign up for next year’s conference. Head to the ACA website at www.counseling.org and select “Conference.” You’ll be able to take advantage of early bird registration to attend next year’s gathering in Charlotte, N.C., March 19-23. If you’re really inspired, why not submit a proposal to present an education session or preconference learning institute? Put it on your calendar and plan to attend!
You would think that after nearly two years of counselor education classes and with internship half over, I would be prepared to handle pretty much anything that came my way. But with the exception of learning to deal with pressure and the unexpected, nothing had prepared me for what happened early one morning after arriving at school.

My internship is in an elementary school that has an alternative education program (AEP). Half my time is spent as the school counselor at this elementary school and the other half with the AEP. This setup offers me a diverse perspective on students, families and education. It also affords me the opportunity I was seeking to become more experienced with a wider range of people than my previous life experience had provided. Little did I know how much I would be learning!

Connecting home and school

The AEP provided extensive and invaluable hands-on experience with home visits, which I had not previously considered a major part of a school counselor’s position. But if you are going to connect the school to populations that have not readily invested in the school, then you have to reach out and see what kind of environment the student comes from. The supervisor had established with them, the cooperation. The police were even kind enough to let us prepare the child for the confusion and turmoil that greeted him after school. The police were even kind enough to let us into the jail to talk to the mother and get things taken care of for her child. What a mess this could have been without all the cooperation.

I continued working with this student, and he coped with the situation very well. He made great strides and will be transitioning to another school soon. This boy also taught me a major lesson about the levels of resiliency children can possess. He was tremendous, but the resiliency was clearly fostered by our connection to, and desire to work with, the family. Without the family, you can only affect the child so much.

The police arrive

The morning started like any other as my supervisor and I left school for a home visit. We arrived at the first home of the day ready to take the mother on a scheduled tour of a behavioral facility that would be supporting her son. Climbing the familiar steps, I commented on the scene of multiple police cars, one shortly after another, was out of the ordinary. Seeing a second police car drive by the house, I commented on the house. The police driver by during these visits was not unusual, but seeing police cars one shortly after another, was out of the ordinary. We were still knocking on the mother’s door when police officers emerged from the alley and approached us on the porch. It was a shock to feel the fear that others must experience when a group of police officers is approaching you in force.

As my supervisor started explaining who we were and what we were doing at the house, even more police rushed around to the back. I stood frozen to the spot, afraid to move and afraid for the mother and child who were probably inside. This was not how I had pictured the school counseling experience, but it certainly provided the exposure to environments and people’s lives much different from my own that I had been seeking. It was a drug bust — something you read about or see on the news, but now I was in the middle of it! And the experience was going to quickly test my strengths and weaknesses, both as a person and a professional.

Persistence and attention to safety

I was learning lessons that weren’t available in my own neighborhood. These people had widely different experiences from my own and often acted in ways that never would have occurred to me.

Would the parent be home? Would she answer the door this time? I was raised with the sense that of course you would be on time and at the place where you had agreed to meet someone. This held even truer if you had agreed to meet a professional who was going to help you. I was receiving a major dose of education in cultural differences. I never would have guessed how many home visits would end prematurely because the parent forgot the meeting or simply wouldn’t answer the door that particular day. That was certainly aggravating, but I learned that persistence eventually pays off.

One major concern about home visits is that not part of the typical school environment is giving greater attention to counselor safety. Safety plans and precautions are key elements of home visits, but being a naive intern, I thought simply being with my supervisor would take care of everything. The school knew when we left, where we were going and when we were supposed to be back. In addition, my supervisor always had her cell phone. I was taught common sense guidelines such as wearing flats should I need to run, being the one to sit closest to the door and making sure my keys were out. It all made sense, but doing so, I never expected the need to do anything drastic.

Experiencing a few home visits eased my anxieties even more. Parents always seemed so welcoming, and the rapport the supervisor had established with them was unbelievably great! In my classes, I had heard about the importance of the family, but it took these experiences for me to fully understand how crucial it is to build rapport with the family as well as the child.

Testing my will

The mother we went to visit was arrested, and the supervisor and I stayed until Child and Youth Services came to pick up two children staying in the home. The whole experience was a roller-coaster ride of emotions and events.

During the early part of the raid, I was asked to stay outside near the car while the supervisor went in to check on the two children. I was unsure of my role, and content to simply stay out of the way of the police. The supervisor came back shortly and asked if I wanted to come in or wait in the car. I knew one of the children and was concerned about what might happen to her. Now that I had an actual role, of course I wanted to go inside, even though I was still feeling shaken.

Having a legitimate role to play helped to calm me after I was in the house, but my anxiety level rose again as family members started arriving. I didn’t know them, but I was aware that many had criminal records. No one I ever knew had a criminal record or would even consider talking back to the police. I knew these family members wouldn’t hurt the children, but when they started talking loudly to the police, the tension level continued to rise. I was relieved when some of the family members eventually left and we brought the children outside.

The house was being taped off by the police. Just as it seemed things couldn’t get any worse, a camera crew drove up trying to get shots of the scene. It made me so angry that I turned my back to the camera, blocking the view of the children.

It’s not over when it’s over

After Child and Youth Services personnel arrived and straightened out contact information between us, the family and the police, we left to meet them at the Child and Youth Services building. There they let us know that the children would be placed with an aunt or in foster care; they would contact us about what to do with our student who was still at school and had no idea of the situation.

A little shaken and a lot more experienced, we left for a second scheduled home visit, which, thankfully, occurred without a problem. Then it was off to the jail to see the mother. After many minutes of comforting and actively listening to her, we discussed what was originally planned for the home visit. Although we could no longer tour the behavioral facility that would support her son, we did get the necessary signatures.

The whole day left me physically and emotionally exhausted. Even as I had been going through totally new experiences, I had tried to remain strong for the children. Not until I was driving back to the university for class that night and reflecting on what had happened did I start feeling sick in the pit of my stomach. Mentally, I had remained calm, but my body was telling me there was more emotion affecting me. I arrived at class shaken, overwhelmed and unsure of how to cope with what had just happened. But after class discussion and feedback, I felt comfortable with what had happened and reassured that I had taken the necessary precautions.

A few weeks of thinking about that day helped me realize how wonderful it was to have so many agencies working collaboratively for the benefit of the child. The whole event could have gone very differently if the systems had not worked so well together. I was able to get messages from the parent to the child and, thanks to Child and Youth Services, the child for where he would be going after school. The home visit may have been a disaster in some respects, but being there also allowed me to prepare the child for the confusion and turmoil that greeted him after school. The police were even kind enough to let us into the jail to talk to the mother and get things taken care of for her child. What a mess this could have been without all the cooperation.

Collette Smith is a graduate student at Penn State University. Contact her at crs280@psu.edu.

Richard Hazler is the column coordinator for Student Focus.

Letters to the editor: cft@counseling.org
 Legislative advocacy: Does it make a difference?

BY SCOTT BARSTOW

Why bother? The government listens only to fat cats and party fanatics. You have to be a big corporation, a movie star or a rich campaign contributor to have any impact. Why pick up a teaspoon when you’re facing a flood?

Perhaps the biggest barrier preventing counselors and other U.S. citizens from trying to get their government to do the right thing is a feeling of powerlessness. While understandable, this myth is dangerous. Cornel West, the noted scholar and author of the books Democracy Matters and Race Matters, has stated, “When people lose confidence in themselves to make a difference in the democratic experiment, they become disengaged. … No democracy can survive if your citizenry no longer believes that they really make a difference.”

Thankfully, Americans appear to be re-engaging in the political process in response to the war in Iraq and the presidential campaign. Re-engagement with the policymaking process must continue and must be matched with a willingness to devote time and attention to serious policy issues if the United States is to successfully meet the major challenges it faces in a number of areas.

For counselors, engagement with the policymaking process is absolutely essential if the profession is to gain the recognition it needs and deserves. Although other helping professions have had a head start in gaining recognition under public laws and programs, it is high time that counselors catch up. Counselors deserve an even playing field, and clients deserve access to highly trained professionals.

Getting involved in legislative advocacy is the best way of creating that level playing field. The fact is that advocacy does make a difference, if it’s done correctly. Here’s why, and here’s what we mean by “done correctly.”

The straw theory. If you have kids, you’ve undoubtedly experienced an occasion when they have asked (repeatedly, ad nauseam) for a specific toy, or DVD, or a piece of candy. The first few times, you may have said “no.” However, at some point — maybe the 10th time, or the 15th or the 20th — that very last “please, can I?” tips the scales, and you say “yes” instead.

The same decision-making dynamic occurs with legislative advocacy. On some issues, it may take as few as five or six letters and calls to convince a legislator to cosponsor a bill; on other issues, it may take more. Your individual call or letter may not be the 10th, or 15th or 20th contact that convinces a legislator to cosponsor (or vote for, or vote against, or introduce) a particular bill, but it makes that 10th, or 15th or 20th contact possible. So even if your individual contact isn’t the straw that breaks the camel’s back, it has a cumulative effect, whereas without it, we’re still stuck in “no” territory.

You matter more than lobbyists. In 2005, the Congressional Management Foundation conducted a study on public communication with Congress. The study found that although their offices are absolutely flooded with constituent e-mails, phone calls and letters (more on this later), Congress members still care deeply about what constituents have to say.

In one part of the study, researchers asked House and Senate office staff members to rate various types of contact as having “a lot of influence,” “some influence” or “no influence at all” if individual senators or representatives hadn’t already made a decision about an issue. The results? Fifteen percent of staffers said that a visit from a lobbyist would have a lot of influence on their boss’s decision. This pales in comparison to the impact of individual constituents. Sixty percent of staffers rated in-person visits from constituents as having a lot of influence, and 44 percent rated an individualized postal letter from a constituent as having a lot of influence.

Think about this. A single individualized constituent letter is three times as likely to have a lot of influence than is an impersonal letter from a lobbyist. A corollary is that unless they’re backed by constituent contacts, all the lobbying visits in the world won’t make much of a difference.

Just because you sit on the sidelines doesn’t mean everyone else does too. If counselors don’t get involved and demand attention paid to their issues, they will cede the field to others. Keep in mind that competing health and social service professionals may be arguing for different or completely oppositional priorities. Advocates may be demanding attention on completely unrelated issues. Either way, they’re out there.

Continued on page 40
Does incorporating offer extra protection?

Q: I’m an LCPC in Northern Illinois. I have a private practice and have always wondered if my home and personal assets are protected in the event of a lawsuit. I have the recommended malpractice insurance coverage. However, I am not incorporated. Some social workers I know say they are incorporated because it prevents anyone from coming after their homes and money in the event of a lawsuit. I recently spoke with an attorney by phone who said that offers no protection. He said that counselors are the same as lawyers, dentists and other professionals. He said that counselors are the same as lawyers, dentists and other professionals.

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A: Your question is excellent. Most professional counselors in private practice do not consider what type of business entity makes the most sense for their practice. While we are not attorneys and do not give legal advice, based on our experience in practice consulting, the attorney you consulted was correct. That’s why we have always recommended that professional counselors get the highest level of coverage offered by the insurance company. Corporate structures do not protect officers of the corporation from wrongdoing. Just look at companies such as Enron, whose top executives went to jail and are responsible for fines and damages.

Corporate structures do offer protection from debts of the corporation, however. For example, in selling an outpatient drug and alcohol program, I had two buyers with the same offer. One was from a corporation and another from a group that was willing to personally guarantee the offer (separate and apart from the corporate structure). If either had defaulted, it would have been more difficult to collect from the corporation.

Moreover, different business entities such as sole proprietor, a professional limited liability company or a corporation do have pros and cons regarding taxes and wealth management, so consulting a tax adviser as well as an attorney is highly recommended. All that being said, we have never heard of a professional counselor losing his or her home and personal assets in a lawsuit.

Q: My name is Rachel Milazzo, and I am in charge of the Provider Relations Department for American Behavioral. We are a growing managed behavioral health care and EAP (employee assistance program) company based out of Birmingham, Ala. I am interested to see your readers’ ideas to pass along for CEU workshops and seminars.

A: We are a growing managed behavioral health care and EAP (employee assistance program) company based out of Birmingham, Ala. I am interested to see your readers’ ideas to pass along for CEU workshops and seminars.

Private practice tip: Managed care and insurance companies have differing rates for certain Current Procedural Terminology (CPT) codes. Remember that a diagnostic (first) interview, 90801, pays a higher rate on most fee schedules. Blue Cross Blue Shield pays considerably higher for the first session. Another good example is UniCare Mental Health. The company pays $60.16 to master’s-level professionals and $69.41 to Ph.D.s for a customary 45- to 50-minute 90806 office visit, but it pays $73.14 (master’s) and $84.39 (Ph.D.s) for a 45- to 50-minute family session (90847) and even more for hypnotherapy (90880). Always check the fee schedules of each of the companies you deal with to be reimbursed at the best rate available for your counseling efforts.

Note: American Behavioral is now accepting licensed counselors for its panels. The company covers more than 700,000 insured employees across the continental United States. American Behavioral can be contacted through its website at www.americanbehavioral.com.

