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Meet those individuals who have distinguished themselves in making a positive impact on the counseling profession.
We might refer to work as the daily grind, but it turns out that most of us don’t really mind it. In fact, a recent survey suggests that having a job means much more than just a monthly paycheck to the majority of Americans.

- In it for the money? No way, say one in five survey participants; they’d opt to keep their jobs even if they won the lottery.
- Sixty-five percent of those polled say they “live to work”; 31 percent say they like their jobs and gain satisfaction from them; 13 percent say a job adds “structure and purpose” to their lives.
- More women “live to work” than men: 71 percent vs. 59 percent. Women like the social aspect, while more men than women say they are proud of their work.
- Keeping the household afloat is a top priority. Of those surveyed, 62 percent said their top worry would be paying the mortgage or bills if they were out of work; 94 percent value having disability insurance.
- The slumping economy is having a negative effect in the office. Sixty percent of Americans say during the past six months, the overall mood in the workplace has changed; 34 percent say people are worried about losing their jobs or that the economy is affecting people’s moods.

The survey, conducted by Yankelovich, a part of The Futures Company, for CIGNA, a global health service company, consisted of telephone interviews with 742 Americans employed full time. The interviews took place Jan. 29 to Feb. 2. For more information on the survey and its findings, visit newsroom.cigna.com.
What the world needs now

With apologies to Hal David and Burt Bacharach, what the world needs now are counselors, yes, counselors. … No, not just for some, but for everyone.

I’m not saying anything new by stating that the current economic situation is bleak and that people are hurting. The downturn in the global economy is negatively impacting people, not just here in the United States but all over the world. People are losing their jobs and their homes. Retirement accounts and savings accounts are being drained dry. These losses are often accompanied by feelings of low self-esteem, anxiety, depression, hopelessness and even suicidal ideation. I mean it when I say, “What the world needs now are counselors, yes, counselors.” Our profession is uniquely trained to help everyday people with everyday problems. And now more than ever, people need our help. Because today, everyday people are facing extraordinary problems. We need to stand shoulder to shoulder with our clients and their significant others and do what we do best — help.

Here’s one source of hope: No matter what happens next or how much darker the economic situation grows, the joys and personal treasures we possess in our lives remain constant. No one can foreclose on our relationships with our partners, our children or our friends. We, along with our clients, must recognize and nurture these relationships because they are our true and lifelong investments.

Here’s what counselors are doing to help our clients in these tough economic times: providing career counseling as folks lose their current jobs and/or seek new jobs; teaching stress reduction and relaxation techniques; offering strengths-based therapy so folks can take a deep breath, pick themselves up, dust themselves off and more confidently face a new and different tomorrow; offering to accept insurance, waiving the copay and providing pro bono services as often as they can.

Even in these challenging times, counselors came to Charlotte, N.C., for the ACA Conference & Exposition — in record numbers, I might add — to meet together, to learn from one another and to enjoy fellowship and kinship with one another. To me, the gathering clearly indicates that professional counselors recognize their important role in today’s society as well as the work that needs to be done. Most important, it was a collective statement to the world that we stand ready to help — in any way we can — every single day.

Today more than ever, I am proud to be a professional counselor. I am proud of you, my esteemed colleagues, and I am extremely proud to be a member of our great organization. We truly are what the world needs now.

With pride,
Colleen ♦
The ACA Encyclopedia of Counseling
This premiere counseling reference book is ideal for students, educators, supervisors, researchers, and practitioners seeking to quickly update or refresh their knowledge of the most important topics in counseling. More than 400 entries span the 2009 CACREP core areas used in counselor preparation, continuing education, and accreditation of counseling degree programs, making this a perfect text for introductory counseling classes or for use as a study guide when preparing for the National Counselor Exam.

List Price: $99.95 | ACA Member Price: $74.95

Norman C. Gysbers, Mary J. Heppner, and Joseph A. Johnston
Career Counseling, 3e incorporates the most widely used career counseling practices with new and emerging career development concepts, making it an exceptional text for both counselors-in-training and seasoned practitioners. Topics discussed include traditional and postmodern career theories and approaches; counseling an increasingly diverse workforce and addressing cultural context issues such as race, class, gender, and disability; forming a productive alliance with the client; gathering client information; using assessment inventories and instruments; developing client action plans; and navigating the termination process.

List Price: $64.95 | ACA Member Price: $45.95

A Contemporary Approach to Substance Abuse and Addiction Counseling: A Counselor’s Guide to Application and Understanding
Ford Brooks and Bill McHenry
Straightforward and reader-friendly, this book provides a basic understanding of the nature of substance abuse and addiction, its progression, and clinical interventions for college/university, school, and community/mental health agency settings. Topics addressed include drug classifications; assessment; working with ethnically diverse clients, the GLBT population, and women; the continuum of nonuse to addiction; developmental approaches in treating addiction; relapse prevention; grief and loss in addiction; group counseling; working with families; spirituality; addictions training and ethical issues; and counselor self-care.

List Price: $46.95 | ACA Member Price: $33.95

Counseling Multiple Heritage Individuals, Couples, and Families
Richard C. Henriksen Jr. and Derrick A. Paladino
This book examines the strengths of and the challenges facing multiple heritage individuals, couples, and families and offers a framework for best practice counseling services and interventions specifically designed to meet their needs. Topics covered include historical and current racial classification systems and their effects; identity development; transracial adoptions; and counseling strategies for children, adolescents, college students, adults, couples and families, and GLBT individuals. Poignant case studies illustrate important concepts and techniques throughout the book, and chapter review questions provide a starting point for lively classroom discussion.

List Price: $44.95 | ACA Member Price: $33.95

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The journey begins

Each year, many of you experience a very special passage that results in exchanging your “student” descriptor for one that reads “new professional.” Some of you will walk across a stage to accept your graduate degree in counseling. Others will simply walk off campus and begin the journey — a journey that comes as the result of hard work, dedication and self-exploration. And, of course, some of you have decided to go for yet another advanced degree.

To all of you finishing up your studies this year, I say simply, congratulations. You have earned a very special place in society as a professional counselor. You are an advocate for those seeking help for life’s challenges. You will experience exhilaration, fulfillment and, yes, at times, disappointment. But you will all be performing incredibly important work, and I am in awe of what you have chosen to do.

If you have been a student member of the American Counseling Association, you now have the opportunity to become a “new professional.” This means that, at a deeply discounted rate, you will be afforded all the rights and privileges given to those seasoned professionals who have been practicing, teaching and mentoring for several years. Why? Because we know many of you have student loans that need to be repaid or you have agreed to take a lower paying job to begin your career. Every single member of the ACA Governing Council remembers what it was like to “start out” in the profession.

So even as you make the transition from student to new professional, your membership rate remains the same. Consider this our “graduation gift.”

There will be some of you who still question whether continuing your membership is really worth the expense. You might even tell yourself that once you are on your feet and established in your practice, you will “re-up” with ACA. Let me appeal to you to maintain your membership in ACA if at all possible.

For less than two and one-half cents per day, you, as a new professional, need the resources, information and networking opportunities that membership in ACA can provide. In addition, as you start out in your chosen career, you are bound to have questions about ethics; ACA is here to help answer all of your questions as a member of our association. There are numerous other benefits to maintaining your membership in ACA, so if you have questions, please call us at 800.347.6647, and we will be happy to respond.

And now, I address those of you who have been the support system for the newly graduated. Whether you are a partner, professor, mentor, parent, child or friend of a recent graduate, you can take pride in knowing that the student in your life will soon be helping others in their own lives. In many ways, these new professionals in counseling are doing what they are doing because of the encouragement, support, care and love you have provided.

So, graduates, don’t forget to give that extra hug or handshake to all those who helped you get through graduate school. They, like you, are very special people.

Once again, to the Class of 2009 — as well as to those who supported, nurtured and prepared this latest group entering the counseling profession — thanks and congratulations to all of you. The ACA staff and leadership look forward to being here for you and appreciate the chance to serve as your professional partner for many years to come.

Please contact me with any comments, questions or suggestions that you might have via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well.
Open eyes wide to possibility of substance abuse among clients

“Hidden in plain sight” (March 2009) by Jenny Christenson was one of the best-written articles I have ever read. I have been a counselor for 20 years and have seen multitudes of clients being misdiagnosed with depression, family stress, bipolar disorder or other problems because the counselor was either untrained or unwilling to question the possibility of substance abuse, including alcohol abuse. I believe there can be no progress with other counseling issues until the substance abuse is addressed.

The article also did a great job in presenting the 12-step model as helpful without a hard sell. Many counselors have a negative opinion of these programs, but I have seen them change lives, especially among the population that was the focus of this article — high-functioning alcoholics.

Thank you for your fine publication.
T. Cole Flournoy, Ed.D., LPC, LMFT
Shreveport, La.

Helping students confront economic uncertainty

I read with interest Jonathan Rollins’ cover story “Counseling in a time of economic upheaval” in the March 2009 issue of Counseling Today. I am a psychology instructor at Saint Petersburg College, and faculty from several disciplines are joining forces to evaluate how we might help our students, especially those with problematic backgrounds, endure this difficult time of layoffs and economic hardships.

In the section of the article titled “Examining the impact on identity and families,” Chris Tuell captured many of the core components our faculty endeavors to address in the workshop, particularly identity, belief system, family impact, previous destructive coping mechanisms, effective coping skills, job history issues and hope. I welcome proposals from professionals interested in presenting at our Clearwater, Fla., workshop. Proposals will be accepted until Sept. 1.

Thank you for the relevant, timely and insightful article.
Kim Molinaro
Saint Petersburg College
Molinaro.Kim@spcollege.edu

Reconsidering the value of learning about poverty

Mary Amanda Graham’s “Focus on ‘culture of poverty’ misses the mark” (Reader Viewpoint, February 2009) makes some good points about poverty and obstacles to rising out of poverty. Rather than stereotyping, whether about race, gender or socioeconomic class, I agree that treating each person as an individual can help maximize a person’s accomplishments.

However, learning about poverty and its effects can be useful in helping those we work with to reach their goals. Many of the discussions of a culture of poverty I have read or heard have attempted to explain the difficulties faced in poverty in ways that can be related to by the middle class. These discussions make comparisons between a middle-class person who comes into a large amount of money and is attempting to rise to the upper class and the equally difficult challenges those in poverty face when attempting to rise to the middle class. As a lifelong middle classer, I would have no idea about upper-class issues such as fine art collecting, charity balls, investing large sums of money, trust funds, endowments, etc. The norms, values and information possessed by the upper class are not instinctual to those residing in the middle class, who would have to learn and struggle to acculturate to the upper class. It is helpful to understand this type of struggle as it applies to those coming out of poverty; middle-class norms and values are new to these individuals, so these norms and values have to be learned and practiced. Whether one uses the term “culture of poverty” or some other phrase, a person’s socioeconomic class is a valuable aspect to be aware of. As counselors, it is also an aspect we may find ourselves helping clients to deal with in various ways.

Ms. Graham suggests “throwing out the baby with the bathwater,” which is an all too simplistic view of economic differences and one that misses many opportunities to help our clients.
April Summers, M.S., LADC
ASummers@odmhsas.org

CHADD challenges reader’s views

In his recent letter to the editor (“Rasing questions about ADHD,” February 2009), Tom Murray brings into question the existence of attention deficit hyper-
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activity disorder as a neurobiological
disorder. He also questions Children and
Adults with Attention-Deficit/Hyperac-
tivity Disorder (CHADD), an organiza-
tion with 12,000 family members, as a
legitimate source for objective informa-
tion about ways to treat the disorder.

Years of research — from the Centers
for Disease Control and Prevention, the
National Institutes of Health (NIH)
and many professional medical societies
— shows that ADHD is a real neurobio-
logical disorder. Peer-reviewed scientific
research shows that treating ADHD often
requires a combination of medical, educa-
tional, behavioral and psychological inter-
ventions. This comprehensive approach
to treatment is called “multimodal” and,
depending on the age of the individual
with ADHD, may include parent train-
ing, behavioral intervention strategies,
an appropriate educational program,
education regarding ADHD and medi-
cation (when necessary). CHADD also
advocates research into interventions cur-
rently used but not fully affirmed by the
published science. (One example of this is
a recent letter we sent to NIH advocating
for additional research on the effective-
ness of neurofeedback.)

While Mr. Murray is correct in his
assertion that CHADD receives funding
from pharmaceutical companies — a
practice not at all uncommon among
patient advocacy groups — he fails to
mention we have in place a clear wall of
separation between our corporate support
and our position on issues. Our stands
on the issues are based on science as
interpreted by the esteemed members of
our professional advisory board. We also
meet all standards of the Better Business
Bureau and the National Health Council.
Moreover, we fully disclose information
about our funding sources on our
website.

ADHD is highly treatable. But
for those who go undiagnosed, the
consequences can be severe. It’s important
that mental health providers have the
science-based facts about ADHD.
CHADD is an excellent place to start. We
invite Mr. Murray and Counseling Today
readers to visit our website (chadd.org) to
learn more.

E. Clarke Ross
Chief Executive Officer
CHADD ♦

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Legislation has been introduced in both the House and Senate to establish Medicare coverage of Licensed Professional Counselors. On March 23, Sen. Blanche Lincoln (D-Ark.) and John Barrasso (R-Wyo.) introduced S. 671, the Seniors Mental Health Access Improvement Act of 2009. The next day, Rep. Bart Gordon (D-Tenn.) introduced identical legislation with the same title in the House (H.R. 1693). The legislation would also establish coverage of Licensed Marriage and Family Therapists. The American Mental Health Counselors Association and the American Counseling Association worked closely with Lincoln, Barrasso and Gordon on the development and preparation of the legislation.

Congress will pass Medicare legislation later this year to prevent a scheduled 21 percent pay cut for physicians under the program from taking effect Jan. 1, 2010. We need mental health counselor coverage to be part of this legislation. Medicare is the nation’s single largest, and most important, health insurance program, covering slightly less than 45 million Americans. Counselors routinely have to stop seeing clients once they are old enough to be covered under Medicare, and hospitals and clinics often hire clinical social workers ahead of counselors because of social workers’ ability to bill Medicare.

All counselors are strongly encouraged to contact both of their senators and their representative to ask them to cosponsor S. 671 and H.R. 1693, respectively. The more cosponsors we have on these bills, the better our chances of convincing congressional leaders to include the bill language in the broader Medicare legislation that will be taken up. The physician payment “fix,” which will serve as the basis for the Medicare legislation, will cost tens of billions of dollars. In contrast, covering both counselors and marriage and family therapists under Medicare is projected to cost roughly $200 million over five years — a small price for ensuring that beneficiaries get the help they need.

ACA and AMHCA have pushed this issue closer and closer to the goal line recently, gaining passage of counselor coverage legislation in both the Senate and House, albeit in separate years. We are now poised for success. Both President Barack Obama and congressional leaders have expressed an interest in sharply reducing government overpayments to private-sector managed care companies participating in the Medicare program. This will free up billions of dollars to pay for Medicare benefit improvements such as establishing coverage of counselors.

The stage is set for success, but Medicare coverage of LPCs will happen only if counselors take action. A recent study has documented that members of Congress and their staff members pay significantly more attention to a single individualized constituent letter, e-mail or office visit than to a visit from a paid lobbyist. You can identify your senators and representative by visiting ACA’s online Legislative Action Center at capwiz.com/counseling.

**Congress passes FY 2009 omnibus spending bill**

In March, nearly five months into the new fiscal year, Congress finally approved (and the president signed) a massive $410 billion omnibus spending bill (H.R. 1105) funding most domestic discretionary government programs through Sept. 30. The omnibus bill includes the nine Fiscal Year 2009 appropriations bills that Congress failed to pass at the end of 2008 because of a veto threat from then-President George W. Bush. The omnibus spending bill provides $19 billion more in funding for the programs it covers than Bush requested for FY 2009, including a $4.45 billion increase for the Department of Education.

Although the omnibus bill received quick approval in the House of Representatives on Feb. 25, passing by a vote of 245-178, it faced stiff opposition in the Senate among Republicans and a few Democrats who objected to the presence of earmarks in the bill. After nearly two weeks of procedural maneuvering, the Senate finally approved the bill on March 10 by voice vote after voting 62-35 to cut off debate on any further amendments.

The omnibus bill provides increases in the 2009-2010 school year for several programs important to school counselors. Most notably, the Elementary and Secondary School Counseling Program (ESSCP) will receive $52 million in funding — a $3.4 million increase over last year and the highest level yet for the program!

It also provides small increases for college preparation programs such as GEAR UP and TRIO. The TRIO program will receive a $19.9 million increase to $848.1 million, while GEAR UP is slated for a $9.8 million increase to $313.2 million for FY 2009. The Grants for the Integration of Schools and Mental Health Systems program will receive $5.9 million, a nearly $1 million increase over last year. A chart listing the funding levels for these and other education programs is available at ed.gov/about/overview/budget/budget09/09action.pdf.

ACA is working alongside other organizations representing student support personnel to encourage continuing federal investment in ESSCP and other programs that support school counselors as the appropriations process gets under way for federal FY 2010. At press time, both the House and Senate were working to finalize a budget resolution to set the framework for next year’s federal spending.
Medicare coverage of Licensed Professional Counselors

Legislation has been introduced in both the House (H.R. 1693) and Senate (S. 671) to establish Medicare coverage of Licensed Professional Counselors and marriage and family therapists. We need as many House members as possible to cosponsor H.R. 1693 and as many senators as possible to cosponsor S. 671. The more cosponsors we have, the greater our chances of having the legislation included in the major Medicare legislation to be enacted later this year. Congress is certain to pass Medicare legislation this year in order to avoid a 21 percent cut in physician payment rates scheduled to take effect Jan. 1, 2010.

Members of Congress will not support Medicare coverage of counselors if they do not hear from counselors! Research done by the Congressional Management Foundation (cmfweb.org) indicates that one individual contact from a constituent (not a form letter or a form e-mail) carries significantly more weight than a visit from a professional lobbyist!

To be effective, constituent contacts must be personalized. This means it must be written by you, in your own words, and describe your own thoughts and experiences as a resident of the community (or state) your legislator represents. If you have been forced to turn away Medicare beneficiaries as a counselor, write about that. If you had to stop seeing clients after they became enrolled in Medicare, write about that. If you know you want to be able to work with Medicare beneficiaries when you become an LPC, write about that. If you have a friend or family member who is a Medicare beneficiary and needs outpatient mental health care but can’t find a provider, write about that.

Personalized calls, e-mails and letters all work. In each case, five simple rules apply:

1. Leave or include your name and mailing address so the legislator’s office can get back to you.

2. Keep your contact focused on only one issue, and keep it short.

3. Ask for something specific — in this case, cosponsorship of a particular bill.

4. Keep a copy or record of your contact so you can follow up with the office if necessary. If you use a legislator’s website to send an e-mail, copy and paste the text of your comment from the member’s comment form into a Microsoft Word document (or similar file). Include the name of the legislator and the date you submitted the comment at the top, and save it to your own computer.

5. If necessary, continue contacting the office — in a polite, professional manner — until you get a response to your specific request. Again, in this case, you want your senators to cosponsor S. 671 and your representative to cosponsor H.R. 1693. If you receive a form letter that doesn’t indicate whether the legislator is going to cosponsor the legislation, contact the office again and ask for a response to your specific request for action.

The American Counseling Association’s Internet Action Center, at capwiz.com/counseling, makes it easy both to identify your members of Congress and to generate a personalized letter or e-mail. All members of Congress can also be reached through the U.S. Capitol Switchboard at 202.224.3121. When the operator answers, ask to be connected to the office of a specific senator or representative (you should only be calling your individual senators and representative). After being connected, ask to speak with the health legislative assistant and give that person your message.

With your help, we can take a big step forward for the counseling profession this year! Updates on the fight for Medicare coverage will be provided in future issues of Counseling Today and posted on ACA’s public policy website at counseling.org/publicpolicy.

Who to Contact

Your Senators and Representative

Capitol Switchboard
202.224.3121

senate.gov
	house.gov

capwiz.com/counseling

Suggested SENATE Message

“As a constituent, I am calling to ask that the senator cosponsor S. 671, bipartisan legislation to establish Medicare coverage of state-licensed professional counselors. Counselors meet education and training criteria on par with currently covered providers, and covering counselors would be a low-cost way of improving Medicare beneficiaries’ access to outpatient mental health care. The Senate has already passed counselor coverage legislation twice before and should do so again this year. Please contact Sen. Blanche Lincoln’s office or Sen. John Barrasso’s office to sign on to the legislation. Thank you for your consideration.”

Suggested HOUSE Message

“As a constituent, I am calling to ask that the congressman/woman cosponsor H.R. 1693, legislation to establish Medicare coverage of state-licensed professional counselors. Counselors meet education and training criteria on par with currently covered providers, and covering counselors would be a low-cost way of improving Medicare beneficiaries’ access to outpatient mental health care. The House has already passed counselor coverage legislation before and should do so again this year. Please contact Congressman Bart Gordon’s office to sign on to the legislation. Thank you for your consideration.”

ACA Resource

Peter Atlee
800.347.6647 ext. 242
patlee@counseling.org
Looking out to the cosmos, finding wisdom within

I have been coordinating The Top Five column for almost a year now. In the process, I’ve learned a great deal about being an editor, and I have deeply enjoyed getting the chance to work with some phenomenal individuals in our field. I originally had someone in mind for this month’s column, but it didn’t work out. So, I finally get the chance to write a “top five” of my own. Yup, this month, it’s just you and me.

Most of the contributors to this column have been renowned experts on specific topics. Being a graduate student, I can’t hold a candle to their expertise or accomplishments in the field. So, I decided to write on something I am passionate about and that naturally relates to the counseling field — astronomy. Why astronomy? Well, my undergraduate degree is in physics and astronomy, and I have been teaching astronomy courses for most of my graduate career. I absolutely love the subject, and I find it to be the stuff of limitless awe and inspiration. In short, it is inherently spiritual.

I often find myself contemplating what astronomy has taught me about life. Now I would like to share five key lessons from astronomy that we can apply to our work as counselors.

1. **Look across the entire spectrum.**
   The universe reveals itself to us in the form of light. This light comes in a vast array of “colors,” some of which are not visible to our eyes. Thus, astronomers must study the universe in the entire spectrum of light to obtain a more complete picture. Some astronomers study radio waves, while others might utilize infrared, visible, ultraviolet, X-rays or gamma rays. Our understanding of the universe becomes richer by exploring this diversity of light.

   In much the same way, our understanding of humanity is vastly enriched by considering the beautiful diversity of human cultures, personalities and lifestyles. Every person is unique and can add to our understanding and appreciation of the human spirit. Furthermore, many of our clients feel invisible or misunderstood. They come to us in hopes of finally being “seen.” Learning to truly see our clients often involves stretching ourselves a bit and opening our eyes to those things that may not be readily visible to others.

2. **Everything is cyclical.**
   Our observations of the sky show countless patterns of regular and ordered repetition. For example, the moon returns to its previous phase in 29.5 days. Our sun’s magnetic activity peaks every 11 years. The Earth’s axis wobbles around like a top (a phenomena called “precession”) once every 26,000 years. Our sun orbits the center of the Milky Way galaxy once every 250,000,000 years. While some of these cycles take much longer to repeat than others, they all represent natural ebbs and flows in the cosmos.

   We are not lucky enough to have such regular and predictable cycles in our own lives. (If I could predict when I was going to wipe out on my bike, I’d walk on those days.) However, in our personal and professional lives, we frequently find ourselves in remarkably familiar situations. If we fail to learn a lesson that a certain client tried to teach us, we will likely see another client in the future who carries that same gift. If we miss a chance for a lesson, it will almost certainly come around again. As long as we are open to it, wisdom has an uncanny way of tracking us down.

