Counselor’s choice: Specialist or generalist?

Also inside:
• The counselor’s role in addressing childhood obesity
• Advocating with African American parents in schools
• Providing effective counseling services to parents
• Pictorial coverage of the ACA Conference in San Francisco
EVERYTHING YOU’VE EVER WANTED IN A WEBSITE AND MORE!

WEBSITES FOR THERAPISTS, MADE SIMPLE.

With TherapySites’ easy-to-use online tools, it is easy to effectively market and run your practice.

Build a successful web presence in minutes using the most comprehensive online package available to therapists. Your website becomes much more than a website - it becomes a one-stop business portal to help grow your practice. Get started now!

- Search Engine Optimization
- 100+ Search Engine & Directory Listings
- Credit Card Processing
- HIPAA Compliant Technology
- Video & Audio Integration
- Pre-Built Client Forms
- Unlimited Technical Support
- Psychology Today Directory Listing

$0 SET-UP FEE. NO EXTRA CHARGES. $59 MONTH.
30-DAY MONEY-BACK GUARANTEE

Build your website FREE!
www.TherapySites.com
TherapySites.com | 866.597.2674

therapysites.com
More than just a website.

STEP 1: Select design
STEP 2: Customize
STEP 3: Preview, Edit
STEP 4: Launch Site
Cover Story

Specialist, generalist or niche provider?
Compiled by Lynne Shallcross
Six ACA members discuss the decision they faced in choosing which path to follow in their counseling careers, the pros and cons of their choices and the lessons they learned along the way.

Features

A family affair
By Lynne Shallcross
Physicians and nutritionists are most closely associated with the battle against childhood obesity, but counselors can play a vital role in addressing this issue from both a family and wellness perspective.

Knowledge Share
The need for advocacy with African American parents
By Dana Griffin
Parental involvement is a proven technique for helping children mitigate barriers to academic success, but inequalities often exist when it comes to inviting and encouraging the involvement of African American parents in the schools.

Reader Viewpoint
Seven tips for working effectively with parents
By John Sommers-Flanagan
Focusing on the process of working with parents more so than just the content of what should be taught can help counselors to have more pleasant, positive and gratifying experiences with these clients.

Opinion
Bio/neuroethics and counseling: A novel partnership
By Kevin Wreghitt
Counselors could have both expertise and an important perspective to share in cases that involve moral dilemmas arising from neuroscientific research and clinical cases of brain trauma and mental illness.

Extras

Photos from the ACA Conference & Expo in San Francisco
ACA 2012 National Awards Recipients
Luis De La Lama essay earns grand prize in ACAF’s Corey Graduate Student Competition
The American Counseling Association is celebrating its 60th anniversary as an organization in 2012. Throughout the year, Counseling Today is using this space to highlight some of the memories from ACA’s past.

ACA (then known as the American Personnel and Guidance Association) began publishing The Guidepost (which evolved into Counseling Today) in 1958. These are a few of the items that appeared in The Guidepost from 1965 to 1969:

- APGA has been receiving a number of inquiries “about programs and research related to the utilization of computers in guidance programs.” Among the projects that have come to APGA’s attention are Computer Assisted Occupational Guidance at the Pennsylvania State University, a pilot project to develop a system “to assist the professionally trained counselor to handle more students effectively and still retain, if not increase, the personal or face-to-face relationship between counselor and student,” and the Information System for Vocational Decisions Project at Harvard University, the purpose of which is “to build an automated guidance system in which computers will help students make decisions about school, jobs and themselves.” (August 1967 issue)

- On April 4, 1968, two days before APGA’s 16th Annual Convention opens in Detroit, Martin Luther King Jr. is assassinated in Memphis, Tenn. Because of a preventive curfew in Detroit, many of the convention’s evening sessions are canceled. The APGA Senate meets under emergency procedures and passes a special resolution on April 8 asking APGA members to make a special commitment to abolish racism. The resolution reads in part, “The assassination of Dr. Martin Luther King Jr. is a shocking reminder that our society suffers the tragic illness of racism. Racism is a major deterrent to the fulfillment of the guidance profession’s commitment to the optimum development of each individual’s potentialities. Until now, the profession has failed to accept its full responsibility for dealing directly and positively with this problem.” (June 1968 issue)

- APGA and several of its divisions are well represented at the first international conference on guidance to be held in the Western hemisphere, hosted at the University of Mexico. Donald Super speaks on “Using Computers in Guidance: An Experiment in a Secondary School,” and C. Gilbert Wrenn presents on “Group Counseling and Problems of Communication in the Large University,” in which he addresses what U.S. universities find themselves confronting — a state in which “students in both quiet, constructive ways and in violent, destructive ways are asking to be heard.” (December 1969 issue)
I am convinced that counselor education programs have done an excellent job of strengthening the master's-level training for prospective counselors by including a strong "professional counselor" core. Quality master's degree programs have expanded to 60 semester hours to address the critical skills and experiences needed in practice. In most cases, these skills and experiences are common to each of the labeled "specialization" areas. Complicating the issue is the designation of different "programs" for accreditation purposes. My contention is that we should be training professional counselors at one level and that true specialization comes with additional didactic and experiential activities. The complexities of specializing — the required knowledge and experience to truly deliver services as a specialist — extend beyond basic didactic courses and internship experiences in the typical master's degree program.

Currently, individual counselors and segments of practices advertise or indicate that they can best service particular problem areas because of the specialty they render. In many cases, the specific, additional training that the counselor has received validates this claim. In other situations, however, the assumed "specialty" is touted primarily on the basis of the counselor's initial degree "concentration" — or simply because the counselor labels himself or herself a specialist. This is a challenge that the profession must meet.

A growing concern is the divide between generic training for professional counselors and the additional skills and experience required by counselors who work with specific clients or in defined work settings. These counselors must possess specific knowledge of, for example, learning issues, the needs of special students, problems of reading, dyslexia, autism, system assessment procedures and much more. Rehabilitation counselors and substance abuse counselors operate in unique cultures with explicitly defined parameters. Marriage and family counselors approach their clients with a unique systems-based perspective. Counselors in mental health settings are being called on to have extended...
The Counselor and the Law: A Guide to Legal and Ethical Practice
Sixth Edition
Anne Marie “Nancy” Wheeler and Burt Bertram

In this bestselling book, the authors discuss the legal and ethical dilemmas that can arise in practice. This edition contains a new chapter on the use of social media and other Internet-related issues, updates to HIPAA through the HITECH Act and regulations, a new legal/ethical decision-making model, and discussion of the specific legal risks for counselor educators. The issues surrounding civil malpractice liability, licensure board complaints, confidentiality, duty to warn, suicide and threats of harm to self, professional boundaries, records and documentation, and managing a counseling practice are also addressed in detail.

List Price: $52.95 | ACA Member Price: $39.95

Developing & Managing Your School Guidance & Counseling Program
Fifth Edition
Norman C. Gysbers and Patricia Henderson

This fifth edition expands and extends Gysbers and Henderson’s acclaimed five-phase model of planning, designing, implementing, evaluating, and enhancing Pre-K–12 guidance and counseling programs. New to this edition are increased attention to the range of issues that students present, counselor accountability, and the roles and responsibilities of district- and building-level guidance and counseling leaders. An array of sample forms, job descriptions, evaluation surveys, flyers, letters, and procedures used by various states and school districts clearly illustrate each step of program development. In each chapter, a new feature called “Your Progress Check” functions as a tracking tool for growth at each stage of the change process.

List Price: $69.95 | ACA Member Price: $49.95

Statistical Methods for Validation of Assessment Scale Data in Counseling and Related Fields
Dimiter M. Dimitrov

This instructive book presents statistical methods and procedures for the validation of assessment scale data used in counseling, psychology, education, and related fields. In Part I, measurement scales, reliability, and the unified construct-based model of validity are discussed along with key steps in instrument development. Part II describes factor analyses in construct validation, including exploratory factor analysis, confirmatory factor analysis, and models of multitrait-multimethod data analysis. Traditional and Rasch-based analyses of binary and rating scales are examined in Part III. Numerous examples, tables, and figures provided throughout the text illustrate the underlying principles of measurement in a clear and concise manner for practical application.

List Price: $69.95 | ACA Member Price: $49.95

Counseling and Psychotherapy: Theories and Interventions
Fifth Edition
edited by David Capuzzi and Douglas R. Gross

This student-friendly text provides a thorough overview of 14 widely used theories. Experts examine each theory from the perspective of its historical background, major constructs, goals, cross-cultural considerations, and limitations. Traditional and brief interventions integrate theory with specific counseling strategies, giving students further insight into the counseling process and guidance in developing their personal counseling style. A consistent case study across chapters reinforces the differences between theories and illustrates assessment of client concerns and treatment planning. A complimentary test manual and PowerPoints for instructors’ use are available by request on university letterhead.

List Price: $69.95 | ACA Member Price: $49.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.
Order Online: counseling.org
By Phone: 800-422-2648 x222 (M-F 8am – 6pm)
Executive Director's Message

Every May, the ACA staff and I excitedly anticipate welcoming a new cadre of professional counselors. As those of you who are earning your master’s or doctoral degrees reach the important milestone of graduation, we want you to know that the American Counseling Association stands ready to assist as you begin the next phase of your professional career.

Your commitment to completing your graduate studies and your devotion to an endeavor as worthy as helping others face life’s challenges is commendable. It goes beyond that, however. The path you have chosen says a great deal about you as a person and your willingness to improve the human condition. We on the ACA staff salute and congratulate you!