The Illinois Mental Health Counselors Association will be offering our private practice workshop on June 8. More information is available at www.imhca.org.
of assisting people as they struggle in their lives. In my humble opinion, Toronto’s Group does just that.”

“As a member of the general audience,” Smith adds, “the story line was easy to grasp and follow. It was entertaining, and the lyrics to the music kept my attention. The cast members seemed to fit their roles both physically and in terms of personality, but I would not call it typecasting. As a mental health professional, the maladies of the group members were presented appropriately, without condescension and with good taste and just a hint of humor at the right time to keep the tone of the play entertaining rather than slipping into becoming maudlin. To be sure, there were moments of intensity, as in any group session, but the overacting of the characters, which is often characteristic of dramatizations dealing with mental health issues, was minimal or nonexistent.”

Ruth Harper, a counselor educator at SDSU and the editor of the Resource Reviews column in Counseling Today, says she was captivated by the play’s music and lyrics and left the theater singing “I’ve got problems, I’ve got problems,” the chorus of the opening number stuck in her head. Additionally, she thought the cast did a phenomenal job of bringing Toronto’s characters to life. She did question some of the writer’s decisions, however.

“When I think of a counselor, I am always a bit troubled when the therapist is revealed to have as many or more problems than the clients,” she says. “I’m well aware, and happy, that counselors are fully human and that they are not perfect, not ‘above’ others. Yet, it seems that most dramatic depictions of counselors take some pleasure in bringing the mental health professional down to size, to say, in effect, ‘Look who really has issues.’ For instance, the hilarious and flirtatious dance between Freud and the therapist’s mother while the therapist is out cold after a major panic attack can be seen as another over-the-top rendering of a messed-up group leader.”

Although Harper found that moment of comic relief entertaining, she is concerned about depictions of counselors in the media and arts. “Counselors are often portrayed as (a) too flawed, (b) having no boundaries, (c) displaying limited knowledge of the code of ethics and (d) overemphasizing the value of cathartic breakthrough. I would love to see more realistic portrayals of mental health professionals and their work.”

Bridick, one of Toronto’s biggest fans, sees the flawed characters as human and relatable to the general public.

“There’s more

Exclusively at CT Online, access Aaron Toronto’s synopsis of Group … For Your Mental Health. From the ACA website at www.counseling.org, click on “Publications” and then click on “Counseling Today.”

Aaron Toronto collaborated with songwriter Heidi Grimsley to create Group.

Singing toward solutions

Continued from page 9

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The 2008 American Counseling Association National Awards Reception was held March 29 as part of the ACA Conference in Honolulu. Sponsored by the ACA Foundation and Healthcare Providers Service Organization, the event celebrated those who have distinguished themselves in making an impact on the counseling profession.

### Glen Hubele National Graduate Student Award

This award recognizes outstanding scholarship by an ACA student member. **Amy McLeod** is a doctoral student in the counselor education program at Georgia State University. She has authored or coauthored five manuscripts slated for publication in the near future. She has also delivered numerous presentations at the state, regional and national levels. Her current research focusing on female intimate partner violence earned her the Donald Hood Graduate Student Research Award from the Association for Assessment in Counseling and Education. The research described positive and negative experiences of survivors of intimate partner violence. McLeod serves as president of her local Chi Sigma Iota chapter, focusing the chapter’s efforts on initiatives designed to advocate for the profession and promote social justice. She has dedicated many hours to helping the chapter make a difference not only on campus but in the greater Atlanta community. In the eyes of her nominator, she is responsible and dedicated to the counseling profession.

### 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 given to **Kelley R. Kenney**, an advocate for families from cultures that have been marginalized and are often invisible. In her more than 20 years as a counselor educator, Kenney has taught hundreds of students the tenets of multicultural competency and modeled the commitment she expects them to have by performing local, state, regional, national and even international work in this area. Within ACA, she was instrumental in developing a multicultural interest network that has existed for 12 years. She has served as cochair of the Multiracial/Multicultural Counseling Concerns Network since 1998. Her efforts have included introducing models and methods of developing and demonstrating cultural competence and advocacy for multiracial individuals, couples and families. She has also been instrumental in ACA’s efforts to collaborate and partner with national advocacy organizations in efforts to support multiracial families. Said her nominator: “Dr. Kenney personifies the devotion to family that Don Dinkmeyer cherished.”

### 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. **Paul “Buddy” Ceasar**, visiting professor at Southeastern Louisiana University, is this year’s honoree. Ceasar’s nominees used words such as “genuine,” “sincere,” “compassionate,” “peaceful,” “present” and “caring.” It was said that when interacting with others, Ceasar gives his full and undivided attention and treats everyone with respect and care, regardless of position or status. His students report the benefit they receive from his knowledge, experience and wisdom. Most of all, they gain from the consistent and positive role modeling he provides for them. No classroom instruction can teach what Ceasar’s students learn by interacting with him and following his example of how to be a warm and caring counselor.

### 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 at least 10 years. This year the award is presented to **Arthur M. Horne**, director of the Educational Policy and Evaluation Center, College of Education, University of Georgia. He has contributed significantly to the research in counseling through his many writings over 30 years. He has been particularly prolific in publishing, especially in the area of bullying prevention. Horne has also done extensive research on the topics of group work, family counseling, at-risk youth, counseling men and counseling interventions. He has written or edited 11 books, 34 book chapters and 74 refereed or invited articles in professional journals in the mentioned areas. In addition, he has presented his research to literally thousands of people at video conferences, at ACA conferences and on educational television. From 1999 to 2006, Horne received more than $6.5 million in funding from the Centers for Disease Control and Prevention as the principal investigator for strategies to reduce violence and aggression in schools. These studies have national and international implications.

### 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. **Amanda Blount** has a master’s degree in counselor education from Mississippi State University and is currently working toward her educational specialist degree in school counseling. She is a vocational career counselor in Newton, Miss., in a ninth- to 12th-grade setting for predominantly African American students from low socioeconomic backgrounds. Blount designed and implemented a drug-free education program at her school that teaches students about the effects of drug use and encourages them to select a wellness lifestyle by remaining drug free. One of the highlights of the program is a weeklong celebration in October featuring activities that include special speakers and educational materials tailored to the needs of the students. Blount also implements a character education program and a student-of-the-month program. Each month, a student is chosen based on good character and achievement and for serving as an example of the results of making good life choices.

### Robert Renceken Emerging Professional Leader Award

This award 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. **Angie Walinski** first joined ACA as a student 10 years ago and began taking on leadership roles in 1999, presenting at 17 state and national conferences since that time. In 2003, she became a member of the Editorial Board for Humanistic Counseling, Education and Development. That year, she also attended the ACA Legislative Institute and led the Arkansas branch in a legislative campaign. She
was invited to join the ACA Sexual Minority Youth Task Force as well. Waliski became the Arkansas Counseling Association membership chair in 2002, president-elect in 2005 and is now immediate past president. She has chaired the American Rehabilitation Counseling Association Conference Committee, collected and disseminated conference data, represented ARCA with state and national legislators and organized a Leadership Development Institute. Her passion is for the research, treatment and recovery of persons experiencing abuse and neglect. Waliski’s career is dedicated to working with children and families who experience significant consequences because of previous maltreatment. She will continue to work with the Legislative Task Force on Abused and Neglected Children and continue her research on the mental health needs of preschool-age children.

**ACA Research Award**

This award honors outstanding original research involving systematic inquiry or investigation. This year’s award was given to Danica Hays, Catherine Chang and Scott Decker for their article “Initial Development and Psychometric Data for the Privilege and Oppression Inventory,” which appeared in the July 2007 issue of *Measurement and Evaluation in Counseling and Development*. The Privilege and Oppression Inventory measures awareness of privilege and oppression issues across four main identities related to race, gender, sexual orientation and religion. This instrument is needed in the counseling profession because it assesses a component of multicultural competence and social justice issues ignored in the literature. Counselor educators can use the inventory as a training tool for counselors as well as in research. Most noteworthy is that Hays, Chang and Decker not only created an inventory with practical implications for practitioners and researchers alike, but did so by incorporating rigorous research methodology, thus constructing an inventory that is psychometrically sound.

**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. Bradley T. Erford is a professor in the School Counseling Program at Loyola College in Maryland and the current Association for Assessment in Counseling and Education representative to the ACA Governing Council. He has worked tirelessly in numerous ways to advance the profession. In a short time, Erford has collaborated on and authored four sets of counselor assessment standards: ACA’s Position Statement on High-Stakes Testing, ACA’s Assessment Standards for Qualifications of Test Users, AACE/International Association of Addictions and Offender Counselors Assessment Standards for Substance Abuse Counselors and AACE’s Responsibilities for Users of Standardized Tests. Add to this his recent work in developing regulatory standards for standard entry licensure procedures and negotiations for the Maryland Counseling Board’s regulations on psychological testing. His contributions to the development of counseling standards are immeasurable.

**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. Donna Henderson, a professor at Wake Forest University, is described by her nominator as the “consummate school counselor, but her emphasis in the classroom is broader than the specialty.” She emphasizes certification, licensure and membership in ACA. Henderson has worked to strengthen the profession, serving as president of the Association for Counselor Education and Supervision and the North Carolina Counseling Association, and is currently president-elect of Chi Sigma Iota. In each of these capacities, she has worked to bring unity to counseling. She has a history of going beyond the call of duty, taking her students to the State Capitol of North Carolina to advocate and lobby for counseling. Henderson has also written *Counseling Children*, one of the most widely used texts in the field of developmental counseling. In addition, she has worked as a disaster relief counselor following the turmoil left in the aftermaths of Hurricane Katrina and the Virginia Tech shootings. She gives of herself in a kind and caring way that makes others better than they were before. Henderson has influenced thousands of counselors and counselors-in-training. She is the kind of person this award was made for and, instead of going to her head, this honor will go to her heart, where she will interact with humanity in a humane and wonderful way.

**2008 ACA Fellows**

Fellow status is given to ACA members of professional distinction who have been recognized for significant and unique contributions in professional practice, scientific achievement and governance, or teaching and training. This year, the following ACA members have achieved Fellows status:

- **L. DiAnne Borders** is a leader in counseling supervision. ACA published the first edition of her seminal work, the *Handbook of Counseling Supervision*, in 1987. The first book to define the scope and nature of supervision, it has become the standard in the field and the benchmark against which the development of research, training and practice in supervision have been gauged. Borders has been a prolific scholar, listed among the top 2 percent to 5 percent of contributors to the *Journal of Counseling & Development*, and was selected as editor of *JCD* in recognition of her exemplary scholarship in the counseling profession. As another example of her commitment to the profession, she coauthored a training DVD on supervision, published by ACA. Her leadership in development of a new credential, the Approved Counseling Supervisor, continues to advance the profession by enhancing the scope and quality of supervision for counselor trainees.

**Counselor Educator Advocacy Award**

This award, given for involvement in legislative advocacy training and development, goes to the Wake Forest University Department of Counseling. In 2007, members of the department applied for and won an ethics and leadership grant and took students to the ACA Legislative Institute in Washington. This was the first time an entire counseling program had attended this training. The department chair is Samuel T. Gladding. The other members of the department are Laura Veach, Deborah W. Newsome and Donna Henderson.

**Carl Perkins Award**

This award honors an ACA member who has made a significant contribution to the counseling profession by influencing public policy at the state or national level. This year’s winners are Erik E. Schoen and Louise Sutherland. Schoen is a licensed professional counselor who lives and works in Nevada. He is the community development director at Community Chest in Virginia City, where he works within communities to help develop positive, strengths-based and collaborative approaches to addressing myriad issues that face communities. Schoen received his master’s degree from Arizona State University in 1993. Since then, he has worked in drug and alcohol treatment facilities, domestic violence treatment centers for both women and men, agencies for the treatment of chronic mental illness, private practice and more. In 2007, he was a key participant in helping to establish licensure for professional counselors in Nevada. He was involved in building alliances within the state and providing testimony to the state legislature.

Sutherland is a licensed mental health counselor who resides in Steamboat, Nev., and works as a mental health counselor for the Nevada Division of Child and Family Services. She specializes in working with severely emotionally disturbed adolescents in an inpatient setting. Sutherland received her certificate of advanced graduate studies in mental health counseling and a master’s degree in counseling psychology (addiction studies) from Cambridge College in Massachusetts. She received her bachelor’s degree from California State University-Fullerton.

Sutherland and Schoen spearheaded efforts in 2007 to establish licensure of clinical professional counselors in Nevada. Nevada is now the 49th state to have enacted counselor licensure legislation.

**Federal Legislative Service Award**

ACA presented Rep. Pete Stark (D-Calif.) with the 2007 ACA Federal Legislative Award earlier this year during the ACA Legislative Institute. The award recognizes his tireless work and leadership as chair of the powerful House Ways and Means subcommittee on Health in establishing Medicare coverage of state-licensed professional counselors and making a number of other improvements in Medicare’s mental health benefit. Stark has served in Congress since 1973.