3. **Embrace inclusivity and interdependence.**
   Many people are familiar with the staggering and profound implications of quantum mechanics. One interesting aspect of this involves trying to generate a complete description of a particle. For example, let’s say we’re looking at a tiny, individual electron. This seemingly insignificant particle can be described mathematically. But for a physicist to generate a mathematically complete description of this electron, he/she must take into account the existence and location of every single particle in the entire universe! Ultimately, each particle in the universe affects every other particle.

   I imagine those of us advocating a systems perspective for our clients must adore such an idea. In short, every aspect of a system, no matter how seemingly insignificant, must be taken into account when seeking a true understanding of our clients’ lives. We cannot separate who they are from the people and forces that shape their lives. By extension, we as counselors can remind ourselves that no matter how much we doubt the efficacy of our work, we always have an effect on our clients. Provided we operate from a place of caring and respect, this impact will be a good one.

4. **We can find triumph and beauty in our mistakes.**
   In April 1990, space shuttle Discovery carried the Hubble Space Telescope into Earth’s orbit with the hopes that it would return the clearest views of the universe ever seen. Immediately, it was evident that something was wrong. Blurry images indicated that the Hubble’s primary mirror had a flaw: Its curvature was misshaped by 1/50th the width of a human hair! This was enough to cripple its unprecedented potential. Undaunted, and amidst public outcry, NASA launched an ambitious mission to fix the Hubble, essentially giving it eyeglasses. Remarkably, it worked. Hubble has gone on to become arguably the most successful and celebrated telescope of all time.

   In our own work as counselors, we may find ourselves making errors, or at least what we perceive to be errors. Whether small mistakes or considerable ones, we may also find ourselves dwelling on them. But with every mistake — even those...
that have drastic consequences — comes the opportunity for perseverance. We can often turn adversity into an opportunity to overcome hardship. Such opportunities help us build strength and often are the experiences that shape us into capable, competent professionals.

5. We are brothers and sisters in the cosmos. Students often ask what the most amazing aspect of astronomy is to me. My answer: Based on well-established and accepted models of the universe’s formation and the life cycles of stars, the matter in our bodies is literally the ashes of star death. Early in the existence of the universe, virtually all matter was composed of the two lightest elements: hydrogen and helium. Over time, the most massive stars in the universe die in catastrophic explosions. In the process, they seed the universe with the heavy elements they produce. Their deaths make our planet — and all of its life — possible. Thus, all of the heavier elements (such as the carbon in your hand and the oxygen in your lungs) were created inside of stars. Ultimately, we are all made of these stellar ashes.

In a very real way, this means that we are all brothers and sisters sharing a beautiful and fantastic ancestry. This invites us to focus on our common ties — the similarities that make us all human. In spite of our inevitable differences, we are all human. There is more that unites us than what separates us. We all laugh, cry, love and hurt. No matter how different we may be from our clients, we can still find common ground. We can still create a place to connect. We can still create a place to be human together.

Mark Reiser is the column editor for The Top Five and a doctoral student in the University of Wyoming Counselor Education Department. Contact him at reiser@uwyo.edu to comment on this article or to recommend other counseling professionals to feature in upcoming columns.

Letters to the editor: ct@counseling.org

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A colleague initially told me about Amy Johnson’s work with incarcerated adolescents and shelter dogs. The idea of watching teens start to heal themselves as they find solutions for these abandoned dogs seemed ingenious to me. Perhaps reading Amy’s story will inspire you to take your dog to work!

Rebecca Daniel-Burke: What is your current counseling position?

Amy Johnson: I work as a project coordinator for a school. I recently finished my graduate work and became a Licensed Professional Counselor in Michigan. I have started Teacher’s Pet Michigan, a 501c(3) to work on animal-assisted therapy projects.

RDB: What led you down that path?

AJ: I was a teacher first. Then I went to Woodburn, Ore., to study at Project POOCH, a nonprofit, 501c(3) organization that pairs youths incarcerated at the MacLaren Youth Correctional Facility with homeless shelter dogs. Youths, guided by professionals, learn to train the dogs, groom them and find them new adoptive “forever homes.”

RDB: How did you determine what area of counseling you were passionate about?

AJ: I have always loved animals, but I never knew how they could help an adolescent. I have worked in a number of low- to medium-risk facilities for teens. I found it surprising how the kids could say things with the dog that they could not say without the dog.

RDB: Will you give me an example?

AJ: Recently, I had to cancel a weekly session with a boy in a facility. The boy said, “My dog is going to be sad. She will hate missing the session.” When I discussed this more deeply with the boy, he was able to say, “I am sad. I don’t like to miss the sessions.”

RDB: Have you worked in any high-risk facilities?

AJ: Yes, recently I did.

RDB: Some counselors are afraid for their personal safety in high-risk facilities. How is it for you?

AJ: I am not afraid.

RDB: Why aren’t you afraid?

AJ: Well, probably the first thing is that I am not a fearful type, and then I always have a volunteer with me and a staff member from the facility. But more important, the dogs do something to the tough kids. The dogs show them love, (the kids) show the dogs love and something happens.

RDB: What happens?

AJ: Well, I worked with a really tough kid recently. He had some ideas about how to solve some behavioral problems and asked if I had some ideas about how to solve the problems. He started talking about giving the dog rewards for good behavior. It’s as though he got it; he was telling me how to work with him. The people at the facility said he has improved so much.

RDB: What mistakes have you made? And more important, what lessons have you learned from those mistakes?

AJ: I had to work on boundaries. My natural inclination is to become chummy with adolescent kids when I work with them. I would give in to their demands for attention. I learned that when I told a kid I had to go and he whined and said, “You don’t love me,” I had to say, “Yes, I do, and I will see you Tuesday as we agreed.”

RDB: Was there someone early on in your life who saw something special in you?

AJ: When I was in the first grade, I was a very good reader. The teacher had me read to the other kids. I remember that I liked that and thought I would like to be a teacher. Even as a counselor, I find I am very often in an educator role.

RDB: Is there a particular theoretical orientation that you prefer?

AJ: Client-centered — to show unconditional positive regard is really something that works with kids. So many of the kids I have worked with have never been shown unconditional positive regard. I also like (William) Glasser and choice therapy.

RDB: Tell me how you use choice therapy.

AJ: If a client ignores the rules and gets in trouble, I might say, “You made a choice to ignore the rules, and this is the consequence of that choice.”

RDB: You have a full-time job and you have your own 501c(3). How do you take care of yourself?

AJ: Yoga and meditation help. My dogs help a lot. I walk in and they show me love. They are delighted to see me. One of them does a sort of dance. I begin smiling and playing with her, and before I know it, I am feeling the stories of suffering lighten.

RDB: Is there a book, a quote or a saying that you think about when the going gets tough?

AJ: Yes, there are two Albert Schweitzer sayings I think about: “Do something for somebody every day for which you do not get paid” and “Do something wonderful; people may imitate it.” I think of those quotes every day.
RDB: Is there anything I have left out that you want our readers to know about you and your work?

AJ: All of our dogs are shelter dogs. Once a kid commented on how sad it was that someone just abandoned this dog and left him on his own in the streets to fend for himself. When I looked at that kid’s background, I saw a similar background. Imagine how it felt for him to give this dog love, to soothe this dog.

I read something awhile back about a counselor who called his dog his cotherapist. I suppose what I am saying is try bringing your dog to work. What will happen may amaze you.

To learn more about Amy and her work, visit her website at teacherspetmichigan.org/index.html. For additional information on Project POOCH, go to pooch.org.

The American Counseling Association values the opportunity to honor the career paths of working counselors with Counselor Career Stories. The hope is that the lessons these counselors share each month will be helpful to working counselors and students alike as they seek employment and career fulfillment. For additional assistance with career and employment issues, visit the ACA Career Center at counseling.org/CareerCenter, where you can view current online job listings, CareerBuilder and state and federal employment lists.

Rebecca Daniel-Burke is the director of the ACA Career Center. She was a working counselor for many years and went on to oversee, interview and hire counselors in various settings. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

Letters to the editor: ct@counseling.org
Key career tips for new graduates

Skyrocketing unemployment rates, decreasing job opportunities and a dwindling economy are impacting everyone — including counselors and counselors-in-training. Sure, we strive to help clients deal with the changing times, but counselors are not immune from the anxieties that others feel.

With spring’s arrival, many counseling graduates have worries related to looking for and landing their first job. This month’s New Perspectives column is the first in a two-part career series focused on students’ questions and concerns as they prepare to leave the classroom behind. Addressing their concerns with words of wisdom are this month’s expert responders:

- Kevin Gaw, American College Counseling Association president and director of University Career Services at Georgia State University. Kevin is also a licensed psychologist in Nevada and Missouri, where he worked in college counseling centers.

- Robert C. Chope, professor in the Department of Counseling at San Francisco State University, founder of the university’s Career Counseling Program and founder of the Career and Personal Development Institute in San Francisco, a practice he has maintained for more than 29 years. He is also president of the National Employment Counseling Association and licensed in California as a marriage and family therapist and psychologist.

Dear New Perspectives,

I am a master’s student preparing to graduate with a degree in community counseling. I want to work as a counselor in an agency and get my license, but I am faced with a dilemma. I have been offered an administrative position with a counseling organization that has a clinician panel. I would not get direct counseling hours for licensure but would handle paperwork and do phone intakes occasionally. I really need a job and can’t afford to turn down this offer. Should I accept the position even though it will not lead to my being licensed? What should I do to get my license hours? — Master’s Student, Georgia

Robert Chope: All counseling graduates have spent an enormous amount of time and money training to become professional counselors. I would encourage you not to give up on your vision and to state emphatically that you will become a professional counselor.

Your path may take a few twists, but view these as opportunities to be taken advantage of by you. First, my congratulations on being offered what I assume is a full-time job in our field. The upside to this is that you will be working in the field and connecting with many other clinicians, including those on your panel. This will become a new strand in your professional network. Answering the phone will allow you to hone your phone technique for dealing with your own future clients, and working in the agency will help you to learn new and innovative marketing skills.

Because you need to accumulate hours, I would ask your panel contacts to consider taking you on as a counseling intern or referring you to a supervisor who could work with you. You could begin your practice slowly — let’s say two hours after work on Tuesdays and Thursdays and four hours on Saturdays. This can be done while you are working full time in the agency. Many helping professionals begin this way and develop what is known as a “portfolio career.” This approach would potentially allow you to have 400 hours of clinical practice after your first year and the rudiments of a practice. Thereafter, you might ask the agency to cut back your hours while you expand your practice to 16 hours per week.

When the practice begins to allow you enough income to support yourself, you can relinquish the agency commitment. In the meantime, you will have been earning a nice income and potentially accumulating 1,200 hours toward your licensure. By positioning yourself this way, you will also have remained in the field. You can also continue to connect with American Counseling Association members at the annual conference, and you can get involved with your state branch of ACA. You might also connect with local practitioners and even consider forming a local chapter of your state branch counseling organization. So, in just two years, you will have added greatly to your professional vita.

In the meantime, I would suggest learning more about “viral marketing” and the utilization of social online media to position yourself. In these demanding times, nonlinear networking is an important avenue to consider.

Dear New Perspectives,

I’m nearly finished with school, with only the practicum coming up and an internship in the fall. I have been in college and career-advising work for the past decade, mostly volunteer, with about two years as a paid worker in a college and in a career center in a high school. Unfortunately, only teachers with two or more years of experience can be counselors in the Texas public schools, so I am setting my sights elsewhere. However, it seems that everyone wants one to two years of experience in the field before hiring. I would love to be a community college counselor. How do I get experience that will earn me an interview? Would I be wasting my time by taking other positions (such as college academic adviser) to get my foot in the
door, or should I go solely for counseling positions? — Master’s Student, Texas
Kevin Gaw: First and foremost, because your goal is to become a community college counselor (an excellent goal, by the way!), complete your supervised practicum at your campus counseling center and your internship at a community college counseling center if at all possible. Of course, your program may have rules about where you can do your practicum and internship (always check with your adviser). If your program allows you to do all of your applied training at a community college counseling center, then pursue this.

Your “experience goal” for a strong job application is to obtain relevant practical experience — experience gained from a campus counseling center, especially at the community college level. You will get your foot in the door when you are a successful intern at the community college counseling center. However, be aware that counseling center positions are highly competitive, and just working as an intern in one does not guarantee a job offer. There are many excellent candidates on the market.

How do you set yourself apart? Here are several ideas. Develop extra skill sets based on the needs of community college mental health issues and the guidance of your on-site supervisor. Do everything you can to be as close to licensure as possible. Get your hours in, even if you need more than your academic program requires for state licensing. Know state regulations for licensure (they are often different from state to state). Line up solid references and let them know what your goals are and how you have progressed toward them. Know the counseling literature as it relates to the community college student experience. Understand the student populations who attend community colleges and be familiar with the many concerns these students might present. Become familiar with retention issues and how counseling supports student retention and success. Know the difference between the missions of community colleges and four-year institutions. Finally, network with local, state and national professionals by getting involved with a professional association; networking is a powerful tool.

These are just some key strategies to strengthening your candidacy. Good luck, and be sure to join ACCA!

My Life, My Story
“My Life, My Story” profiles individuals new to the counseling profession who are proving to be exceptional. If you would like to nominate a student or new professional to be featured in this section, e-mail dfletche@westga.edu.

This month’s spotlight is on Lisa Nash, treasurer for the Missouri Association for Play Therapy.

Age: 27

Hometown: Grew up in St. Louis but currently lives in Springfield, Mo.

Education: Master’s in counseling from Missouri State University (2007) and bachelor’s in English from Truman State University

Employment or internship spots: Completed semester of internship at Regional Girls Shelter (home for teenage girls in state custody) and a semester at a private practice, CC Counseling in Nixa, Mo.

Greatest accomplishments: In less than a year, I built a private practice capable of financially supporting me, working mostly with children and families as well as some individual adults and couples. I also am serving a two-year term as treasurer of the Missouri Association for Play Therapy.

Keys to success: Believing in myself; having a very strong support group and an amazing supervisor; knowing that some things take time to develop; not allowing hard times to affect my dreams; allowing my future to develop how it will; not having strict guidelines for what will determine if I am “successful” or not.

When I grow up, I want to: Be on Oprah because of the work I do!

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

Letters to the editor: ct@counseling.org

Career search help is a click away
The ACA Career Center offers student and new professional members a variety of resources to assist with job searches, including relevant articles for conducting a job search, a job search database powered by Career Builder and ACA professional staff who respond to individual questions via telephone or e-mail. Check out the ACA Career Center at counseling.org/CareerCenter for additional details.
Q: I have only one referral source. I need to expand my practice. I’d like to tap into the local school district and maybe find a way to get my foot in the door of area doctors’ offices. How do I do that?

A: Each of your current clients offers a potential opportunity to expand the practice. The most obvious way is for a satisfied client to recommend your practice to others. When accepting a referral from a friend of a client or an insurance or managed care company, use “cross-pollination.” Much like cross-pollination strengthens plants, professional cross-pollination strengthens relationships between you, your clients and potential referral sources.

Make sure you coordinate with physicians, schools and even lawyers if it is appropriate, but keep in mind that these contacts always require a signed release of information. A small, limited practice can grow fairly rapidly using the cross-pollination method. Within your mandatory informed consent document, include a “coordination of treatment” clause that allows you to contact others who are involved in the care of the client. Whenever a coordination of treatment contact is made, it is a marketing opportunity. These contacts are a professional and ethical responsibility, but at the same time, they provide conduits to help you market your practice.

For example, when a client referral comes from a physician, send a thank you letter, a brochure and a business card, along with basic clinical information for the physician’s chart. A follow-up call to discuss coordination of treatment for the client is appropriate, and this also provides an opportunity to market more directly to the physician. You might also consider dropping off fruit or lunch to the physician’s staff on occasion. As you develop a relationship with the physician and staff, your name will readily come to mind whenever one of their patients needs a referral to a counselor.

If your client is a student with an educational issue, it is an excellent idea to call the counselor, social worker or special education coordinator at the school to ask for input in treatment planning. Consider asking the student’s family if you could attend the student’s individual education plan meeting or annual review. Act as an observer at these meetings, providing input only when asked. Leaving a brochure or business card behind is usually welcome. Schools routinely look for competent counselors when they wish to refer outside the district and maintain a list of those they trust.

If the school refers a student with medical issues and the family has signed the coordination of treatment document, it is wise to contact the physician with a letter or phone call. This is a courtesy contact (which may be required by state law or a managed care contractual agreement) to let the physician know that the patient/client is being treated for attention deficit disorder, anxiety or other mental health issues.

If your practice niche is working with adults, obtain client permission to contact their internist, gynecologist or other medical specialist. Because physicians usually spend an average of about seven minutes with patients, most doctors welcome a counselor ally. And when another one of their patients needs a counselor, your marketing efforts may pay off.

Developing and expanding these relationships led to one of the most encouraging comments I (Bob) ever received. A potential new client told me, “I was given your name by our school, and the next day, our pediatrician gave us your card. With those two endorsements, we feel pretty good about coming to see you.”

Q: I recently moved to Phoenix and am very interested in setting up a private practice, but I’m not sure where to start. I would like to have the practice out of my home. I am just not sure how to go about finding the rules and laws of private practice in Arizona and how to get in with insurance companies. Any information you could provide me would be greatly appreciated.

A: First, we would recommend joining your new state ACA branch organization, the Arizona Counselors Association (azca.org). Ask if they need help working on a committee or board. In other words, begin networking. AzCA should be able to provide a wealth of practice information and support and help guide you through the transition.

Second, contact the Board of Behavioral Health Examiners (azbbhe@bbhe.state.az.us) to determine your eligibility for an Arizona license. Next, call the top 20 employers in your area and find out what health insurance/managed care benefits, as well as employee assistance programs (EAPs), they offer to their employees. Then apply to be a provider for those health insurance, managed care and EAP companies. Look for an electronic mailing list or online forum of local mental health providers (see yahoogroups.com) that you can join. These resources can offer a glimpse of the ins and outs of private practice in your area and offer a boost to a new practice looking for referrals.

This approach is a template for moving to another state and setting up a private practice. But keep in mind that each state has its own policies and regulations. It is imperative to work with your state counseling association to ensure that you are in total compliance with all state practice laws.
Robert J. Walsh and Norman C. Dasenbrook are coauthors of *The Complete Guide to Private Practice for Licensed Mental Health Professionals*. ACA members can e-mail their questions to walshgasp@aol.com and access a series of “Private Practice Pointers” on the ACA website at counseling.org.

Letters to the editor: ct@counseling.org

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Human suffering is complex, multifaceted and interrelated. On the one hand, mental health professionals know that the psyche can be afflicted; on the other hand, medical professionals understand that the body can be stricken with disease. The authors of The Collaborative Psychotherapist explain that the mind-body split is an antiquated paradigm that has been replaced by a holistic model: “The popularity of yoga classes, as well as highly attended information sessions and multiple best-selling books focusing on the mind-body connection, provide evidence of the widespread acceptance of the integration of mind and body.”

Given this nexus between mental and physical health, it behooves caregivers of different stripes — whether they are mental health providers or medical practitioners — to communicate and collaborate more effectively with one another. In short, The Collaborative Psychotherapist serves as an effective blueprint for doing so. The authors define collaborative psychotherapists as individuals who “develop ongoing relationships with medical professionals by sharing care of patients and helping each other provide optimal treatment.”

Structured in four parts, The Collaborative Psychotherapist tackles minimal collaboration in Part I, whereas Part II focuses on intensive collaboration. Part III includes actual case studies and examples of how collaborative efforts improved sufferers’ lives. Finally, Part IV includes interviews with professionals who have already embarked on a synergistic endeavor. Readers will learn from the experiences of a medical doctor, a psychologist and a counselor.

The Collaborative Psychotherapist includes extremely helpful appendixes covering side effects of commonly prescribed psychiatric medications as well as physical conditions that trigger psychiatric symptoms. In addition, Appendix E features websites of organizations devoted to the mind-body connection. Perhaps most important, however, is “The Collaborative Psychotherapist’s Toolbox,” which includes sample introduction, referral and termination letters, as well as various other useful forms.

No doubt an entire course — or, at minimum, a workshop, seminar or elective — could be based on this book’s content. This guide will be especially useful for helping professionals who work in hospital settings. Moreover, it will benefit school employees who must communicate with on-staff health care workers. Future helping professionals — undergraduate as well as graduate students — will gain from reading The Collaborative Psychotherapist, too. As the authors conclude, “Collaboration begets collaboration, and patients will reap the benefits.”

Reviewed by C. Brian Smith, a licensed private counselor, Lake in the Hills, Ill.

Cognitive-Behavioral Therapy for Anxiety Disorders: Mastering Clinical Challenges

Cognitive-Behavioral Therapy for Anxiety Disorders is part of the “Guides to Individualized Evidence-Based Treatments” series. The text adds to the ongoing evidence-based treatment
research that emerged from the empirical treatment protocol movement beginning in the 1980s. Cognitive therapy fared well in that movement, with its emphasis on empirical research, technical application and symptom reduction for *Diagnostic and Statistical Manual of Mental Disorders* diagnoses. Jacqueline B. Persons, the series editor, is well known for her Center for Cognitive Therapy in San Francisco, and the three authors of this book are connected to the Cognitive Therapy Centre at the University of Oxford in the United Kingdom.

The authors build on the tradition of cognitive therapy for depression and anxiety disorders. Although they draw on much of the research from specific disorder protocols, as the title of their work indicates, they also seek a synthesis of understanding of all the anxiety disorders. They offer the present work to practitioners facing various difficulties in working with clients who experience anxiety disorders along with comorbid depression.

The authors organize the book in five major parts. Part I provides an overview of cognitive therapy for anxiety and the researched protocols, with the authors presenting what they describe as their “trans-diagnostic view” of working with anxiety disorders. They address the complexity of unique clients while also utilizing the specific protocols.

Part II discusses assessment, case formulation and the meta-cognitive technique of decentering. Although much of the discussion builds on standard cognitive therapy, the authors introduce some newer concepts that have emerged from the research on mindfulness and meditation.

Part III focuses on the work of emotional processing. Building on the notion of hot cognitions, the authors discuss what they call “hot material” as the focus of emotional processing. The process work that the authors describe in this section emphasizes personal meaning, a focus that moves in a somewhat different direction than standard, traditional cognitive therapy and research protocols.

Part IV addresses the major obstacles therapists may face in working with clients who experience anxiety disorders. The authors emphasize working with avoidance of affect and low self-esteem.

Once again, however, they discuss the importance of the “meaning of affect,” which moves cognitive therapy in a slightly different direction than the traditional understanding of cognitive behavioral approaches. Part V discusses the importance of ending treatment productively and providing clients with a “personal blueprint” for treating anxiety.

Five themes that build on cognitive therapy, while also taking it in a different direction, prevail throughout the book: 1) the style of cognitive therapy, 2) the therapeutic relationship, 3) the emphasis on meaning, 4) the use of emotional processing and 5) a mindfulness approach to anxiety. The authors provide case material to support their discussion and, in the process, have developed a text that will be helpful for practitioners who experience the difficult barriers that emerge in working with clients who experience anxiety disorders.

Reviewed by John V. Jones Jr., professor of counseling, St. Edward’s University, Austin, Texas.