Now that your “student days” are in the rearview mirror, you might be wondering why you should maintain your membership in ACA. That is a legitimate question — and one that I can answer. ACA prides itself on meeting the needs of professional counselors at all phases of their career, whether they are looking to obtain a job, trying to gather more resources as a practitioner or educator, or desiring to stay connected to the “hub” of the counseling practitioner or educator, or desiring to stay connected to the “hub” of the counseling community for networking.

In addition, when you maintain membership in ACA, you get clients, students, colleagues and the public know that you abide by the ACA Code of Ethics. As you know, your membership also entitles you to a peer-reviewed professional journal (the Journal of Counseling & Development), a multitude of opportunities for continuing professional development, a professional practice risk management hotline, professional ethics consultations and our flagship monthly magazine, Counseling Today. And, as a practicing professional counselor, your membership includes a free “CE of the Month,” which in itself is valued at $240!

Just as our goal was to meet your needs when you were a student, we now want to provide the resources you will require as you make your way in the world as a professional counselor. If you can’t find what you need (or aren’t certain that we have what you are looking for), please contact me or any member of the ACA staff directly. We will be very happy to assist you. Our email addresses are listed on the staff directory at counseling.org/AboutUs/Staff?TP/Home/CT2.aspx. Or simply call us toll free at 800.347.6647.

Let me also address a harsh fact of life after graduate school. We understand the economic realities that those of you who are new professionals face once the glow of graduation fades. That is why we offer you a “New Professional” membership rate. This is the same rate you paid as a student, and we hope that it will keep you connected to ACA at one of the most critical points of your career — when you are just starting out. As trite as it may sound, for about 25 cents per day, your status as a New Professional member of ACA gets you all the benefits I have already noted, plus many more.

For those of you planning to attend your first ACA Annual Conference & Expo next year in Cincinnati (March 20-24, 2013), I hope you will take advantage of all that we will be offering. Go to the ACA website and check on the latest updates at counseling.org/conference. And if you want to present, make sure you submit your proposal by June 6 at 5 p.m. Eastern.

As always, I look forward to your comments, questions and thoughts. Feel free to call me at 800.347.6647 ext. 231 or contact me via email at RYep@counseling.org. You can also follow me on Twitter: @RichYep.

Be well. ♦
Use caution when helping clients to address workplace bullying

I’m thankful to see workplace bullying mentioned in the April cover story, “Bringing work home.” I am the administrator of the Workplace Bullying Institute (WBI) and a licensed counselor in private practice. WBI’s mission is to understand, prevent and correct all abuse at work.

Did you know 35 percent of the U.S. workforce reports being bullied at work and an additional 15 percent witnesses it? Approximately 53.5 million Americans have directly experienced this form of workplace abuse.

Workplace bullying is a complex, destructive phenomenon that can lead to serious health harm for the bullied individual. Sustained, prolonged exposure to stress at work may result in significant physical, social, economic and emotional injuries. Likewise, the employer faces profoundly negative consequences in the form of unwanted turnover, decreased productivity, absenteeism, risk of litigation, damaged reputation and more.

Once targeted, a person has a 64 percent chance of losing his or her job for no legitimate reason. Despite the health harm, 40 percent of those targeted never report the bullying. Only 3 percent sue, and 4 percent complain to state or federal agencies. Legal discriminatory conduct plays a role in only 20 percent of bullying cases. Due to the lack of laws specifically addressing workplace bullying, most targets have no recourse.

In the article, David Blustein is correct in recognizing workplace dynamics as a barrier to resolution. For example, when the bully is the boss — as in 72 percent of cases — the individual’s options are limited. Both Blustein and Blaise Morrison discuss exploring boundaries and teaching assertive communication skills to clients. They are half correct. Helping clients understand and establish healthy work boundaries is an appropriate treatment goal. However, assertive communication may not be the answer. At WBI, we’ve found that targets may be further traumatized by assertively approaching the bully. I urge counselors to be cautious about putting clients in this situation.

Remember, workplace dynamics do not cultivate a level playing field, and bullying frequently boils down to issues of power and control. A bully boss can easily misinterpret assertive communication as insubordination, thus fueling additional attacks on the target.

Also, asking clients to change the way they communicate at work may send the message that targets are responsible for being bullied. This is not the case. The bully chooses the target, the timing and the tactics. The organization, not the target, is responsible for intervening and addressing the bullying behavior.

I strongly encourage my fellow counseling professionals to research the phenomenon of workplace bullying before treating clients who present with this concern. The recurring trauma and marked isolation they endure make targets a challenging clinical population. Unfortunately, many times they are misunderstood and misdiagnosed, which may result in unnecessary delays or a complete denial of appropriate therapeutic care. As counselors, we are uniquely positioned to address these concerns, explore realistic solutions, teach effective coping skills and guide our clients toward healthy new beginnings.

Learn more about workplace bullying by visiting the WBI website: workplacebullying.org

Jesi Eden Brown, M.S., LMHC, LPC, NCC
jessi@eden-therapy.com

Forecasts of counseling’s future overlook experience of disability

In response to the 60th anniversary of the American Counseling Association, the article “What the future holds for the counseling profession” (March) asked leaders in the field to share their ideas about the “trends, issues, challenges and successes that might await the profession in the relatively near future.”

I was surprised and disappointed because none of these leaders discussed the need for counselors to provide services to individuals with disabilities (IWDs). Counselors of all theoretical orientations, specialties and service settings will have clients with all types of physical, cognitive and psychiatric disabilities.

IWDs are increasing in number, gaining a collective identity and are guaranteed their civil rights by the Americans with Disabilities Act. IWDs, as with individuals who do not have disabilities, experience challenges, problems and issues in their marriages, relationships, spiritual and religious lives, workplaces, choosing a career and education and in many other areas of life.

In addition, IWDs — just like anyone else — have multiple identities and roles. Many IWDs identify as belonging to ethnic, minority or linguistic minority groups. Many are women. Many are lesbian, gay, transgender or bisexual. Many are a myriad of other identities. Although the individual’s disability often is not the presenting problem, it is important for counselors to be able (if the client asks) to explore his or her identity as an IWD. Counselors will also be required to learn the ways in which to make their services accessible to IWDs. These needs will require counselors of all specialties to learn about the experience of disability. According to the U.S. Census, nearly one-fifth of the U.S. population has a disability.

Julie Smart, Ph.D., CRC, LPC, LVRC, NCC
Professor, Rehabilitation Counseling Program
Utah State University

Taking issue with ‘The new bipolar disorder for children’

I was distressed to see in the April volume of Counseling Today K. Dayle Jones’ short article titled “The new bipolar disorder for children” (for the “Inside the DSM-5” column). The article promotes many of the misunderstandings that have led to the inappropriate diagnosis of pediatric Bipolar I Disorder. First, the title is misleading. There is no “bipolar disorder.” There is Bipolar I Disorder (characterized by mood swings from mania to major depression),
Bipolar II Disorder (characterized by mood swings between hypomania and major depression) and Cyclothymia (characterized by mood swings between hypomania and dysthymia). The author is actually writing about Bipolar I Disorder but never notes this in the article, contributing to the misconception that there is a bipolar spectrum. There is not—at least not yet, as the three disorders I mentioned are currently conceived of as three discrete disorders.

Second, the author never tells the reader that “early onset” for Bipolar I Disorder, according to the American Academy of Child and Adolescent Psychiatry, is age 13. This is primarily because there are no pediatric criteria for Bipolar I Disorder, though some researchers are attempting to develop them.

Third, the author writes, “Although medications for bipolar disorder are effective in children…” Where did she get this information? There are very few validated cases of pediatric Bipolar I Disorder, and mood-stabilizing medications have mixed efficacy, resulting in a diagnosed child frequently being on several medications. Although the diagnosis of Bipolar I Disorder in children has exploded in the past 20 years, little concomitant research on mood-stabilizing medications has been conducted on pediatric populations.

Finally, there is a very detailed history of how this whole mess came about that the author disregards. Michael Sheard discovered that lithium decreased impulsive aggression (as opposed to premeditated aggression) in prison inmates. Thus, lithium was then tried for different types of impulsive behavior, including acting-out children. From there, because lithium treated Bipolar I Disorder in some clients and was used for impulsive aggression, any drug that treated Bipolar I Disorder was tried with impulsive aggression (such as with acting-out children and adolescents). This is one of the threads that led to acting-out behavior being linked to Bipolar I Disorder.

In the future, I hope that articles appearing in Counseling Today will reflect a careful literature review and expert consultation.

Elliott Ingersoll
Professor, Counseling
Cleveland State University

K. Dayle Jones responds: I appreciate feedback on my column about the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). However, I find these criticisms of my article unfounded and somewhat confusing.

First, regarding Dr. Ingersoll’s comments about the bipolar disorder terminology, I, like most mental health counselors, am very aware of the differences among the bipolar disorders. The reason I did not distinguish among Bipolar I, Bipolar II and Cyclothymia is because the focus of the article was on the newly proposed Disruptive Mood Dysregulation Disorder (DMDD), also called Temper Dysregulation Disorder. The rationale for this proposed disorder is found in the “Justification for Temper Regulation Disorder with Dysphoria” written by the DSM-5 Childhood and Adolescent Disorders Work Group (dsm5.org/ProposedRevision/Pages/proposedrevision.aspx?rid=397#). This rationale does not distinguish among the various bipolar disorders, but rather emphasizes the “upsurge in the rate at which children are being assigned the diagnosis of bipolar disorder.” In this context, the use of the term bipolar disorder seems sufficient.