- **Samuel T. Gladding**
- **Laura Veach**
- **Donna Henderson**
Loretta J. Bradley has served ACA as president, treasurer, nominations and election chair and Governing Board member; ACES as president and conference chair; the International Association of Marriage and Family Counselors as Governing Board representative to ACA; the Texas Counseling Association as a senator and delegate to its governing board; and the Texas Association for Adult Development and Aging as president. She has authored or coauthored more than 80 refereed articles, books or book chapters and given more than 250 presentations. The impact of Bradley’s efforts extends far beyond those with whom she has had personal contact. Generations of counselors and counselor educators are indebted to her for her efforts to ensure that all counselors have access to the best research and knowledge the profession has to offer. One of her nominees said, “There is always a tug that goes on within superior performers between producing new knowledge through research and writing and assuming leadership positions. Both demand great effort, time, energy and competence. Dr. Bradley demonstrates how a person can be both.”

David Capuzzi is affiliate professor at the Pennsylvania State University College of Education. He has a long and distinguished history of service to the counseling profession, having served as a scholar, leader, statesperson, professor, advocate and trainer of counseling professionals. His achievements include his work in the areas of youth at risk, suicide prevention, theories of counseling, group work and addictions counseling. Capuzzi, recognized as an outstanding professor and teacher, has also made distinctive contributions to the profession of counseling through his writings, teaching and training. He served as editor of The School Counselor, encouraging established counseling professionals to publish in this periodical. He has coauthored or edited eight textbooks that continue to receive extensive use in counselor education programs. The quality of his work is excellent and timely. He has served ACA as president and currently serves as its treasurer.

Robert C. Chope is described as an outstanding model of a counselor educator, scholar and counselor. A recognized authority in counseling and psychotherapy and career counseling in particular, he has received numerous awards and acknowledgements. He has established one of the oldest private career counseling practices in the United States, the Career and Personal Development Institute in San Francisco. Chope is the founder of the CACREP-accredited Career Counseling Program, one of the earliest accredited programs in the country. As a scholar, his writings have had an impressive impact on the practice of career counseling. He is committed to ACA as an organization, was recently elected president-elect and is a counselor educator. For more than 28 years, he has distinguished himself as an exemplar for the counseling profession.

Jane Goodman recently retired from her position as professor of counseling at Oakland University in Rochester, Mich. A major contributor to the field of counseling, she is the author of many articles and book chapters, primarily in the area of transitions and the career development of adults, including the third addition of Counseling Adults in Transition (with Nancy Schlossberg and Mary Anderson) and The Career Counseling Casebook (with Skip Niles and Mark Pope). She was the 2012-2002 ACA president and is a past president and Eminent Career awardee of the National Career Development Association. During her ACA presidency, she spent much time and effort responding to the 9/11 crisis. Later, during her term of office on the ACA Foundation Board, she was involved in assisting those who suffered from the effects of disasters on the Gulf Coast. One of her nominees described Goodman as “a gentle, compassionate leader who serves as a model for all counseling leaders — the kind of leader that all leaders should strive to be like!” She also likes to be known as a mother, stepmother and grandmother.

Norman C. Gysbers is professor with distinction at the University of Missouri, Columbia. He has been a role model for many, always generous with his time, always caring about and interested in others, always ethical in his behavior and always informed about trends in the counseling field and their likely impact on the practice of counseling. Gysbers served as the president of ACA in its original iteration as the American Personnel and Guidance Association and was president of the National Vocational Guidance Association, now the National Career Development Association. He continues to be an active counselor practitioner. He teaches counseling students through classroom instruc-
ACA Presidential Award Recipients for 2008

**Loretta Bradley**, professor, Texas Tech University. Award presented in recognition of more than three decades of service as a counselor educator, mentor and advocate for the counseling profession.

**David Fenell**, professor and chair, University of Colorado at Colorado Springs. Award presented in recognition of three decades of service as a counselor educator, mentor and advocate for advancing the role of professional counselors in the military.

**Alan J. Hovestadt**, professor, Western Michigan University. Award presented in recognition of more than three decades of service as a counselor educator, mentor and advocate for interprofessional collaboration.

**Don W. Locke**, dean, Mississippi College. Award presented in recognition of more than three decades of service as a counselor educator, mentor and advocate for the counseling profession.

**Nyrell Pattel**, counselor and Australian Aboriginal community advocate and leader. Award presented in recognition of advocacy work as a counselor on behalf of “First Nations” people.

**Dean Porter**, counselor. Award presented in recognition of leadership in advancing efforts to establish licensure for professional counselors in California.

**Robert L. Smith**, professor and chair, Texas A&M University at Corpus Christi. Award presented in recognition of more than three decades of service as a counselor educator, mentor and advocate of the counseling profession.

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**Branch Awards for Excellence presented**

At the Branch Awards Ceremony held during the ACA Conference in Honolulu, branches were honored for consumer/client programs, leadership development programs, membership service, membership recruitment, journals and newsletters.

**Best Consumer/Client Service/Program/Project ($500 monetary award)**
Mississippi Counseling Association

**Best Leadership Development Program**
- Small Branch: Tennessee
- Medium Branch: Florida and Kentucky
- Large Branch: Texas

**Best Membership Service**
- Small Branch: Tennessee
- Medium Branch: Kentucky
- Large Branch: Texas

**Best Membership Recruitment Campaign**
- Small Branch: Tennessee
- Medium Branch: Kentucky
- Large Branch: Virginia

**Best Branch Journal**
- Small Branch: Tennessee
- Medium Branch: Kentucky
- Large Branch: Florida

**Best Branch Newsletter**
- Small Branch: Tennessee
- Medium Branch: Florida
- Large Branch: Alabama

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Many counselors attended this year’s American Counseling Association Conference & Exposition in Hawaii. It was interesting to see hundreds of professionals walking to educational sessions in flip-flops and sarongs. This was dichotomous to say the least.

In fact, dichotomies were evident throughout the experience. For example, standing at any one point in Honolulu, one could turn to the east and see sunshine over the frothy waves of Waikiki, while in the west, dark clouds skulked over the mountaintops. The clouds seemed to take root there, while the sun blazed over the hot late-March sand. In some beachfront parks, another dichotomy of this beautiful place could be seen, as homeless men and women set up seemingly permanent residence under trees that partially obstructed the view of yacht-filled marinas.

But perhaps the most meaningful, and troubling, dichotomy for me took place during my workshop on an important and controversial topic in our profession. During this workshop, I was both proud and ashamed of some counselors who make up the organization of ACA.

It was 7:30 on Friday morning, the first time slot for the educational sessions. Having arrived only the previous evening, I was quite jet-lagged. When I woke at 4 that morning (my body still operating on Ohio time), I wasn’t sure if I wanted to sleep another eight hours or get up and have a hearty lunch.

I arrived at the Hawaii Convention Center early with my copresenter, Scott Hall. Even though I had a feeling our topic was quite controversial, I was not at all nervous. I looked around at my fellow counselors beginning to make their way into the conference on a bright, sunny day in paradise and thought, “These are some of the most caring, understanding, open-minded people on the planet, all convened in their shorts and sandals to share ideas. This will be great.”

The title of our workshop was “Legal and Ethical Considerations for Refusing to Counsel Homosexual Clients — Discrimination?” We planned to present key counterpoints in response to an article by Mary Hermann and Barbara Herlihy that appeared in the Fall 2006 issue of the Journal of Counseling & Development. Although this particular article focused on counselors’ refusal to counsel homosexual clients as being discriminatory, the crux of our argument was broader, in that we believe counselors cannot be all things to all people, and that to set up this expectation is dangerous for clients as well as counselors.

Our goal for the presentation was to begin a dialogue and raise awareness of an issue that has caused alarm for many counselors and students alike. To make our arguments, we relied on the 2005 ACA Code of Ethics and used the same points as the JCD article authors did in arguing the opposite position. We also set out to show how subjective our ACA Code of Ethics truly is.

The presentation had not even begun when I became aware that not everyone was there to have a healthy, mind-expanding discussion. A woman approached my colleague while others were filing into the presentation and asked how we had gained acceptance of our proposal for this topic. She inquired about the “channels within ACA” we had used to submit our proposal. Quite confused at the nature of and motivation for the question, my colleague responded that we submitted our proposal through the regular process. Then, instead of taking a seat to discuss a quote we were using to begin the presentation, the woman stood with another participant in the aisle, talking about topics unrelated to the educational session.

Sitting on the elevated stage and surveying the scene, I had a different vantage point from that of my colleague, who facilitated the strained dialogue between participants down on the floor. What I saw throughout the presentation made my stomach turn in disgust. There was one strong voice of dissent during the discussion. The voice belonged to a gentleman in the back row, who, despite the distance from the rest of the group, spoke loudly, clearly, intelligently and with a strong Southern accent. Whenever he raised a sharp counterpoint to others’ arguments, the two participants mentioned earlier would roll their eyes, arms crossed and smirks ever present. Others displayed similar behaviors, shaking their heads and rolling their eyes but offering no verbal feedback or con-
Additionally, the addictive cycle model and bio-psycho-social-spiritual model. Annual conference. was discussed at length. The addictive Challenge for Every Counselor," was "Addicted and Impulsive Families: A with families impacted by substance use dorn about how to successfully work counselors, ranging from medical impulsive families. Approximately 20 patient advocates to school counselors to counselors, focusing on the void that is left nosing/labeling the addiction as a prob- family counseling process. Topics dis- for these addictions. The learning institute also provided a review of the various stages within the family counseling process. Topics disc- included the importance of diagn- labeling the addiction as a prob- removing the addiction from the home, focusing on the void that is left when the addictive behavior is stopped and maintaining efforts to regroup around a new way of life free of the addiction. Overall, this learning institute featured a lot of interaction between the presenter and the participating coun- elors. It offered a nice combination of reviewing materials while also imparting new information. The 49th Annual EB-ACA Fall Conference will be held in Wiesbaden- Niedernhausen, Germany, Nov. 6-9. Visit the EB-ACA website at www.online-infos.de/eb-aca/main.htm or www.eb-aca.org for hotel information and updates on the conference program. For additional information, contact 2008 EB-ACA Conference Chair Rick Sidney at richard.sidley@us.army.mil.

NECA recognizes Honolulu YWCA Dress for Success program Submitted by Kay Brawley kbrawley@mindspring.com

Kimberly Bento, coordinator of Dress for Success Honolulu, a program of the National Employment Counseling Assoca- tion’s annual local award. The program, which helps low-income women take charge of their lives, was honored during a special awards luncheon March 27 at the Hilton Hawaiian Village. Dress for Success provides career attire to low-income women to help them present a professional appearance at job inter- views. Clients are “served” by volunteer personal shoppers at the YWCA’s office in Honolulu.

NECA celebrated its 42nd anniversary as one of the premier national organiza- tions supporting education, job training, a skilled workforce and future advocacy. The conference in Hawaii also provided the opportunity for one of its most experi- enced professionals to bring job knowl- edge to local agencies. Michael Lazarich conducted a workshop, “Workforce Needs in the Pacific Rim,” at the Oahu WorkLinks site in Honolulu. NECA has a tradition of offering com- munity service presentations in the city that hosts the ACA Conference.

Oahu Worklinks is a One-Stop Career Center dedicated to matching job candi- dates with job vacancies. The Oahu Worklinks staff enjoyed Lazarich’s energy and passion. “In this new centu- ry, both private and public businesses feel the need to increase production with fewer employees to remain competitive in the global marketplace,” Lazarich stressed. “A key ingredient for survival and growth is delivering superior cus- tomer service.”

The second oldest Psychoanalytic Institute in New York, Established in 1941, offering intensive individual and group supervision for Senior Faculty. Referral service with provides patient referrals for students. Clinical experience and training in a variety of specialty programs at the Karen Horney Clinic.

NeCA Workforce Institute NECA’s July WorkForce Institute II, “Navigating the Passages to Employabil- ity in the Global Marketplace: Best Prac- tices for Jumpstarting Tough Economic Times,” will feature a keynote, “Public Policy Advocacy on Behalf of Hispan- ics,” by Charles Kamasaki, executive vice president of the National Council of La Raza (NCLR). NCLR represents nearly 300 community-based organiza- tions that together serve more than 3 million Latinos each year. In addition to providing capacity-building technical and financial assistance to its affiliates, NCLR carries out public policy advoca- cy on behalf of all Hispanics in the United States, with a $30 million consolidat- ed annual budget. Institute topics and other keynotes include:

- “Make a Six-Figure Income Without Breaking a Sweat,” Robert Chope, professor and chair of the Depart- ment of Counseling at San Francisco State University

The institute will take place at the Capital Yacht Club in Washington, D.C., July 8 from 1-5 p.m. The fee of $45 includes a closing reception. Register online at neca-ac.org. Questions: E-mail Kay Brawley at kbrawley@mindspring.com.

ACC active at Hawaii conference; establishes two new awards Submitted by Stella Keri-McClain www.acca-acc.org

Greetings, everyone! I am happy to report that the Association for Creativity in Counseling was well represented at the ACA Conference in Hawaii and held a number of exciting events. ACC hosted a Day of Creativity, including an early morning activity titled “Serenity in the Sand,” a lively and informative discus- sion on “Creativity Across the Continu- um” (presented by Sam Gladding), a research presentation on relational competencies and creativity, and tips for publishing in the Journal of Creativity in Mental Health, ACC’s flagship journal. In our closing ceremony, ACC was especially pleased to announce two new annual awards named in honor of ACA and ACC leaders Sam Gladding and Thelma Duffy. These awards will be presented at each annual conference.