*Revitalizing Retirement: Reshaping Your Identity, Relationships and Purpose*


Nancy Schlossberg is well placed to write a meaningful book about retirement. She has had a long, productive career as a counseling psychologist, a professor (the last 26 years in her teaching career at the University of Maryland, where she was a Distinguished Scholar), copresident of a consulting firm (TransitionWorks), president of the National Career Development Association and author of nine books, including *Overwhelmed, Going to Plan B* and (well known to counselors) *Counseling Adults in Transition*. Schlossberg was the first director of the American Council on Education’s Office of Women in Higher Education (1973). The Transition Theory that she developed in 1981 (and revised in 1995 with Elinor Waters and Jane Goodman) has provided a tool for framing and responding to the issues faced by adults in transition. Her earlier book, *Retire Smart, Retire Happy*, was the basis for a Public Broadcasting Service special. And, finally, she has been engaged in her own meaningful and active retirement for several years. Her views on retirement are rooted in a lifetime of work.

Retirement, like other transitions adults face, poses challenges, especially to one’s psychological health. Schlossberg admits in the introduction to her book that, even knowing what she did about transitions, she sensed that she had lost her bearings when her own retirement altered her connections to professional relationships. That sense of loss led her to consider how the definition of retirement has changed in the last generation or so. Retirement, she observes, once meant giving up work, long-term projects and significant commitments. Today, both retirement and the language used to describe it have changed. Retirement is now the “third age of life” — a period with its own issues of adult growth and development. And with the baby boom generation entering retirement, the first wave having turned 62 in 2008, our need to understand the possibilities of that third age have increased, especially given the diverse nature of baby boomers. As she says later in the book, just because you know someone is retired does not mean you can assume to know much of anything about that person.

Schlossberg’s book does not cover all aspects of coping with retirement. The first part, “The Key to a Happy Retirement,” deals with mattering and the psychological portfolio. She does not consider the maintenance of either financial portfolios or physical well-being. Rather, building on the work of Morris Rosenberg, the book is centered on the concept of mattering: “Mattering to oneself, to others and to the world is the coordinating ... issue that guides our understanding of ourselves.” Schlossberg advises that one way to deal with retirement’s challenges to our sense of mattering is to track our psychological resources — identity, relationships, purpose — in much the same way we track our financial
portfolios. After all, retirement challenges all these components of our psychological connectedness.

The second part of Revitalizing Retirement, “How Others Have Found Happiness,” examines the life stories of people who have mastered retirement through creative options that have allowed them to bolster their identities. The section begins by asking whether adults are capable of changing their identities. Schlossberg clarifies the answer — “It depends” — by writing about a range of effective strategies: the construction of future-oriented personal narratives, the search for spiritual homes, the modification of personal ambitions, the conscious practice of resilience, the decision to take initiative and the willingness to engage in appreciative inquiry. She describes how retired people can revitalize their relationships by making new connections, creating new communities, changing the ground rules with their spouses and partners, starting personal support groups and even having fun, with both friends and family members.

Taken individually, the strategies seem simpler than they are, but they are useful reminders that adults can choose to change. Taken together, the strategies reinforce one another in frequently meaningful ways. Combined with the book’s section on revitalizing purpose, which identifies several ways of creating focus, these ideas provide an interlocking set of critical tools to direct the pursuit of happiness. Schlossberg draws on an earlier book to identify six major paths to retirement and the retirees who follow them, but all six paths are informed by the same guidelines. As she says, “Guidelines are only indicators, not gospel.”

The final part of Revitalizing Retirement, “Creating Your Own Happiness,” offers advice on the design of psychological portfolios and provides tips for healthy transitioning into retirement. This book is a wonderful new resource for adults contemplating retirement, for those struggling with issues of meaning in their later years and for counselors working with these adults.

Reviewed by Larry Rogers, professor of teacher education, South Dakota State University.

Recent books by ACA members

Living in Paradox: The Theory and Practice of Contextual Existentialism by Ned Farley, University Press of America

This book focuses on the emergence of contextual existential theory and practice from the more traditional existential theory. It speaks to the needs of the whole person in their process of “becoming,” with attention given to multicultural diversity and the spiritual domain. The author explains how the “worlds” of existential theory must be examined clearly in both assessment and practice.

Bound-for-College Guidebook
by Frank Burtnett, Rowman & Littlefield Education

This student-friendly guide to college exploration, decision making and the application process answers 100 frequently asked questions about admission and financial aid and presents a series of exercises that structure how each student can navigate the transition from high school to college. The author is currently working on a Bound-for-Career Guidebook to be published later this year.

Book descriptions are provided by the authors or their publishing houses and do not necessarily indicate an endorsement by Counseling Today, Resource Reviews or the American Counseling Association. ACA members who have had a book published in the last six months can send an e-mail to Jonathan Rollins (jrollins@counseling.org) with the following information: author/editor’s name, ACA membership number, title of book, publisher (no self-published titles please), date published and a one- to two-sentence description of the book.

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

Letters to the editor: ct@counseling.org
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Interviews with the authors of books for counseling professionals

Counseling Strategies for Loss and Grief by Keren M. Humphrey

Loss and grief are issues frequently encountered in virtually every counseling environment. There is a considerable body of literature devoted to loss and grief, but the majority of it is centered on theoretical conceptualizations of bereavement grief or focusing on the needs and characteristics of distinct populations.

Although the theoretical foundation this knowledge provides is essential to successful work as a counseling professional, this literature often comes up short in providing nuts-and-bolts descriptions of what to actually do with clients facing loss and grief issues. Counseling Strategies for Loss and Grief directly addresses this issue by describing a wide range of strategies appropriate for the treatment of loss and grief issues in diverse psychotherapy settings. The book addresses both death-related and non-death-related circumstances of loss and grief and provides counselors with practical, practice-based approaches for dealing with these issues in individual, family and group psychotherapy settings.

Keren M. Humphrey brings more than 25 years’ experience to this book from a range of positions, including parish minister, probation officer, professional counselor and counselor educator. Recently retired after nearly 20 years as a counseling professor at Western Illinois University and Texas A&M University-Commerce, Humphrey has provided counseling, supervision and consultation services in the corrections field, on college campuses, in private practice and to counselor trainees. She is a popular national and international presenter on grief counseling and counselor preparation and has held various leadership positions in the American College Counseling Association and the American Counseling Association. The winner of a number of awards in teaching and leadership, including the Outstanding Professional Contribution to Knowledge Award from ACCA, she has also authored numerous journal articles and is the coauthor of College Counseling: Issues and Strategies for a New Millennium. Currently, Humphrey is the CEO of 4 Directions Consulting in Rockwall, Texas.

Counseling Today: How does this book differ from other works that deal with loss and grief?

Keren Humphrey: This book is first and foremost a practitioner’s resource. It provides detailed descriptions of a range of counseling strategies that address a variety of loss and grief issues commonly presented by clients in therapy. The emphasis is squarely on what works and how it works, which counseling strategies are effective with loss and grief issues and how the counselor can implement these strategies. It draws on current perspectives of personal and interpersonal loss, traditional counseling theories and contemporary counseling approaches.

Keren M. Humphrey brings more than 25 years’ experience to this book from a range of positions, including parish minister, probation officer, professional counselor and counselor educator. Recently retired after nearly 20 years as a counseling professor at Western Illinois University and Texas A&M University-Commerce, Humphrey has provided counseling, supervision and consultation services in the corrections field, on college campuses, in private practice and to counselor trainees. She is a popular national and international presenter on grief counseling and counselor preparation and has held various leadership positions in the American College Counseling Association and the American Counseling Association. The winner of a number of awards in teaching and leadership, including the Outstanding Professional Contribution to Knowledge Award from ACCA, she has also authored numerous journal articles and is the coauthor of College Counseling: Issues and Strategies for a New Millennium. Currently, Humphrey is the CEO of 4 Directions Consulting in Rockwall, Texas.

Counseling Today: Why does the book focus on both death-related and non-death-related losses?

Keren Humphrey: Non-death-related losses, such as those that accompany divorce, immigration, incarceration, job loss, addictions, cultural and historical trauma, developmental transitions, violence or chronic illness, present more often in therapy than bereavement grief and can be just as challenging for clients. I think the differences in impact between death-related and non-death-related loss and grief are more about the individual and his or her contexts and far less about the actual circumstances of the loss. So it is important to address both loss forms.

Counseling Today: What are some of the strategies included in the book?

Keren Humphrey: Most of the strategies are organized according to their primary focus, specifically cognitive behavioral or emotion processing. For example, some of the strategies in the book include focusing, chair dialogues, thematic genograms, loss experiences timelines, objects of connection, rational emotive imagery, therapeutic grief rituals, refocusing, wisdom chronicles, creating a resilient image, cinematherapy, telling and retelling the story, client-generated metaphors, therapeutic writing, brief homework assignments, mindfulness-based practices, ecotherapy and loss characterization. There are separate chapters on using solution-focused and narrative therapies with loss or grief, and I’ve also included a chapter on adjunctive strategies.

Counseling Today: How can a book offer meaningful guidance in dealing with the uniqueness of loss for any one individual?

Keren Humphrey: The book encourages counseling professionals to centralize uniqueness in several ways. For example, it describes two dynamic, nonlinear grief models (adaptive grieving styles and the dual process model) that emphasize the distinct nature of each person’s experience. It also highlights the importance of meaning reconstruction — the ways in which we make sense of disruptions to our pre-loss assumptions, beliefs and expectations — which is by nature a highly idiosyncratic process. It discusses the multiple and fluid contexts of personal, familial, social, cultural and historical influences on grieving persons. I’ve tried to fill the book with examples of the individualized ways in which people attempt to integrate loss into their lives and suggest specific ways in which counselors can tailor interventions to that uniqueness.

Counseling Today: What are the biggest contributions you think this book offers to the profession?
KH: First, I’ve encouraged counselors to expand their thinking about loss and grief beyond a narrow focus on bereavement. Second, I’ve challenged counselors to prioritize uniqueness over sameness for each griever and their experience of grief. Third, the book updates counselors on current thinking about loss and grief, especially alternatives to stage/phase models, the role of meaning reconstruction and cognitive processing, the dynamic and adaptive nature of grieving, the value of continuing bonds and the importance of sociocultural influences. Finally, and perhaps most important, the book addresses the void that exists in theory-to-practice translation by focusing most on the implementation of effective counseling strategies and tailoring treatment to the uniqueness of clients.

CT: Whom do you see as the primary audiences for this book?

KH: Every counselor works with loss and grief issues in some way, shape or form, so I think most counselors doing therapy with adolescents and adults will find this book to be an excellent resource. There is something here for every setting — for example, addictions, corrections, rehabilitation, mental health work, college counseling, career counseling or school counseling. And while the strategies outlined are primarily aimed at individual therapy, suggestions for using them in group and family therapies are also provided.

Another important audience for this book, and one that is close to my heart after nearly 20 years as a counseling professor, is graduate-level counselor trainees. In addition to the information about loss and grief, the book provides beginning counselors with clear descriptions for implementing and adapting various counseling strategies. So the book is an excellent resource for prepracticum, practicum and internship coursework.

CT: What does this book offer readers in regard to the wide diversity of clients with which they deal?

KH: I’m not a fan of one-size-fits-all treatments or laundry lists of cultural characteristics that obscure individuality, so readers won’t find these in my book. Instead, I think one of the best ways to address client diversity is by prioritizing uniqueness. If one assumes that all loss, all grief and all grievers are not the same, then valuing difference and discerning the distinct contours of a given individual’s loss and grief experience is at the core of intervention. In the book, I provide some conceptualization guidelines and implementation suggestions that help counselors work with diverse clients and diverse client experiences of loss and grief. I also advocate for collaborative counseling relationships that respect clients, not counselors, as experts on themselves.

*Counseling Strategies for Loss and Grief* (Order #72887) can be ordered directly through the ACA online bookstore at counseling.org/Publications or by calling 800.422.2648 ext. 222. The cost is $35.95 for ACA members and $48.95 for nonmembers.

John Lough is a communications consultant for ACA.

Letters to the editor: ct@counseling.org
Training and counseling in a virtual world

O f all the ways we engage digital technology, virtual worlds are probably the most complicated. A virtual world is a computer-based, simulated environment “inhabited” by users who interact as graphic avatars. Through the years, virtual worlds have developed from text-based interactive games to 2-D icon representations with text chat to what are now 3-D worlds with complicated textures, sounds, video and movement. With this enriched virtual world comes enhanced possibilities for training and counseling.

Second Life

The most popular and most recognized public virtual world is Second Life, developed by Linden Lab. Second Life, or simply SL, is a continuous, multiplayer, 3-D environment in which members enter, build objects in a space and interact with those objects as well as other members (represented by avatars) who are currently in the environment. This media-rich environment allows for audio/video streaming and the running of small programs called scripts that can animate objects. The Second Life interface permits users to engage with other online users by using text chat or audio chat. Adding scripts to the interaction means you can ride a jet ski, sail a boat or dance the bossa nova.

Second Life is more than just a video game for adults. It has more than 14 million registered users, and at any given time has 50,000 people online or “inworld.” Second Life grows by approximately 15,000 new members each day, and its members spend more than $1 million a day within the inworld economy. Residents purchase or rent “land” where they build objects in a space and interact with those objects as well as other members (represented by avatars) who are currently in the environment. This media-rich environment allows for audio/video streaming and the running of small programs called scripts that can animate objects. The Second Life interface permits users to engage with other online users by using text chat or audio chat. Adding scripts to the interaction means you can ride a jet ski, sail a boat or dance the bossa nova.

Second Life is more than just a video game for adults. It has more than 14 million registered users, and at any given time has 50,000 people online or “inworld.” Second Life grows by approximately 15,000 new members each day, and its members spend more than $1 million a day within the inworld economy. Residents purchase or rent “land” where they can design personal living spaces, businesses that run in Second Life to sell products to other residents, Second Life representations of real-life businesses and agencies, or even learning environments for students and counselor trainees.

▶ Second Life Home Page: secondlife.com
▶ Learn More About Second Life: secondlife.com/whatis/
▶ Introduction to Second Life: youtube.com/watch?v=b72CovMuD6Q

Teaching

Universities were quick to pick up on the virtual world platform for its educational possibilities. Instructional technologists have seen the capabilities for instruction, but few universities have taken a clear pedagogical initiative with virtual worlds. Many universities have jumped into creating a virtual world presence, but relatively few have embraced the platform by making their island an interactive environment. Some university islands are simply shells of buildings with no inhabitants. Included here are some links that explain how universities are effectively using virtual worlds as part of their student training.

▶ How Education Enterprises Use Virtual Worlds: secondlifegrid.net/life/education-use-virtual-world
▶ Problem Solving in Virtual Worlds: phys.org/news141910130.html
▶ CounselorAudioSource.Net Podcast on SL: counseloraudiosource.net/feeds/CAS086.mp3

Virtual presence

When we create immersive technology environments in which students, clients and counselors can engage, questions naturally arise, including how much of this seems real to the person and does the person using the virtual world environment forget that he/she is sitting in front of a computer? These questions imply the concept of ubiquitous computing, where users don’t experience the technology as a process to work through but rather as a natural way in which they work.

“Virtual presence” represents the conveyance of personal emotive qualities through the technology. Virtual worlds can become such an immersive experience that users may feel emotions attributed to the virtual presence. When relationships occur via technology — whether through cell phones, text messages or virtual worlds — users are engaged in a virtual presence. If these “relationships” are possible, then virtual worlds hold possibilities for the helping professions.

▶ Being There: The Subjective Experience of Virtual Presence: committechlab.msu.edu/publications/files/beingthere.html
▶ Tom Boellstorff’s “Coming of Age in Second Life: An Anthropologist Explores the Virtually Human”: press.princeton.edu/titles/8647.html
▶ 3-D Worlds and Cultural Heritage: archimuse.com/mw2005/papers/diBlas/diBlas.html

Counseling

Multiple attempts at establishing various types of virtual counseling practices have taken place, with varying degrees of success. In some cases, the virtual practitioner minimizes the counseling being provided as “life coaching,” “peer support,” “help with relationship issues” or “matchmaking.” Practitioners tend to avoid calling what they are doing “counseling” to sidestep the ethical and/or licensure issues of practicing on the Internet. Confidentiality is a risk when text chats are logged as part of the process; these records can be left behind on nonsecure computers. Obtaining informed consent and verifying client identity are among the challenges of providing counseling in a virtual world, along with addressing licensure laws governed by state jurisdiction.

▶ The Counseling Center in Second Life: slcounseling.org

Learn More About Second Life: secondlife.com/whatis/
Support groups

Virtual worlds can serve residents in a different capacity by providing support and opportunity to those who might feel marginalized in the real world. Peer support groups and discussions abound in Second Life. Behind their avatars, people can form relationships and gain support without some of the challenges inherent in real life. Residents who in real life question their own self-efficacy can find some anonymity in virtual worlds, allowing them to safely communicate with others. Individuals challenged by neuromuscular disorders, pervasive developmental disorders or social phobias are other examples of those who have found support communities within Second Life.

Asperger's Therapy Hits Second Life: abcnews.go.com/Technology/OnCall/Story?id=4133184

Viewpoint Advocacy Group: wiki.secondlife.com/wiki/Accessibility_VAG

Autistic Liberation Front: autistics.org/secondlife.html


Professional conferencing

Sparse real-world budgets for travel and conferencing are leading many people to challenge the traditional idea of “all gathering in the same space.” Virtual worlds conferencing provides a unique opportunity for professionals to effectively network, present new scholarly ideas in the field and work simultaneously on problems that face the profession, all from the convenience of their office computers (and at a much lower cost).

To that purpose, I entered Second Life virtual world last fall and, with students and faculty at other universities, created the center for Counselor Educators in Second Life (CESL). The center is situated on 7,000 square meters of virtual land and offers a full auditorium for professional presentations done inworld. Offices and group rooms on the second floor allow for committee meetings and small group discussions. The roof of the facility and the surrounding grounds provide the same comforts and spaces to chat that you would find at most conference centers.

The leap from website browsing to virtual world computing can be a challenge for some people. To make this transition easier on counselors, CESL has launched a website that features video examples of what it looks like to present at a virtual world conference. The website also includes videos on how to get a free Second Life account and how to login and maneuver your avatar to the CESL center location.

CESL will be holding the first counseling conference in a virtual world Sept. 16-18. If you are interested in giving an inworld presentation on counseling or counselor training, the call for programs, as well as conference registration information, is available on the website. It is free to register and participate in this conference. In addition, CEUs will be provided.

CESL Center/Conference website: SL.counseloreducation.org

Taken to excess, virtual worlds can become an addiction, a place where people can lose their connections with others in the real world in favor of the highly stimulating virtual world environment. But the potential for training, support and counseling means that the virtual world may be the next frontier for the helping professions.

You can find the links mentioned in this article and add some of your own at The Digital Psyway online companion at digitalpsyway.net.

Marty Jencius is the column editor for The Digital Psyway and an associate professor of counseling and human development services at Kent State University.

Letters to the editor: ct@counseling.org
Looking in the mirror

Current thinking in couples counseling places emphasis on acceptance and personal responsibility rather than getting a partner to “fix” his or her behavior.

By Jim Paterson

Society has long recognized the positive impact that a sturdy adult relationship can have not only on the individuals who have united to form a couple but on the emotional health of those in the couple’s sphere of influence. These relationships help define us and, some say, strengthen our society.

For nearly 80 years, the discipline of couples therapy has strived to solidify these relationships. But today, couples therapy has come into its own with what advocates say are stronger and more successful approaches as well as a growing reputation for providing its diverse clientele with popular psychoeducational supports.

In their exhaustive 2002 history of couples therapy for the journal Family Process, Alan S. Gurman, director of family therapy training at the University of Wisconsin Medical School, and Peter Fraenkel, director of the Ackerman Institute for the Family’s Center for Work and Family, note that although couples therapy has not occupied its own place in textbooks, it has been helping couples for decades. “Couples therapy is an area of psychotherapy practice that is long on history but short on tradition,” they wrote, adding that early marriage counseling centers set up shop in the early 1930s, generally manned by other types of professionals, including clergy and gynecologists.

There have long been differing views concerning whether couples therapy should fall under the family counseling umbrella, where Gurman and Fraenkel contend it languished without notice until the 1980s, even though it was a major part of what family counselors did. Until the 1960s, nearly all couples counseling took place in separate sessions with each individual partner.

“A couple is a unique system where one can find the most intimacy, friendship and comfort, as well as the greatest hurt, so couples therapy presents very specific challenges that require special expertise and a different viewpoint,” says American Counseling Association member Mark Young, professor of counselor education at the University of Central Florida and coauthor of Counseling and Therapy for Couples. He has witnessed couples counseling gain strength as an independent counseling specialty while growing in interesting new directions.

However, there is more work to be done, says Young, who is also a member of the International Association of Marriage and Family Counselors, a division of ACA.

For example, in his recent book Infidelity: A Practitioner’s Guide to Working With Couples in Crisis, ACA and IAMFC member Paul Peluso notes that unfaithfulness has not received enough attention in the field despite its prominence as a cause for marital instability. “About 55 percent of couples seeking therapy either report immediately that infidelity occurred or eventually disclose it,” Peluso says. “Ninety percent are unhappy enough in the relationship that they say it might warrant an affair. But in a 1997 study, counselors reported it was the issue they were least prepared to deal with — and the hardest one to tackle.”

Even as couples therapy grew in popularity and gained its own stature, a nagging question remained about its effectiveness. “In fact, many people believe that it has often caused relationships to deteriorate,” says ACA member Nancy Buck, a developmental psychologist and specialist in human motivation. Relationship counseling might actually appear to make matters worse because it brings to light issues that already existed, she explains. In addition, Buck points out, clients often come to couples counseling only when their situation has deteriorated beyond the point at which it can easily be repaired.
Still, she says, “I think that perception (that relationship counseling can actually be harmful) is changing — and for good reason.”

Among the significant evolutions in couples counseling has been the gradual move away from encouraging individuals to clearly voice their complaints and describe their own needs in an effort to change their partner’s behavior. Most couples theory now calls for the individual to take more personal responsibility for his/her actions and level of satisfaction in the relationship.

As early as the late 1960s, Virginia Satir, who wrote several popular books about marriage, not only identified structural problems that caused marital difficulties but also noted that development of the individual’s self-actualization and self-esteem should be an overriding goal. In announcing his ground-breaking work with the late Neil Jacobson in 1997, Andrew Christensen, professor of psychology at the University of California, Los Angeles, stated that traditional couples counseling was at best helping half the clients because it was “change focused.” In a UCLA news release, Christensen said, “The pressure to change is often a barrier to change rather than a facilitator of change.” Christensen and Jacobson claimed that their new “integrative” approach was showing a nearly 90 percent success rate at the time.

“The focus of integrative couples therapy is on having couples accept and tolerate the differences that often exist between partners rather than having them try to change their spouses,” the two colleagues stated in announcing their approach.

Today, theory about the individual needing to work on his/her own issues rather than focusing on a partner’s perceived issues is both accepted and trumpeted. In its April 2009 issue, Psychology Today interviewed leading couples counselors and offered this advice to its readers: “If you want to stay in a relationship, something has to change. In all likelihood, it’s you.”