Regarding “early onset” of Bipolar I, Dr. Ingersoll is correct. I did not discuss early onset because it is not in the DSM-IV-TR.

Regarding medications, Dr. Ingersoll is correct about the few published research studies on treatment efficacy of mood stabilizers for pediatric bipolar disorder. However, I was not simply talking about mood stabilizers. It is widely known that antipsychotic medications are being used to treat bipolar disorder, and several researchers have evaluated the efficacy of these medications with children and adolescents (DelBello et al., 2002; Findling et al., 2008, 2009; Kryzhanovskaya et al., 2009; Haas et al., 2009 a, b; Tohen et al., 2007; Tramontina et al., 2009).

Finally, the complaint that I didn’t include a detailed history of lithium confuses me. The history of lithium is not relevant to this article. The purpose of the article was to introduce the proposed DMDD to readers, not to review all of the bipolar disorders or provide a detailed discussion about treatment — although, these would certainly be appropriate topics for future articles.

Editorial policy
Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published only on rare occasions. Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Submissions can be sent via email or regular mail and must include the individual’s full name, mailing address or email address and telephone number.

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

Email your letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
Our government relations team at the American Counseling Association continues to push the Department of Veterans Affairs (VA) to begin hiring counselors in its health care system. News reports regularly cite the need to increase veterans’ access to mental health services, but VA clinics and facilities appear uninterested in hiring any master’s-level providers other than clinical social workers. Although counselors are eligible for several “counseling psychologist” positions for which the Army is hiring to provide substance abuse services, VA hiring of either licensed professional counselors or licensed marriage and family therapists appears to be at a standstill. VA central office staff in Washington, D.C., contend they cannot tell VA facility directors in the field whom to hire. Absent any direction from the VA central office — or from congressional offices — VA facility directors and their human resource personnel remain either uninformed about or uninterested in their ability to hire licensed professional mental health counselors to provide clinical mental health services to veterans.

Shortly after the ACA Conference in San Francisco in March, ACA staff and representatives from the National Board for Certified Counselors, the American Mental Health Counselors Association, the American Association for Marriage and Family Therapy and the California Association of Marriage and Family Therapists met with staff from the Senate Committee on Veterans’ Affairs. Our coalition was able to visit both with Democratic and Republican committee staff to discuss this critical issue, and several recommendations were offered for improving hiring practices within the VA. These suggestions included having the VA hire a “liaison” to the counseling community, creating more internships for counseling students and working with professional associations such as ACA to help the VA fill vacancies when it is having difficulty finding qualified professionals. Overall, the meetings seemed very positive, and the ACA public policy staff looks forward to working with congressional offices on these and other steps to promote VA recognition of the counseling profession.

In addition, ACA joined coalition partners in a productive meeting with Alfonso Batres, chief officer for the Veterans Health Administration’s Readjustment Counseling Service (RCS) program. ACA offered to provide assistance to Batres and his colleagues in reaching out to hire new counselors, publicizing new programs and serving as a general partner in working to meet the mental health needs of our nation’s veterans. Batres was very receptive to our message and said he viewed ACA as a potential resource in the work of the RCS. He also suggested holding regular meetings with ACA, NBCC, AMHCA, AAMFT and CAMFT to discuss needs and issues that arise.

For more information on ACA’s work concerning VA issues or to find out how you can help advocate for broader recognition of counselors within the VA, contact Art Terrazas at arterrazas@counseling.org or 800.347.6647 ext. 234.

More calls, emails needed on Medicare legislation

At the ACA Conference in San Francisco, the chairs of the four ACA regions (North Atlantic, Southern, Midwest and Western) graciously gave time during their respective meetings so ACA public policy staff could discuss our grass-roots push to gain coverage of counselors under Medicare. With Congress almost certain to pass legislation — most likely in a lame-duck session in December — to maintain (aka “fix”) Medicare physician payment rates, counselors have roughly eight months to build support for including a counselor coverage provision as part of the bill.

ACA staff members Scott Barstow and Art Terrazas invited state counseling organization leaders to join in pushing senators and representatives to enact counselor coverage language. The best way to get the attention of members of Congress is to sit down with them (or their staff members) in a face-to-face meeting. Terrazas is ready and waiting to help counselors carry out these meetings or to answer questions about other ways of working with your elected officials.

Grass-roots contacts are working, as evidenced by the fact that Sen. Daniel Akaka of Hawaii became the most recent senator to co-sponsor S. 604, the bill establishing Medicare coverage of counselors and marriage and family therapists. (Thank you, Hawaii counselors!) We need more senators to join Akaka in co-sponsoring S. 604.

Department of Education late in releasing ESSCP funds

The Elementary and Secondary School Counseling Program (ESSCP) is one of the more popular programs funded by the U.S. Department of Education. The program routinely gets so many applications for funding that the agency only accepts new applications every other year. According to Department of Education staff, a new round of applications will be solicited for funding that the agency has yet to announce that it is accepting applications.

ACA is working to learn more about the department’s plan for announcing grants, and we will disseminate information on the availability of funding on our website as soon as we know more. In the meantime, interested counselors are encouraged to visit the agency’s website devoted to the program at ed.gov/programs/esscounseling/index.html. For more information, contact Scott Barstow at sbarstow@counseling.org.
At the end of March, Sen. Daniel Akaka of Hawaii signed on as a co-sponsor of S. 604, the Seniors Mental Health Access Improvement Act. This legislation, introduced by Democratic Sen. Ron Wyden of Oregon and Republican Sen. John Barrasso of Wyoming, would establish Medicare coverage of licensed professional counselors and licensed marriage and family therapists. It is the same legislation that passed the Senate back in 2003 and 2005.

This truly is bipartisan legislation. In the Senate in 2005, the counselor Medicare language was added to a broader package of Medicare legislation as part of an amendment offered by then-Sen. Rick Santorum, who until recently was trying to become the Republican Party nominee for president. In 2007 and 2009, Medicare coverage of counselors was passed in the House of Representatives due in large part to the support of Rep. Pete Stark from California, a Democrat who has for years been one of the leading progressive members of Congress.

The legislation would also save money. Research shows that increasing access to outpatient psychotherapy for individuals with both depression and a comorbid general medical disorder can reduce use of inpatient and outpatient care, decrease patients’ recovery time and save money. It is estimated that in the neighborhood of 60 to 70 percent of visits to nonpsychiatric physicians are by patients with no physical disease or who have medical conditions exacerbated by psychosocial factors.

We can get Medicare coverage of counselors included in the big Medicare physician payment rate fix bill that Congress is expected to pass in December if we have a lot of counselors contacting their senators and representative to ask them to make this happen. We have 11 senators who have signed on as co-sponsors to Wyden’s S. 604. That means there are 88 senators out there who have yet to do the right thing on this issue. Here’s the list of senators we have so far:

- Sen. Ron Wyden (Oregon) – lead sponsor
- Sen. John Barrasso (Wyoming) – lead co-sponsor
- Sen. Daniel Akaka (Hawaii)
- Sen. Mark Begich (Alaska)
- Sen. Jeff Bingaman (New Mexico)
- Sen. Barbara Boxer (California)
- Sen. Sherrod Brown (Ohio)
- Sen. Kent Conrad (North Dakota)
- Sen. Richard Durbin (Illinois)
- Sen. Daniel K. Inouye (Hawaii)
- Sen. Tim Johnson (South Dakota)
- Sen. Jeff Merkley (Oregon)

If both of your U.S. senators aren’t on this list, please take a moment to call their offices and request that they co-sponsor this common-sense and bipartisan bill. If you have already contacted your senators but have yet to receive a “yes” or “no” response to your request that they sign on as a co-sponsor of S. 604, please consider contacting them again to ask for a specific response. You can identify your state’s senators at senate.gov, and all senators can be reached through the U.S. Capitol Switchboard at 202.225.3121.

For more information on how to contact your members of Congress on this or any other issue, contact Art Terrazas with ACA’s public policy staff at aterrazas@counseling.org or 800.347.6647 ext. 242.

Thank you for your help!

---

**POSITION VACANCY**

**LEGISLATIVE REPRESENTATIVE**

The American Counseling Association (counseling.org) seeks a Legislative Representative for our busy Public Policy & Legislation department at the headquarters office in Alexandria, Virginia. Responsibilities include lobbying directly with members of Congress on priority issues of ACA and its divisions, working with state and local counseling organizations to promote policies supporting school counselors and school counseling services, and developing public policy and grass-roots advocacy strategies consistent with ACA’s strategic plan. The ideal candidate will have a Master’s degree in school counseling, at least two years of experience as a school counselor, a strong interest in policy-related issues, excellent oral, written, and presentation skills, and be self-directed, organized, and dependable. Salary range $45-50K, plus generous benefits that include free parking. Email resumes to jkukorlo@counseling.org. EOE
Believing in the unbelievable

When Minnie Almader sent me a blog entry, I read it, posted it and then began to think about her experience. I had traveled to Morocco myself years ago and was impressed with how easily Moroccans moved between Arabic, French and English (they even spoke Spanish in Tangiers). Minnie and I began a dialogue, and here we are together presenting her story woven of many colors, cultures and experiences.

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

**Minnie Almader:** Counselor/faculty at Al Akhawayn University in Ifrane, Morocco. The university’s mission is to advance educational reform in Morocco. I am honored to teach and provide resources and personal counseling to dynamic Moroccan and international students. The university is based on the American system with English-language instruction. I am impressed with the students’ ability to speak several dialects of Arabic, French and English. I share a mutual bond with students, being bilingual in Spanish and English. Although I have been a counselor for 26 years, I learn as much from the students as they learn from me.