The West Virginia Counseling Association is proud to announce that Ameri- can Counseling Association Chief Pro- fessional Officer David Kaplan will be this year’s workshop presenter at the Spring Ethics Conference on Saturday, May 17.

This annual conference is sponsored by the West Virginia College Counseling Association, WVCA and WVCA South- ern Region and will be held at the South Charleston Ramada Plaza. This confer- ence will offer up to six contact hours approved by the West Virginia Board of Examiners in Counseling for ethics/ licensure renewal, as well as by the National Board for Certified Counselors. Special hotel room rates are available. More information is available on the WVCA website at www.wvcounseling. org.

EB-ACA learning institute looks at addicted and impulsive families Submitted by Candace Merritt candace.merritt@musarmy.mil

One challenge that every counselor faces is how to deal with addictive and impulsive families. Approximately 20 counsellors, ranging from medical patient advocates to school counselors to substance abuse counselors, came together to learn more from Bryce Hage- don about how to successfully work with families impacted by substance use and abuse. The learning institute, “Addicted and Impulsive Families: A Challenge for Every Counselor,” was held at the European Branch of ACA’s annual conference.

First, a nice review was conducted of the major etiological models used to treat substance abuse. These included the moral model, socio-cultural model, psychological model, medical model and bio-psycho-social-spiritual model. Additionally, the addictive cycle model was discussed at length. The addictive cycle addresses the belief system, impaired thinking, addiction cycle, pre- occupation, ritualization, addictive event, despair, guilt and shame and, finally, unmanageability. When looking at the addictive cycle, all the various parts of the cycle must be addressed for needed changes to take place.

Screening and assessment of addictive disorders were presented next. The con- sensus was that everyone should be screened. It is best practice to screen for substance abuse issues anytime someone comes in for treatment. This covers sub- stance use, misuse, abuse and depen- dence and should be part of every psy- chosocial history.

After reviewing some of the basics, we looked at process addictions, which are any behaviors that meet similar criteria as a chemical dependence. These can be very difficult to deal with because many behaviors are “sanctioned” by society. There is also a lack of diagnostic crite- ria. Examples include food addictions/ eating disorders (including obesity, anorexia and bulimia, which impact 14 million individuals) and addiction to such things as gambling, sex, spending, exercise, the Internet, video games and television. In treating these addictions, we should have similar goals as we do for substance abuse treatment, including identifying the problem, helping to initi- ate change, managing follow-up and preventing relapse. Providing 12-step programs and including the family in the counseling process are always helpful for these addictions.

The learning institute also provided a review of the various stages within the family counseling process. Topics disc-ussed included the importance of diag- nosis/labeling the addiction as a prob- lem, removing the addiction from the home, focusing on the void that is left when the addictive behavior is stopped and maintaining efforts to regroup around a new way of life free of the addiction. Overall, this learning institute featured a lot of interaction between the presenter and the participating coun- selors. It offered a nice combination of

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Thelma Duffy Vision and Innovation Award

This award recognizes an individual whose vision and innovation have advanced the practice of counseling and counselor education. The recipient of this award will:

- Display commitment, vision and creativity
- Demonstrate a commitment to mentoring in leadership
- Facilitate novel and applied writing or publication
- Promote cutting-edge practice
- Embody passion and vision in personal and professional development

Samuel T. Gladding Inspiration and Motivation Award

This award recognizes an individual whose example, encouragement and inclusive practice inspire and motivate others to use creativity in its various forms in counselor education and clinical practice. The recipient of this award will:

- Recognize humility as a virtue
- Collaborate with others to build bridges
- Recognize that creativity is a universal quality experienced by everyone
- Invite others to share their creativity in the service of the greater good
- Facilitate creative expression through growth-fostering connections and cooperation

We will announce a timeline for these and other awards on our website (www.aca-acc.org) and look forward to receiving nominations and learning more about the accomplishments and service of our members. We extend our appreciation to Sam and Thelma for their many contributions.

Additionally, we are pleased to announce that the Journal of Creativity in Mental Health is promoting graduate student scholarship by sponsoring an upcoming graduate student issue. Check our website for details. We are also pleased to announce that JCMH is now published by the Taylor & Francis Group. We look forward to working with our new publishers and to continuing to bring you exciting publications on creativity, diversity and relational development.

Please visit our website, participate on our message boards and include your name on our professional resource list. We look forward to your participation and welcome your contributions to the association.

ACA President Brian Canfield joined the Kansas Counseling Association as it celebrated its 50th year as an organization at the annual state convention, March 6-7, in Topeka. Twenty-three past presidents were in attendance to help celebrate the accomplishments of the organization. Two keynote speakers, Robert Sherfield and Harriet Lerner, kicked off each day’s events. Counselors were able to attend a variety of breakout sessions, tap into exhibitors who support our profession and celebrate counselors’ successes with an awards brunch. Record attendance made it a special event.

Additionally, we are pleased to announce that the Journal of Creativity in Mental Health is promoting graduate student scholarship by sponsoring an upcoming graduate student issue. Check our website for details. We are also pleased to announce that JCMH is now published by the Taylor & Francis Group. We look forward to working with our new publishers and to continuing to bring you exciting publications on creativity, diversity and relational development.
Empathy
Continued from page 1

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and, I think most important, empathy. When we put such a push on academic intelligence, we ignore the development of emotional intelligence in our children. People assume that it comes naturally or that someone else will teach our kids. The schools have tried — there are programs like character education — but parents are missing so many opportunities to develop emotional intelligence in children.

“Empathy is the one trait that will put an end to all cruelty, violence, aggression and bullying in our children,” Eaves says in explaining why she focuses so much attention on empathy. “If we recognize and put ourselves in the shoes of other people and understand how our behavior affects them, we would absolutely choose to behave differently.”

An escalating lack of empathy

Eaves contends that an individual's lack of empathy generally escalates over three stages: from self-centeredness to aggression or cruelty and then to lack of remorse.

Self-centeredness

“When children come to believe that their needs are more important than anyone else’s needs, then what you will see is the early signs of lack of empathy,” Eaves says. “When children are absolutely unable to see another person’s wants, desires or feelings, that self-centeredness is the very first warning sign a parent will pick up on. From there, it will turn more toward cruelty.”

Aggressive or cruel behavior

If children view their wants and needs as being more important than anything else, Eaves notes, they are likely to become cruel or aggressive in getting those wants and needs met, and to discount how this behavior affects others. This cruelty can be evidenced on both small and large scales.

Small scale

■ Exhibiting selfish behavior
■ Refusing to help out or clean up after one’s self
■ Refusing to share

Larger scale

■ Being physically aggressive
■ Instigating others to be cruel
■ Bullying
■ Being violent

“We see it and we tend to ignore it, saying that it’s just typical childhood behavior — ‘Kids are cruel.’ I don’t agree with that,” Eaves says. “I don’t think kids are born cruel. They develop that way if we don’t help them develop differently. We overlook those early warning signs and, eventually, those small-scale behaviors will turn into aggression and, in some cases, violence.”

Lack of remorse

The third stage, and biggest red flag, according to Eaves, is lack of remorse. “If they hurt another child and do not feel bad about it — whether it’s verbally, emotionally or physically — if they don’t have any remorse for their bad behavior, that’s a serious problem.”

Eaves attributes lack of empathy and compassion for others to three key factors:

Unavailable parents

“As counselors, we have always seen parents who were unavailable or intolerant of their children,” Eaves says. “When you have children who are being raised in homes where their own parents don’t tolerate expressions of emotions, how can you expect a child to be compassion for other people’s emotions?”

As a counselor, Eaves tells parents they have to make the time to acknowledge their children’s legitimate emotions. The children of unavailable parents are essentially taught that their needs are not important, Eaves explains. In turn, these children come to understand that other people’s needs aren’t important either.

“This type of parenting is increasing because it’s a reflection of our society. Parents are busier than ever,” she says. “There is a time to say, ‘Suck it up.’ There’s a time to tell your child, ‘That’s enough. Cope and move on.’ But I think parents, because they are so overworked and so tired, they are doing that too often because they just don’t have the time or energy to stop and deal with their kids. … They are already at their own wits’ ends, so that makes them even more easily frustrated with the child. The child starts crying, and (the parent) can’t take it.”

Overindulging parents

On the other end of the spectrum are overindulgent parents who protect their children at all costs. “They want their child in a bubble so they never have to experience any bad feelings,” Eaves says. “They are the parents that go to the school and yell at the teacher for giving a student a bad grade. They are parents that pitch fits because their child is on the bench during the baseball game. These kids never hear the word ‘no.’ They are endlessly indulged and given very few limits and far too much power in the household. So, now you have a very self-centered child who believes that their needs and desires are more important than anyone else’s.

These children can be very sweet-natured, Eaves notes, but they are only happy for others when they are happy themselves. “When you have a parent who protects their child from every little disappointment, then the child cannot consider what another’s position might be or what another’s plight might be,” she says.

Exposure to violent media

“This absolutely plays a key role in the development of empathy,” Eaves says. “A video game that is aggressive in nature actually rewards aggressive behavior. The more aggressive you are, the more you shoot, the more you kill, the more points you get. Even though it’s technology and a simulation, the child is still being rewarded for unempathic behavior.”

Helping parents to help their children

In her workshop, Eaves explains six important steps parents can take to increase a child’s EQ and compassion. While the steps should be tailored depending on the age of the child, Eaves notes research has shown that by age 14,
Introducing ‘New Perspectives’
for students and new professionals

Here’s a question: What do boxing and being a new professional in the counseling profession have in common? Answer: They’re both tough.

Many graduate students and new professionals hope the hardest part is behind them after putting on their cap and gown. The rigorous training of a master’s degree or doctoral program is only the beginning of the journey, however. As the saying goes, it’s a juggle out there, meaning the new professional experience can be exciting, exotic, beautiful and scary all at once.

That’s why Counseling Today is introducing a new monthly column, New Perspectives, that will debut along with CT’s new magazine format in the July 2008 issue. The column will address the questions and concerns of newcomers to the counseling profession, while also highlighting their accomplishments so far.

Each month, New Perspectives will focus on one or two questions, submitted anonymously by students or new professionals like you, that will be answered by experienced counselors and mental health professionals — many of whom faced similar challenges and had some of the same questions when they started out. So if you are a graduate counseling student or a new professional, you can now pose any question you want related to your fledgling counseling career and receive expert guidance without experiencing the anxiety of having your name and/or face attached to the question. Just think. It’s like a free-for-all panel discussion because you have the chance to ask whatever you’d like — minus the worry.

Students and new professionals won’t simply receive feedback in the new column, however. They will also share their voices through a monthly spotlight. In addition, twice annually, the column’s pages will be turned over exclusively to students and new professionals so they can share their perspectives on hot button issues.

“I think it’s great,” said a counseling student in Georgia when asked about New Perspectives, “because there are things we feel at-risk to ask our supervisors.”

A new professional from the Peach State also expressed excitement about the new column, saying, “I always read the private practice Q&A (Private Practice in Counseling column) in Counseling Today and learn a lot from the expert advice. I am sure this column will be just as helpful.”

Counseling Today and the American Counseling Association are asking for your help to make New Perspectives an extraordinary vehicle of learning for individuals who are just getting their start in the counseling profession. Submit your questions and concerns to Donjanea Fletcher at dfletche@westga.edu. Be sure to include the state or region of the country where you reside. All questions will be published anonymously, with only the state or region being identified.

6. Shield children from aggressive content.

“Bottom line, parents need to know what kinds of games their kids are playing,” Eaves says. “They need to educate themselves about the rating system of video games.” She adds that parents should screen video games to ensure that the games are age appropriate and should also limit the amount of time their children are allowed to play the games.

But simply monitoring what their children are watching and playing isn’t a stand-alone cure, Eaves says. Parents need to take the time to actively cultivate compassion and empathy in their children. Learning by example in the process, she says. Through her workshops and seminars, she hopes to continue educating parents and child advocates while also passing on suggestions and tips to other mental health professionals about building empathy.

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

Letters to the editor: ct@counseling.org
chosen to work in the education-
al setting. If anything, ASCA has brought more professional-
ism to the role and identity of school counselors. However, I
disagree that the CACREP stan-
dard promotes a “single profes-
sion model.” A single model of
the profession would indicate
that all counselors are prepared in the same manner, and only
with advanced training (beyond the master’s) would the spe-
cializations begin — similar to the medical profession analogy
Dr. Canfield mentioned. Yet
CACREP currently accredits 10
separate and distinct programs. I
am not and have chosen not to
pursue credentialing as a mental
health, marriage and family or
rehabilitative counselor. My
profession is not counseling but
the more specialized area of
school counseling.

Finally, the real “meat of the
matter” regarding Dr. Canfield’s
article can be found in the final
paragraphs relating to the state
division of the organization, al-
though not perhaps for the ben-
efit of all counselors.