Issues of semantics and identity have often clouded this specialized area of work. For example, should it be referred to as couples counseling or couples therapy? Is there actually a distinction between the two? If so, how can it be

Counseling Strategies for Loss and Grief

Keren M. Humphrey

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

—Elizabeth A. Doughty, PhD
Idaho State University

Based on contemporary understandings of the nature of personal and interpersonal loss and the ways in which people integrate loss and grief into their lives, this innovative book focuses on tailoring effective interventions to the uniqueness of the griever’s experience. In Part 1, Dr. Humphrey discusses a variety of death- and non-death-related loss and grief experiences, offers conceptualization guidelines, outlines selected psychosocial factors, and describes intervention based on two contemporary grief models. Part 2 provides detailed therapeutic strategies organized according to focus or theoretical origins along with suggestions for implementation and customization to client uniqueness. Specific chapters include cognitive-behavioral and constructivist strategies, emotion-focused strategies, narrative therapy, solution-focused therapy, and adjunctive activities. The final chapter focuses on counselor roles and recommended professional and personal practices. 2009 • 260 pgs

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American Counseling Association
800-422-2648 x222
counseling.org
Learning the art of the relationship

In addition to a variety of new forms of therapy being offered to couples today, a “marriage movement” is afoot that attempts to train partners in the art of being more fully involved with each other. While not focused on professional counseling, this movement may actually provide opportunities for counselors.

Mark Young, professor of counselor education at the University of Central Florida (UCF) and coauthor of Counseling and Therapy for Couples, is one of the leaders in efforts to promote psychoeducation and practical, preventive information for married couples and those thinking about a life together. His current study on relationship education with André Daire through the Marriage and Family Research Institute at UCF is funded by the U.S. Department of Health and Human Services Administration for Children and Families for nearly 3 million. The study is looking at 800 married couples to examine whether “supporting healthy marriage services” benefits those relationships.

“Research shows there are many benefits to adults and children, including higher incomes and grades and better emotional health, in a good relationship,” says Young, a member of the American Counseling Association and the International Association of Marriage and Family Counselors, a division of ACA.

Relationship education has been actively promoted by the country’s conservative movement, which views it as a “family values” issue, Young notes, but at the same time, it is also valued on the left, which is concerned about the welfare of individuals and children in families facing crisis. Even the opposing “unmarriage” movement, which seeks to legitimate the notion that marriage is not for every person or couple, has expressed interest in the results.

“These shifts in how we view relationships have even involved relationship education in high school. Relationships are a very significant part of our lives, yet we aren’t well informed,” Young says. Yet this area of study is increasingly being given attention, he says, adding that marriage and relationship classes at the college level are often overflowing.

Individuals from all walks of life, including clergy and counselors, are coordinating the various programs designed to meet this need for education about relationships. The programs often offer “out-of-the-box” systems for training couples. Young thinks this movement could offer counselors viable opportunities to develop a niche by running a relationship education program and then working with participants who want more sophisticated services.

One such program is SmartMarriages, which offers visitors to its website (smartmarriages.com) the opportunity to become “marriage and couple educators.” The website proclaims that “Marriage Education is an educational approach that teaches couples the skills and information they need to communicate, manage conflict and have a healthy, satisfying relationship. You can teach this material to couples (and singles) in classes, retreats, workshops and in at-distance learning.” The organization offers two-day conferences as well as seminars and sessions that meet for eight weeks, all with the goal of helping couples find new ways of dealing with problems.

Another key organization in the marriage education movement is PREP; the Prevention and Relationship Enhancement Program (prepinc.com), developed by Scott Stanley, a research professor and codirector of the Center for Marital and Family Studies at the University of Denver, and his colleague, Howard Markham. They claim their program is steeped in empirical research and has been carefully tested. PREP reports to have trained 14,360 counselors, nurses, people in education and clergymen in nearly 30 countries.

The program bills itself as “one of the most comprehensive and well-respected divorce-prevention/marriage enhancing programs in the world.” PREP notes on its website that the program is “education not therapy” and opines that our culture does not properly value training for those in relationships or preparing to enter one.

The PAIRS (Practical Application of Intimate Relationship Skills) program similarly offers a variety of workshops and other information for families and professionals. “Intimacy is a major concern in our culture. Modernization has shifted the primary function of marriage from providing security, stability and raising children to developing a lifetime of love and intimacy,” says the PAIRS website (consumer_pairs.com). “In previous generations, successful marriages depended upon duty and role competence. Modern marriages require greater interpersonal competence as well as equality between partners. Relationships are sought that not only create stable families but also provide partners with a lifetime of love and companionship.”

— Jim Paterson

expressed clearly so that the general public (and, for that matter, counselors themselves) understand the distinction? How does it fit into or relate to the practice of marriage counseling and family therapy?

ACA and IAMFC member Jon Carlson, Distinguished Professor of psychology and counseling at Governors State University and the author of several counseling books, offered the following view: “Counseling seems to me to be different from therapy. Counseling seems to be interested in helping a wider range of couples concerns. Counselors are concerned with prevention and education as well as remediation, while therapists focus on problems and remediation. However, the distinction between therapy and counseling does not seem to be a big deal among practitioners. The difference between marriage and couples seems to be more of a political/philosophical issue. Marriage therapy is for those who are legally bound in marriage. This seemed to discriminate against gay and other committed couples who were not legally ‘married’ but nonetheless a couple.” Peluso adds that, today, couples counseling is more often viewed as...
being “unique and separate from family counseling. Prior to this, the emphasis was on family therapy, and the marriage and couples part was seen as more of an adjunct. The reality is that couples counseling deals with some complex dynamics that family therapy does not.” He acknowledges, however, that the two fields have areas that overlap.

**A brief history**

According to Gurman and Fraenkel, couples counseling has passed through four overlapping phases as it has stutter-stepped forward.

*Phase I — Theoretical marriage counseling formation (1930-1963):* Within this phase, four stages were identified — the field was born, became established, was legally recognized and began to develop its own literature and studies. Interestingly, the first marriage counseling clinical institutes emphasized premarital education, hinting at the psychoeducational-preventative efforts that are increasingly popular today.

*Phase II — Psychoanalytic experimentation (1931-1966):* A “rebellious” group of therapists began to experiment more broadly as the field gelled, though the focus continued to be on working with partners individually in separate sessions. “I am not primarily involved in treating marital disharmony, which is a symptom, but rather in treating the two individuals in the marriage,” wrote influential therapist C.J. Sager. Because of its link to family therapy, which avoided psychoanalytical and psychodynamic interpretations, couples therapy remained somewhat static during this phase, according to Gurman and Fraenkel.

*Phase III — Family therapy incorporation (1963-1985):* Pioneering therapist Jay Haley was hugely influential, suggesting that family dynamics were key to the happiness of everyone, including the primary couple. “Marriage counseling did not seem relevant to the developing family therapy field,” he said. Gurman and Fraenkel note that “Family therapy had now not merely incorporated, merged with or absorbed marriage counseling and psychoanalytic couples therapy; it had engulfed, consumed and devoured them both.”
Phase IV — Refinement, extension, diversification and integration (1986-present): The couples counseling field would develop its own identity in the 1960s but remained somewhat stagnant until the early 1980s. This period saw feminism's and multiculturalism's influence on couples counseling grow, as well as the roots of new approaches such as integrative therapy begin to develop.

An integrative approach

During that final phase, Behavioral Marital Therapy (BMT) developed. The therapy was based in clinical research and initially focused on couples identifying desired changes in behavior and then talking about those new actions. Couples made agreements or contracts and learned new communication and problem-solving skills. But in the mid-90s, BMT grew into what is today one of the more popular approaches to couples therapy — Integrative Behavioral Couples Therapy (IBCT), in which the concept of acceptance became a primary part of the couple's work.

To a large degree, this new line of thinking developed because approaches based in training couples to change proved not to be very effective, particularly in difficult marriages. Gradually, self-regulation on the part of both partners to achieve mutual satisfaction in the relationship was embraced as a key component to what was increasingly called “couples counseling” rather than “marital counseling.” The name was meant to be inclusive of those who were not married but were involved in a serious relationship, particularly same-sex couples.

Kathleen Eldridge, an associate professor at the Pepperdine University Graduate School of Education and Psychology, has written about and presented on IBCT, including at the 2008 ACA Conference in Honolulu. She explains that IBCT replaces couples counseling’s former emphasis on improved behavior and new skills with “cognitive change that suggests a difference isn’t a deficiency or right or wrong in a partner; it is just a difference.” The other partner’s response, including an awareness of his or her emotions, is key.

Based on research about couples’ ability to make behavioral changes and maintain them long term, we have learned that only about 50 percent are able to make and sustain changes after traditional forms of couples therapy. So we need to help couples learn to accept those things that are less amendable to change,” says Eldridge, a member of ACA.

However, she notes that acceptance by one partner often ends up fostering the desired change in the other partner. What’s more, she says, this change comes about “more naturally” than with traditional therapy, in which one partner typically identified a problem in the relationship, while the other partner was “encouraged” to change. “These self-motivated changes are more likely to last,” she says.

In today’s multicultural society, counselors are more likely to see partners who have very different values, tendencies and traits, Eldridge notes, so acceptance may be an even more critical component. Others have noted that multiculturalism and feminism helped change modern thinking about couples counseling because they pointed to the differing perspectives partners can bring to a relationship.
In IBCT approaches, counselors help clients learn to accept rather than criticize their partner’s behaviors, while also developing constructive communication and conflict-resolution techniques. Couples are taught unified detachment, which allows them to step back from emotional responses (particularly hard, “blaming” responses) to identify patterns and better understand their positions. The goal of the therapy isn’t necessarily to change the behavior but the response to the behavior, without always expecting complete change, Eldridge says.

**Emotions are key**

Another important development, Peluso says, is the attention now given to the emotions that couples in relationship bring to conflict. In particular, he credits the groundbreaking work of John Gottman as well as Emotionally Focused Couples Therapy (EFT), championed by Sue Johnson, author of *Hold Me Tight: Seven Conversations for a Lifetime of Love.*

On her website, Johnson says clients must “recognize and admit that they are emotionally attached to and dependent on their partner in much the same way that a child is dependent on a parent for nurturing, soothing and protection. EFT focuses on creating and strengthening this bond and identifying and transforming the key moments that foster an adult, loving relationship.”

Johnson, who recently authored an article on the approach in *Psychology Today,* says certain steps can transform relationships:

- Each partner must look beyond immediate, impulsive reactions.
- Couples should revisit a difficult moment to provide a platform for de-escalating conflict, repairing rifts and building emotional safety.
- Injuries may be forgiven, but they never disappear. They need to be “integrated into couples’ conversations as demonstrations of renewal and connection.” Forgiveness strengthens a couple’s bond.
- Couples find how emotional connection creates great sex, and good sex creates deeper emotional connection.
- Couples must understand that love is a continual process of losing and finding emotional connection; it asks couples to be deliberate and mindful about maintaining connection.
- Johnson dismisses thinking that says partners’ dependency on each other is improper or shows weakness. She claims we have a “wired-in need for emotional contact from significant others” and believes that therapy can help couples find ways to meet those needs for bonding and attachment, which creates relational harmony.

Gurman and Fraenkel say EFT reconnects couples therapy to the experiential work of Carl Rogers and Fritz Perls, explaining that it “sees marital conflict and harmony as dependent upon the degree to which the marital partners’ basic needs for bonding or attachment are satisfied.”

**Gottman’s approach**

High praise for Johnson’s book has come from Gottman, whom several leading experts cite as the key force in modern thinking about couples therapy. “He is a must read for any couples counselor,” Peluso says.

Gottman, a mathematician by training, developed techniques for predicting whether couples will break up. These breakthrough techniques included analyzing both the literal responses and the tone of those responses in interview settings, as well as reviewing body language and facial expressions.

“The assessment process is more extensive than any other I’ve used,” says Lisa Lund, a marriage and family therapist and Gottman specialist in Santa Rosa, Calif. “I especially like the information I get from the oral history interview, where the couple shares with me the story of their relationship from the first time they met up to the present moment. I learn a lot in these interviews about how they go through life together.”

Gottman has written several books with his wife, Julie, a clinical psychiatrist who is cofounder and clinical director of the Gottman Institute, which offers seminars and various self-study guides for couples as well as in-depth training for therapists.

Like Johnson, Gottman views emotions as a primary concern, along with the patterns in a relationship. He stresses avoidance of what he calls “the four horsemen of the apocalypse” in a relationship: criticism, contempt, stonewalling and defensiveness. He also suggests that therapists help couples to identify the strengths and positive aspects of their relationship in addition to their “life wishes.”

Gottman advises couples to seek help early on in their relationship, to avoid critical thought, to soften the start-up to a difficult discussion, to accept
influence from each other and to have high standards, refusing to accept hurtful behavior. He also says couples should learn to exit a disagreement and repair damage before an argument gets out of control, even backing down from a strongly held position if no harm will be done. Each of these are central ideas in his well-known book *The Seven Principals for Making Marriage Work.*

“In a happy marriage, while discussing problems, couples make at least five times as many positive statement to and about each other and their relationship as negative ones,” Gottman says on his website. “A good marriage must have a rich climate of positivity.”

Lund says she has more than 50 interventions at her disposal through Gottman’s approach, including labeling and replaying the “four horsemen” and replaying a fight in which the argument is slowed down and evaluated step-by-step so the participants will better understand each other and what the disagreement was really about. “What appears to be a dumb argument about taking out the trash may actually be about something else entirely,” Lund says. Using Gottman techniques, the counselor coaches the couple in speaker-listener exercises so they will learn to ask open-ended questions in a way that “deepens their understanding of each other’s gridlocked position,” she says.

**Making choices**

William Glasser’s Choice Theory has long been associated with individual and school counseling, but a strong contingent of counselors are also putting his ideas to work with couples. Choice Theory encourages each partner to take personal responsibility for the relationship, set aside differences and work on current issues without necessarily expecting his/her partner to change, says ACA member Kim Olver, a speaker, author and relationship coach who has worked extensively with Glasser’s theory. The theory’s emphasis on relationships as a key to happiness seems to make it a natural approach for couples counseling. “(Glasser) says the most destructive thing in a relationship is people trying to control one another,” says Buck, a senior faculty member at the William Glasser Institute. She explains that both partners must think about whether what he/she is about to do or say will improve the relationship. “You then support those things that work,” she says. “The brain tends to focus on what is wrong, and couples have to identify what is right.”

Olver says couples must be trained to treat the relationship as a third entity that, with attention from both partners, will help to meet each of the individual’s needs. “You may think you are going to get a couple into the counseling office and get them to change, but it doesn’t work,” she says, noting that partners can only control and take responsibility for their own actions and gain real rewards internally.

As Olver explains, Glasser recommends that counselors work on couples’ “deadly” habits — criticizing, complaining, blaming, nagging, threatening, bribing and punishing — while also promoting good “caring” habits such as listening, empathy, support, encouragement and trust. Counseling begins, she says, by asking both partners if they are committed to working on the relationship. In succeeding sessions, the couple talks about ways in which their
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“Looking in the Mirror”
1. According to Peluso, about ___ percent of couples seeking therapy either report immediately that infidelity occurred or eventually disclose it.
   o a. 25
   o b. 45
   o c. 55
   o d. 65

2. Throughout the process of counseling couples confronting infidelity, the counselor must be ___, Peluso says.
   o a. impartial
   o b. forceful
   o c. compassionate
   o d. All of the above

“From Burning Bright to Simply Burned Out”
3. According to Lawson, ___ percent of people in the helping professions suffer from burnout.
   o a. 5
   o b. 10
   o c. 15
   o d. 20

4. From Woodyard’s perspective, all of the following factors EXCEPT ___ are top contributors to counselor burnout.
   o a. a schedule that is too full
   o b. lack of good supervision
   o c. seeing a population that is too demanding
   o d. lacking variety in the client population

“New Perspectives”
5. Chope counsels that it is possible to work full time in an agency while still accumulating direct counseling hours for licensure.
   o a. True
   o b. False

6. For the student who wants to become a community college counselor, Gaw counsels ___ to set her apart from other job candidates.
   o a. developing extra skill sets
   o b. becoming familiar with retention issues
   o c. knowing state regulations
   o d. All of the above

“Private Practice in Counseling”
7. Whenever a coordination of treatment contact is made, it is:
   o a. a marketing opportunity.
   o b. a professional and ethical responsibility.
   o c. Both a and b
   o d. None of the above

“Behind the Book”
8. Humphrey brings experience to her book “Private Practice in Counseling” from all of the following positions EXCEPT:
   o a. parish minister
   o b. probation officer
   o c. counselor educator
   o d. family counselor

9. Humphrey challenges counselors to ___ for each griever and their experience of grief.
   o a. prioritize uniqueness over sameness
   o b. explore the role of meaning reconstruction and cognitive processing
   o c. adopt diverse alternatives to stage/phase models
   o d. expand their thinking about loss and grief beyond a narrow focus on bereavement

“CACREP Perspective”
10. All of the following statements about CACREP core faculty are true EXCEPT:
    o a. An academic unit must have core faculty who have earned doctoral degrees in counselor education or supervision.
    o b. The term “core faculty” is specific to the CACREP Standards.
    o c. For any calendar year the number of credit hours delivered by noncore faculty must not exceed the number of credit hours delivered by core faculty.
    o d. The standards call for a minimum of two core counseling faculty.

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Experts contend that new counselors — including those specifically trained to do couples counseling — often feel uncomfortable working with relationships gone sour.

“Even experienced counselors find themselves in unfamiliar territory when they venture from individual counseling to couples counseling,” says Sondra Medina, chairperson of the marriage and family therapy program at Regis University in Broomfield, Colo. “Instead of the family dyadic system made up of client and counselor, they find themselves in a system with its own history, rules and expectations.”

Medina, an American Counseling Association member who has written about and presented on the pitfalls facing novice couples counselors, including at the 2009 ACA Conference in Charlotte, N.C., says counselors may feel uncertain about or overwhelmed by the dynamics involved in couples counseling. She provides the following tips to head off six problems that novice couples counselors commonly encounter.

Avoid linear conceptualization. Counselors can make the mistake of thinking that one partner is the source of the conflict when the issue is a problem within the relationship.

Don’t join forces. Avoid the temptation to collude with one partner. “Counselors collude with clients when they believe that the other partner is the source of the problems or they overly identify with one of the two,” Medina warns.

See the big picture. Don’t get lost in the specific content of the couple’s complaints. A discussion about housework may land a couple in divorce court, Medina says, but not so surprisingly, the real issue in their marriage goes well beyond the distribution of household chores. Getting to the meaning underneath the surface conflict is “the art of couples counseling,” she says.

Let them speak. Even though it is tempting, don’t talk for a client when one of the two partners has a difficult time expressing him- or herself in a couples session. Despite a counselor’s empathy, overinvolvement will inhibit growth of the pair.

Don’t avoid conflict. “The richness of the immediacy and raw emotion in a conflict is invaluable for the counselor,” Medina says. “It provides the fertile ground from which the counselor can more deeply understand the couple and ponder which changes can be made through skillful interventions.”

Pay attention to power. Counselors should be aware of power imbalances so they can either work effectively within the imbalanced system or promote a more equitable distribution of power in the relationship.

Medina, who is also a member of the Association for Counselor Education and Supervision, a division of ACA, emphasizes that proper training and supervised experience are the best routes to take for counselors who want to become more comfortable working with couples.

— Jim Paterson

relationship is working or not working and instances in which controlling behavior tends to rear its head. Olver also asks couples to do something intentionally every day for a week to improve their relationship and then to report back about the process. This step often leads to a dramatic change in the couple’s attitude, she says.

Glasser advises counselors to get clients to “focus on what counselors can do directly — act and think,” Olver adds. This means the couple should spend less time on things they cannot do directly — namely, change their feelings and physiology. Feelings and physiology can be changed, but only if there is a change in the acting and thinking, Olver says.

Glasser says the goal of his reality therapy is to “help people reconnect” with a specific plan and to focus on the present instead of symptoms and complaints. “Encourage people to judge all they are doing by the Choice Theory axiom: Is what I am doing getting me closer to the people I need? If the choice of behaviors is not working, then the counselor helps clients find new behaviors that lead to a better connection,” Glasser says on his institute’s website. His most recent book is Eight Lessons for a Happier Marriage.

Solution-focused and brief counseling are also being used extensively today in couples counseling. Like Glasser’s therapy, these approaches focus on the present, what the couple is doing right and how the relationship can move forward rather than dwelling on past wrongs or requiring behavior changes.

When there is an affair

Another trend in couples counseling is specific work on infidelity as a primary cause of relationship problems. The causes and effects of infidelity have been more closely studied in recent years, both in serious clinical studies and in the popular media.

Peluso, whose book on the topic provides chapters by key figures in couples counseling and therapy, says many counselors acknowledge that

“Based on research about couples’ ability to make behavioral changes and maintain them long term, we have learned that only about 50 percent are able to make and sustain changes after traditional forms of couples therapy.”
infidelity is an issue they are ill-equipped to handle, even though studies suggest 55 percent of couples eventually report an affair has occurred in their relationship.

He believes the topic of infidelity was previously undervalued in couples counseling for a variety of reasons. First, he says, for many years, the topic was simply viewed as taboo. Counselors were also unsure of what approach to use in helping couples heal from infidelity, questioning whether counseling should be trauma-, grief- or attachment-based. In addition, many counselors remain wary of the topic’s emotional aspects. “The emotions are so raw and intense with infidelity,” Peluso says. “It really stuns a lot of counselors. It becomes difficult to offer effective counseling and maintain a neutral stance in the face of that.”

Peluso recommends that counselors recognize the underlying dynamics of infidelity and assess the reasons for its happening. He adds that responsibility for the act of infidelity rarely lies solely with the partner who had the affair.

Peluso has developed a process for working with couples confronting infidelity in their relationship. The process begins by dealing with infidelity and its effects as a crisis that must be handled with the equivalent of medical triage, treating the vital concerns and stopping further damage. The partners must then decide whether they can still live together and how they will discuss the issue. Other steps include minimizing the damage and guiding the couple beyond their bitterness over the affair. This involves getting the couple to recognize that the act of infidelity is not the primary issue; rather, it is evidence of greater issues within their relationship that they must address.

Throughout the process, the counselor must be forceful, Peluso says. “The people involved are overwhelmed, and they want strong guidance from a counselor,” he says, adding that firm direction provided by a professional is often key to the relationship’s survival and future success.

Jim Paterson is a writer, editor and school counselor living in Olney, Md. He is a frequent contributor to Counseling Today. Contact him at Jamespaterson7@gmail.com.

Letters to the editor: ct@counseling.org
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Louis Cozolino, PhD
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**David Mee-Lee, MD**
Cultural Clashes in Co-Occurring Disorders: Clinical Dilemmas in Assessment and Treatment
A physician and a board-certified psychiatrist, Dr. Mee-Lee has worked for more than 25 years developing and promoting innovative behavioral health treatment that emphasizes clinical integrity, high quality, and cost-consciousness. In addition to being both a workshop trainer-teacher and a consultant, he is a prominent researcher and author in the field of addictions and mental health. A native of Australia, Dr. Mee-Lee is an expert in dual diagnosis—co-occurring substance use and mental disorders.

**Eliana Gil, PhD**
Integrated Approaches for the Treatment of Abused Children
Dr. Gil is director of Clinical Services for Childhelp, Inc. in Phoenix, Ariz., where she is developing a child abuse and neglect treatment program to provide specialized services to children and their families. She is founder and coordinator of an abused children’s treatment program in Northern Virginia, a Registered Play Therapy Supervisor, a Registered Art Therapist, and a licensed Marriage, Family, and Child Counselor. She was an adjutant faculty member at Virginia Tech for more than 10 years. Dr. Gil is bilingual and bicultural, originally from Guayaquil, Ecuador.

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Sharon cares.
The 26-year-old counselor cares for the clients she leads in two groups composed of individuals with substance abuse and mental health problems. She cares for the few individuals she has time to see when her groups aren’t meeting three times per week, three hours per session. She even cares about doing a good job on the mounds of paperwork that clutter her desk.