**RDB:** What led you down the path toward a career in counseling and education?

**MA:** I grew up in a low-income barrio near the border of Mexico in Tucson, Ariz. I had many observations about life and the inequality still present in our society. As a young Mexican American female, I met strong and sincere role models. These role models were both male and female, and I met them in formal and informal educational settings. I looked up to them. Many of my mentors believe in the unbelievable. They gave me an opportunity to open new vistas in my life. I discovered the power of imagining my own success through a career in counseling and education.

**RDB:** Is there one theoretical orientation that you gravitate toward more than others? Why?

**MA:** My work has focused on multicultural populations. For many ethnic groups, there is still a stigma in seeking counseling from a mental health professional. My theoretical orientation tends to be Adlerian. Adlerian counseling takes into account the social and cultural values of minority groups, such as social values, integration of family members and spirituality, into the counseling process.

**RDB:** As you look back on your career in counseling and education, what has been your favorite position?

**MA:** Upon completing my dissertation on “Characteristics of Successful Mexican American College Students,” I was hired by the University of California Puente Project. Puente translates to “bridge.” Being in a leadership role as a counselor/trainer with a project whose very mission is to bring positive change in the education system at many levels — underrepresented students, staff, admissions, counselors and writing faculty — gave me a new outlook on life.

**RDB:** Did someone in your life see something special in you early on? Who valued you as a unique individual?

**MA:** I was challenged by my English teacher in a public high school. In my freshman English class, I quickly found a place to put my stories into writing. If I was misinformed, then my English teacher supported me in examining my viewpoint. It was a motivator to gain more aid in the development of effective academic writing. The process of self-exploration led to my passion and interest in reading.

**RDB:** Who is your hero?

**MA:** My mom is my hero. She is a visionary who convinced my father that a Catholic education was the best option for her five children. One of the many sacrifices she made for her family was working as a cook at the Catholic school to get a lower tuition fee. For the past 20 years she has participated in the Susan Komen 5K walk to raise awareness and funding for breast cancer. She is positive and courageous in her battle against breast cancer.

My mom is also active in Family to Family, an educational support group with the National Alliance on Mental Illness. It is her personal story living with my bipolar father that helps other families. I admire her courage and resilience in overcoming challenges.

**RDB:** Has studying counseling been transformational for you?

**MA:** Yes, both on a personal and professional level. I pay attention to the unfamiliar. For the past year, I have been very fortunate to live and work in Morocco. I started the process of writing and reflection about my life as a counselor. I recall a critical incident when I started first grade and I did not speak one word of English. Here in Morocco, I play a significant role as a counselor with students who are not native English speakers. I am a counselor and mentor to students who speak many dialects of Arabic. They are also fluent in French. My role is vital in making a strong and meaningful connection with students, which can empower them to succeed and promote a sense of personal well-being.

**RDB:** What mistakes have you made along your career path? More importantly, what lessons have you learned from those mistakes?

**MA:** Well, this question is not an easy one. I have learned many lessons from my mistakes. I would have to say that my definition of success may not be the same [as everyone else’s]. I believe in education, community involvement and hard work.
I have learned not to assume everyone has goals that are similar to mine. Yet, there are many Latino students who do have educational goals, and they are very successful. They are good parents, they are very proud of their amazing music and share delicious, authentic meals with close and extended relatives. I learn a lot from them.

RDB: Is there a saying, a book or a quote that you think about when you need to be inspired regarding your work?

MA: “We can use our personal power, coupled with responsibility and cooperation, to create the change needed to improve our life” — Dolores Huerta, age 81, organizer and advocate for farmworkers. I think about farmworkers who work from the time the sun rises to the time it goes down. And I am thankful to people like Dolores Huerta and César Chávez who organized the U.S. farmworkers union to improve their work conditions.

RDB: If you could invite any three people in the world, living or dead, to your own personal party, who would you invite and why?

MA: I would like to invite so many people, but if I can only choose three, I will be selective: 1) Mahatma Gandhi, 2) my mom and 3) Dolores Huerta. I like the idea of two strong women plus myself having a conversation with a soft-spoken leader from India. It is powerful to picture us having coffee or tea while discussing the world. It is hard for me to imagine my mom and Dolores Huerta sitting still. They are both so full of energy. I can picture Mahatma Gandhi just being present and speaking with careful pauses.

The magical party is both fun and purposeful. We will leave with a plan to improve the conditions of the mentally ill all over the world, to keep walking in the fight against breast cancer and to help all undocumented immigrants who are survivors of domestic or sexual violence. More important than politics and the debate on immigration in Arizona are the innocent women and children. From this perspective, the undocumented immigrant women have taught me the greatest lessons about faith, perseverance and hope.

RDB: Is there anything I have left out that you want our readers to know about you and your work?

MA: I cannot end this interview without expressing my dedication to social justice and undocumented immigrant women who are survivors of sexual and/or domestic violence. I worked tirelessly in a nonprofit organization in Tucson to provide trauma-focused therapy for hundreds of survivors and family members. The majority of these women fled from poverty and violence in Mexico to protect their children. I collaborated with lawyers, medical professionals, spiritual leaders and humanitarian groups that support immigrants.

More important than politics and the debate on immigration in Arizona are the innocent women and children. From this perspective, the undocumented immigrant women have taught me the greatest lessons about faith, perseverance and hope.

RDB: What ways do you find to take care of yourself, to fill yourself back up?

MA: I discovered yoga in 2002. I met an excellent teacher. We met in private sessions to create an awareness of using my breath to reduce stress in my body. The teacher is generous, skillful and focused. Now that I live in Morocco, I use a yoga DVD to make time for myself. I begin my day with a short 30-minute yoga program to use my breathing to fill my body with positive energy.

I am also connected to a support system of friends, family and colleagues. At the end of the day, my life has to go on in a healthy environment of people who love me and accept me. For example, my friend Halima is an English teacher in Ifrane. We share coffee or tea and wonderful talks about life. I have included her picture [page 12] in a hijab, a veil worn by Muslim women. In the photo we are taking a walk together in Ifrane.

RDB: Is there anything I have left out that you want our readers to know about you and your work?

MA: I cannot end this interview without expressing my dedication to social justice and undocumented immigrant women who are survivors of sexual and/or domestic violence. I worked tirelessly in a nonprofit organization in Tucson to provide trauma-focused therapy for hundreds of survivors and family members. The majority of these women fled from poverty and violence in Mexico to protect their children. I collaborated with lawyers, medical professionals, spiritual leaders and humanitarian groups that support immigrants.

More important than politics and the debate on immigration in Arizona are the innocent women and children. From this perspective, the undocumented immigrant women have taught me the greatest lessons about faith, perseverance and hope.

Rebecca Daniel-Burke is the director of professional projects and career services at the American Counseling Association. Contact her at rdanielburke@counseling.org.

Letters to the editor: ct@counseling.org
Through a Glass Darkly -  By Shannon Hodges

Traveling divergent paths

“Two roads diverged in a wood, and I — I took the one less traveled by, and that has made all the difference.” Dr. Park, my English professor at the University of Arkansas, orated like a veteran Broadway actor, nary a glance at the lines. As a literature major, I had the opportunity to read and critique great works of prose and poetry that served as a looking glass into the human condition.

Like anyone else, I had my favorite authors. I could never stomach the privileged society Jane Austen chronicled, in which fashion, marrying right and coquetish behavior served as high-water marks. I preferred the “Jungianesque” symbolism of Nathaniel Hawthorne, his psychological profiles and scathing critique of a hypocritical Puritan society profiled in his magnum opus, The Scarlet Letter. Although I couldn’t have known it at the time, my background in literature would later serve me well in my career as a counselor, professor and writer.

My social, educational and political views have been significantly framed through my impoverished upbringing in rural Arkansas, where Austen’s “wedding cake”-type novels bore as much resemblance to reality as Stanley Kubrick’s 2001: A Space Odyssey. During childhood, I read in a fact book that Arkansas was something like 48th out of the 50 states in per capita income, and I asked my grandmother what this meant. Her normally proud face flushed with embarrassment. “It means we live in a state with lots of poor people,” she replied.

“Are we poor?” I asked with childlike naïveté. Drawing a deep sigh, she stared past me into the distance, as if searching for an explanation a first-grader would understand. “Poverty has many different levels,” she said diplomatically. It would be more than a decade before I understood her meaning.

Fast-forward to the present, and my life situation has improved exponentially. As a college professor, I have moved well up the social ladder. But I remember my origins and the high price exacted to escape the weight of poverty. Reflecting on recent political debates and the harsh rhetoric heaped upon the economically challenged leaves me wondering how many elected officials have direct experience being poor. It almost seems like the impoverished are condemned for making the wrong choice in parents.

But politicians are not the only privileged scions who seem clueless about poverty. Each fall, U.S. News & World Report’s “swimsuit” issue hits the stands (aka, the “Best Colleges” edition). What best stands out is that best colleges are wealthy — no exceptions. These bastions of elitism bombard the Internet, periodicals and billboards, proclaiming their students to be the “best and brightest.” A glance at the price tags of über colleges reveals that they also are usually the priciest; scant members of the lower socioeconomic classes darken their hallowed halls, mostly save captaining a broom or mop. Busy crowing about SAT scores, few officials on these well-manicured country club campuses acknowledge the dirty secret that the strongest correlation to standardized test results is wealth. Richer students outperform their poorer counterparts because money buys more: better schools, smaller class sizes, safer schools, private tutors and so on. But to be “fair,” select students with average SAT scores and mediocre grades can matriculate to elite colleges: Presidents John F. Kennedy and George W. Bush are notable examples. (We’d all like their affirmative action plans!)