Susan D. Gertel
sgertel@cfr.tccom

Dr. Canfield presented a clear
summary of the debate regard-
ing ASCA’s position on school
 counseling as a separate profes-
sion and the opposing view that
counselors working in schools
are an integral part of the larger
counseling community.

As a member of both ACA
and ASCA since the 1970s, I
find the recent direction and cur-
rrent stance of ASCA confusing.
The position that school coun-
selors are not professional coun-
selors, or are not part of the larg-
er counseling profession, seems
as unsound as pediatricians
wanting to separate from the
medical profession, or school
board attorneys viewing them-
several as unaffiliated with the
legal profession.

ASCA has been a guiding
force for the school counseling
profession since the 1950s, and
its value as a professional asso-
ciation undoubtedly will con-
tinue for decades to come. Nev-
theless, I appreciate ASCA’s
firm stance regarding unifica-
tion of the counseling profes-
sion. Although Dr. Canfield’s
willfulness to keep the lines of
communication open between
ACA and ASCA is admirable
and reflects an appropriate pos-
ture for a professional coun-
selor. I encourage ACA also to
consider what it can do to serve
professional counselors who
struggle with ASCA’s current
position and recent direction.

As Dr. Canfield noted, some
state associations have two
organizations for counselors in
schools. North Carolina is one
such state, and the newly estab-
ilished association — the Associ-
ation for Professional Counsel-
ing in Schools-North Carolina
— is healthy and growing. It is
an interest group in the North
Carolina Counseling Associa-
tion and a state-charted organi-
zation with a mission to focus
on professional counseling in
school settings. The primary
focus, therefore, is not on the
school counselor, but rather on
professional counseling services
provided to students, parents
and teachers. With ASCA and
its state branches placing more
emphasis on program leadership
and a focus on direct counseling
and consulting services, it
seems that new associations
might fill a void.

ACA needs an affiliated orga-
nization for professional coun-
selors who desire to practice in
school settings. Such counselors
may be school employees or
they could be licensed profes-
sional counselors in private prac-
tice who contract with schools to
provide mental health services.

In North Carolina and other
states, we see trends where
schools are contracting for men-
tal health and counseling ser-

In many discussions with col-
leagues over the direction that
ASCA is heading, I have heard
great concern over the profes-
sional identity and role of school

counselors. As a member of both
ACA and ASCA, I believe that
building a solid professional
identity is critical to the success
and impact of the counseling
field.

As a previous school coun-
selor and current school coun-
seling program coordinator and
counselor educator, I appreciate
ACA President Brian Canfield’s
article on the vital role of school

counselors. As a member of both
ACA and ASCA, I believe that
building a solid professional
identity is critical to the success
and impact of the counseling
field.

In many discussions with col-
leagues over the direction that
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and impact of the counseling
field.

The annual Cultural Impact Conference brings clinicians, academics, and professionals together to explore ideas, share research, and challenge one another about the most salient multicultural topics of our day.

The 2008 Cultural Impact Conference will shed light on the complex issues related to caring for and working with the Latino population — our nation’s largest and fastest growing ethnic group.

KEYNOTE SPEAKER: Melba Vasquez, Ph.D., ABPP

A member of the APA Board of Directors, Dr. Vasquez is an award-winning and nationally recognized psychologist and scholar. She has coauthored two books and published more than 60 journal articles and chapters in the areas of ethics, ethnic minority psychology, psychology of women, supervision and training, and counseling and psychotherapy.

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for children in need. We are counselors who work to transform the educational environment into a setting that recognizes that children’s personal and social needs must be met before learning can occur.

I agree with Dr. Canfield that having a “single profession of counseling, with areas of specialization, provides a unified voice and the best model.” We are not a separate and distinct profession of educators — we are counselors who can and should provide developmental counseling and guidance services to our children. Kimberly R. Hall, khall@collfed.msstate.edu

I wanted to thank Brian Canfield for what he said in his March president’s message. He was able to clearly articulate the issues and express how I, and many others, feel about the situation. As a former ASCA branch president and ACA branch immediate past president, I have witnessed a shift in policy from ASCA with which I (and many others) do not agree. In Connecticut, it caused our school counselor division to separate from the Connecticut Counseling Association and severely damaged a relationship that we had maintained since 1963.

In December 2007, when the state Legislature proposed a bill granting school certification to marriage and family therapists, the Connecticut School Counselor Association took no action at all to stop it. A few years ago when that proposal came up, the two organizations worked together with our lobbyist to defeat the bill.

I have heard the phrase “we are educators first and counselors second” coming from ASCA leaders. I disagree and believe that it sets school counselors apart as “less than” other counselors. As a counselor educator, I know that the clinical skills of the school counselor and the community counselor are identical; however, the public perception will continue to be that school counselors are not “real” counselors.

Bob Schmidt
North Atlantic Region Chair-Elect

Nonlicensed, unqualified are not necessarily one and the same

I take issue with the wording in the March 2008 article “Oregon bill suffers shocking defeat” that implies nonlicensed counselors are equivalent to unqualified counselors: “Oregon House Bill 3616, which would have outlawed individuals from claiming to be counselors or therapists despite possessing no license to practice as such, initially won passage…” and “Oregon is one of nine states that allows individuals to practice counseling without a license.”

Vermont is also one of those states, but Vermont requires all practicing counselors and therapists to apply to the state for registration as a nonlicensed counselor or psychotherapist, submitting records of one’s education and training qualifications to be approved. In the spring of 2007, I received my master’s in mental health counseling after three years of hard academic work, including a year of internship in which I did counseling. I consider myself to be qualified to act as a counselor and have not yet decided whether to ever pursue licensure. I hope to have a fee-simple business whereby I do not deal with health insurance companies at all because of the extensive paperwork and aggravation involved.

Why should I be prohibited from doing such, which is what, apparently, 41 states do? I consider such a restriction to be overbearing governmental interference (and I am a liberal Democrat, not a “right-wing” Republican like those whom the article stated killed the passage of the Oregon bill). Vermont is a socially progressive state that takes care of its needy citizens — our delegates voted for John Kerry in the last presidential election — but we also value individual rights and freedoms, and many of us moved here to get away from the bureaucratization of modern industrial society.

Restrictive licensing in our field (I belong to ACA and the American Mental Health Counselors Association) leads to the ridiculous situation of, for example, Ph.D.s in counseling psychology being unable to practice counseling without a license — after they have lived years in poverty and incurred debt as grad students, only to find a small number of available and decent academic jobs because of the corporatization of universities, whereby half the faculty jobs are filled by adjunct teachers paid poverty-level wages.

Alice Morrison
North Troy, Vt.

A caveat for using experiential activities

I really enjoyed the articles in the March issue. I enjoyed the addiction article (“A little less talk, a little more action”) with one reservation — so much body contact in the experiential activities. Survivors of childhood sexual abuse might have a really difficult time with this.

John Hollis
Denver, CO

The Grief Recovery Certification Training Program
Partial 2008 Schedule
Complete Schedule at WWW.GRIEF.NET

May
2-5 Tulsa, OK
2-5 Philadelphia, PA
16-19 Boston, MA
16-19 Boise, ID
16-19 Sherman Oaks, CA

June
6-9 Minneapolis, MN
6-9 New Orleans, LA
6-9 Kansas City, MO
20-23 Austin, TX
20-23 Honolulu, HI
20-23 Pittsburgh, PA

July
11-14 Chicago, IL
11-14 Nashville, TN
11-14 Hartford, CT
25-28 Portland, OR
25-28 Sherman Oaks, CA

August
8-11 Cincinnati, OH
8-11 Omaha, NE
22-25 Arlington, VA
22-25 San Francisco, CA

30 CE Hours: NBCC
NADAC
APC
CA Board of Behavioral Sciences

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, comments and feedback to: Counseling Today Letters to the Editor 5999 Stevenson Ave. Alexandria, VA 22304 Fax: 703.823.0252 E-mail: cti@counseling.org

Counselors shouldn’t be models of ‘meanness’

I read Richard Henriksen Jr.’s article, “The opening of the counselor’s mind” (January 2008), and it was very sad on one hand and encouraging on the other. How sad that Mr. Henriksen was forced to remove himself from the discussion because adults chose to be mean-spirited and attack each other rather than be open to discussion.

I work with attachment-affected children and teach them that “mean” is never permitted, regardless of who is being mean. How much better this world would be if we would model the ability to have different opinions, which includes listening to others without attacking and being mean. If we could do that, we might all learn something from one another.

Good for Mr. Henriksen for standing up for what he believes. No one is required to subject themselves to others being mean and hateful.

Janice Turber
Decatur, GA

For More Information Please Call The Grief Recovery Institute at (818) 907-9800 or visit www.grief.net
Resource Reviews

Developing Clinical Skills in Suicide Assessment, Prevention and Treatment
By Jason M. McGlothin, 2008, American Counseling Association, 270 pages, $29.95 ACA member, $47.95 nonmember. ISBN 978-1-55620-272-8, ACA Order #72981

Jason McGlothin, an associate professor at Kent State University, has delivered a text that will relieve a great deal of anxiety for both supervisors and counselors-in-training. This is no small feat given his topic: suicide. Developing Clinical Skills in Suicide Assessment, Prevention and Treatment is not only brimming with data and practical strategies, it is also immensely readable. McGlothin brings 14 years of clinical experience and considerable research to bear upon an issue that frighteningly affects many preventions, novices and seasoned alike. The text is divided into four sections: basic clinical skills and knowledge; necessary skills and knowledge for working with different populations; skills and knowledge needed for practice and client follow-up; and stories and reflections.

The opening section offers readers an introduction to the substantial body of knowledge about suicidal clients, ethical challenges and mandates, and assessment tools. The chapters on suicide assessment interviews and identifying levels of lethality provide a model that is at once straightforward and nuanced. The “SIMPLE STEPS” model is both manageable for new counselors and comprehensive, and, as a result, will reassure new clinicians who are anxious about “knowing what to do.” The final chapter in this opening section offers practical answers to difficult and pressing concerns: how to respond to clients who have guns, knives or pills. Readers who are sensitive to the unique needs of children, adolescents and older adults will be pleased to see that McGlothin does not assume all clients are adults.

The second section moves readers through a developmental timeline, outlining risk factors, assessment strategies, prevention strategies and treatment issues associated with working with suicidal clients across the life span. Moreover, the chapter devoted to children and adolescents addresses the intersection of sexual orientation and suicide risk, and provides key questions to ask both children and parents. The book’s third section is composed of chapters that instruct readers on developing suicide prevention treatment plans, incorporating a rich toolkit of resources, consulting and receiving supervision and, quite importantly, what to do when clients kill themselves.

The entire text is written in an accessible and caring tone, but this is especially true of the final section on stories and reflections. Ten clinicians share their experiences of working with suicidal clients, speaking directly about what has worked, what hasn’t and what they’ve learned about their clients and themselves along the way. Closing the text with these stories effectively underscores the relevance of the theory, data and techniques of the earlier chapters.

At once scholarly and inspiring, McGlothin’s text fills a gap in the literature, and counselors in any setting ought to know what this text teaches. While it might be reassuring when counselors in training should be required to read this book, there should be no question about whether they should be required to do so.

Reviewed by Nona Wilson, associate professor of counselor education and educational psychology, St. Cloud State University.

Working With Divorcing Spouses: How to Help Clients Navigate the Emotional and Legal Minefield

Sam Margulies draws from more than 25 years of practice as an attorney and a mediator. This extensive experience allows him to portray the divorce process from a high-ly informed perspective. The adversarial stance that attorneys take during divorce can be very destructive to families. Considering that many divorces, Margulies stresses how necessary it is for mental health practitioners to cultivate their knowledge in this arena. Counselors, psychologists and other mental health professionals can play invaluable roles in helping families work their way through what can be a very painful process. Margulies believes that if the process is managed appropriately, families can emerge emotionally reorganized and psychologically intact.

Margulies sees counselors, with their interpersonal training and knowledge of family systems, as being well equipped to handle divorce mediation. He encourages them not to be intimidated by the legal aspects of divorce or by fears of practicing outside their scope of expertise. This book shares his knowledge of the legal system in clear, accessible language, and the mental health professionals will appreciate.

Most divorces are settled by considering the best interests of the (children), if any. Margulies believes a shift in perspective is needed. As a strong proponent of framing divorce in the best interests of the family, Margulies argues that this approach ultimately leads to a healthier environment for all, including children. In his experience, divorce is often used as a mechanism for retribution or attack against a marital partner. The process rarely leads to the fulfillment of revenge and instead often results in financial and emotional hardships. All of this can take a tremendous toll on the family. Margulies shows how, through mediation, divorcing couples can learn to work cooperatively as parents, with the goal of having a “good divorce.”

This book rushes out legal, financial and emotional aspects of divorce. The author does an especially excellent job of removing the veil of mystery that can surround the legal side of divorce and provides essential information that therapists need to know to give sound guidance to their clients. Many case examples serve to illustrate the trajectory of divorce.

The overall organization of this book is solid. Among the topics covered are how to select a mediator, develop custody plans and deal with the financial issues of property division and support. Margulies’ book will surely become the standard reference for therapists who choose to do mediation work with divorcing clients.