It turns out, though, that Sharon may not be spending as much time caring about the person who matters most — herself — while she tends to the needs of others at the community mental health center where she works.

“Last week, I felt that I definitely was burning out,” says Sharon, who asked Counseling Today not to reveal her last name. “I felt that I had symptoms of generalized anxiety disorder, of post-traumatic stress disorder. I dreamed of getting shot.”

So Sharon decided to shift gears. “The newest belief I’ve adopted is that I’m doing a job and not doing therapy,” she says. “If I look at it that way, I can cope with my stress better.”

Counselor burnout. With increasing caseloads, managed care headaches, mounting paperwork and the ever-present stress of listening to other people’s tales of despair all day before going home to play with the kids at night, it is an issue that many in the counseling profession take very seriously.

“It can’t be overstated,” says Gerard Lawson, an assistant professor of counselor education at Virginia Tech and coleader, along with Jane Myers, of the American Counseling Association’s Wellness Interest Network. “Everyone in the helping professions, especially counseling, wants to help people. But it’s all meaningless when the instrument — you — isn’t OK.”

When Lawson chaired the ACA Task Force on Impaired Counselors from 2003 to 2007, he and Beth Venart wrote a paper titled “Preventing Counselor Impairment: Vulnerability, Wellness and Resilience.” They defined counselor impairment as something that occurs “when there is a significant negative impact on a counselor’s professional functioning which compromises client care or poses the potential for harm to the client.”

Impairment, Lawson and Venart wrote, includes substance abuse or chemical dependency, mental illness, physical illness and personal crisis. The term “burnout” was included under the personal crisis category.

But what is burnout? What leads to it? How can it be treated? And, perhaps most important, how can counselors avoid it?

Counselor burnout is defined by its symptoms: feelings of exhaustion, detachment and dehumanization when dealing with clients, in addition to feelings of depression and inadequacy. And then there is burnout’s close cousin, compassion fatigue, when the
helper is traumatized by her efforts to be compassionate with the individual suffering from the initial trauma.

“We find that 5 percent of people in the helping professions suffer from burnout and 10 percent suffer from compassion fatigue,” Lawson says. “That should give us pause. It’s not a huge number when we look at the 95 percent who aren’t suffering from burnout, but what do we do with the 5 percent, and how do we make sure that the 95 percent doesn’t slide into the 5 percent?”

Few protections in place

Graduate school would be an obvious place to stem the tide before people enter the counseling profession. Or so it would seem.

“It’s not attended to enough,” says Myers, a professor in the University of North Carolina at Greensboro Department of Counseling and Educational Development and a past president of ACA. “We focus on professional development as part of the curriculum, but we don’t have any training on burnout.”

Likewise, according to the task force Lawson chaired in 2003, state licensing boards don’t deal with the issue adequately. The task force found that few intervention programs existed to assist counselors and only a few states — Minnesota, Michigan and Virginia — had good impairment programs that defined impairment to include stress, substance abuse, mental illness and physical illness.

So graduate programs turn out counselors who gladly dive into the deep water. Helping people is their goal, and burnout is generally the furthest thing from their minds. They often start out at community mental health agencies because they can work there before getting licensed. This is where they are given freedom to see clients — individually and in groups — pretty quickly. And this is where clients with the most serious mental illnesses await.

“If you want to burn people out,” Lawson says, speaking of community mental health agencies, “we have the perfect recipe.” Namely, new counselors seeing clients with not-so-new problems.

“A lot of our graduates talk about the severity of their caseloads,” Myers says. “It’s very difficult when you’re treating the severely impaired. If I feel I’m not a success as a counselor, there’s a good chance I am going to burn out.”

Battling against burnout

Burnout certainly isn’t restricted to recent counseling graduates or workers at community mental health centers, however. Still, Lawson acknowledges that private practice offers greater control, and control mitigates against burnout.

Balance also is a key to the prevention of burnout, whatever the age of the counselor. “Meditation, exercise, vacation, dedicating time to your family … Folks

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that tend to these aspects of their life fare better with burnout,” Lawson says. “There’s a significant improvement with work when you do wellness activities.”

“There’s a crossover between our professional and private lives,” Myers adds. “We’re more prone to high stress if there are problems at home. It’s easy for our clients to become secondary when we have problems in our private lives.”

Myers also emphasizes the importance of engaging in non-counseling activities. “On a scale of one to 10, I’d say that’s about a 15,” she says. “You have to have balance. You have to do things that renew you in other areas of your life.”

Counselors can also benefit from practicing what they preach, including seeking counseling themselves. “I think counselors can be reticent to see other counselors,” Myers says. “When you’re a counselor yourself, you might not think another counselor will be effective dealing with you. … (But) the best theorists and clinicians in our field, starting with Alfred Adler, have stressed the importance of having someone else hear our stories and help us gain new perspectives.”

Adds Lawson, “Going to counseling
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Finding renewal
Things weren’t paying off five years ago for Cathy Woodyard, an ACA member based in McKinney, Texas.
She was teaching at Texas Woman’s University, seeing clients individually and experiencing signs of burnout.

“I gave up my job as a counselor educator because I found it was depleting me,” Woodyard says. “I gave myself a week in a cabin. I took movies. I took scrapbooks.” And she came away with a feeling of renewal.

Woodyard and Connie Fox, a friend and counselor Woodyard had met at an ACA Conference, decided to put together retreats for counselors. The counselors, mostly from Texas and Oklahoma, go on weekend retreats twice a year. One of the retreats in Oklahoma City included a talk by a therapist who specialized in dream work. Another retreat incorporated psychodrama. A retreat in Santa Fe, N.M., last fall included a visit from a shaman. A massage therapist was featured at another retreat.

Woodyard plans to expand her retreats to include individuals from other professions. Meanwhile, the counselors who attend Woodyard’s retreat talk about themselves. They talk about cases. But mostly, they engage in renewing activities. “I couldn’t counsel if I didn’t do something like this,” Woodyard says. “My therapy would turn into problem-serving. It wouldn’t be about growth. I don’t trust a counselor who doesn’t work on themselves.”

A counselor herself for nearly 20 years, Woodyard sees individuals, runs four groups and conducts a monthly experiential workshop that primarily focuses on self-exploration and dealing with fear. From her perspective, what are the top three factors contributing to counselor burnout? “Lack of self-care, a schedule that is too full and seeing a population that is too demanding,” she says.

On second thought, make that four factors. “I think you need a variety of clients,” she says. “If I worked with all children, I think I’d burn out. If I worked only with an older group, I think I’d burn out. When you’re working with a tougher population especially, there’s something refreshing about seeing different types of people.”

Woodyard’s husband, Jim Bray, is in a different profession altogether, working as an electrical engineer. “I’m so glad to have a job,” not therapy. She also has another name for what she does. “I look at myself as a drive-through therapist,” she says. “You pull up, and you get a kernel of something that can help you.”

But what can help Sharon? “I care immensely about these people,” Sharon says. “But there are moments of frustration that I can’t fight through.”

Meanwhile, Sharon is trying to bring herself out of her funk. Sometimes, to protect herself, she calls what she is doing “a job,” not therapy. She also has another name for what she does. “I look at myself as a drive-through therapist,” she says. “You pull up, and you get a kernel of something that can help you.”

But what can help Sharon? “I care immensely about these people,” Sharon says. “But there are moments of frustration that I can’t fight through.”

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Glen E. Hubele National Graduate Student Award

This award is presented to a graduate degree candidate in the field of counseling, guidance and human development. Amanda C. Healey, in her second year as a doctoral student at Old Dominion University, is a member of Counselors for Social Justice, the Association for Assessment in Counseling and Education, the Association for Counselor Education and Supervision, the Association for Multicultural Counseling and Development, and the International Association of Marriage and Family Counselors. She has written two book reviews for The Family Journal and serves on the CSJ Membership Committee. Healey was also a member of the doctoral student team that placed second in a previous ACA ethics competition. She serves as Chi Sigma Iota Omega Delta chapter president and was awarded a scholarship through ODU for academic achievement and dedication to women’s issues. She volunteers in the community through CSI projects, the local Planned Parenthood and the Tennessee Equality Project. Since obtaining her master’s degree, Healey has presented at numerous conferences, and her work will be published this spring. She is completing her dissertation and other research projects, including a Southern ACES grant project on discouraging work environments in mental health agencies.

Courtland C. Lee Multicultural Excellence Scholarship Award

This award goes to a graduate student in counselor education whose dedication and academic work demonstrate excellence in the theory and practice of multicultural counseling. Chinwé Uwah Williams is a recent graduate of the counselor education and practice doctoral program at Georgia State University. She currently serves as an instructor at Rollins College and the University of Central Florida, teaching practicum, assessment and counseling special populations. Committed to the principles of multiculturalism, Williams has four journal publications in the areas of school counseling, multiculturalism and group work. Her most recent article relates to African American adolescent males, academic self-efficacy and belonging. Her research and clinical interests include multicultural issues in counseling, adolescent development in school and clinical settings, and group work. She obtained her master’s in community counseling at the University of Georgia and worked as a secondary school counselor for five years. She is a member of ACA, the Association for Assessment in Counseling and Education, the Association for Specialists in Group Work, the Association for Counselor Education and Supervision, the American School Counselor Association, the Georgia School Counselors Association and Chi Sigma Iota. Williams previously has won a number of other awards, including the Peg Carroll Scholarship, a Ross Trust Scholarship and the Chi Sigma Iota International Outstanding Research Award. She has presented or copresented at numerous conferences at the local, state and national levels.

Ralph F. Berdie Memorial Research Award

This award supports research in the area of college student affairs or related areas of counseling and education. Alan M. “Woody” Schwitzer, an associate professor of counselor education and coordinator of the college counseling specialty at Old Dominion University, focuses his research on the effects of college counseling, health center and student affairs referrals on university students’ academic success. His research advances the field of counseling, particularly the areas of college counseling and student affairs, by approaching the salient issue of outcomes of college counseling services on student adjustment, development, learning and academic success. Schwitzer’s research is both methodologically rigorous and fundamentally practical.

ACA Research Award

Honoring outstanding original research involving systematic inquiry or investigation, this year’s award is given to Arunya Tuicomepee and John Romano for their article “Thai Adolescent Survivors One Year After the 2004 Tsunami: A Mixed Methods Study,” which appeared in the July 2008 issue of the Journal of Counseling Psychology.

Tuicomepee has been a member of the psychology faculty at Chulalongkorn
University (Bangkok) since 1998. The university has offered a master’s degree in counseling for many years and recently began a doctoral program in counseling psychology. Her research interests include mental health issues of youth and their families resulting from natural disasters, the influence of social policies on preventing mental health problems and risk behaviors of adolescents and young adults. Her research has been published in international and Thai journals, including the *International Journal for the Advancement of Counselling*, *Thai Mental Health Journal* and *Family in Society*. She took leave from her university to complete her doctorate in the counseling and student personnel psychology program at the University of Minnesota.

Romano is a professor in the counseling and student personnel psychology program at the University of Minnesota, where he teaches master’s- and doctoral-level counseling and counseling psychology students. His research interests are in the areas of prevention and international work related to counseling, psychology and human development. He currently serves on the editorial board of the *Journal of Counseling & Development* and was previously on the editorial board of the *Journal of College Student Development*. He has been a member of various ACA divisions through the years, including the Association for Counselor Education and Supervision and the Association for Specialists in Group Work. He is a fellow of the Society of Counseling Psychology (American Psychological Association) and has published in several counseling and psychology journals. Romano has served abroad as a Peace Corps Volunteer, as an external examiner for counseling programs in Singapore and Malaysia and as a visiting professor in Thailand.

**ACA Federal Legislative Service Award**

This has been a banner year for the counseling profession, making it appropriate for both a senator and a representative to be recognized with this award. Sen. Claire McCaskill (D-Mo.) spearheaded efforts to gain independent practice authority for Licensed Professional Counselors under the TRICARE program, which provides health care services to U.S. service members and their dependents. While counselors are covered by the program, their services must be provided under physician referral and supervision. McCaskill gained enactment of statutory language in 2008 requiring the Department of Defense (DoD) to issue regulations under which LPCs would be allowed to practice independently and requiring the DoD to contract with an independent research organization to conduct a study of counselors’ training and qualifications.

Rep. Patrick Kennedy (D-R.I.) was one of the champions, along with retiring congressman Jim Ramstad (R-Minn.), of efforts to gain passage of mental health and addictive parity legislation by the House of Representatives. Kennedy worked tirelessly on behalf of the legislation, hosting town hall meetings nationwide to gain attention to the need for its enactment. His efforts led to the passage of a very strong version of the legislation by the House of Representatives, which was followed by enactment of a landmark new parity law as part of broad economic stimulus legislation at the end of 2008.

**Carl D. Perkins Government Relations Award**

This award honors an ACA member involved in legislative advocacy training and development. Danica G. Hays, an assistant professor at Old Dominion University, has made a significant contribution to the counseling profession — and across the helping professions — with her advocacy-based research. She has produced 19 refereed articles, either published or in press; three other refereed works in press; two edited books; one authored book under contract; 14 invited book chapters, published or in press; 14 manuscripts in review; six book chapters in review; three book proposals in review; and one manuscript in progress. Hays has given 23 local presentations, 12 regional presentations, 26 national presentations and five invited national presentations. Among the numerous awards and honors she has received are the ACA Research Award (2008), the AACE Presidents’ Special Merit Award (2006 and 2008), the Glen E. Hubele National Graduate Student Award (2005), the ACES Outstanding Graduate Student Leadership Award (2005), the Chi Sigma Iota International Outstanding Doctoral Student Award (2005) and CSI Fellow (2004).
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. Darren A. Wozny is an assistant professor of counselor education at Mississippi State University-Meridian Campus. He received his doctorate in human development and family studies with a specialization in marriage and family therapy from Iowa State University in 2002. He is the principal investigator and project director of the Mississippi State University-Meridian Campus Suicide Prevention Program (a three-year grant awarded by the Substance Abuse and Mental Health Services Administration). Wozny is past president of the Mississippi Association of Counselor Education and Supervision and is currently coeditor of the Journal of Counseling Research and Practice, the journal that represents the Mississippi Counseling Association. He has published and presented at national, regional, state and local levels on the issue of suicide and suicide prevention/intervention.

Robert H. Rencken 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. Frances Prater is a certified school counselor and school psychometrist in Kentucky. In addition, she has taught at both Eastern Kentucky University and Midway College. As a member of the Kentucky Counseling Association, Prater has held numerous leadership positions, including president, secretary, secretary to the Executive Committee, administrative assistant, Board of Directors, Executive Committee, Program Committee chair (twice), membership chair, professional development chair, preconference and conference on-site coordinator. In recognition of her numerous accomplishments, she has been presented with the KCA Kearney Campbell Memorial Award, the Upper Cumberland Counseling Association’s Annual Award for Counseling Leadership and the KCA Bill Braden Behind the Scenes Award. Prater is a member of ACA, the Association for Assessment in Counseling and Education and the American School Counselor Association. In Kentucky, she is a member of KCA, KAACE, KSCA and other education-related associations.

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. Dennis Engels is regent professor of counseling at the University of North Texas, past president of the National Career Development Association and a past NCDA representative to the ACA Governing Council. He has made significant contributions to the promotion of the counseling profession, counselor education and public policy related to the profession and its many constituencies. Engels has advocated for the profession at both state and national levels, including helping to create the Texas LPC status and using his extensive military experience to advocate for inclusion of counselors as TRICARE providers. The Texas Association for Counselor Education and Supervision has previously honored him as its Counselor Educator of the Year for his significant work. Engels has also served as editor of Counseling and Values, theACES newsletter editor and ACES secretary. He has also been a CACREP team member and team chair, a member of the CACREP board and a member of the 2001 CACREP Standards Revision Committee.

David K. Brooks Jr. Distinguished Mentor Award

Presented by the ACA Foundation, this award recognizes the invaluable influence of a professional mentor and salutes an ACA member whose actions adhere to this special type of teaching that David Brooks supported throughout his career. Richard Watts is a professor and director of the Center for Research and Doctoral Studies in Counselor Education at Sam Houston State University. An active member of ACA, he has a wealth of leadership experience in several divisions. He is a current editor, past editor or associate editor of the Association for Spiritual, Ethical and Religious Values in Counseling, the Counseling Association for Humanistic Education and Development, the International Association of Marriage and Family Counselors and ACA journals. In addition, Watts is a past board member of CACREP. He has won numerous national and state awards in counseling, including the 2007 Diplomate in Adlerian Psychology. A recent study recognized him as one of the 20 most prolific authors in counselor education, having written, edited or coauthored five books, 17 book chapters and 60 peer-reviewed articles. He has presented or copresented 123 regional, state, national and international conference presentations, including 38 by invitation. Watts’ well-rounded
community service includes frequent counseling-related presentations to community groups, music lessons for all ages and playwriting for elementary school musicals.

2009 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.

James M. Benshoff is a professor in the University of North Carolina at Greensboro Department of Counseling and Educational Development. His current research areas include teaching in counselor education, clinical supervision and group process and dynamics. He is also a licensed counselor in private practice. Benshoff is a director for the National Board for Certified Counselors, a recent past president of the Association for Counselor Education and Supervision and a former ACA staff member. He also has held board positions with the Association for Adult Development and Aging, Southern ACES and the North Carolina Counseling Association. He chaired the ACA Licensure Committee in the early 1990s and was instrumental in developing successful licensure legislation in North Carolina. Benshoff was the founding editor of the Journal of College Counseling and has served on several editorial boards. He has been recognized previously with awards for research, teaching, innovation, creativity in counseling and professional contributions to knowledge in college counseling. He has authored more than 30 refereed publications as well as book chapters, monographs and instructional media. In addition, he has presented more than 100 professional programs and workshops.

Jo-Ida C. Hansen received her doctorate from the University of Minnesota and has spent her career on the university’s faculty. She directs the Center for Interest Measurement Research and the Vocational Assessment Clinic, an advanced practicum training site and research laboratory for testing the hypotheses of the Theory of Work Adjustment. Hansen is most well known for her work in the area of interest measurement, especially for the revision and expansion of the Strong Interest Inventory and the development of the Leisure Interest Questionnaire. She has more than 300 publications and presentations to her credit. Her service to the profession includes terms as president of the Association for Assessment in Counseling and Education, editor of the Measurement and Evaluation in Counseling and Development journal, chair of the ACA Testing Committee, cochair of the Joint Committee on Testing Practices and member of the Joint Committee to Revise the Educational and Psychological Testing Standards. Her past awards include the E. K. Strong Jr. Gold Medal, ACA Extended Research Award, Leona Tyler Award and the Society of Vocational Psychology Lifetime Achievement Award.

Richard Hazler has extensive experience in school and mental health counseling, research, publication and program development. He has worked as a teacher, consultant and therapist in schools, universities, the Army, a prison and private practice. His firsthand experience in the schools, as well as his research studies, publications and presentations, have established him as a sought-after consultant for the media, including TV shows such as Leesa, Life Choices, 20/20 and Dateline NBC. His areas of expertise include humanistic approaches to counseling, issues of abuse, violence among youth, counselor training, professional leadership and program development. He has served as president of the Counseling Association for Humanistic Education and Development, Chi Sigma Iota, the Kentucky Counseling Association, the Kentucky Association for Counselor Education and Supervision, the Ohio Counseling Association and Ohio ACES. Hazler has also been at the forefront of research and practice on youth violence and bullying. He has one of the earliest books on preventing youth violence (Breaking the Cycle of Violence: Interventions for Bullying and Victimization, 1996) and is currently a leader in the emerging field of biosocial studies in this area. His book Helping in the Hallways: Expanding Your Influence Potential, second edition (2008), has captured many of the practical aspects of how counselors and teachers can have greater influence in helping youth and creating a more effective school climate.

Allen E. Ivey is distinguished university professor (emeritus), University of Massachusetts, and courtesy professor, University of South Florida, Tampa. A Phi Beta Kappa graduate of Stanford University, he earned his doctorate at Harvard University. He joined ACA in 1960 as a life member and is delighted with his almost 50 years of participation. A board-certified diplomate in counseling psychology, Ivey is past president and fellow of the Society of Counseling Psychology, a fellow of the Society for the Psychological Study of Ethnic Minority Issues and a fellow of the Asian American Psychological Association. He is author or coauthor of more than 40 books and 200 articles translated into 20 languages. He did original work on the multicultural implications of the microskills from 1966 to 1974 and has been increasing his work...
in multicultural studies ever since. Ivey currently focuses on innovations that are important to counseling’s future, including examining the role of neuroscience in counseling and the manner in which the new coaching model can enrich counseling practice. His latest coauthored book with Mary Bradford Ivey is *Essentials of Intentional Interviewing*, a succinct version of the microskills framework. Among his many awards are an American Psychological Association Presidential Citation, the ACA Professional Developmental Award and his designation as an Elder of Multicultural Psychology at a recent National Multicultural Conference and Summit.

**Gerald A. Juhnke** is a professor and director of the doctoral program in counselor education at the University of Texas at San Antonio. He is a former president of both the International Association of Addictions and Offender Counselors and the Association for Assessment in Counseling and Education, former editor of the *Journal of Addictions and Offender Counseling* and former cochair of the ACA Council of Journal Editors. He has authored or coauthored 37 refereed journal articles and published five books specific to violence, suicide and/or addictions, with another book under contract. Juhnke is a past recipient of the 2008 IAAOC Addictions/Offender Educator Excellence Award, the IAAOC *Journal of Addictions and Offender Counseling* Research Award (coreipient) and the ACA Ralph F. Berdie Research Award.

In 1999, **Joseph R. Kandor** retired from the Department of Counselor Education at the State University of New York College at Brockport after 29 years. He served as chair of the department for 28 years and retired with the title of distinguished service professor. During his 45 years in the profession, Kandor has received the following awards and recognition: ACA Arthur A. Hitchcock Distinguished Professional Service Award, Chi Sigma Iota Academy of Leaders Award, CSI Thomas J. Sweeney Leadership Award, SUNY at Buffalo Graduate School of Education Distinguished Alumni Award, SUNY College at Brockport Outstanding Service to Students Award, NARACES (North Atlantic Region Association for Counselor Education and Supervision) Distinguished Professional Service Award and the CSI Nu Chapter Outstanding Member Award. In addition, he has served in the following leadership positions: Association for Assessment in Counseling and Education Governing Council representative, president, treasurer and member-at-large; CACREP chair and vice chair; CSI president; CSI Nu Chapter founding president and faculty adviser; and NYSAMEG president and senator/treasurer. Kandor has also contributed to the profession through his numerous publications and his presentations and consultancies to state, regional and local organizations and schools.

**Pamela Paisley**, a professor at the University of Georgia, has been a member of ACA for more than 20 years and has been active in state, regional and national association work for approximately 25 years. At the national level, Paisley has represented the Association for Counselor Education and Supervision on the ACA Governing Council, been a member of the ACA Executive Committee and served as president of ACES, associate editor of the *Journal of Counseling & Development*, chair of the ACES School Counseling Interest Network, chair of the ACA Signature Product Task Force and facilitator of COPARC (Council of Presidents and Regional Chairs) governance discussions. Regionally, she has served as both secretary and president of Southern ACES. At the state level, she has been member-at-large for North Carolina ACES and president of the North Carolina Association of Humanistic Education and Development and has held the postsecondary positions on the School Counselor Association Boards for both North Carolina and Georgia. Paisley has been honored with outstanding teaching awards at Appalachian State University and the University of Georgia, the O’Hana Award from Counselors for Social Justice and, in 2008, the David K. Brooks Jr. Distinguished Mentor Award from ACA.