Everywhere we turn, images of power and privilege are held up as benchmarks, unrealistic as they are. In his book The Shame of the Nation: The Restoration of Apartheid Schooling in America, Jonathan Kozol graphically contrasts the differences between affluent suburban schools and meager inner-city public schools. The differences are cut along ethnic and socioeconomic lines, with the result being that the two systems seem to operate in alternate universes. One young elementary student finally asks Kozol, “What’s it like over there?” (where Kozol lives). Kozol goes on to explain to readers that the students at the inner-city school have no contact with their wealthier peers or any idea of what their conditions are like. The social and educational light-years of distance between the economic classes are so obvious as to be hidden in plain sight. Certainly, we’ve been treated to half-hearted political actions such as No Child Left Behind, decor changes that fail to address the fractured foundation. Instead of serious efforts to improve preschool-12 education, we focus instead on tax advantages for those who need them least. What we in the counseling profession must ask ourselves is how we can effectively address this terribly inequitable socioeconomic impact on schools.

Promoting a comprehensive pro-social skills curriculum

How could the counseling profession advocate a better deal for disadvantaged students? The options are sadly limited because society is unwilling to craft a
tax formula to more equitably distribute wealth. Cry socialism all you want, but you have to ask how so many other countries’ school systems outperform ours. Naturally, there are many reasons, a key component being a citizenry willing to pay more for their schools. Because American society is not close to a similar sacrifice, we must examine other options. Academically at-risk students overwhelmingly attend underfunded urban schools and are the most likely to drop out, join a gang, go to prison and have a significantly shortened life span — facts with which neither those on the left nor the right of the political spectrum disagree. So, if we are not going to collectively reinvest in urban schools, we need a reality-based approach that provides inner-city students with the skills necessary to navigate the dysfunctional systems they inhabit.

My high school counselor, crusty Mr. Caldwell, spoke of a “magic” 10 percent of students who would succeed regardless of obstacles thrown in their paths. He hypothesized that resilience and sound judgment were the keys. Although there’s nothing magic about promoting resilience, Mr. Caldwell was on the right track. As Steve K. D. Eichel was quoted as saying in the March issue of Counseling Today (“Space to grieve everyday losses”), “Resilience is the single most important client factor in being able to face, cope and even triumph over all adversities.”

I concur with both Caldwell and Eichel. Therefore, all urban schools should begin teaching every student pro-social, resilience-oriented skills. This must be a systemic, top-down, bottom-up approach running from Grades 1 through 12. Target behaviors might be healthy decision-making, conflict resolution, emotional regulation and peer advising, among others. Schools should be as vigilant in assessing the efficacy of these pro-social classes as they are with English and math. In point of fact, these pro-social skills — essentially what Daniel Goleman calls emotional intelligence or “EQ” — arguably are more important than academics given the widening gulf between the social classes, insidious gang activity, school violence and the strong correlation between positive peer relations and...
future job success. We counselors are the natural profession to take the lead role in resilience education.

I do not make this proposal lightly or as a “white flag” gesture. Quite simply, my vantage point is that of a counselor and educator who has observed the ongoing failure to provide effective education for our most needy students. Our society has spent far too many decades wringing its collective hands regarding the plight of failing schools and not enough time rolling up its sleeves and working to address the core issue of inequality. Getting any serious educational initiative through our gridlocked Congress seems implausible given the ever-increasing political polarization. In fact, the last really effective federal educational act targeting secondary education I can point to is the National Defense Education Act (NDEA) passed in the wake of the Soviet launch of Sputnik. NDEA represented a serious, unified response to the Soviets’ early advantage in the space race because it was feared that Soviet domination in space would threaten national security.

In my mind, the current crisis in U.S. urban schools is a far more insidious threat to national security than was Khrushchev’s flying saucer. I also float this concept as an educator weary of fencing at political and educational windmills — unwinnable battles that exhaust everyone and accomplish little. This is our generation’s educational Sputnik moment, and we need a serious, sustained effort to provide urban youth the skills to negotiate the arduous and sometimes dangerous gauntlet of a capricious society.

**A counselor’s approach**

Admittedly, this proposal represents a “practical” rather than a “best practices” approach, although it is one that could help increase graduation rates, reduce school violence and cut juvenile incarceration. It’s also more “physical therapy” than a Band-Aid model, because students would rehabilitate negative automatic thinking, learn critical decision-making and judgment skills, and use role plays to address alcohol and drug scenarios as well as the myriad of other dangers and temptations. We currently teach pro-social skills, but piecemeal rather than in any comprehensive, sustained manner. This curriculum addition represents a “counselor’s approach” because it involves a serious and longitudinal effort targeting emotional, cognitive and behavioral health as well as “virtue” ethics, similar to what William Glasser recommended in his book *The Quality School*.

I readily admit that this approach is no panacea to fixing all problems in our disadvantaged schools. Neither is it a gimmick to lure state and federal governments to hire more school counselors — though that would be a very good idea and one not tried in great numbers since, well, NDEA. As with any plan, there are flaws. Some students would still fall through the gaps, while others would simply give the minimum effort. But buttressed by research validating the efficacy of school-based interventions such as Arnold Goldstein’s *The Prepare Curriculum*, such a comprehensive intervention could make a significant impact on many students’ lives and help transform our beleaguered schools. Furthermore, if such an approach helped reduce our juvenile incarceration rate, currently one of the highest in the Western world, it would pay for itself.

The disadvantaged are the “13th floor” of a society unwilling to recognize and admit its complicity in this construction. As an alumnus of “Poverty State,” I plead guilty to having possible issues with a society so tilted toward the affluent. I have to question how the richest country in the world has so many citizens living at or below the poverty line. Some (namely politicians) sing the “blame the victim” lament and claim “laziness.” This provides an easy out because if the victim is at fault, then we don’t have to feel bad or partially responsible.

One of my early counseling jobs was as an employment counselor charged with getting welfare clients hired. We could offer both reimbursement money and a tax credit to employers who hired our clients. Yet potential employers frequently would decline to interview our clients for job openings and then in the same breath rant about “welfare bums.” Admittedly, some welfare recipients on my caseload were lazy and system abusers, although I’d say they made up 15 to 20 percent of the whole.

The remaining 80 percent definitely wanted to work. This same callous phenomenon gets played out in public education. Many will complain about schools while doing nothing to improve them. I occasionally entertain the notion that some people actually wish to divest completely from public education, especially with rumblings to “privatize” secondary education. A privatized approach would bankrupt an already-strained school system, further disadvantage impoverished students and leave teachers and counselors earning pocket change for salaries.

**The fork in the road**

Regarding the lines by the great New England poet laureate Robert Frost that opened this article, two paths sometimes do diverge, presenting a clear and distinct decision. But for the less fortunate who are living along the margins of the economic demilitarized zone, choices and options have a way of being far more rudimentary than poetic. I hold more with Hawthorne than Frost and am primarily concerned with transcendence in the face of an often accusing, hypocritical society. If we aren’t going to reinvest our tax dollars in urban schools, we need a cost-effective, reality-based curriculum that provides inner-city students an opportunity to thrive. Promoting resilience will likely be the next force in counseling. It is also likely to be the determining factor in the future viability of urban schools.  

---

Shannon Hodges is a licensed mental health counselor and associate professor of counseling at Niagara University. Contact him at shodges@niagara.edu.

Letters to the editor: ct@counseling.org
PSYCHOLOGICAL STUDY IS THE KEY. HANDS-ON EXPERIENCE IS WHAT TURNS IT.

MASTER'S AND DOCTORAL AREAS OF STUDY
Clinical Psychology
Counseling Psychology
Marital and Family Therapy
Forensic Psychology
Business and I/O Psychology
Applied Behavior Analysis
School Psychology
International Psychology
Organizational Leadership
Counselor Education & Supervision

OUR UNIQUE COMBINATION OF WORLD-CLASS CURRICULUM AND UNRIVALED REAL-WORLD EXPERIENCE PREPARES YOU TO

UNLOCK HUMAN POTENTIAL
• 20+ graduate programs in psychology-related fields
• Regionally accredited, not-for-profit institution
• Named to the President’s Honor Roll for Community Service

TheChicagoSchool
of Professional Psychology

Call 800.721.8072 or visit thechicagoschool.edu for more information.
Chicago | Los Angeles | Irvine, CA | Westwood, CA | Washington, DC | Online-Blended

Copyright © 2012 The Chicago School of Professional Psychology. All rights reserved.
Cultivating a social justice orientation

Few can imagine how two culturally different people — a queer Southeast Asian American woman and a heterosexual White man — found similarities in their core value of human equality and in their acts of advocacy. Our relationship was forged during class in a counseling doctoral program, beginning with mild discussions of leadership styles and moving to provocative mantras of the need to analyze White privilege. Like so many individuals looking for a place to belong, we swarmed to what was comfortable and safe. We found that safety in our desire to work to deconstruct power and privilege. Tears, anger and frustration have been part of our journey to cultivate a social justice orientation as developing counselors, as have periods of enlightenment and compassion.