Reviewed by Diane Pisacreta, associate professor, psychology and women’s studies, St. Louis Community College.

Empowering Bystanders in Bullying Prevention

Empowering Bystanders in Bullying Prevention presents a research-based rationale for focusing on a school-wide prevention program rather than concentrating intervention on either bullies or their targets. Though the book presents adequate discussion of applicable research and theory, the real highlight is the description of effective strategies the author has used as a school counselor.

As Stan Davis notes, the bullying prevention program the book describes has evolved over a period of nine years and is based on the research of Dan Olweus. The author points out the importance of providing staff training and forming a bullying prevention team in order to have a lasting effect on changing a school’s climate. Involving parents and the community assists in communicating consistent social norms regarding aggression. Both staff and students are expected to speak and act in nonaggressive ways. Accountability includes specific consequences for varying degrees of unacceptable behavior. A structured reflection process is designed to encourage aggressors to make better future behavior choices. Supportive suggestions are offered to bullying targets with help from trained peer friendship teams. But the real key to developing a peaceful, caring school climate is classroom guidance lessons focused on teaching and practicing social problem-solving skills and increasing empathy for all students.

Described methods for counselor use in training students include children’s literature, open-ended questions, role-playing, connections to adult life and societal forms of oppression, magic, real-life situations, improvisational theater, student-made legacy videos and Peace Day assemblies. Extensive appendices offer more specifics for practitioners on how some of these methods have been incorporated into the school’s bullying prevention program both inside and outside the classroom.

Using the underlying basic assumption that all behavior is the result of choices between options, there is an interesting discussion of making subtle shifts in language, from encouraging excuse-making to identifying choices that have consequences (moving from “What happened?” to “What did you do?” for example). The author also suggests effective interventions for replacing the common dysfunctional school social norms of tattling and forced apologies.

Julia Davis, daughter of the author, adds an appendix describing applications of program concepts to work with at-risk teens. Other features include a helpful bibliography and reference list and a 50-minute DVD with PowerPoint slides and commentary that is useful for staff in-service, small group or individual learning.

Empowering Bystanders in Bullying Prevention offers a balanced theory-into-practice approach to dealing effectively with school bullying. By recognizing the power of positive peer influence on both bullies and their targets and creating classroom lessons to teach and practice necessary social problem-solving skills, Stan Davis provides helpful direction to any school counselor seeking to develop or revitalize a school bullying prevention program.

Reviewed by Kathy Miller, elementary school counselor, Brookings Public Schools.

Ruth Harper is the column coordinator for Resource Reviews. Submit reviews for consideration to Ruth.Harper@sdsstate.edu.

Letters to the editor:
cft@counseling.org
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Prepare to present in Charlotte

ACA soliciting proposals for annual conference

Have you considered submitting a proposal to present at the ACA 2009 Conference & Exposition in Charlotte, N.C., March 19-23?

The American Counseling Association is launching a new year-round online learning initiative, ACA Online Learning Center, in conjunction with the 2009 ACA Conference & Exposition that could vastly expand the exposure for your work.

How will it work?

ACA will record selected education sessions in Charlotte and make them available to a wider audience of counseling professionals. These recorded sessions will then be offered to conference attendees who may want to view the presentation again, conference attendees who had to miss your session and those who were unable to attend the conference at all.

Another aspect of the initiative is that handouts and PowerPoints will be made available online to attendees ahead of time for easy download. All PowerPoints will be presented in the same template, providing a more unified, professional look.

What is the goal?

To provide much wider access to the enormous body of knowledge collected and disseminated by ACA members at the conference. A secondary goal is to move toward a “green,” paperless conference.

What does this mean for your decision to submit?

ACA will be going to the next level and will be providing both LCDs and computers in presentation rooms (excludes 30-minute poster sessions). So the days of traveling to an ACA Conference with your laptop—and the hassles that come with it—are now over. You only need to bring your thumb drive!

Education sessions (excludes 30-minute poster sessions) will be recorded in high-quality digital audio. ACA is developing multimedia offerings that will allow attendees to experience the full conference even though they cannot attend all of the available sessions. This will allow individuals to review sessions they attended and also virtually “attend” the sessions they were unable to make because of scheduling conflicts. In addition, this allows ACA to deliver the conference sessions to many of our members who may not have the same fortune or financial capabilities as others to attend our annual conference. Plus, this is a wonderful way to reach our international members. Presenters put in significant time, energy and expertise into developing their education sessions, and our new recording initiative will allow these presentations to become a resource for the entire world of professional counseling.

We hope that you will consider becoming a part of this innovation in professional development. See the submission timeline below. Please note that ACA is again seeking advanced-level programs in addition to basic/introductory presentations.

Proposal timeline

April 9: Online proposals opened
June 2: Proposal submission deadline (9 p.m. ET)
Aug. 15: Acceptance/rejection notices delivered via e-mail
Nov. 1: Scheduling notices via e-mail

Questions? E-mail cturner@counseling.org

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volved in weight loss and weight management programs.” She notes that 25 percent of individuals diagnosed as obese experience a mood or anxiety disorder, making it imperative that counselors collaborate with health care and education professionals.

The skinny on obesity

“It’s not about just eating less and exercising more. It’s not a matter of self-control. Those are myths,” Judith exclaims. “Body weight is the result of genes, metabolism, behavior, environment, culture and socioeconomic status. Behavior and environment play a large role in causing people to be overweight and obese. However, these are points of intervention for prevention and treatment for both children and adults.”

To plan appropriate treatments and interventions for some of these clients, counselors must determine which came first: Did obesity lead to their depression, or did depression lead to their obesity? According to Judith, research shows the answer depends on the age group. “Adolescents who suffer from depression are at a greater risk of becoming obese and staying obese, but in adults, it’s the opposite. In adults, obesity leads to depression.”

Research suggests a number of factors contribute to the increased incidence of obesity in children and adolescents, says Peter. Those factors include:

- Lack of physical activity
- Sedentary behavior (blamed by some on the popularity of computer games)
- Heredity
- Socioeconomic status
- Eating habits
- Environmental factors
- Underlying genetic, hormonal (hypothyroidism, thyroid disease) and metabolic syndromes or conditions

Peter, who has been a school counselor for more than 30 years with the Exeter Township School District in Reading, Pa., points out that children and adults are affected by the obesity crisis in very different ways. Overweight children and adolescents are targets of early and systematic social discrimination, he says. The psychological stress of social stigmatization often causes low self-esteem, he says, which can in turn hinder academic and social functioning. He notes research has determined that overweight and obese children miss more days of school than children who are underweight or of average weight.

“Kids won’t come out and say, ‘I’m depressed because I’m overweight,’” Peter says. “They will act out. They will skip class. They will frequent the nurse’s office during P.E. class. Counselors have to look for the symptoms — depression, suicidal ideation, hostility.”

To help these children break free of this emotional downward spiral, Peter says school administrators, teachers and parents must make sure they are sending out positive and supportive messages that focus on healthy lifestyles and body image. Furthermore, he says, bullying of any kind should not be tolerated within the school system.

While children can be cruel, obese adults may also experience social discrimination, Judith says. For example, recent surveys have revealed that:

- Physicians spend less face-to-face time with obese patients.
- 28 percent of teachers say being obese “is the worst thing that can happen to a person.”
- 24 percent of nurses say they are “repulsed” by obese people.

Assessment

“Obesity may or may not be related to clients’ current problems, but awareness of and sensitivity to social discrimination that accompanies being overweight or obese may lead to better initial assessment,” Judith says, adding that counselors should not avoid the subject during intake questioning.

If a client’s weight could be a factor in his or her mental health, Judith says counselors might consider discussing the following topics with the client:

- Prior attempts at weight management
- Coping skills (positive and negative stressors)
- Compulsive behaviors
- Eating behaviors
- Night eating
- Binge eating
- Overeating
- Emotional eating
- Grazing

Additionally, Judith says many of her clients have experienced work-related discrimination in hiring, promotions, wages and job assignments. “Many times, we take the blame of being obese or overweight off of children,” she says. “We look toward the parents as the cause. But with adults, people tend to think that they have no self-control — they aren’t disciplined and let themselves get that way.”

“We need to assess weight management and eating behaviors like we would other issues such as drug and alcohol use, domestic violence and child abuse,” Judith says. “We need to just treat it as another one of the issues that we are going to take a look at while in session. If it’s an issue, we will address it; if not, we will move on. Unless we begin to have the dialogue with our clients, it may remain a hidden issue.”

The Warchals suggest using the following assessment tools:

- Eating Inventory
- Quality of Life Inventory
- Millon Behavioral Medicine Diagnostic
- Weight and Lifestyle Inventory

Cognitive and behavioral interventions

In general, interventions for this population must address behavioral, psychological, social, familial and environmental aspects of eating and exercise behaviors. “Clients who are following a specific regimen of diet and exercise should do so under the guidance of a physician. This provides a good opportunity to collaborate on treatment,” Judith says. “Counselors really need to be working with the physicians so we are all working for the same goals for the individual.”

She suggests counselors discuss the following topics to assist clients in acquiring the necessary skills, motivations and support to change diet and exercise patterns:

- Planning for changes in diet, exercise or both
- Implementing positive coping skills
- Identifying peer support and acceptance
- Improving social relationships
- Increasing self-confidence in social relationships

While the same strategies can be applied with overweight or obese children, Peter notes these interventions primarily need to be family-oriented and family-based.

The Warchals say there is no set formula or magic pill to cure obesity or the mental health issues that often accompany it. By encouraging others to adapt a healthy lifestyle and promoting positive dialogue about the subject, however, the couple believes counselors can help obese clients drop the excess baggage — both mentally and physically.

Letters to the editor:
akennedy@counseling.org.
Think guilt

I don’t travel much, but I’ve been on a guilt trip for as long as I can remember. My life reads like a travelogue of guilt. I hate to think about the psych chic fuel I’ve burned worrying about whether I’ve let someone down. The carsick queasiness of feeling I’ve not been good enough or careful enough or just enough is all too familiar.

When I was a stay-at-home-mom, I felt guilty for not using my education and contributing to the greater good. Then I went back to work and felt guilty for not being there for my kids like I once was. I institutionalized my caregiving tendencies—nurse, chaplain, therapist. Can anyone in those roles ever give or do enough? I experienced a variety of career burnouts because the specter of not being good enough propelled me into overdrive. I would exhaust my physical and emotional resources until the only way out was to quit my job.

I stayed in a bad marriage six years too long because I felt too guilty to leave. Why? Because he needed me, after all. I had a long history of collecting needy friends who sucked the life out of me, but I always felt too guilty to let them go. Thankful ly, I figured some things out as I went along, and today I’m much healthier.

When I became a practicing counselor, I recognized my struggle with guilt reflected in the lives of many of my clients, but I confess that I didn’t quite know what to do about it. Then in session one day, a client—a woman languishing in a miserable marriage—made a prop osition. “I think I can do this,” she said, “I can get out. But you’ll have to teach me the steps for overcoming guilt first.”

I didn’t know any steps for overcoming guilt, so my client’s challenge served as the catalyst for what became a three-year project to examine how guilt traps people and how I, as a therapist, could help them escape. That fascinating journey culminated in the publication of Escaping Toxic Guilt: Five Proven Steps to Free Yourself From Guilt for Good (McGraw-Hill, 2007). The book explores toxic guilt from the inside out and is beyond the limits of this article, but I am pleased to share some of the main ideas here with my fellow counselors, because if we don’t identify and treat guilt, our interventions may miss the mark. When that happens, our clients are the losers.

**Guilt: The good and the toxic**

In general, guilt is the uneasy feeling you get when you think you’ve done something wrong or haven’t done something you should have. Of course, we actually need guilt. Guilt serves a good purpose when it teaches us to consider the needs of others and helps us learn right from wrong. People without guilt are, at best, only out for themselves. At worst, they are criminals.

Toxic guilt is good guilt gone wrong. In some ways, it mimics cancer, in which good, healthy cells morph into destructive cells that grow out of control. Cancer makes people sick, and toxic guilt can do the same thing. People with toxic guilt are stressed, and it is clear that stress can compromise the immune system, thus increasing vulnerability to illness and chronic diseases.

A quick illustration of good guilt versus toxic guilt: Let’s say you’re married or in a committed relationship and, for a number of reasons, you have been losing interest in the relationship. You hang in there because you care for your partner and know that he or she needs you. You want to be a good person, and you wouldn’t be able to think of yourself as “good” if you left.

This is good guilt because it causes you to consider your partner’s feelings and needs. You don’t bail out at the drop of a hat because you want to be compassionate and loyal, and you want to honor your commitment.

But time goes by—maybe even years. You do everything you can to make things better, but your feelings don’t change. By now, you know you are in a relationship that will never bring you joy. But you stay anyway because even the thought of leaving sends you into a tailspin of guilt. That’s toxic guilt. Toxic guilt keeps you from doing what you want to do to make your life better.

Not everyone is troubled by toxic guilt. Those who are tend to be overly giving, hyper-responsive, devoted to pleasing others and inclined to rescue. In a nutshell, people with toxic guilt are overly invested in being good. There’s nothing wrong with being good. The world needs more good people. But people with toxic guilt are way out of balance and at risk for never being able to live life on their own terms. Instead, pleasing others and living up to their own unreasonably high standards takes precedence over everything else.