**James Sampson Jr.** is the associate dean for faculty development, College of Education, and Mode L. Stone distinguished professor of counseling and career development at Florida State University. He used his research interests in computer technology in counseling to draft portions of the ethical codes and design practice standards for the American Association for Counseling and Development (now ACA), the Association of Computer-Based Systems for Career Information, the National Board for Certified Counselors and the National Career Development Association. His honors include being named an NCDA fellow and an overseas fellow of the National Institute for Career Education and Counselling (Cambridge, England). He has also received the ACA Extended Research Award (with Robert C. Reardon), the ACA Ralph F. Berdie Memorial Research Award, the ACA Professional Development Award, the NCDA Eminent Career Award, the NCDA President’s Award, the NCDA Merit Award, the JoAnn Harris-Bowlsbey Award for Outstanding Contribution to the Field of Technology in Career Development and a “Being There” Award for service to students from Florida State University.
Don Dinkmeyer
Social Interest Award

This award recognizes an ACA member who has made a significant contribution in the counseling field in support of families and family members. Deryl F. Bailey is an associate professor at the University of Georgia and director of Empowered Youth Programs (EYP) in the Department of Counseling and Human Services. He has procured more than $425,000 for his work with EYP, which includes several related programs designed to close the achievement gap for underserved and underrepresented youth. Bailey maintains an active membership in ACA, including several divisions. He has won numerous national and state awards in counseling, including the 2007 Mary Smith-Arnold Anti-Oppression Award (Counselors for Social Justice), the 2004 Multicultural Program of the Year (National Association for Multicultural Education) and the 2001 Group Work Practice Award (Association for Specialists in Group Work). He has written, edited or coauthored articles, book chapters and books and has presented or copresented 95 regional, state, national and international conference presentations, including 44 by invitation. Bailey is frequently found in the Athens, Ga., public schools, checking on the adolescents in his programs and collaborating with their teachers and counselors. He serves the Athens community by providing numerous psychoeducational workshops and presentations. In his free time, Bailey enjoys taking adolescents from his program on fishing and camping trips.

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 personal satisfaction in seeing others made happier. Lily Roqueta-Rosales is the OIC/chair of the Philippine Regulation Commission Professional Regulatory Board of Guidance and Counseling, chair of the Council of Continuing Professional Education of licensed guidance counselors and chair of the Technical Committee on Guidance and Counseling of the Commission of Higher Education. She was appointed by Her Excellency Gloria Arroyo, president of the Philippines, to the Professional Regulatory Board in 2007 as an exception to the position that “no person beyond 70 years old be appointed to PRC.” The Accredited Professional Organization, the Philippine Guidance and Counseling Association and its past presidents strongly endorsed Roqueta-Rosales as the “best choice.” She has received three international awards and 17 national awards for excellence in leadership, counselor education, counseling, research and community service. She has published four books, 47 scientific and professional journal articles and three manuals. Roqueta-Rosales has served the community through her publications, which are widely circulated; through speeches delivered at local, national and international conferences; through her travels, which gave birth to a regular column in the Iota Phi newsletter; through her donations; and as chair of fund-raising committees of the organizations to which she belongs.

Richard Yep is the executive director of ACA, overseeing a 55-member staff and a $9 million budget. In addition to management of all staff functions, he works closely with ACA governance in implementation of the policies that it adopts. He is also the chief staff officer for the ACA Foundation. Yep has worked for ACA for more than 20 years and was appointed executive director in 1999. He previously served ACA in a variety of positions, including director of government relations, assistant executive director and senior associate executive director for corporate planning.

50th Anniversary Award

The North Carolina Counseling Association is celebrating its 50th anniversary as a branch of ACA. Six university educators from Duke University, North Carolina State University and the University of North Carolina-Chapel Hill chartered NCCA in 1959 as the North Carolina Personnel and Guidance Association. An early focus of the organization was increasing the number of counselors in the state’s public schools. In the 1980s, the organization worked tirelessly and achieved the licensure of counselors in the state. LPCs now work in mental health settings, hospitals, universities, schools, private practice and other locations across North Carolina. NCCA now brings together and advocates for counselors and clients in all settings, with 14 divisions and collaborations with a variety of other counseling and human service organizations. NCCA works closely with ACA on legislative issues, and many of its leaders have won national awards and served as officers of ACA and its divisions.
Ross Trust Scholarship Recipients

Thanks to Roland and Dorothy Ross, who were valued members of the ACA family for many years, 10 master’s students and five doctoral students who are preparing for counseling roles in the nation’s schools are honored with scholarships. The winners are selected based on academic achievement, volunteerism in the community and, for doctoral students, evidence of scholarly research, writing and presentations. Recipients are awarded $1,000, along with complimentary registration to the ACA Annual Conference & Exposition and a complimentary one-year student membership in the association.

Master’s level
Kristine Doyle, Wake Forest University
Matthew Ganderson, Old Dominion University
Kimberly Gibson, Radford University
Amanda Gohl, University of Detroit Mercy
Helen Kruskamp, University of Georgia
Emily Love, Purdue University

Patrick Mullen, University of Central Florida
Rebecca Newell, University of North Carolina-Chapel Hill
Liane C. Pereira, Central Washington University
Katie Winder, Stetson University

Doctoral level
Eric Davis, University of Florida
Rebekah Farris, Old Dominion University
Jessica Fournier, University of New Orleans
Kara Ieva, University of Central Florida
April Sikes, Old Dominion University

ACA Student Ethics Competition
The purpose of the ACA Ethics Committee Student Case Study Competition is to engage aspiring counseling professionals in the process of becoming aware of, studying and engaging in ethical reflection and decision making. Teams from the following graduate programs were recognized at the ACA National Awards Ceremony in Charlotte. (For more information, including the names of the individuals who made up these teams, see the News & Notes item that appeared on pages 68-69 of the March 2009 issue of Counseling Today.)

Master’s level
First place: The College of William and Mary
Second place: Youngstown State University
Third place: Eastern Mennonite University

Doctoral level
First place: University of Toledo
Second place: Old Dominion University
Third place: University of North Texas

Best Leadership Development Program
Small Branch: Kentucky Counseling Association (Southern Region)
Medium Branch: Florida Counseling Association (Southern Region)
Large Branch: Texas Counseling Association (Southern Region)

Best Membership Service
Small Branch: Kentucky Counseling Association (Southern Region)
Medium Branch: Mississippi Counseling Association (Southern Region)

Best Membership Recruitment Campaign
Small Branch: Kentucky Counseling Association (Southern Region)
Medium Branch: Mississippi Counseling Association (Southern Region)

Best Journal
Small Branch: Wisconsin Counseling Association (Midwest Region)
Large Branch: Virginia Counseling Association (Southern Region)

Best Newsletter
Small Branch: European Branch (North Atlantic Region)
Medium Branch: Mississippi Counseling Association (Southern Region)
Large Branch: Illinois Counseling Association (Southern Region)

Best Membership Recruitment Campaign
Small Branch: Kentucky Counseling Association (Southern Region)
Medium Branch: Mississippi Counseling Association (Southern Region)

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Note: A list of past National Awards honorees is available on the ACA website. From the home page at counseling.org, click “About Us” at the bottom of the screen and then click “National Awards” on the left side of the screen.
The American Counseling Association (ACA) is now providing eligible ACA student members with professional liability (“malpractice”) insurance.

Recognizing that all Council for Accreditation of Counseling and Related Educational Programs (CACREP) and many non-CACREP Programs require students to have professional liability insurance, ACA, through an agreement with Healthcare Providers Service Organization (HPSO) and its underwriter, American Casualty Company of Reading Pennsylvania, a CNA company, is providing eligible ACA student members with professional liability insurance coverage as an additional value-added benefit of membership.

Registered ACA student members are eligible for coverage when they are enrolled and engaged in a master’s degree counseling curriculum at a post secondary institution. Coverage is available to ACA student members solely while performing counseling services (e.g. practicum and internship) related to such curriculum.

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- Legal Defense and investigative costs - If eligible ACA student members are named in a malpractice lawsuit, an experienced malpractice attorney will be provided, if necessary. Legal expenses incurred to settle covered claims will be paid - WIN or LOSE. This is in addition to the limits of liability.

If you have any questions, please call ACA Member Services toll free at 1-800-347-6647, ext. 222 or 703-823-9800, ext. 222.

*ACA Students who wish to continue insurance through HPSO after graduation or who become a licensed, certified or accredited professional, please apply online at www.hpso.com. This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company and is offered through the Healthcare Providers Service Organization Purchasing Group. All products and services may not be available in all states and may be subject to change without notice. This information is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions and exclusions. CNA is a service mark and trade name registered with the U.S. Patent and Trademark Office.
Dream big! That's what I tell my students and clients whenever I do a “goals list” exercise in a class or a session. I do this continually in my own life as well, adding new goals to my list as I achieve others that I had set previously.

Formulating a goals list is different for every individual. Both as a clinician and an educator, I’m interested in the goals people choose as well as in their reaction to creating the list itself. Sometimes people say they can’t think of any goals, which is an informative statement. It sends an important message about the person’s sense of value in the world. Therapy clients who make this statement provide me with incentive and direction. It is a pleasure watching clients, especially those who start out by saying they have no goals or can’t think of any, end the session with a goals list that they can take with them for future reference. Every now and then, I’m even honored to hear from former clients or students who achieved goals on their lists.

In conducting a goals list exercise, I am working with clients to tap into their resilience and improve their positive self-esteem. I also encourage clients to utilize the goals list to open their minds to a positive outlook — a world where the glass might be half full as opposed to half empty. The simple act of having clients write down their dreams, thoughts and hopes is a positive exercise for the mind and spirit, even if the goals on the list are not realistic.

Some clients have no problem coming up with long and varied goals lists. One of my clients was in despair in terms of her immediate, everyday life and was therefore reluctant to make decisions about her forward journey. But when I asked her to create a goals list and told her to dream big, she came up with so many that I couldn’t write fast enough to keep up.

Other clients believe they are not “allowed” to have goals for themselves. For whatever reason, throughout their lives, these clients were “programmed” not to consider their own individual thoughts, feelings, hopes, plans and dreams. Resistance is high with these clients. Asking them to think of goals for themselves stumps them because it almost feels wrong to them to consider what they want.

Still other clients come up with well-planned and realistic goals only to reject them later because to follow through with these goals would somehow be “too good.” It’s as if these individuals are so invested in the chaos of being “stuck” that even a glimmer of the possible (which they say they want, and I believe them) is too scary for them. To proceed would mean giving up a lifetime of investment in the chaotic lifestyles they have come to regard as safe and comfortable, which is really code for familiar. But again, this reaction provides me with clues in terms of which direction to take to move forward therapeutically. In this case, I’m faced with massive resistance to change, even though the client talks of wanting change, which is a typical paradox.

When formulating goals lists with clients or students, I have some guidelines. First and foremost, the lists are reserved for goals they genuinely want for themselves — not based on what they think other people in their lives want for them or based on what they think their goals should be. I’m not opposed to the “get married and have a family” goal or the “graduate from college” goal being on someone’s list. However, those goals often seem to be items that someone or something else (society, our parents, peers, etc.) has told us we’re supposed to want.

I encourage people not to think in terms of “supposed to.” For the purposes of the list, I tell them there are no restrictions related to money, time, age, marital status, children, aging parents or any of the other obstacles people cite as preventing them from achieving their goals. I also remind them that the goals lists are to be solely about themselves. For example, people with children don’t need to write down, “I want to see my kids grow up to be happy and successful.” Also, there can be no time deadlines, such as “by a certain age I have to make a certain amount of money.” On a related note, the goals list shouldn’t include dictates from others about how much money is enough or that earning a certain amount of money implies success. Again, these goals lists are about what the individual believes or wants for himself or herself, not what someone else has programmed the person to believe.

As mentioned earlier, the point of this exercise is to help clients or students open their minds to the limitless possibilities of life. This is a difficult concept for some people because they believe life is about doing things a certain way — usually whatever way they were taught growing up. Those ideas were usually further reinforced by others in their peer group. After all, most people generally want to fit in and be the “same as.” To be “different from,” the rugged individual in the group, is often to feel isolated and outcast.

At this stage, however, many students and clients are in my classes or in my office precisely because they have tried to fit in and be like everybody else. In the process, they have discovered the emotional problems that often accompany those efforts. Even as they begin acknowledging that they want things to be different, however, they often exhibit resistance and an unwillingness to change. A paradox to be sure.

With the goals list, the counselor introduces the concept of all things possible. The counselor challenges clients to put their own needs first and to think in terms of their own personal priorities. The counselor encourages clients to
define success as it relates to them personally, not in terms of money or possessions but in terms of emotional well-being. The counselor’s role includes conducting a brainstorming conversation with the client in which resistance may be addressed.

Once the guidelines are out there, I again encourage people to dream big! Some folks have an understanding of why this is helpful and start writing down goals large and small, real and imagined, practical and impractical. Others experience difficulties with the process, feeling compelled to be practical or using phrases such as “that could never happen.” In addition, not everyone can readily embrace what it feels like to be selfish in a good way, thinking of self not in terms of anyone else. For these clients and students, I encourage continued talking and thinking and imagining. Eventually, just about everyone comes around to an understanding of how this exercise is worthwhile because it takes us out of our problem place and into the possible place.

My life is an example of the possible place and also of how dreams can become realities if we never give up believing in ourselves. As I mentioned earlier, I encourage students and clients not to put deadlines on any of their goals. One of my recently achieved goals, to present at a national continuing education conference in my field, had been on my list for years. I continued to endeavor in my work, knowing the opportunity would present itself when the time was right. The point is, along the way, I had done the work of setting the goal, and this was a chance to take the next step toward getting the goal.

Another thing to bear in mind: Sometimes achieving one goal prepares us for the next. Being a clinician since 1992 prepared me for teaching at the college level; becoming a clinician and a college professor were both on my goals list. Having achieved both of those goals prepared me for doing speaking engagements — and there’s another goal achieved. Again, no deadlines, no restrictions, no “that will never happen” type of thinking going on here!

Do you have a goals list? Try it for yourself, and then keep it and refer to it from time to time. For one thing, the process offers a chance to dream, and I think that’s always worth some head time and space. For another, isn’t it satisfying to achieve what you strive for? I know it is in my case. Finally, the goals list exercise keeps us in touch with forward motion, with listening to and following our hearts and thinking from a “self” place. Learning that lesson and then putting it into action is in itself an excellent goal. When this is achieved, so much else can be done, and you’ll know what it is to live life in that possible place.

American Counseling Association member Valerie J. Shinbaum, M.S., is a Licensed Professional Counselor. She is a private practitioner, college professor, author, lecturer and cofounder of Body, Mind and Balance, an interactive website at bodymindandbalance.com.

Letters to the editor: ct@counseling.org
Confronting underachievement syndrome

Millions of students who are very capable of learning — students with average, above average and even gifted abilities — are languishing with “underachievement syndrome.”

I first became interested in this population when I worked as a sixth-grade school counselor. Students at the school seemed to have a lot going for them, so I was surprised to encounter so many children who were falling short of their potential yet barely drawing notice from school personnel. Some of these students were doing well but obviously should have been doing better; others were performing poorly when they should have been average students.

One day, the teacher of the gifted program came to my office to discuss some of the students whom she thought were having “issues.” I started to take a real interest in two particular students and noticed that both were struggling not just academically but also socially and psychologically. Eric had few friends, was shy and withdrawn and was often the target of teasing. He doodled and daydreamed all day long. Lauren, on the other hand, had a lot of friends but was not getting along well at home. She was extremely disorganized and possessed poor study skills. Watching her at her locker, it seemed she was always harried and on the verge of crying.

I went to work putting together a dual treatment plan. I scheduled individual counseling sessions for Eric and Lauren to cover the mental health component and strategized with each about how best to implement changes using hands-on, practical tips. We started by trying to figure out what was working and what was not. For instance, Lauren and I reorganized her locker, putting the textbooks in the order she would need them for class and hanging a whiteboard so she could jot reminders to herself before she had to hurriedly pack up at the end of the day.

The key here was basic organizational skills and easy implementation. Then we put together a time management chart and study schedule that included not only school commitments but also extracurricular obligations and free time. Eric and I, meanwhile, worked on ways to approach other students, concentrating on tips for making conversation and maintaining eye contact.

A trifocal approach was used in this process, with parents and teachers brought in to assist in implementing some of the changes. Individual counseling continued throughout the semester on a biweekly basis, with emphasis placed on staying focused both inside and outside of school. We discussed the different relationships in our lives and how, as individuals, we can shape these relationships. We maintained self-awareness as a central theme of these discussions.

Based on the progress made by these two students, I applied some of the same tactics to a group of boys I had gathered to have lunch with me weekly in the conference room. These kids were not gifted — their performance in school ranged from above to below average — but they shared similar characteristics with one another and responded to the same counseling strategies. The Boys Lunch Group became such a success that parents and teachers asked if I could start another one after only a month. Low self-esteem was a common issue among these children, and we regularly made use of fun assessments and role-playing exercises.

After completing that temporary position, I started working with college students. I quickly noticed the tools I had used with the sixth-graders worked with these older students too. One student was suffering from depression and anxiety after having been put on probation at the end of his freshman year. His parents brought him to counseling, telling him he had to meet with me every week throughout the summer or they would cut him off.

After establishing rapport, Randy and I spent the first several sessions discussing school and his studies, using similar time management tools and assessments to determine his strengths and weaknesses. We charted his energy cycle and realized he was studying and doing schoolwork at the worst possible time, when he was tired and inattentive. Next, we determined his personal learning style and discussed strategies for adjusting to various teaching styles. We also discussed Randy’s choice of major and his career options. In the process, we learned he had chosen his major based not on his skills and interests but rather according to his parents’ expectations.

In time, our sessions began to revolve less around guidance counseling and instead focused on the psychological issues contributing to his poor performance. By the end of our eight sessions, Randy was more focused and returned to school with note-taking strategies, study skills techniques and a more confident attitude.

Getting to the root of the problem

My experience with this college student and the middle school students suggests there is a serious need for counselors both inside and outside of academia to learn more about the issue of underachievement. Underachievement is generally viewed as a discrepancy between expected and actual performance. Some measure of intelligence is required to gather information regarding a student’s overall achievement potential. This is the only way to ensure that the expectations for the student are in line with reality. It is also important to make sure that a student’s lack of productivity is not due to an inherent disability such as a learning disability or behavior disorder.

For those students who seemingly hate school, appear to invest minimal effort in their learning and consequently achieve at
a level well below their capabilities, underachievement may have set in upon being exposed in school to structure, competition, labeling, negative attention or even boredom. Some of the common defining qualities of underachievement include inconsistent work habits, poor study skills, general disorganization, forgetfulness, avoidance of responsibilities, poor self-control, low self-esteem, inadequate social skills, problems in family relations and a limited sense of control over their lives.

Additionally, students who underachieve can be lonely, withdrawn and teased by peers, or bossy, temperamental and aggressive. There is no single clear-cut model.

Although it may not be obvious, most underachievers are highly competitive.

Identifying underachievement

Could a student you know be suffering from “underachievement syndrome”? Counselors should be on the lookout for these common indicators.

• Does well on achievement or intelligence tests but performance falls far short of abilities
• Seems disorganized, especially in regard to academic responsibilities
• “Forgets” to bring homework or turn in assignments
• Can do well but is not consistent; needs excessive supervision; is not a self-starter
• Starts enthusiastically but quickly fades; routinely promises “will do better next time”

• Appears easily distracted when needing to do work; displays selective attention and memory
• Minimizes future consequences
• Seems unaffected by own deficiencies and ineffectiveness
• Fakes happiness (says he or she is happy but in reality is not)
• Detaches and withdraws from responsibilities, both physically and emotionally (detachment slowly moves into other areas and activities the student “likes”)
• Feigns indifference to many aspects of life (“I don’t care”)

• Seldom accepts responsibility for own outcomes; tends to blame other people or circumstances
• Exhibits diminishing sense of urgency to complete tasks or to plan for the future; routinely misses deadlines
• Exhibits diminishing sense of inquiry; doesn’t initiate new projects; pulls back from challenges and new ideas
• Emerging anger, sullenness and agitation
• Shows general inability to enjoy own successes; seems sad

— Corey Katz
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They aspire to be winners and are often poor losers, having never learned how to cope with defeat. Most underachievers are also insecure regarding their ability to compete with their classmates. They are afraid they cannot reach the expectations set for them by their parents and educators. In truth, they might be able to meet these expectations, but they are unlikely to take the risk of finding out because they perceive the threat of failure to be too great. Underachievers don’t really believe they can achieve their goals even if they work harder. What they do believe is that there is no inherent sense of failure if legitimate effort is not put forth.

In other instances, underachievement results not from lack of effort but because of ineffective learning strategies and study skills. Without the skills necessary to learn and process information, it is almost impossible to succeed. For these individuals, psychological defense mechanisms kick in for their protection. Criticism from parents and teachers can be quite devastating for these students, leading to further underachievement. They eventually adopt the mind-set that they do not have the ability to achieve, so why try? Their negative self-concept as learners causes feelings of anxiety, even when they are on the verge of success.

**An overlooked need**

Although underachievers are pervasive in the school system, virtually no special services are made available to help them, unlike those provided for classified students. Could this be because there is no official diagnosis for an underachieving student? Perhaps a label would allow them to receive the educational and counseling services they so desperately need.

In recent years, increasing demands to work with students in crisis or facing issues such as alcohol and drug abuse, depression or various other mental health issues have forced counselors to turn away from less urgent matters such as underachieving students. While education counselors may not be center stage in the mental health arena on many campuses, neither should they be snubbed. Students are in great need of the services provided by these professionals and would further benefit from a joint effort by academic, career and psychological counselors. Joining together would allow those students who otherwise get overlooked because they are not labeled as “special needs” to get the services they require. Many of these students are at risk not only academically, but for future psychological issues.

No single straightforward treatment for an underachieving student exists simply because no two individuals are alike. When working with students who are bogged down by underachievement syndrome, it is important to utilize an integrated approach. A recurring theme among researchers is that underachievers cannot be viewed in isolation from their homes, schools or social settings. Equal attention should be given to the learning environment and the student’s social-emotional development. Counseling should incorporate both psychotherapy and educational services such as study skills and tutoring where necessary.

As academic performance improves throughout the treatment process, the student should also begin to exhibit improvement in other areas, including self-esteem, the ability to approach challenges, tolerance for frustration, a sense of control over his/her life and communication with family, teachers and peers.

Underachievement is a serious issue, but because it is not critical at any one moment in time, it is often overlooked. This is a travesty because these students are in jeopardy of not becoming successful, functioning members of society as they move forward in their adult lives. It is imperative that counselors look for the signs of underachievement and seek to treat those students. Once given the tools to perform to their true abilities, they will not only become more successful academically, but also socially and emotionally. There is no reason for underachievement syndrome to be a life sentence.◆

Corey Katz is a National Certified Counselor and a member of ACA. She is director of the Academic Counseling Center at the C.W. Post Campus of Long Island University. Contact her at cekatz@optonline.net.

Letters to the editor: ct@counseling.org

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Faculty requirements in the CACREP 2009 Standards

The CACREP 2009 Standards contain minimum requirements relating to core faculty and to the number of credit hours that must be generated by core versus noncore faculty. These standards have significant implications for the structure and organization of counselor education programs and for what programs must demonstrate in terms of faculty to obtain or maintain their accreditation from the Council for Accreditation of Counseling and Related Educational Programs. Ultimately, these standards ensure that graduates of CACREP-accredited counselor preparation programs have had instructional, supervisory and advisory relationships with core faculty who possess clear professional identities in counseling.