We were both secure in holding the value that equality is highly important, and we agreed that this value needed to be put into action to lend consistency to our belief systems. Through the course of many provocative conversations, we challenged each other's point of view, shared personal stories to heighten each other's awareness and provided video clips and books to further each other's knowledge. In the process, we found that we had a great deal to learn. As we discussed power and privilege, we found ourselves deconstructing our own power and privilege. Although it was challenging to accept our positions of power, whether ascribed or based on our educational status, it was one of many steps in better understanding our responsibility as developing counselors. As we worked toward cultivating our social justice orientations, we also learned to find room for compassionate forgiveness and transformation. As counselors, we have a responsibility to strive for understanding and action leading toward creating a more just world.

Social justice is based on the values of equity and respect for diversity and the application of human rights in all provinces of life. We believe challenging oppressive systems is a moral imperative that empathic persons such as counselors should embrace. If we fail to value equity, diversity and human rights as counselors, then we would be doing a disservice to our profession.

The evidence demonstrating that oppressed groups suffer physical, behavioral and psychological consequences as a result of their diminished social status is clear (for example, see “Oppression of the different: Impact and treatment” by David B. Campbell in the March 2011 issue of the International Journal of Applied Psychoanalytic Studies). Many groups continue to experience adversities and inequities in American society as a result of skin pigmentation, sexual orientation, gender, religious and spiritual belief systems, or ability. The power imbalances prevalent in our society restrict choices and opportunities, foster physical and mental health disparities and profoundly invalidate many groups of people.

As a profession, it is imperative that we acknowledge the social injustices embedded in our society and engage in actions aimed at fostering social justice.

A paradigm shift in how we conceptualize counseling might be a necessary conduit to cultivating social justice advocacy. From a Westernized perspective, counseling is conceptualized from an individualistic orientation. Culturally, this individualistic orientation might not be suitable. A contextual orientation in which the focus is on the client in connection to others in relation to the broader oppressive social systems would be more appropriate.

As counselors we are agents of change for our clients in the counseling room, yet many of the problems plaguing our clients cannot be alleviated exclusively through personal counseling. It is increasingly evident that we are also in a unique position to serve as agents of change beyond the counseling room. Perhaps the most important step we all must take in cultivating an orientation toward social justice is to reflect on which systems of injustice move us to the point of engaging in advocacy efforts for other human beings.

**Literature**

Many wonderful works of literature, research and editorials share a passion for social justice. The following resources are helpful in understanding our presence in the world and the impact we can have as counselors. Although the work is challenging, it is worth it on so many levels.

- Half the Sky: Turning Oppression Into Opportunity for Women Worldwide by Nicholas D. Kristof and Sheryl WuDunn: tinyurl.com/7d3cb8

- “Harry Potter: Social Justice Theory Absorbed by a Generation” (STATIC): tinyurl.com/8874b93

- Anti-gay “junk science” (Southern Poverty Law Center): tinyurl.com/7gnf4s

- Counselors for Social Justice newsletter: tinyurl.com/7nec5j2

- Freire Institute: tinyurl.com/7q95gu

**Critical pedagogy**

Critical pedagogy includes educational practices that seek to foster development of critical consciousness. The aim is to confront and transform the oppressive social systems inherently embedded in society. The following list offers resources for learning about critical pedagogy and practices for fostering a conscientious lens.

- 21st Century Schools: tinyurl.com/6xzn5uw

- Critical Pedagogy on the Web: tinyurl.com/7a8brfk

- Rage and Hope: tinyurl.com/7u8ghg4

- The Freire Project: tinyurl.com/84r2wcd

- Critical pedagogy on PediaView: tinyurl.com/6obs6pu
Advocacy
Advocacy work is an important component of social justice counseling. There are many layers to how counselors advocate. Some of the simple acts are just as important as larger scale acts. We need to engage in advocacy work to develop insight, to build rapport and to facilitate the empowerment of our clients.

- American Counseling Association Advocacy Competencies: tinyurl.com/7dqet9
- Gay/Straight Alliance Network: tinyurl.com/7lns0u
- The Education Trust: edtrust.org
- Human Rights Campaign: hrc.org
- World Vision: worldvision.org

Training
Social justice advocacy requires the development of empathy, which precedes cultivating a sense of agency. Empathy is a core condition within the counseling profession, so it follows that counselors, already agents for change at the micro level, should use their passion to advocate for social justice. The following resources focus on empathy training and social justice advocacy training.

- Sam Richard: A radical experiment in empathy (TED talks): tinyurl.com/3dqekt9
- “Teaching empathy: A framework rooted in social cognitive neuroscience and social justice” (The Free Library): tinyurl.com/7qumoa
- Training for Change: tinyurl.com/6wqppnp
- Critical Multicultural Pavilion: tinyurl.com/655b2
- Social Justice Training Institute: sjti.org

Our hope is that you are encouraged to become passionate about social justice. It is our duty as advocates on behalf of all people to provide culturally appropriate services and to speak out against oppressive and ingrained practices and belief systems that saturate our society.

We must also remain mindful of our own privileged experiences. We should consider the assumptions that infiltrate our dialogue and policies that are inherently sexist and prejudiced. Look around and ask yourself about the privileges you have been afforded. People who wear their disadvantaged identities wherever they go do not have the option to consider race, sex, religious affiliation, weight, class and sexual orientation when they feel it is safe to do so. Denying the existence of these disadvantaged positions only serves to maintain the status quo, and by maintaining the status quo, we are perpetuating the injustice. As the saying goes, “If justice for one leads to injustice to another, then there is no justice at all.”

Find these and other links on “The Digital Psyway” companion site at digitalpsyway.net. Did we miss something? Submit your suggestions to column editor Marty Jencius at mjencius@kent.edu.

Letters to the editor: ct@counseling.org
The challenge of protecting client privacy in the electronic age

Recently, my wife, daughter and I visited the Smithsonian Institution’s National Museum of American History in Washington. In taking a history tour focused on the U.S. presidents, an exhibit about Richard Nixon stood out. On display was a metal filing cabinet that had been pried open. An explanation nearby read, “The Nixon administration established a secret-operations unit known as the Plumbers. On September 3, 1971, they broke into the office of Dr. Lewis Fielding, Daniel Ellsberg’s psychiatrist. They were looking for damaging information …”

Looking at the filing cabinet, I thought to myself, “Back then, before everything was electronic, someone could break into an office and steal a patient’s file. Today, someone can break into a database and steal millions of patient files.”

We are doomed … because data are electronic

As counselors, we care about our clients, and protecting client privacy is a priority. We make sure our offices are soundproof, we get signed permission for any personal health information (PHI) being released, we challenge subpoenas for client records and we dutifully “neither confirm nor deny” whether so-and-so is a client.

The trust we keep with our clients is sacrosanct. However, counselors today are facing a new challenge, which includes securing electronic data and communications. And although counselors are responsible (and held accountable) for securing this electronic information, the resources available to accomplish this task are inadequate.

A decade ago, people were worried about online security. Some even thought that electronic data would jeopardize people’s privacy and increase susceptibility to identity theft. They were right! Today, it is estimated that one in five persons in the United States has been a victim of identity theft.

In 2009, Microsoft CEO Steve Ballmer described the need for better cybersecurity, stating, “The president needs to use his ‘bully pulpit’ to make sure businesses and local governments are protecting their data.” Despite new legislation that penalizes companies (and clinicians) who suffer a data breach, the situation poses a dilemma for clinicians because, although penalties are securely in place, ironclad methods for ensuring security are not available.

We are doomed … because 2011 brought the worst data breaches of all time

A report from the Privacy Rights Clearinghouse notes 535 breaches in 2011 involving 30.4 million sensitive records (that’s a low estimate because many data breaches go unreported). Among the lowlights:

Sony: Sony suffered more than a dozen breaches in 2011, affecting more than 100 million customer records, including passwords. Hence, any customers who reuse their passwords are at future risk because hackers can use the stolen passwords to access these customers’ non-Sony accounts.

Sutter Physicians Services: Data from Sutter Physicians Services was breached when a thief stole a desktop computer containing about 3.3 million patients’ medical details.

Epsilon: Moderate estimates are that 60 million customer email addresses were stolen from Epsilon.

TRICARE: Medical and financial information associated with 5.1 million people was stolen from the car of a TRICARE employee. The breach has led to a $4.9 billion lawsuit.

NASDAQ: Hackers accessed a cloud-based NASDAQ system called “Director’s Desk” that facilitates boardroom-level conferences for 10,000 executives. By monitoring communications, hackers had access to valuable insider-trading information (wouldn’t you like to be a fly on the wall during those conversations?).

Some of the above breaches were the product of negligence (as in the case of unsecured data), and some were the result of sophisticated attacks. Still, both pose an important question: If Sony, NASDAQ and TRICARE can’t protect their data, how can counselors in private practice be expected to do better?

We are doomed … because of standard operating procedures

Today, a clinician can be vigilant about PHI security and still fall short. One small error — losing a flash drive, failing to log out of a program or forgetting to “blind carbon copy” an email — can lead to a serious violation of the Health Insurance Portability and Accountability Act (HIPAA).

Indeed, even standard practices are risky. For example, if a counseling practice receives an electronic fax that contains PHI, that fax is unencrypted and therefore at risk. If a client sends an email asking you to confirm his appointment time, a simple “yes” or “no” response could lead to a HIPAA violation because you are identifying the person as a patient and email communication is not encrypted. According to Anne Marie “Nancy” Wheeler, co-author of The Counselor and the Law, published by the American Counseling Association, although it isn’t illegal to use email to communicate with clients, the clinician is liable if a security breach takes place. Put simply, many of us are rolling the dice every day.