**An overlooked culprit**

Interestingly, most people who suffer from toxic guilt don’t have a clue as to what is behind their distress. If their counselor doesn’t either, then these individuals are much less apt to make progress. People don’t think about guilt because guilt is not fashionable. Those who suffer from toxic guilt frequently blame their problems on depression, anxiety or situational stress because the popular media is replete with stories about people suffering from these maladies. Clinical categories such as obsessive-compulsive disorder, paranoia and bipolar disorder are well known to the educated laity. But few people talk about guilt, and no one wants to admit that they feel guilty. Guilt implies they have done something wrong, and that makes people feel bad about themselves.

My first session with Jill illustrates how guilt is often the last thing people suspect as the culprit for their problems. The attractive 21-year-old junior was on semester break from her university. “I’ve been struggling with this problem since last year,” she said. Stealing furtive glances at me through her thick dark lashes, she went on. “I can’t seem to make a move, and it’s making me crazy.”

Jill’s problem was that she wanted to change majors. She was a pre-med student but had decided that she really wanted to be a high school chemistry teacher. “I know my parents won’t be too excited about the idea,” Jill said.

That statement raised a red flag for me, and I went with my suspicion. “So, you feel guilty about changing your academic plans?”

“Oh, no!” Jill answered. (The look on her face clearly said, “You don’t even get it, Ms. Therapist.”) “It doesn’t have anything to do with guilt,” she continued. “I just don’t want to disappoint my mother.”

If that’s not toxic guilt, I don’t know what is, but Jill obviously didn’t have a frame of reference for her dilemma. I shared my suspicions with her and discussed the characteristics of toxic guilt. She eventually agreed that toxic guilt was indeed the source of her immobility, and we began treatment immediately. Before school was back in session, Jill had a plan.

I offered my clients a five-step program for escaping toxic guilt. I hope you’ll find it useful in your work.

**Step 1: Speak the truth**

Stop hiding the truth from yourself because you think the way you really feel makes you a bad person. Find someone you trust—who someone who won’t judge you—and speak the truth about your situation:

■ I don’t love my husband/wife/partner anymore.

■ I’m sick of my in-laws running my life.

■ I hate my job.

People with toxic guilt will never get over obstacles in their life unless they admit the truth to themselves. And although the process isn’t easy, the emotional release is worth it. It is the place to start.

**Step 2: Claim territory**

This is the most important step. People with toxic guilt have poorly defined boundaries. Boundaries are emotional fences. What’s inside the fence belongs to you; what’s outside the fence belongs to someone else. You must learn that you have the right to own your property. You have the right to secure it, protect it and keep people out of it.

**Step 3: Brace for the storm**

When you stop accommodating others, they won’t like it. This is a hard step because people with toxic guilt want to please everyone. However, the discomfort of disappointing others will be worth it when you find how free you feel! Enlist support systems. Gath er people around you who understand and will back you up.

■ If your family and friends don’t support your decision to get a divorce, join a divorce support group.

■ If you’ve decided to start exercising and know your family won’t like it, don’t exercise at home. Join a gym to find support.

■ If your community of faith doesn’t support your spiritual journey, find a new church.

**Step 4: Ride the wind**

This step is all about letting go. People with toxic guilt like to be in control. They like to be assured that everything will turn out OK for everyone and that they will be liked in the process. Control is an illusion, however. It’s much more fun to let go and ride the wind.

Although that sounds easy, it is very difficult for people with toxic guilt to let go. Stepping back and relinquishing control will feel counterintuitive to people who are hyper-responsible and rescue types. You will have to make up your mind and stick to it.

**Step 5: Patrol borders**

The power of the familiar is profound even if your old habits interfere with living life the way you want. Check your behavior and monitor your progress regularly. Backsliding is insidious. If you are reverting to old patterns, make changes immediately.

Continued on page 43
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“Impressing the Need for Empathy”

1. Eaves says that empathy is the one trait that:
   o a. will put an end to all cruelty, violence, aggression and bullying in our children.
   o b. really must be taught by parents.
   o c. cannot be absent from a civilized society.
   o d. All of the above

2. Eaves notes research has shown that by age _____ it is very difficult to teach empathy.
   o a. 7
   o b. 9
   o c. 12
   o d. 14

3. Both Eaves and Simons agree that parents need to:
   o a. monitor what their children are watching and playing.
   o b. take the time to actively cultivate compassion and empathy in their children.
   o c. lead by example.
   o d. All of the above

“Conspicuously Inconspicuous”

4. D’Andrea believes isolated students at every level of school often benefit from:
   o a. being given other responsibilities by school personnel.
   o b. being connected with group activities they might enjoy.
   o c. having a safe opportunity to share fears and consider goals.
   o d. a skills-based approach to social interaction.

5. McCartney asks isolated students to do all of the following EXCEPT:
   o a. do “homework,” which might involve practicing a skill such as joining a conversation.
   o b. maintain a chart that monitors their efforts.
   o c. be part of a social skills counseling group.
   o d. have lunch along with another student who is struggling.

“Behind the Book”

6. The solution-focused counseling approach is most appropriate with high school students.
   o a. True
   o b. False

“Negating the Obesity”

7. Does obesity lead to depression, or does depression lead to obesity? According to Judith, the answer depends on:
   o a. age group.
   o b. culture.
   o c. heredity.
   o d. All of the above

8. Judith posits that we need to assess weight management and eating behaviors like we would:
   o a. drug and alcohol use
   o b. domestic violence
   o c. child abuse
   o d. All of the above

“Private Practice in Counseling”

9. If a counselor is incorporated, his or her personal assets are protected from being part of a professional lawsuit.
   o a. True
   o b. False

10. All of the following are true about American Behavioral managed behavioral health care and EAP (employee assistance program) company EXCEPT:
    o a. it has a great retention rate now.
    o b. It is now offering free billing workshops.
    o c. It is looking ACA members’ ideas for advice on how to cooperate and work together.
    o d. It is thinking about offering CEU classes.

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constructive counterpoints to the man’s comments. I only hoped he couldn’t see their behavior.

We continued the discussion. Other participants raised crucial ideas and points — and questions. How do we ensure we are being effective and ethical when we work with clients whose values, choices and lifestyles trigger strong countertransference reactions within us? If we seek supervision and training, how do we ensure that we don’t do harm in the process? What does it truly mean to respect the dignity and promote the welfare of clients? Does “respect” necessarily mean to “work with”?

These are just a few of the questions that came up during the presentation. My copresenter facilitated this dialogue as I sat up on the stage, advancing the PowerPoint slides and taking careful notes. I wanted to make sure I captured the rich points being tossed out for discussion by people who seemed genuinely interested and engaged.

With five minutes to go in the presentation, the woman I mentioned previously raised her hand and said, “I want to know what you up there have to say!” I glanced up and, in a flash, realized she was pointing at me.

“You have a heard a thing from you. He’s been asking as what we think, but no one has heard from you.”

I was surprised to be pointed out in such a fashion, especially by a person who had not contributed a word to the entire discussion, save for a few sarcastic utterances. In the spirit of the discussion, I chose to walk off the stage and toward the audience to respond to her request. Before beginning, I felt it necessary to provide a context for my rationale, so audience members would have a clearer understanding of my position. After perhaps a minute of explanation, the woman interjected. “I haven’t heard one ‘I statement’ in all that you’ve said,” she exclaimed. She then stated that I was “circumscribing and accused me of not using ‘queer-affirming’ techniques with my homosexual clients.

To be honest, that’s all I remember. What followed seemed to unfold in a thick fog, with some participants offering final responses and people then shuffling out in a flurry of activity. I walked up to the podium, and all I knew to do at that point was to pull off my ACA badge and stand motionless. A few of the counselors who had provided constructive feedback during the presentation came up to me to provide a few final words of support. I remember hearing affirming comments such as “That took a lot of courage,” “That was such an important — and difficult — topic to discuss” and “That needed to be done.” Then the door of the seminar room swung shut as everyone headed off to the keynote address.

Tears welled in my eyes as quickly as the thoughts that swarmed through my mind. My attention turned to words I had heard at the end, mostly from those who had done nothing throughout the presentation but sigh, shake their heads and roll their eyes. We were accused of acting on prejudice. I found it a curious statement, being that it came from those who seemed to have made up their minds about the presentation before they even entered the room. We were accused of being rigid in our thinking, yet as I stood and observed the unprofessional behavior of some participants, it was clear they had trouble even sitting in the same room with those who disagreed with them. In the moments and hours following the presentation, I was disheartened — as a presenter, a counselor, a beginning counselor educator and a member of ACA.

Being a feisty introvert, I have long been aware that my pen is much sharper than my tongue, so I am taking this opportunity to say some of the things I would have liked to say in those final five minutes of our presentation. But more important than getting any “final word,” I felt I needed to write this as a way to seek closure to this experience. In some ways, my professional identity depends on it.

In the days following the presentation, I was able to reframe much of this experience. I realized I had allowed the behavior of a few counselors to represent the entire counseling profession, when in fact, I think the behavior of those who came up at the end of the presentation truly represents the spirit of counselors. Those participants who approached us and thanked us for presenting such an important topic did not agree with our position throughout the session. But the manner in which they disagreed — respectfully and rationally — represented the dignity and professionalism I would wish for us all in this profession.

As counselors, we say we value open-mindedness and respect for the beliefs of others. But when we say we respect the beliefs and values of others, is that limited to our clients? What happened to respecting differing beliefs of other counselors? Sometimes I get the feeling that some counselors respect the values and beliefs of other counselors only as long as those values and beliefs are the same or similar to their own. Sometimes I get the feeling that some counselors respect diversity only as they define it, that tolerance and understanding apply only to clients and that counselors are expected to fall in line with some standard code of beliefs and values.

Oh, wait! We do have a code. The ACA Code of Ethics, which, as I recall, is pretty subjective. And why is that so? I believe it is for the purpose of respecting and honoring differing values and beliefs among counselors, in addition to providing guidelines for counselor behavior.

So thank you, ACA, for giving me an opportunity to grow. After thinking about this experience, I have put my name tag back on and will move forward in this profession — my profession and your profession. The beauty of counseling is that it can be our profession. That is something I think we can all respect — well, almost all of us. Aloha.

Note: Opinion articles do not necessarily reflect the views of ACA or the Counseling Today staff.

Michelle Flaum is a doctoral candidate at the University of Cincinnati and clinical faculty at the University of Dayton. She also has a private practice partnership, The Highlander Group LLC, in Dayton. Contact her at Michelle.Flaum@notes.udayton.edu.
There is an almost incomprehensible array of issues on which legislators are asked to take action. If you’re not one of the groups working to make its interests and viewpoints heard, legislators will happily devote their time and attention elsewhere. If you’re quiet, legislators can only assume that you’re (relatively) happy.

**Legislators are your employees.** Although this is self-evident — especially around tax time! — it bears repeating. Public service in Congress or in a state legislature is hard, hard work, and public servants deserve gratitude and respect. However, the “servant” part of that phrase must be kept in mind. You have a right to expect your legislators to address your concerns, or at least to listen. If they don’t, perhaps you need different legislators.

Assuming you’re convinced that you should take action on the issues you care about, let’s proceed to the final question: What do we mean by advocacy “done correctly”? The electronic age has had a big impact in the area of public policy, making learning about what’s going on incredibly easy for the public. Hearing schedules … it’s all available online. This is good. At the same time, the Internet has also made communication with elected officials much easier for the public. This has proved to be a mixed blessing.

E-mail messages, including form e-mails, now constitute the vast majority of contacts. Although congressional offices like the fact that constituents are involved in advocacy, they are less happy about the plethora of form e-mails that show little constituent engagement on an issue. Not surprisingly, those contacts that evince the highest level of constituent commitment get the most attention. According to the survey conducted by the Congressional Management Foundation, only 3 percent of staffers said that form e-mails would have a lot of influence (compared with 44 percent for individualized postal letters), and 37 percent said form e-mails had no influence whatsoever! Thirty-four percent of congressional staffers responded that individualized e-mail messages would have a lot of influence on their bosses.

What all this means is that constituent contacts are still important — and still work — but that advocates need to work a little harder than the other guy to cut through the noise. Grassroots advocacy works, and policy change won’t happen without it. To be effective, though, it has to be a real, honest communication. It has to come from the heart. And who has bigger hearts than counselors?

If you have any questions or comments about legislative advocacy, please feel free to contact the public policy staff of the American Counseling Association. Our contact information is available on our website at www.counseling.org/publicpolicy.

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Nancy Musarra, who earned her Walden Ph.D. in Psychology, identified a connection between working memory and the social isolation of children with Asperger’s Disorder. Now she’s applying her dissertation research to a new treatment option that targets remedial working memory skills. While it’s too soon to quantify outcomes, early test scores—and the enthusiasm of her patients—indicate she’s helping children with Asperger’s take a vital first step in leading more normal lives.

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For more of Dr. Musarra’s story, go to WaldenStories.com.

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Scott Barstow is the director of ACA’s Office of Public Policy and Legislation. Contact him at sbarstow@counseling.org.