Programs accredited by CACREP must be clearly identifiable as counseling programs. Such an identity is established through the degrees, licenses/certifications and professional memberships held by faculty members, the professional activities of faculty and students and the messages communicated to stakeholders about professional identity by faculty and students and in program-related literature. To demonstrate a clear counseling identity, programs are expected to document a clearly identified group of core faculty who identify with the counseling profession and who maintain control of the functions of the counseling program, including curriculum, admissions, enrollment, advising, strategic planning and evaluation.

Although the standards call for a minimum of three core counseling faculty, this number is examined in relation to the requirement that the academic unit in counseling can document that it has faculty resources of appropriate quality and sufficiency to achieve its mission and objectives. These expectations for program identity and appropriate faculty resources have remained largely unchanged since the adoption of the 1994 CACREP Standards.

There is, however, one significant change in the 2009 Standards with regard to documenting program and faculty identity that is worthy of a closer look. This change is found in Section I, Standard W.2 of the 2009 Standards, which states that the academic unit must have core faculty who “have earned doctoral degrees in counselor education or supervision, preferably from a CACREP-accredited program, or have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.”

This standard clearly establishes the counselor education and supervision degree as the terminal degree for the counseling profession while also allowing faculty members currently teaching in counselor education (or who teach as a counselor educator for one full academic year prior to the 2013 deadline date) to be “grandfathered in” under the new requirements. As with previous sets of CACREP Standards, grandfathered faculty members still must be able to document a clear identification with the counseling profession as evidenced through memberships, licenses/certifications and professional publications, presentations and other activities.

Once a program can document a group of core faculty that is sufficient in numbers, qualifications and engagement in programmatic decision making, the CACREP Board believes additional adjunct and affiliate faculty from related professions can be used in the education and preparation of counseling students. These adjunct and affiliate faculty may possess specific expertise in a subject area that will complement rather than distract from a professional counselor identity. For example, an appropriately trained social statistician teaching a statistics course, an educational researcher teaching a research course with appropriate professional counseling literature or a recognized practitioner with significant expertise in a counseling

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modality or population such as substance abuse, couples and family counseling or psychopharmacology could be used to teach courses within the counseling program. It is expected that these noncore faculty would work closely with the academic unit leader and other core counseling faculty to ensure consideration of program and course objectives, maintain counselor identity among the students and verify adherence to accreditation standards with regard to including required curricular experiences.

It is important to note that the terms “core faculty” and “noncore faculty” are specific to CACREP’s Standards and may differ from the faculty designations used at individual institutions. Counseling programs may have several faculty members who teach full time in the program yet do not satisfy the requirements to be considered core faculty. In this case, programs should be cognizant of Section I, Standard M, which states, “For any calendar year, the number of credit hours delivered by noncore faculty must not exceed the number of credit hours delivered by core faculty.” This requirement exists for the protection of program faculty and students in CACREP-accredited programs. It helps ensure that students in CACREP-accredited programs experience instructional, supervisory and advisory relationships with core faculty who possess clear professional identities in counseling. It also helps ensure that core faculty who identify with the counseling profession maintain control of the program’s direction and guards against an overreliance on adjunct and affiliate faculty in program delivery.

Robert Urofsky is CACREP’s director of accreditation. Carol Bobby is the executive director of CACREP. Verl Pope is associate professor in the Department of Educational Leadership at Southeast Missouri State University and an experienced CACREP site team chair. Contact CACREP at cacrep@cacrep.org.

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Obituaries

Gordon E. Footman
Past ACA parliamentarian, Western Region chair and C-AHEAD president

Gordon Elliott Footman, director of pupil services and evaluation for the Los Angeles County Office of Education from 1972 until his retirement in 1991, passed away on Feb. 21, 2009, after a long illness. He was 81.

A native Californian, Footman served the counseling profession and its professional organizations in a variety of roles throughout his career. He was a past representative to the American Counseling Association Governing Council and also served that body as parliamentarian. In addition, he was a past president of the Counseling Association for Humanistic Education and Development (a division of ACA) and the California Personnel and Guidance Association and a past chair of ACA Western Region. He also was a past editor of the Western Region newsletter Ramblings.

“Gordon was a core part of a small group of us who met through Western Region 30 years ago, became friends and remained closely involved in one another’s lives throughout the years — an excellent reminder that the benefits of ACA involvement extend far beyond professional and academic impact and truly last a lifetime,” said Bernadine L. Craft, executive director of Sweetwater BOCES (Board of Cooperative Educational Services) and a state legislator from Rock Springs, Wyo.

“Gordon was extremely dedicated to both the counseling profession and to ACA,” Craft continued. “No one could plan and execute a conference better than Gordon. He was the on-site chair for both Western Region meetings in Palm Springs as well as the ACA Convention in Los Angeles. His careful planning and attention to detail served him well in this capacity.”

Craft isn’t the only person to fondly recall that particular aspect of Footman’s personality. “Gordon was a master at planning ahead and anticipated every detail in advance. He was impeccably organized, and he had a good sense of humor about that characteristic,” said David Capuzzi, a past president of ACA and currently an affiliate professor in the Department of Counselor Education, Counseling Psychology and Rehabilitation Services at Pennsylvania State University. “I remember attending a luncheon during a meeting of the Western Region at the time he was chair. Gordon had numbered each table in the room and methodically excused the group, one table at a time, to go through the buffet line for the purpose, as he explained, of avoiding congestion and delays. When a member of the group teased him about the fact that the luncheon and program had proceeded like clockwork, Gordon quipped, ‘It was rumored that at the time I was being born, my mother was startled by the ringing of an alarm clock. Hence, my lifelong propensity for proceeding in a timely fashion.’”

But Footman will be remembered for much more than his efficiency and attention to detail. “While Gordon was the consummate professional, whether on the job or providing service to ACA, what I will always remember most about him was the strength of his personality,” said Craft. “He cared deeply about his friends, to the point of being willing to do almost anything for them. He was extremely generous in nature, which always served as a reminder to me that what we do is so much more important than what we say.”

Doug Gross, professor emeritus from Arizona State University and a past Western Region chair, echoed those sentiments. “Anyone who worked with Gordon had to be impressed with the grace, good taste and style that he brought to any situation,” Gross said. “He was truly one of a kind.”

“Gordon brought not only a wealth of leadership experience to the professional setting but also was instrumental in educating others not as experienced in a highly effective manner,” he continued. “He influenced several aspects of my life. He encouraged and supported my entrance into other aspects of ACA leadership, instructed and educated me in association politics and showed me by example how to heavily involve myself in ACA without losing ‘self’ in the process — a skill that stood me well during the next 20 years. … I have lost a good friend, and ACA has lost a strong supporter.”

“Gordon Footman was a committed member of ACA and always went that extra mile to carry out his professional responsibilities,” Capuzzi added. “He was an incredibly thoughtful and loyal colleague and will be missed by all who knew him.”

Footman is survived by his wife, Virginia; his son, John; two daughters, Virginia Ann Footman and Patricia Fryar; and four granddaughters.

James K. Winfrey
Counselor educator turned world traveler held various leadership positions

James K. “Jim” Winfrey, professor emeritus of counseling at San Francisco State University (SFSU), died onboard the Queen Mary 2 during a world cruise on Feb. 4, 2009. He was 77.

Winfrey was a 30-year member of the Department of Counseling at SFSU. In addition to serving as treasurer of the American Counseling Association during his career, he held the position of president for both the Association for Counselor Education and Supervision and the Western Association for Counselor Education and Supervision. He also ran for the presidency of ACA and had served on the board for the ACA Insurance Trust.

Sunny Hansen, a past president of ACA and professor emerita of the Counseling and Student Personnel Psychology program at the University of Minnesota, had known Winfrey since the days both were graduate students at the university. They had both worked as counselors at...
University High School at the University of Minnesota and maintained a lifelong friendship. “He brought a great deal of energy and enthusiasm to the counseling field,” Hansen said.

Winfrey exuded that same passion for life beyond the counseling profession as well. “After retiring from a career at San Francisco State, Jim spent a lot of time traveling all over the world — to about 255 countries,” Hansen said. “He always sent a photo card to all his friends on every trip, and for quite a few years he was a host on cruise ships. Jim was well suited to being a cruise host: He liked gourmet food, tuxes and dancing. He had heart problems for years, but he didn’t let that slow him down.”

Tom Sweeney, who was president of ACA when Winfrey served as the association’s treasurer, admired his friend and colleague for the approach he took to life. “I suspect that his joy for life was an encouraging example for me at that point in my career,” said Sweeney, professor emeritus at Ohio University and executive director of Chi Sigma Iota. “Jim understood balance in life. Work is good, but so is play! He loved to cook for friends and hosted the ACA Executive Council at his home for one of our meetings. He made everyone feel interesting and important, so he had many friends. … He will be missed by those who knew him best but especially those who benefited from his zest for life.”

Sweeney said Winfrey’s contributions to the counseling profession came “chiefly through participation in ACES and ACA to promote a unified profession through accreditation and credentialing. He maintained a private practice and was sensitive to the needs of professional counselors in a marketplace where counselors had no official identity.”

“Jim was beloved by the many students and colleagues he influenced,” said Robert Chope, president of the National Employment Counseling Association and chair of the SFSU Counseling Department. “Cruising the oceans was the passion that Jim had in his retirement. But we (at SFSU) will all remember his house parties, his anecdotes, his class and his connections with the great many leaders of our profession.”

Winfrey is survived by his sons, Grant and Kent, and a brother, Robley.

A memorial service and celebration of Winfrey’s life was scheduled for April 18 at the San Francisco War Memorial Opera House.

ACA and ACES are pleased to announce a new member benefit—free online access to Journal of Counseling & Development (JCD) and Counselor Education and Supervision (CES) articles! Full text article downloads that were previously available for a fee are now available free to current ACA and ACES members. Never before has such valuable research been at your fingertips. Articles from 2000 to the present are searchable by author, title, and keyword between JCD and CES to assist you with your research and writing.

To access JCD articles free of charge, ACA members must log on to the ACA Web site at www.counseling.org and click on the Journals page under the “Publications” link or the ACA Library under the “Resources” link.

To access CES articles free of charge ACES members must log on the ACES Web site at www.acesonline.net and click on “CES—New!”

Non-members may continue to visit aca.metapress.com to search JCD and CES abstracts free of charge and to download articles for a fee. Online subscriptions are also available for purchase at our MetaPress site by nonmembers and members.
ACCA celebrates member accomplishments in Charlotte
Submitted by Kevin Gaw
cjkfg@langate.gsu.edu

The American College Counseling Association had a great time in Charlotte, N.C. Where to start? How about backward? The reception on Sunday evening, March 22, had the best food hands-down! With shrimp and grits, plus other fixings, how could we go wrong? It was wonderful to catch up with colleagues.

We also had a delicious breakfast and business meeting earlier that day, and a packed room of ACCA members voted in our new mission statement. Much was reported on at the meeting, including the introduction of new Executive Council members who will start July 1: Brian Van Brunt, president elect-elect; Cynthia Bing, treasurer; and Monica Kintigh, member-at-large.

We also had the honor of presenting ACCA awards to the following colleagues:

- Professional Leadership Award: June Williams
- Outstanding Contribution to Professional Knowledge: Joe Lippincott
- Advocacy for College Counseling: JED Foundation
- Meritorious Service Awards: Stephanie Fujii and Scott Borne
- Graduate Student Meritorious Service Award: Brande Flamez

Past President Rick Hanson, Treasurer Carol Holland and Member-at-Large Tina Alessandria were also formally recognized for their excellent and dedicated service to ACCA. Plus, ACCA introduced six Emerging Leaders, all of whom were selected after submitting grant materials: Laura Wyatt (doctoral student, University of North Carolina-Greensboro), Stephanie Crockett (doctoral student, Old Dominion University), Melinda Haggerty (doctoral student, University at Buffalo), John Johnson (master’s student, University of North Texas), Kelly Kuehn (new professional, Long Island University, Brooklyn) and Janeen Miller (master’s student, North Carolina State University).

Finally, the tradition of passing the gavel occurred, with outgoing President Kevin Gaw handing off leadership to incoming President Greta Davis. ACCA, through the leadership of Amy Lenhart, chair of the Community College Task Force, also hosted the first two-year practitioner social at a nearby restaurant. A successful and wonderful time was had by all.

Not to be outdone, the Executive Council spent Friday, March 20, working through an extensive agenda, furthering the goals of the division. Looking back, we accomplished a lot! Don’t forget ACCA’s Fifth National Conference, Oct. 6-9 in St. Louis!

A Child’s Place, C-AHEAD say thanks many times over
Submitted by Alexandria Smith-Glenn
smithat3@mailbox.sc.edu

Each year, the Counseling Association for Humanistic Education and Development collects donations for a chosen charity in the city playing host to the annual American Counseling Association Conference & Exposition. The Empty Plate project is C-AHEAD’s way of leaving behind a monetary gift for those who really need it.

This year, A Child’s Place was the chosen charity. ACA Conference attendees contributed a total of $4,372.83 to this very worthy organization. Trina Ardrey, A Child’s Place development associate, stated that this money will buy snacks for a month for 58 children, buy uniforms for 43 children for a year, supply eight families with a holiday sponsorship and support three children for a year.

C-AHEAD recognizes that these are difficult economic times for everyone, which is why the donation means so much and will truly make a difference in these children’s lives. C-AHEAD and A Child’s Place say thank you, thank you, thank you, thank you, thank you, thank you, thank you, thank you!

North Atlantic Region gets down to business in Charlotte
Submitted by Terry Mitchell
terrymitchell56@hotmail.com

Members of the ACA North Atlantic Region came together for another great annual conference in March. This year, we visited beautiful uptown Charlotte. What a wonderful location for a conference, attended by more than 4,000 ACA members.

NAR was very well represented at its business meeting, with 27 members and all of our active branches present. Most branches filled their full delegate voting potential, and many business decisions were made. We are pleased to share that J. Otis Smith was elected as our treasurer for a three-year term. NAR will have a full ballot from which to choose for Governing Council representatives next year with Kelley Kenney and Terry Mitchell as candidates.

John Parkman was appointed to the NAR 20/20 representative position and attended the March 20 session. He will be following the progress of the 20/20 initiative and keeping us updated as needed.

One unfinished business item that needed additional discussion was the upcoming NAR leadership training. While NAR initially decided to have its traditional fall assembly as scheduled in October, new developments arose. We are now on board to participate in the joint regional conference this summer in
Washington, D.C. NAR branches will be looking for their new and emerging leaders to participate in what will be a different, but no doubt exciting, opportunity.

I want to send a special thanks to Christine Moll for her help filling in as our parliamentarian. Last but not least, I want to extend my congratulations to the European Branch of ACA for winning the small branch award for best newsletter. This was a special moment, and I was pleased to be a small part of it. Great job, EB-ACA!

As we look to the future and continue building on the current NAR momentum, feel free to contact me at terrymitchell56@hotmail.com with any questions or concerns as I continue to serve our region. Thanks for all you do.

EB-ACA Learning Institute encourages exploration, relaxation

Submitted by Paul Gilles Binet pb@gentexdata.com

Robert M. Bollet presented the Learning Institute “Getting Here: How to Enhance the Caregiver’s Life Journey” at the European Branch of ACA Annual Conference. I’d heard from many other colleagues over the years how great it was to participate in a Bob Bollet learning adventure. This excellent and well-received presenter extended an open invitation to practice the fine art of being in the moment — how to become a counselor who can relax and “allow” rather than one who preplans and delivers. This approach results in less burnout for the clinician and more ownership by the client of the rewards of the clinical experience.

Participants were invited to explore their own personal cycles, daily highs and lows (circadian rhythm), hourly mood and affective fluctuations (ultradian rhythm) and seasonal changes such as seasonal affective disorder or the menstrual cycle (infradian rhythm). Through the awareness of our own rhythms, we can become more finely attuned to the rhythms that exist within others.

A quality clinical experience is full of surprises — it has a goal but no destination; it is form without structure. An attuned clinician has access to an inner radar: a readiness to overcome the obstacles of language and the ability to make lasting connections with clients and assist them in extending those connections to others in their own lives.

The 50th Annual EB-ACA Fall Conference will be held in Weiskirchen, Germany, from Nov. 5-8. Visit the EB-ACA website at eb-aca.org for conference and hotel information. For further information, contact Susan Stammerjohan at sasysusan61@yahoo.com.

Please also note the following schedule change. The EB-ACA Learning Institute originally scheduled for Sept. 12-13, “Multicultural Counseling: Social Responsibility and Social Justice: Still Relevant?” has been rescheduled and will now be presented on Nov. 7-8 at our annual conference.

NECA preparing to present summer symposium

Submitted by Kay Brawley kbrawley@mindspring.com

The National Employment Counseling Association’s summer solutions-focused professional development symposium, “Next Steps for Viable Careers and Employment,” will use model techniques/methods designed to offer more certainty in these troubled times to career/employment counselors, coaches, mental health counselors, workforce development professionals, human resource managers and organizational development professionals. The symposium will take place July 29 at the Army Navy Country Club in Arlington, Va., from 10 a.m. to 4 p.m.

Featured speakers include:

Gail Kettlewell, director of International Community College Town Center System, Sierra Leone, and principal of the International Center for Management of Education, Arts and Culture at George Mason University. Kettlewell’s work spans the globe, and her presentation focuses on the mission, vision and components of a new system in Sierra Leone.

Steve Muro, acting undersecretary for Memorial Affairs, a member of the Federal Senior Executive Service and a Vietnam Navy veteran. His emphasis is on career and employment counseling and mentoring.

Michael Lazarchick, who has more than 35 years’ experience serving dislocated workers and employers, manages a New Jersey One-Stop Career Center. His “21st-Century Employment Counseling” is a penetrating look at the trends, tools and techniques necessary to guide today’s workforce back into viable employment.

Robert Johnson, former professor of the Politics and Public Service program at the University of San Francisco and author of Whistleblowing: When It Works — And Why.

Robert Chope, NECA president, professor of counseling at San Francisco State University and cofounder of the Career and Personal Development Institute in San Francisco.

This symposium will offer a rare glimpse into the views of these experts on social justice, responsibility, ethical guidelines and the critical role of professional career and employment counseling.

New topics:

- NECA’s new online Global Career Development Facilitator certification program, “Working Ahead, Moving Forward”

- New mandates of the counseling code of ethics

- Latest federal employment application procedures

- Developments in O*Net

Register now at the early fee for this dynamic program. The $75 fee includes lunch and six CEUs. The deadline is July 1. Register online (employmentcounseling.com) or contact kbrawley@mindspring.com for registration via mail.

Puerto Rico branch walk raises awareness for suicide, abuse prevention

Submitted by Ramonita Diaz ramonitadj@hotmail.com

The Puerto Rico Branch of ACA sponsored a Walk for the Prevention of Suicide and Abuse on April 3. The walk proceeded down Diego Avenue and ended at the Arecibo Recreation Plaza. Prior to the event, members sponsored activities and a conference on these topics March 30-31 at the Interamerican University of Puerto Rico. ◆
COMING EVENTS

MACD Spring Conference
May 1
Columbia, Md.
The Maryland Association for Counseling and Development and Johns Hopkins University are sponsoring a conference on “Domestic Violence: Clinical and Community Interventions.” For more information, contact Elizabeth Nyang at enyang@aol.com.

Addiction Treatment Conference
May 4-5
Aberdeen, Md.
Join addiction professionals, researchers and advocates at the Father Martin’s Ashley Conference on Chemical Addiction. Held at Ripken Stadium, this year’s theme is “Approaches to Treating Emotional and Physical Pain in the Chemically Addicted,” and the keynote speaker is Rep. Patrick Kennedy. Visit fathermartinsashley.org for additional information.

25th Anniversary School Counselor Update
June 14-18
Winona, Minn.
This one-of-a-kind program for school counselors’ personal and professional renewal, held at Winona State University, will feature plenty of time to learn about best school counseling practice. The event includes a workshop on “Promoting Positive Culture Change: Student Achievement and a Sense of Community” as well as presentations on “The Healing Power of Your Story” and “Choice Theory and Restitution.” Earn two semester-hour graduate credits or 35 hours of CEUs.

For additional information, call 800.242.8978 ext. 5337 or e-mail Tim Hatfield at thatfield@winona.edu.

AACE National Assessment and Research Annual Conference
Sept. 11-12
Norfolk, Va.
The Association for Assessment in Counseling and Education brings together professionals who have a special interest in diagnosis, test use, evaluation and outcome research. Our mission is to promote understanding of counseling outcome research, diagnosis and the professional use of counseling, psychological tests and educational assessment tools. Keynote speaker Ted Remley will discuss issues related to the ethical considerations regarding admissions testing. For more information, go to theaceonline.com. Program proposals are now being accepted.

ACES National Conference
Oct. 14-18
San Diego
The biennial conference of the Association for Counselor Education and Supervision will focus on the theme “Transformative Actions: Expanding Social Respect and Relational Consciousness.” Keynote speaker Dana L. Comstock will argue for “The Expanding Role of Counselor Educators in Dismantling ‘Rankism.’” Preconference workshops and the traditional preconference Women’s Retreat will also be held. For more information, contact conference coordinator Leah Brew at lbrew@fullerton.edu.

FYI

Call for proposals/submissions
The American Counseling Association welcomes presentation proposals for Learning Institutes and Education Sessions for the 2010 ACA Conference & Exposition in Pittsburgh. Submit online at counseling.org/conference by June 3. Call 800.347.6647 ext. 229 for more information.

The Association for Counselor Education and Supervision’s Social Justice and Human Rights Committee invites submissions of personal narratives about experiences of social justice work in counseling. The collection of narratives will serve as a resource for educators, clinicians, supervisors and students. Narratives should be in first person and focus on the experiential, practical and personal aspects of the story. Narratives should be 1,000 to 1,500 words. Deadline for submissions is June 1. E-mail narratives to Anneliese A. Singh at asingh@uga.edu and Michael P. Chaney at chaney@oakland.edu.

The Arizona Counseling Association is seeking manuscripts for the 2009 issue of the Arizona Counseling Journal. Conceptual and research manuscripts and current book reviews of interest to counselors and counselor educators are welcome. The deadline for submissions is June 21. The association also invites applications for the editorial board. Contact Jennifer Walker at jennifer.walk@nau.edu for complete submission or application guidelines.

The Louisiana Journal of Counseling invites manuscript submissions for its 2009 edition. Research and practice-based submissions related to the field of counseling will be considered for blind peer review. Please submit an electronic copy to Peter Emerson at pemerson@selu.edu. Questions should be directed to either Emerson or coeditor Meredith Nelson at mnelson@lsus.edu.

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for the next special issue of The Journal of LGBT Issues in Counseling, which will focus on LGBT issues and the military. The deadline for submissions is June 30.

The journal’s intent is to publish articles relevant to working with sexual minorities. For detailed submission guidelines, contact editor Ned Farley at nfarley@antiochseattle.edu.

Student essay contest
Graduate students have until May 1 to submit an original essay to the ACA Foundation’s annual essay contest. Prizes include a grant of $500, five one-year ACA memberships and publication of the winning essays in Counseling Today and online. Essay topics and full contest rules are available at counseling.org/acafcontest.
ACA launches free CE credit program

The American Counseling Association announced a new benefit in April that will allow members to earn as many as 12 continuing education credits per year at no cost.