We are doomed … even if we are flawless

If you commit to never sending an email, never receiving an electronic fax and to surgically attaching your laptop to your, well, lap, therein making it impenetrable to theft, sorry … you’re still doomed:

Because we use passwords. The most common way that hackers get into protected systems is by guessing the password. (By the way, the most common
password for businesses is “Password1,” which satisfies the industry standard complexity rules — nine characters, including an uppercase letter and a number). Today, hackers can use brute-force techniques to simply cycle through all possible character combinations. Even eight-character passwords, with more than 6 quadrillion possibilities, are short work. Using a $1,500 computer built with off-the-shelf parts, it took Trustwave (a security company) just 10 hours to harvest a cache of 200,000 passwords. Also, as part of Trustwave’s “2012 Global Security Report,” the company tried to crack 2.5 million passwords. It came close, successfully cracking more than 2.1 million for the study.

What do we do? Passwords are intrinsically flawed as a security method, but they are what we have been given to protect our — and our clients’ — most private information. More advanced solutions such as biometric authentication, smart cards and one-time key generators show greater promise, but these options are all but unavailable for general consumer use.

Because even Google gets hacked!
Not even the almighty Google is safe. In March, a Russian university student hacked into Google's Chrome web browser. The good news is that this was a contest, and the student won $60,000 for the exploit. The bad news is that the hack was so good that all a user needed to do was visit an infected website using Google Chrome. Without so much as downloading a malicious plug-in, the hacker gained complete access to the victim's computer!

Such attacks occur in the real world. Moreover, a Verizon study revealed that hackers are often inside victims’ networks for months or years before being discovered. More than two-thirds of companies learn they’ve been attacked only after an external party notifies them.

We are doomed ... because of social penalties
Penalties for clinicians who fail to protect client privacy are severe. According to the U.S. Department of Health and Human Services, “As required by section 13402(e)(4) of the HITECH Act, the Secretary must post a list of breaches of unsecured protected health information affecting 500 or more individuals. These breaches are now posted in a new, more accessible format that allows users to search and sort the posted breaches. Additionally, this new format includes brief summaries of the breach cases that OCR [Office for Civil Rights] has investigated and closed, as well as the names of private practice providers …”

Simply put, if there is an attack on your system and the information of 500 or more individuals is compromised, not only do you need to notify affected clients (which needs to be done with any breach, regardless of size), your practice also gets added to the “hall of shame.” Moreover, this list is available on numerous websites across the web (see uia.net/hitech-breaches, for example).

We are doomed ... because of civil and financial penalties
The American Recovery and Reinvestment Act of 2009 has established a tiered penalty structure for HIPAA violations. For example, in cases in which an individual did not know (and by exercising reasonable diligence would not have known) that he or she violated HIPAA, there exists a potential maximum penalty of $50,000 per violation, with an annual maximum of $1.5 million (and a minimum penalty of $100). In addition, penalties get higher in instances of “reasonable cause,” “willful neglect” and when violations are not corrected.

We are doomed ... maybe
Although it might not be possible to guarantee client privacy, we can provide some security — even decent security. Here are some tips:
1) Make sure there isn’t any unsecured data on a computer in case it gets stolen.
2) Make sure passwords are at least nine characters long and include a combination of uppercase letters, lowercase letters and numbers. Never use a password for more than one account. Never store passwords on your computer.
3) Make sure any paper files are double locked when not under your direct surveillance. Never leave case files in your car or on your desk.
4) Update your computer’s operating system, web browsing programs and other programs regularly. Better yet, make sure they are all set to update automatically.
5) And finally, don’t store client records any longer than you’re required to — five years, seven years, 12 years. Whatever the rule is in your area, destroy old case files accordingly.

Good luck!

Anthony Centore is the founder of Thriveworks, a company that helps counselors get on insurance panels, find new clients and build thriving practices. Contact him at Anthony@Thriveworks.com.

Letters to the editor: ct@counseling.org
Ronald D. Siegel's *The Mindfulness Solution* provides readers with tips and tricks for establishing mindfulness in their day-to-day lives. Siegel begins this journey with a brief overview of the origins of mindfulness and then sets the stage to identify how we tend to be “mindless” in our daily lives. One recurring theme through the first half of the book is the human tendency to continually strive to minimize pain and maximize pleasure. Often times, we notice that we are a bit uncomfortable and make an immediate change to increase our comfort level, such as putting on a jacket if we suddenly feel a chill or eating a cracker the second we feel a hunger pang. Siegel reminds readers that every tangible feeling or intrapsychic emotion does not maintain forever. Whether happy or sad, exhausted or energized, the feeling is fleeting. Practicing mindfulness helps us to experience emotion and feeling in the moment and work to embrace everything — even pain. Mindfulness is not about seeking pleasure or managing pain; it is simply about being.

Most beneficial for the mindfulness beginner is this book’s ease of use. In Part I of *The Mindfulness Solution*, Siegel highlights several easy exercises that can be implemented throughout the course of daily life. Breath awareness, walking meditation, loving-kindness meditation, body scan meditation and eating meditation are all included. He also provides space to write down personal reflections after doing the exercises and highlights common reactions that others have had. Even more helpful, Siegel offers a website that provides readers with audio instructions for the meditations.

As clinicians, it is evident to us that mindfulness is becoming more and more prominent both in counseling literature and practice. For those of us with no formal training in mindfulness, this book is especially helpful. Part II of *The Mindfulness Solution* is broken into separate chapters focusing on how to use mindfulness with specific concerns such as anxiety, pain and stress-induced medical issues, relationship concerns, bad habits and aging. A workbook-like format helps readers to further reflect on their experiences and create practice plans.

Although this book was created for the layperson, it is beneficial to clinicians as well. For those of us who want to start incorporating mindfulness into our work, this resource teaches us some useful techniques. The book also can be recommended to clients who might benefit from the practice of mindfulness. And, finally, because self-care is an extremely important practice in our chosen profession, this book can be embraced as a personal resource for being mindful in our own lives.

Reviewed by Brooke Bartak, a national certified counselor and doctoral student in counselor education at the University of South Dakota.

*Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families*

Edited by Sari H. Dworkin & Mark Pope, 2012, American Counseling Association, 375 pages, $39.95 (ACA members); $54.95 (nonmembers), Order #72917, ISBN: 978-1-55620-306-0

The book’s pages are filled with material that is vital to anyone who is working (or might one day work) with this population. The chapters move beyond theoretical conceptualization of counseling issues to inside the counselors’ offices, inviting readers to be observers and participants in each of the cases. Each chapter provides a case conceptualization, the client’s presenting issues, a diagnosis, the theoretical framework the counselor is operating from, the goals and interventions used during treatment, the outcome and any critical issues that occurred. The chapters cover a wide range of subject matter, from counseling LGBT people of different ethnicities to examining how a counselor establishes high expectations for the casebook, and the content in the succeeding chapters meets those expectations. As a practitioner and volunteer counselor at a local lesbian, gay, bisexual and transgender (LGBT) community center, I rarely find practical information that assists in treating clients. This book exceeded my hopes.

Sari H. Dworkin and Mark Pope invited 41 professionals experienced in working with the LGBT population to contribute to 31 chapters, each focusing on a specific area of their expertise. The casebook is divided into four sections that examine developmental issues, relationship issues, contextual issues and wellness issues for the LGBT population. Within each section are individual chapters that offer innovative perspectives on topics such as living as a sexual minority adolescent; counseling older gay and lesbian clients; counseling a family composed of a gay dad, a straight mom and a transgender adolescent; counseling LGBT people in rural areas; and domestic violence in same-sex relationships. In combining the many voices of the contributors, Dworkin and Pope have ensured that the chapters are consistent and easy to read.

After reading the *Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families*, it is easy to state that it should serve as a valuable resource and reference tool for practitioners, counselor educators and counselors-in-training for years to come.

In the forward to the book, Colleen R. Logan, a former president of the American Counseling Association, writes, “I promise you that this book is the one book you will turn to throughout your professional career no matter if you are a seasoned scholar-practitioner or a new graduate — this is the go-to resource, bar none.” This statement establishes high expectations for the casebook, and the content in the succeeding chapters meets those expectations. As a practitioner and volunteer counselor at a local lesbian, gay, bisexual and transgender (LGBT) community center, I rarely find practical information that assists in treating clients. This book exceeded my hopes.
For those not familiar with RTI or “response to intervention,” it is about meeting the educational needs of all learners, not only those students identified in special education.

This educational model uses data-based information for decision-making and implements evidence-based practices to create an environment in which staff can meet the needs of their students and help them reach their maximum potential.

As an introduction to concepts and tools of instruction, this resource provides more than just a basic framework. It enhances understanding and should be regarded as critical reading not only for the new school counselor but for the seasoned school counselor as well. The authors are skilled in the field of RTI, and the book provides unique perspectives supported by legal and scholarly references.

For me, a benchmark in evaluating a book is not only whether I find value in it, but also whether I would recommend it to colleagues and other respected professionals. After reading the first several chapters of this resource, I began urging others to add it to their bookshelves. I will continue to do so, knowing with confidence that they will continue to use this casebook for years to come. This book proved enlightening for me, an experienced counselor who works with the LGBT population. It is not only a good addition to my bookshelf, but also a resource I will donate to community organizations to help them better understand counseling LGBT people and their families.

Reviewed by John T. Super, doctoral student and private practitioner, Florida.