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CAS’S I educational productions allow clients to learn and have fun at the same time in dealing with difficult and sensitive issues.

If you know, or even suspect, that your clients suffer from toxic guilt, there is a way out for them. Everyone deserves to live life on their own terms, and it is possible to do that while being a good person in the process. The five steps outlined here (and expanded on in my book) give people with toxic guilt a plan for escape. I invite you to use the steps to teach clients that they do not have to be controlled by what others expect or by the unreasonably high expectations they have for themselves.

Susan Carrell, a member of the American Counseling Association, is a licensed professional counselor in private practice. Her other books are Group Exercises for Adolescents: A Manual for Therapists (Sage Publications, 2000) and The Therapist’s Toolbox: 26 Tools and an Assortment of Implements for the Busy Therapist (Sage Publications, 2001). Visit her website at www.carrellcounseling.com or e-mail her at susan@carrellcounseling.com.

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home for recovering women, 
ages 17 1/2 - 26 years old, Boul-
der, CO. Experience working 
with eating disorders and mas-
ters of DBT a plus. To learn 
more about the program or 
apply, see www.aimhouse.com
GA

SOUTH UNIVERSITY
Program Director of Professional Counseling (Savannah Campus) Reports to: Department Chair of Behavioral Sciences.

Position Summary: Responsible for coordinating, implementing, and overseeing daily and long-term activities (i.e., academic and professional) for the Professional Counseling Program, Students, and Faculty. Ensures programmatic standards match those of the university and external accrediting/credentialing organizations and actively engages in programmatic accreditation. The Program Director will serve as a faculty member in the professional counseling program. Key Job Elements: Conduct on-site evaluations, annual reviews of all faculty within the Professional Counseling program; Serve as a liaison between faculty of professional counseling program and the Chair of the Department of Behavioral Sciences; Serve as an academic advisor in the program; Actively assist with the CACREP accreditation process; Actively participate in programmatic and university service; Ensure implementation of program course syllabi; Assist with the development of curricular and policy revisions as requested by the Chair of Behavioral Sciences; Assist the Chair of the Department in the preparation of the annual budget for the program; Engage in teaching responsibilities (6-9 credits per quarter) in the professional counseling program. Position requirements: Doctoral degree from an accredited counselor education program; Currently licensed or license-eligible in the state of Georgia; Licensure must be achieved within six months following date of hire; Flexibility in schedule to meet administrative, teaching, student, and programmatic needs; Ability to effectively manage multiple tasks in a dynamic environment; Relevant training, teaching, professional experience, and demonstrated competence in counseling.

HI

SPECTRUM HEALTHCARE RESOURCES
LPC Specializing in Addictions

Spectrum Healthcare Resources has an opening for a Licensed Professional Counselor (LPC) that specializes in Addictions Counseling at Schofield Bar- racks near Honolulu, Hawaii. This permanent civilian contract offers Full Time Position, Monday-Friday Hours, Malpractice Covered 100%, Outpatient Clinic and No Call. This position has the following requirements: LPC, CSAC, Master’s Degree, 2 Years Experience in a Clinical Setting and 1 Year Experience within the past 3, working as a Substance Abuse Counselor. Contact: Molly Halsey-Romero, 877.3984.8285, mhalsey-romero@spectrumhealth.com EOE/A/A/D

NJ

NEW JERSEY

ROSS UNIVERSITY
Behavioral Sciences – Assistant Professor / Counselor

Ross University School of Medicine, located on the beautiful Caribbean island of Dominica in the West Indies, invites applications for a faculty post as assistant professor in the Behavioral Sciences Department. Our mission is to prepare highly dedicated students to become effective, successful physicians in the United States. Ross University, an accredited course-work is taught in Dominica and students then complete their clinical studies in the United States. After passing all prerequisite examinations, Ross graduates are licensed to practice medicine in all 50 states of the U.S. Ross University School of Medicine is a division of DeVry, Inc (NYSE:DV). Essential Job Functions: The individual will provide counseling services as outlined by the Department Chair and the Director of the Counseling Center. When needed, the individual will participate at the assistant professor level in academic programs and carry out teaching responsibilities as assigned by the Department Chair and/or the Dean of Ross University. Essential Responsibilities Provide academic, career, and personal counseling to assist students in achieving their educational goals. Provide psycho-educational outreach (presentations in the development), stress management, adjustment. Provide crisis intervention counseling in cooperation with the Health Center to assist students dealing with issues that could interfere with their success at Ross University. Participate in the history-taking and clinical skills training of 3rd and 4th semester students. Facilitate Problem-Based Learning groups. Where appropriate participate in faculty committees and student activities. Required: Knowledge Skills and Abilities: The candidate should be a generalist who can provide counseling services to a diverse student population and have clinical experience dealing with a variety of presenting concerns. The candidate should have at least 2 years clinical experience working with early adult populations. Experience in a medical school, or other professional training program preferred. Required: Credentials and Education: Ed.D. or Ph.D. in Clinical or Counseling Psychology or closely related field. Earned Doctorate/Master’s Degree and internship in counseling or clinical psychology; Licensure as a Psychologist or Clinical (Mental Health) Counselor (Allied Health); Demonstrated successful experience in provision of psychological services to a diverse population of college/university students. Demonstrated experience in providing culturally competent services to a diverse client population. Knowledge of developmental issues of college students. Knowledge of and sensitivity to multicultural issues required. To a lesser degree demonstrated successful university experience as a campus counselor. Ross University offers a competitive, potentially tax-free annual salary, relocation assistance to and from the island of Dominica, a deferred compen- sation program, medical benefits, and other standard leave is provided along with opportunities for professional development. Review of applications will be given to applicants who send five-year master’s or three years post doctorate experience working with high-school age (15-18) adolescents; Successful candidates will be competitive working with adults in grades 6-12, though the primary responsibility of this position is grades 10-12; Teaching experience is a plus, but not required; Expertise in working with multicultural populations is essential, as is a willingness to be involved in the broader life of the school; This is a 1-2 year position. Resume and cover letter to: Theresa Atkins, Search Coordinator, Albuquerque Academy, 6400 Wyoming Blvd NE, Albuquerque, NM 87109. Phone (505) 828-3201 e-mail: atkins@aa.edu

NM

ALBUQUERQUE ACADEMY
Full-Time Faculty Position — Counseling and Human Development

2008-2009 School Year Albuquerque Academy, an independent co-ed college preparatory school, is seeking a permanent, full-time counselor for grades 10-12 in the Department of Counseling and Human Development (CHD) beginning August 2008. CHD comprises six licensed mental health professionals (presently 4 doctoral level and 2 master’s level clinicians) who work in a variety of ways to promote the mental health and well-being of students. Counselors work regular school hours and are off during student vacations. The school pays for malprac- tice insurance and professional memberships, and provides opportunities for professional development. Responsibilities: Conduct school hour consultations and short-term individual, and group therapy; Consult frequently with fellow counselors regarding critical cases; Make referrals to therapists in the community; Teach health classes to tenth grade boys covering topics such as male identity, clarification of values, sexuality, substance abuse, developing healthy relationships, managing stress and coping with anxiety and depression; Consult with and present programs to faculty regarding topics relevant to adolescent development. Qualifications: Must be a licensed or certified psychologist, L.M.F.T., L.P.C.C., or L.I.S.W.; Preference will be given to applicants who have five years of masters’ or three years postdoctorate experience working with high-school age (15-18) adolescents; Successful candidates will be competitive working with adults in grades 6-12, though the primary responsibility of this position is grades 10-12; Teaching experience is a plus, but not required; Expertise in working with multicultural populations is essential, as is a willingness to be involved in the broader life of the school; This is a 1-2 year position. Resume and cover letter to: Theresa Atkins, Search Coordinator, Albuquerque Academy, 6400 Wyoming Blvd NE, Albuquerque, NM 87109. Phone (505) 828-3201 e-mail: atkins@aa.edu
degree completion); be licensed or license eligible as a professional counselor in Pennsylvania; experience in teaching, counseling, and student supervision; experience and training in elementary, secondary, or mental health counseling. THE DEPARTMENT: The Counseling programs, with 3.5 full-time faculty members are part of the Psychology and Counseling Department with 14 full-time faculty and a history of over 60 years of graduate education. Resources include state-of-the-art classrooms and human research laboratories, a Psychological Services Center, and a close working relationship with the Marywood University Counseling and Student Development Center. THE UNIVERSITY: Marywood University, Scranton, Pennsylvania, prepares students to have a positive impact on society at regional and global levels while providing each student with the foundation for success in an interdependent world. Marywood University is an independent, comprehensive, Catholic institution of more than 3000 students, committed to the integration of liberal arts and professional studies in the context of ethical and religious values. Founded by the Congregation of the Sisters, Servants of the Immaculate Heart of Mary in 1915, Marywood offers a wide variety of undergraduate, graduate and continuing education programs designed to place men and women of all backgrounds and ages at the forefront of service, knowledge and technology. APPLICATION: Applicants should include a letter of interest, a current curriculum vita and a list of three references with contact information. Applications from ethnically and racially diverse backgrounds or other underrepresented groups are encouraged. Review of applications will begin May 1, 2008. Materials should be sent to: Counseling Search Committee, attn: Dr. John Lemoncelli, Psychology and Counseling Department, Marywood University, 2300 Adams Avenue, Scranton, PA 18509. Marywood University is an affirmative action/equal opportunity employer and encourages applications from women and minorities.

SOUTH CAROLINA

SOUTH CAROLINA STATE UNIVERSITY
Assistant / Associate Professor of Counselor Education

A nine-month tenure track position. REQUIREMENTS: Doctorate in Counselor Education or Educational Psychology with a graduate degree in Counselor Education from a regionally accredited institution (graduates of CACREP approved program preferred). Practical experience as an elementary or secondary school counselor is required. The successful candidate will have college teaching experience. A Licensed Professional Counselor or National Certified Counselor desired. Duties include teaching graduate counseling foundation and school counseling courses on and off campus. The successful candidate will also supervise practicum and internship students, develop on-line courses, advise students, sponsor student organizations, serve on university committees, engage in public service, and conduct scholarly research. Salary: Commensurate with experience. Submit letter of application, three (3) letters of recommendation, vitae, and copies of all graduate transcripts to: Dr. Philip M. Scriven, Counselor Education South Carolina State University - Box 7456, 300 College Street, N.E., Orangeburg, South Carolina 29117. SCSU is an AA/EEO employer. Consideration of applications will begin immediately and continue until the position is filled.

TEXAS

MIDWESTERN STATE UNIVERSITY
Counseling, Assistant Professor, tenure track, fall 2008

Teach undergraduate and graduate counseling courses on campus and distance education. Required: doctorate in counseling or related field and counseling experience, (school counseling preferred). The finalist will undergo a criminal background check. Position contingent on funding. Submit letter, CV, and contact information for three references to: Dr. Michaelle Kitchen, Midwestern State University, 3410 Taft Blvd., Wichita Falls, TX 76308. michaelle.kitchen@mwsu.edu. www.mwsu.edu ADA EEO.

VIRGINIA

PRIVATE PRACTICE

Part-Time Virginia Licensed Mental Health Therapist needed for Private Practice Group in Gainesville, VA. Provider with insurance panels preferred. Opportunity exists to eventually work full time. Please send resume and cover letter to leccmooring@aol.com or fax to (703) 754-0646.
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1Assault coverage not available in Texas. Must have graduated within the last 12 months to qualify. 2The course must be 6 contact hours in a subject related to the insurant’s area of specialization. Must provide a certificate of completion to HPSO. 3Course must have been completed within the last 12 months in order for discount to be applied.

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STUDENT ALERT!

Keep Your Professional Liability Coverage Active After You Graduate

One of the most frequently asked questions HPSO receives is: Why do I need my own professional liability insurance if my employer already covers me? You may already understand that your own policy offers coverage that will protect you against allegations of malpractice while you are working on your degree or certification, but you also want to make certain that you have sufficient protection in the event you are named in a lawsuit or need legal defense to respond to a complaint against you with the licensing board or ethics committee, even after you graduate. While your employer may provide coverage for you, it may not cover you in all cases. You need to be clear about how your employer’s coverage proxy is you. Often, an employer’s policy is designed to protect its interests first. If you have your own policy, you will have the benefit of your own representation that is focused on your interests in the event of a lawsuit. Some healthcare and counseling professionals avoid purchasing or continuing their own policy because they may have been told, “having your own insurance will make you a more likely target for a lawsuit.” This couldn’t be further from the truth. A person can sue you anytime, for any reason. If a patient or client perceives he or she has been injured and perceives that this injury is the result of your providing, or failing to provide, adequate professional services, that patient could sue. This doesn’t mean that you have been negligent. It means that the patient or client perceives negligence. Also, no one can know whether you have your own policy, unless you tell someone. In fact, if you are involved in a lawsuit, this information typically won’t be uncovered until the “discovery phase.” At that point, you will already have been named in the suit. By continuing your coverage as a professional, you can feel comfortable knowing that if something happens on or off the job, 24/7, you can rely on your own policy to protect you against allegations of professional malpractice.

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