At the beginning of each month, ACA will send members an e-mail identifying an article from the *Journal of Counseling & Development* or a book chapter being featured that month through the ACA Online Learning program. (The information also will appear in *ACAeNews.*) After reading the book chapter or article and passing a three-question test, members can earn one CE credit. The first e-mail with instructions on how to access the free course went out in April.

ACA normally charges members $18 per CE credit. By taking advantage of this new ACA offering each month, members can save $216 per year — more than the cost of annual ACA membership dues!

To ensure that you receive the monthly e-mails announcing these CE opportunities, remember to update your e-mail address in your ACA membership record by logging in and clicking on “Manage Membership.” If you have questions about this new membership benefit, contact us at FreeCEoftheMonth@counseling.org or call 800.347.6647 ext. 306.

**Doctors urged to screen all teens for depression**

The U.S. Preventive Services Task Force, an influential government-appointed medical panel that sets guidelines for doctors on various health issues, has advised doctors to routinely screen all teenagers for depression. The recommendation goes beyond the American Academy of Pediatrics’ current guidance for teen depression screening.

In a separate recommendation, the task force found insufficient evidence to assess the balance of benefits and harms of screening children 7 to 11 years of age for clinical depression. The recommendations and summary of evidence appeared in the April issue of *Pediatrics.*

The task force reviewed new evidence on the benefits and harms of screening children and adolescents for clinical depression, the accuracy of screening tests administered in the primary care setting and the benefits and risks of treating clinical depression using psychotherapy and/or medications in patients 7 to 18 years of age.

“Depression in adolescents has a significant impact on both mental and physical health, and adolescents with depression have more hospitalizations for psychiatric and medical issues than adolescents who are not depressed,” said Task Force Chair Ned Calonge, chief medical officer for the Colorado Department of Public Health and Environment. “It is important that adolescents are diagnosed and treated for clinical depression in order to improve their health and quality of life, especially if they have a family history of depression.”

Depressed children and adolescents are at an increased risk of suicide, which is the third-leading cause of death among 15- to 24-year-olds and the sixth-leading cause of death among those ages 5 to 14. Adolescents suffering from clinical depression are also more likely to suffer from depression in early adulthood. Nearly 6 percent of adolescents age 13 to 18 are clinically depressed.

The task force, supported by the Agency for Healthcare Research and Quality (AHRQ), conducts impartial assessments of the scientific evidence for the effectiveness of a broad range of clinical preventive services, including screening, counseling and preventive medications. The recommendations and materials for clinicians are available on the AHRQ website at [ahrq.gov/clinic/usp/ifiuspschdepr.htm](http://ahrq.gov/clinic/usp/ifiuspschdepr.htm).

**Present at the 2010 ACA Conference & Exposition**

Having recently wrapped up a very successful annual conference in Charlotte, N.C., the countdown is already on for the 2010 ACA Conference & Exposition in Pittsburgh. ACA has issued a call for Learning Institute and Education Session programs; all proposals must be submitted by June 3.

The Learning Institutes, which will be held March 18-19, 2010, provide counseling professionals with opportunities to enhance their skills while earning continuing education credit. Both three-hour and six-hour Learning Institute formats are available. Education Sessions will be held March 20-22 and will feature the following formats: 90-minute sessions, 60-minute sessions and 30-minute project/research poster sessions.

Prospective presenters must submit their proposals using the online form located at [counseling.org/conference](http://www.counseling.org/conference). A committee of professional counselors representing all ACA divisions and regions will review the proposals, and acceptance/rejection notices will be e-mailed by Aug. 12.

Call ACA Professional Learning at 800.347.6647 ext. 229 with any questions regarding the submissions process.

**AMCD/ACES holding second international conference**

The Association for Multicultural Counseling and Development and the Association for Counselor Education and Supervision are still accepting participants to their joint second international multicultural counseling conference to be held in Gaborone, Botswana, from July 8 to 11. The conference will focus on culturally competent disaster response. AMCD and ACES visualize a multidisciplinary discussion in which a diversity of viewpoints are investigated. The conference will feature keynote speeches from AMCD, ACES and National Board for Certified Counselors International scholars as well as those from the University of Botswana.

In 2007, AMCD and ACES partnered to sponsor an outreach endeavor that took counselor educators, practitioners and students to Cape Town and Johannesburg, South Africa, and Gaborone (for the report and photos, visit the AMCD website at [amcdaca.org](http://www.amcdaca.org)). Participants on this year’s clinical outreach team will be returning to community agencies and schools in Johannesburg and Gaborone. For more information, visit the conference website at [education.ufl.edu/Faculty/WestOlatunji/amcd_tour.html](http://education.ufl.edu/Faculty/WestOlatunji/amcd_tour.html).
Your Investment + Our Commitment =
YOUR MEMBER BENEFITS AND SERVICES!

In your career as a counseling professional, you touch thousands of lives every day. You help people with personal, social, educational and career concerns. You help them make decisions, solve problems, and adjust to change. Membership in ACA can help you do it all. At every stage of your career – student to seasoned professional – ACA will help you be your very best.

Maximize your potential — Professional Development

- ACA offers FREE ethics consultation FIVE days a week with a 72-hour inquiry response time by Licensed Professional Counselors with a PERSONAL TOUCH.
- ACA Career Services not only provides information about careers in counseling, but it also gives you access to specially-selected counseling jobs through our alliance with Career Builder.
- Private Practice Resources - ACA offers a variety of books and online courses specific to private practice.
- The ACA Insurance Trust (ACA-IT) promotes and administers quality insurance and services at competitive rates. Your livelihood is protected with ACA's professional liability policy.
- The ACA Foundation, the philanthropic arm of the association, supports counselors through the Counselors Care Fund, Foundation publications and programs such as Growing Happy and Confident Kids, and grants and competitions offering awards as well as financial assistance to ACA members.

Stay Ahead of the Learning Curve — Education

- The ACA Annual Conference & Exposition is an annual event featuring a treasure trove of programs that provide continuing education and ensure your life-long learning.
- ACA Online Learning provides professional development courses (post-degree for licensure or certification renewal credit) designed to help you fulfill your ethical responsibility to stay current in the field.
- ACA's monthly magazine, Counseling Today; quarterly journal of counseling research and practical articles, Journal of Counseling & Development; biweekly e-news bulletin, ACAe-News plus four new special focus e-newsletters; website, counseling.org, Research Center and Online Library of resources are all designed to expand your knowledge, increase your skills and provide you with up-to-date information on the counseling profession.

Make an impact on the counseling care of tomorrow and your job today — Advocacy

- As an ACA member, you're part of a powerful force. A highly effective advocate for counseling, ACA leads the legislative charge on every contemporary issue facing the profession. ACA provides the latest information on legislation that directly affects you and those who you serve, as well as updates on funding and program support at the national and state levels.
- The ACA Government Relations listserv provides you with free up-to-date alerts on new legislation affecting the counseling profession at the national and state level.

Proud to be a counseling professional — Credibility

- Name recognition: To be recognized as an ACA member brings a wealth of prestige and credibility.
- By stating you are a member of ACA on your business and marketing materials assures those you serve that you are committed to the counseling profession, and that you adhere to the ACA Code of Ethics.
- Put your membership on display with a frameable membership certificate.

Expand your connections — Networking

- As an ACA member, you have access to numerous networking opportunities and a wide range of resources guaranteed to keep you in the loop professionally.
- The ACA Annual Conference & Exposition is the biggest networking opportunity of the year for approximately 3,000 counseling professionals. Meet colleagues from around the world and in your hometown! Rub elbows with well-known authors—whose books you had to read in college—as well as successful practitioners and ACA leaders.
- ACA interest networks and listservs link you to your area of interest or specialty.
- Division and Branch memberships provide an opportunity to be more closely connected with your colleagues working in your specific interest and practice areas, and in your state.

Wait, there’s more — Discounts

- Members receive exclusive discounts on all ACA resources and services, as well as discounts from outside organizations.
- ACA has created partnerships with industry leaders in insurance, credit, travel, identity theft and much more! Membership in ACA saves you time and money; provides you with professional development and continuing education opportunities; helps protect your future through legislative and public policy advocacy; provides prestige and credibility; and increases your personal network. Your endorsement is the best way to introduce other counseling professionals to the resources essential in advancing their success.
ACA Is Where You Belong…
Join Us Today!

1. **Member Referral Name**
   - Full Name ____________________________
   - M.I. ______
   - Last Name ____________________________

2. **Select Your ACA Membership**
   - [ ] $155 Professional: Individuals who hold a master’s degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation. Proof of academic credentials may be requested.
   - [ ] $155 Regular: Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional membership.
   - [ ] $89 New Professional: Individuals who have graduated with a master’s or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year) ______/____ and institution ____________________________.
   - [ ] $89 Student: Individuals who are enrolled at least half-time in a college or university program.
     - Please select current student status:
       - [ ] Master’s Level
       - [ ] Doctoral Level
       - [ ] Other
     - Please indicate anticipated date of graduation (month/year) ______/____ and institution ____________________________.

3. **Make A Voluntary Contribution (Tax Deductible)**
   - Optional, but a great way to support the profession!
     - [ ] ACA Foundation
     - [ ] Distinguished Mentor Award
     - [ ] Human Concerns Fund
     - [ ] Legal Defense Fund
     - [ ] Professional Advocacy Fund
     - [ ] Gilbert & Kathleen Wrenn Award

4. **Total of Membership Dues (Add total amounts from steps 2 and 3)**
   - Want to avoid dues increases, save on postage, and reduce paperwork? Join now for 2 years at the current rate(s) by simply doubling the current dues.
   - ACA Membership - 1 year $____________________
   - ACA Membership - 2 years $____________________
   - Voluntary Contribution(s) (Check fund(s) from #3) $____________________
   - **TOTAL AMOUNT REMITTED (add all items above)** $____________________

   Membership in ACA means that you will abide by ACA’s bylaws and other governing documents and are qualified for the membership category selected. By becoming an ACA member, you are agreeing to be subject to the rules, regulations, and enforcement of the terms of the ACA Code of Ethics (available to you at counseling.org/ethics) that can include appropriate sanctions up to suspension or expulsion from ACA and public notice about any such action.

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

5. **Payment Method**
   - Total amount enclosed or to be charged $____________________
     - [ ] Check or money order, payable to ACA in U.S. funds, enclosed.
     - [ ] VISA [ ] MasterCard [ ] American Express [ ] Discover
   - Credit Card # ____________________________________________
     - Exp. Date ____________
   - CVC Code: AmEx (4 digits above credit card #) ___ ___ ___ ___
     - VISA, MC, Discover (last 3 digits next to signature line) ___ ___ ___
   - Cardholder’s Name (print) ____________________________
   - Phone ( ) ____________________________
   - Authorized Signature ____________________________

[ **Three-month Payment Option Plan** ]
   - [ ] I elect to pay in 3 equal monthly installments (only available for payment by credit or debit card). A $2 processing fee will be charged on both the 2nd & 3rd installments.

   **Total amount to be charged (divide total amount by 3) = $____________________**
   - [ ] VISA [ ] MasterCard [ ] American Express [ ] Discover

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Adlerian Training Institute will again offer Summer Study & Travel workshops for counselors. July 21-24 - Dublin, Ireland “Counseling for Personal, Spiritual and Relational Growth” and, July 27-30 Leiden, Netherlands “Resiliency based interventions w/ learning & behavior problems: Transcending traditional practice”. For brochure Email: adleriantraining@aol.com or go to www.adleriantraining.com

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+ Classified Ads: Categories include Calendar; Merchandise & Services; Office Space for Rent; Business Opportunities; Educational Programs; Books; Call for Programs/Papers; and others upon request.
+ Rates: Standard in-column format: $9 per line based on 30 characters per line. Five-line minimum ($45). $8 per line for advertisers pre-paying for six months. No cancellations or refunds.
+ Employment Classified Ads: Categories include Positions Available and Positions Wanted. Ads are listed as: International, National by State, then by Employer.
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+ ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
+ Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.
+ Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org. Phone: 607.662.4451 Fax: 607.662.4415
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MANIILAQ ASSOCIATION

Director of Behavioral Health

Maniilaq Association is a progressive Tribal organization located in Kotzebue, Alaska providing health, social and tribal services to the people of the Maniilaq service area. This position provides leads the work of the division and holds the team accountable for the success of programs. Monitors the progress of continuous improvement projects, periodically evaluates and makes appropriate process adjustments. Determines resource needs and effectively allocates available resources. Sets division policy in areas of program emphasis and operation guidelines and coordinates program efforts with other divisions and community resources. Communicates all division policies and priorities to subordinates. Pay Range is $59,000-89,000/year, negotiable. Relocation assistance with a two year agreement ($3500 single/ $5000 family). Download our application at www.maniilaq.org and fax it to (907) 442-7830. Contact our Professional Recruiter with any questions at tiffany.west@maniilaq.org A.P.L. 93-638 Native/Indian Preference/EEO Employer.

SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC.

SEABHS, Inc. offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual (Spanish) ability highly valued, Arizona Board of Behavioral Health Examiners License and working knowledge of family-centered therapy preferred. Clinical positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Douglas and Clifton for MA, MSW, LPC & LISAC. SEABHS offers a rewarding work experience, flexible schedule and provides employer paid health, dental, vision, life, short- & long-term disability insurance and 401(k) matching plan. 23 days of PTO first year, 12 days reserved sick leave accrual and paid holidays for full-time and pro-rated for part time employees. Send resumes to HR@seabhsolutions.org or mail to Southeastern Arizona Behavioral Health Services, HR Dept., 611 W. Union Street, Benson, AZ 85602 or fax to (520) 586-6978. Seabhs has been designed as a health care shortage area and employees may be eligible for up to $50,000 student loan forgiveness.

MARYLAND

WALDEN UNIVERSITY

Director of Counselor Education and Human Services

Walden University seeks a Director of Counselor Education and Human Services Program in the School of Counseling and Social Service. The Director is a full-time academic administrator who reports to the Associate Dean, and works closely with the School’s academic administrators, academic advising and administrative staffs, and part-time faculty. The person filling this position will need strong leadership skills, flexibility, creative problem solving skills and a strong commitment to the profession.

Duties and responsibilities: Maintains quality and integrity of a program curriculum reflective of CACREP standards and the university and program mission. Coordinates faculty recruitment, orientation, development, mentoring, and evaluation. Manages the program assessment, evaluation, and accreditation processes. Coordinates the student evaluation and development process. Manages program grade appeal process. Works closely with the program admissions committee. Provides School and University committee service and scholarship. Develops and maintains community amongst faculty and students. May provide limited mentoring and teaching.
Antioch University New England is seeking a full-time, permanent faculty member to begin in the fall of 2009 at the rank of associate professor. The Clinical Mental Health Counseling Program offers master’s degrees in the Department of Applied Psychology, which also includes degree programs in Marriage and Family Therapy, Dance/Movement Therapy and Counseling, and a certificate program in Autism Spectrum Disorders.

Specific Responsibilities
Responsibilities include: coordination and oversight of the practicum/internship program, including supervision of adjunct faculty supervisors, support and training of field site supervisors, student practicum and internship advising; teaching courses in Clinical Mental Health Counseling; participation in program management and academic governance; engaged scholarship; and university service.

Educational and Experiential Requirements and Credentials
An earned doctorate in counselor education from a CACREP-accredited program, or equivalent, eligibility for licensure as a mental health counselor in New Hampshire, a minimum of five years full time teaching and supervising at the graduate level, and strong clinical experience. Successful candidates must also have a program of scholarship in counseling or counselor education.

Preferred Qualifications/Areas of Interest
Strong clinical experience in community mental health or substance abuse and addictions is highly desirable. Interest in enhancing learning and supervision through creative use of technology is very important.

The Clinical Mental Health Counseling program is committed to social justice, experiential teaching, clinical training, and scholarship, using creative, experiential, and applied approaches. Our students attend classes one or two days each week, in addition to working, internships, and family life. ANE has been educating counselors for over 40 years and has a network of alumni throughout New England who serve as supervisors and employers for our students.

To apply, send a letter of interest, curriculum vitae, statement of teaching philosophy, and three letters of references electronically to hr@antiochne.edu with CMHC Assoc Prof Search in the subject heading. For more information about the position, please contact Dr. Katherine Clarke at kclarke@antiochne.edu. Screening of applicants will begin immediately. Applications will be reviewed as they are received. The search will continue until the position is filled.

Antioch University New England is an innovative graduate school serving over 1,000 students, located in Keene, a small town that is the social and commercial hub of the beautiful Monadnock Region of southwestern New Hampshire. Information about ANE and the area can be found at www.antiochne.edu.

The CMHC program especially invites and welcomes applications from members of ethnic and racial minority groups and persons with disabilities. Antioch University New England offers a smoke-free environment and provides equal opportunity for all qualified applicants and does not discriminate on the basis of race, age, color, gender, ancestry, religion, national origin, sexual orientation, gender identity, family status, or disability.

TENNESSEE

YOUTH VILLAGES

Family Counselor – Memphis, TN
If you are looking for a positive career move where you are meeting the challenges of life and striving to make a positive difference, then Youth Villages is the place for you. We are looking for people with a strong sense of purpose and focus to continually build confidence in yourself and our organization.

Our Family Counselor position in Memphis, Tennessee is seeking leaders who are dedicated, courteous, disciplined, and can communicate well with others.

We are looking for positive people who maintain a high level of enthusiasm for themselves and our mission of helping children and families live together successfully. Family Counselors use the empirically based Multisystemic Therapy (MST) model to provide intensive home based therapy. Interventions are parent focused bringing change through the family, school, community, and peer groups.

Other responsibilities of a Family Counselor are: Maintaining a small
case load of 4-6 families; Working non-traditional hours; 24-hour availability with a rotating pager on the weekends; Having flexibility in your schedule to meet with your families; Working well with others in a highly supervised atmosphere; Having an understanding of extensive drive times; Documentation that is on-line/web-based and available to you from home

Youth Villages strives on success, not only with our children, but we want you achieve success through challenges and feeling positive about your experience with us. We offer tuition and licensure reimbursement and competitive benefits for our Family Counselors. We have continuous training in the field and opportunities to advance both clinically and administratively with Youth Villages. If you are in search of an organization that is respectful, loyal to their employees, dedicated to you, and where moral remains high, please apply and share your creative knowledge with us.

**Job Requirements**

A Master’s degree in the social service field (psychology, social work, marriage and family counseling, etc.) is strongly preferred with one year of experience counseling adolescents. A Bachelor’s degree in a social service field with one year experience counseling children and families maybe considered. Please only qualified candidates to apply. You must have your own vehicle to use for work purposes as well as have liability insurance. Counselors are reimbursed for mileage. **How to Apply:** To apply, please visit: http://www.apply-for-job.net/c/jobclick.cfm?site=2946&job=5296424

**YOUTH VILLAGES**

**Family Intervention Specialist - Memphis, TN**

If you are looking for a positive career move where you are meeting the challenges of life and striving to make a positive difference, then Youth Villages is the place for you. We are looking for people with a strong sense of purpose and focus to continually build confidence in yourself and our organization. Our Intercept office is seeking leaders who are dedicated, courteous, disciplined, and can communicate well with others. The Family Intervention Specialist/Counselor position is located in Memphis, TN.

We are looking for positive people who maintain a high level of enthusiasm for themselves and our mission of helping children and families live together successfully. **Family Counselors** use the empirically based Multisystemic Therapy (MST) model to provide intensive home based therapy. Interventions are parent focused bringing change through the family, school, community, and peer groups.

**Other responsibilities of a Family Intervention Specialist/Counselor include:** Maintaining a small case load of 4-6 families; Working non-traditional hours; 24-hour availability with a rotating pager on the weekends; Having flexibility in your schedule to meet with your families; Working well with others in a highly supervised atmosphere; Having an understanding of extensive drive times; Document information on

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Perhaps the easiest and most common way of making a planned gift is in your will. Did you know that 50 to 70 percent of Americans die without a will? It’s easy to put off making a will, but if you die without one, your assets may be distributed according to the law rather than your wishes. This could mean that your partner receives less or that the money goes to family members who may not need it.

**Making a will – why it’s important**
There are lots of good financial reasons for making a will:

- You can decide how your assets are shared – if you don’t make a will, the law says who gets what
- If you aren’t married or in a civil partnership (whether or not it’s a same-sex relationship) your partner will not inherit automatically; with a will, you can make sure your partner is provided for
- If you’re divorced or if your civil partnership has been dissolved you can decide whether to leave anything to an ex-partner who’s living with someone else
- You can make sure you don’t pay more Inheritance Tax than necessary

Skip Hansen, ACA Foundation Director of Development, can help you with ways to remember your profession in your will. He may be reached at:

**Robert A. “Skip” Hansen, D.Min. CFRE**
Director of Development
American Counseling Association Foundation
5999 Stevenson Avenue • Alexandria, VA 22304
703.823.9800 x302 • 703.823.9881 FAX
800.347.6647 x302 • 352.223.7727 Cell
shansen@counseling.org • http://www.acafoundation.org

Please remember the American Counseling Association Foundation in your will.
web-based system available to you from home. Youth Villages strives for success, not only with children, but we want you to achieve success. We offer tuition and licensure re-imbursement and competitive benefits for our Family Counselors. We have continuous training in the field and opportunities to advance both clinically and administratively with Youth Villages. If you are in search of an organization that is respectful, loyal to their employees, dedicated to you, and where moral remains high, please apply and share your creative knowledge with us.

Job Requirements: Accepting Divinity and Theology majors! A Master’s degree in the social service field (psychology, social work, marriage and family counseling est.) is strongly preferred with one year of experience counseling adolescents. A Bachelor’s degree in a social service field with one year experience counseling children and families maybe considered. Please only qualified candidates to apply. You must have your own vehicle to use for work purposes as well as have liability insurance. Counselors are reimbursed for mileage. To apply, please visit: http://www.apply-for-job.net/c/jobclick.cfm?site=2946&job=5296420

WEST VIRGINIA
WEST VIRGINIA UNIVERSITY
Training Director, Carruth Center for Counseling and Psychological Services
The Carruth Center for Counseling and Psychological Services at West Virginia University is accepting applications for a full-time, 12 month Training Director. The Training Director is responsible for the recruitment, selection and training of doctoral interns in clinical and counseling psychology as well as graduate assistants, practicum students and other trainees at the Carruth Center. In addition, this position provides direct counseling and outreach programs and consultation for WVU students and the University community. It requires a minimum of a doctoral degree in Counseling or Clinical Psychology and license (or license eligible) as a psychologist in WV. In addition, a candidate must have a minimum of 3 years experience in a college or university counseling service. Preference will be given for prior experience in administering an APA accredited training program. Interested individuals should forward a letter of application, vita and the names, addresses, phone numbers and e-mail addresses of three references to: Marion P. Kostka, Ed.D., Search Committee Chair, Carruth Center for Counseling and Psychological Services, West Virginia University, PO Box 6422, Morgantown, WV 26506-6422. Electronic submissions are acceptable in Word format and can be directed to: Marion.Kostka@mail.wvu.edu. The review of applications will begin immediately and will continue until the position is filled by a qualified candidate. Minority candidates are encouraged to apply. The start date is July 1, 2009 and the salary will be determined by experience and qualifications. For more information, please call (304) 293-4431 or a more detailed description, go to http://www.hr.wvu.edu/ West Virginia University is an affirmative action, equal opportunity employer.
The American Counseling Association and Healthcare Providers Service Organization have teamed up again and now provide a new benefit of ACA membership:

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\(^1\)Discount is offered effective 3/20/09. Active ACA Members who are current HPSO policyholders will have the discount applied at policy renewal. Minimum premium for a Professional Counselor is $100.

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