Effective RTI Training and Practices: Helping School and District Teams Improve Academic Performance and Social Behavior
By Gary L. Cates, Craig Blum & Mark E. Swerdlik, 2011, Research Press, 175 pages (includes CD), $32.95, ISBN: 978-0878226481

The casebook fills the gap between what the literature says and the actual mechanics of working with LGBT clients. Rather than simply discussing theory, it gathers cases and provides instruction and training by offering practical examples that will help both new and seasoned counselors as well as counselor educators. By focusing on specialized issues and specific facets within the LGBT population, and by looking at individual cases, the book will help to educate counselors who are facing uncertainties in case conceptualization and treatment or looking for more information or perspective. It delivers the practical, how-to information that can make the difference between a good counselor and a highly effective one.

For me, a benchmark in evaluating a book is not only whether I find value in it, but also whether I would recommend it to colleagues and other respected professionals. After reading the first several chapters of this resource, I began urging others to add it to their bookshelves. I will continue to do so, knowing with confidence that they will continue to use this casebook for years to come. This book proved enlightening for me, an experienced counselor who works with the LGBT population. It is not only a good addition to my bookshelf, but also a resource I will donate to community organizations to help them better understand counseling LGBT people and their families.

Reviewed by John T. Super, doctoral student and private practitioner, Florida.

Several different teams are found in schools, including student assistance teams, instructional support teams, curriculum specialists teams, functional behavioral assessment teams and strategic planning teams, to name a few. Chapter 5 lays out in great detail the differences between problem-solving teams and other types of prereferral teams. With so many different support teams, duplication of services often results, while not all students are being served. This section identifies how different teams can work collaboratively to best offer support and service to all students so they can maximize their potential.

Chapter 6 discusses special topics such as RTI at the secondary education level. Historically, RTI has been considered an elementary initiative, but the authors show how universal design for learning with RTI can be considered and used effectively for cultural and diverse learners at any level. Throughout the book are examples of who should be involved in RTI and what the expectations are of the three tiers. The last chapter addresses important considerations to consider when implementing RTI and problem-solving strategies throughout all of the tiers.

The included CD is especially valuable, with PowerPoints ranging from an introduction to RTI to implementation. Both the Instructional Analysis Form and the Behavior Description Log are excellent tools for counselors who practice cognitive behavior therapy or utilize solution-focused brief therapy in schools. The templates on the CD also make it especially handy for counselors to provide staff members or school administrators with data-driven tools that will reach all learners and help students to be successful.

Reviewed by Diana L. Wildermuth, a school counselor in southeastern Pennsylvania and a doctoral student in educational psychology at Temple University.

Kelly Duncan is an associate professor of counseling and director of the University of South Dakota Counseling and Psychological Services Center. Contact her at Kelly.Duncan@usd.edu.

Letters to the editor: ct@counseling.org
As the publication date of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) draws closer, researchers are more closely scrutinizing the DSM-5 draft revisions. Recently, the issue of labeling grief as a mental disorder has resurfaced in professional journals and the media.

According to the DSM-IV, a client who is experiencing grief reactions to a loved one’s death — such as symptoms of daily depressed mood, trouble sleeping, loss of appetite, loss of interest in activities and trouble concentrating — cannot be diagnosed with major depressive disorder. Although these symptoms meet five of the nine criteria for a major depressive episode, within the context of bereavement, they do not warrant a clinical diagnosis. This bereavement exclusion criterion in major depressive disorder serves to help clinicians differentiate between normal grief reactions and major depression.

The DSM-5 Mood Disorder Work Group has proposed that the bereavement exclusion be eliminated from major depressive episode. This proposal has generated much debate among mental health professionals.

Recently, The Lancet, one of the most prestigious medical journals in the world, addressed the proposed elimination of the bereavement exclusion criterion in the DSM-5. As written in an editorial titled “Living with grief” that appeared in the Feb. 18 issue of the journal, “Previous DSM editions have highlighted the need to consider, and usually exclude, bereavement before diagnosis of a major depressive disorder. In the draft version of DSM-5, however, there is no such exclusion for bereavement, which means that feelings of deep sadness, loss, sleeplessness, crying, inability to concentrate, tiredness, and no appetite, which continue for more than 2 weeks after the death of a loved one, could be diagnosed as depression, rather than as a normal grief reaction.”

The bereavement exclusion criterion has existed within the major depressive episode criteria since the publication of the DSM-III in 1980. Its purpose was to differentiate individuals who are experiencing normal grief reactions to a loved one’s death — which often symptomatically resemble a major depressive episode — but would not warrant a clinical diagnosis. However, the DSM-5 Mood Disorder Work Group suggested the removal of the bereavement exclusion because, according to the DSM-5 website, “evidence does not support separation of loss of loved one from other stressors.” In other words, other stressful life events, such as an assault, serious marital problems or a divorce or breakup, might also result in normal grief reactions. Even if a client meets the criteria for a major depressive episode immediately after an assault or a relationship breakup, we do not consider the reaction normal. Rather, a diagnosis of major depressive disorder is made and appropriate treatment options are recommended. Only in the death of a loved one can a diagnosis of depression be negated.

Advocates for eliminating the bereavement exclusion state that their aim is not to pathologize grief or to suggest that the vast majority of bereaved individuals require professional help. Rather, they think that eliminating the bereavement exclusion might facilitate accurate diagnosis and appropriate treatment for those persons who need help.

Those in favor of retaining the bereavement exclusion criterion are concerned about the potential for overdiagnosing depression and medicalizing normal grief. An inaccurate diagnosis of major depressive disorder can lead to stigmatization and unnecessary treatments, often involving the use of antidepressant medications. According to The Lancet editorial, “Medicalising grief, so that treatment is legitimised routinely with antidepressants, for example, is not only dangerously simplistic, but also flawed. The evidence base for treating recently bereaved people with standard antidepressant regimens is absent.”

Most clinicians and researchers believe that for some individuals, grief can become pathological (sometimes known as “complicated” or “prolonged”) and that in such cases, a depression diagnosis is justified. In these situations, grief counseling or treatment with medications might be needed.

The debate over classifying bereavement as a mental disorder continues. The Lancet editorial sums up the issue: “Grief is not an illness; it is more usefully thought of as part of being human and a normal response to death of a loved one. Putting a timeframe on grief is inappropriate — DSM-5 and ICD-11 [The International Classification of Diseases, 11th revision] please take note. Occasionally, prolonged grief disorder or depression develops, which may need treatment, but most people who experience the death of someone they love do not need treatment by a psychiatrist or indeed by any doctor. For those who are grieving, doctors would do better to offer time, compassion, remembrance, and empathy, than pills.”

K. Dayle Jones is a licensed mental health counselor and associate professor and coordinator of the mental health counseling program at the University of Central Florida. She serves on the American Counseling Association’s DSM Task Force, which was formed to provide feedback to the American Psychiatric Association on proposed revisions to the DSM-5. Contact her at daylejones@ucf.edu.

Letters to the editor: ct@counseling.org
be innovative, be a pioneer

Doctor of Behavioral Health

Today, graduates with master’s degrees in counseling or psychology also see a glaring need in health-care: integration of behavioral and primary health care.

The Doctor of Behavioral Health program at ASU is designed for master’s-level clinicians looking for a progressive, innovative path that puts them on the forefront of 21st-century integrated care. You owe it to yourself to explore the benefits of this evidence-supported, world-class degree program:

- Only 54 credit hours needed
- No dissertation
- 100% online for your convenience
- Probable integration into your current practice

visit: behavioralhealth.asu.edu | call: 877.511.3830
When budding counselors finish their graduate programs and head out into the world with degrees in hand, they face an often complex decision — whether to specialize in a certain area of counseling in hopes of working with a particular type of client or issue or whether to serve a broad swath of clients presenting with a wide range of issues.

In an effort to explore the thought processes behind individual counselors’ decisions regarding specializing or developing a more general practice, Counseling Today contacted six members of the American Counseling Association. Each opened a window into his or her chosen professional path and offered words of wisdom for other counselors concerning career direction.

Barbara Adams is a therapist in the children’s unit at a residential treatment program in Mobile, Ala. Adams’ career has included working both with diverse and specialized client bases, as well as a hiatus during which she retired her counseling license in her home state of Oregon after having a child with special needs. Adams has re-earned her counselor license in Oregon and is working on earning her license in her current state of Alabama as well. Contact her at badams@altapointe.org.

How did you decide whether to specialize or generalize as a counselor?

Part of it was my decision, but part of it had to do with the needs of the agencies for which I worked early in my career. Like good internships, the process of being assigned particular roles in various capacities over time allowed me to try on different clinical hats. It soon became obvious where my skills were more compatible with certain specialties. This led to years of specializing, although in a couple of different categories over the decades. I enjoy the comfort of intimately knowing the specialty, serving as a resource to others and engaging in cutting-edge practice. I don’t want to be out of touch with other areas, though. I want to keep myself open in case I go back to private practice or work in other settings, since my interests are so broad. Continuing education has helped keep me abreast of other areas, as well as being willing to be flexible within the company or seeking opportunities to familiarize myself with other “hats.”

What have been the pros and cons of your choice?

People who specialize must guard against burnout. It is very easy to fall asleep at the clinical wheel when you know the ins and outs so well that you occasionally find yourself cruising on autopilot. Specializing also made me less marketable when I returned to the field overall, although it was very helpful...
when I landed my current position working with children and adolescents. On the other hand, it is fulfilling to be so intimately acquainted with a particular niche.

With diversifying [generalizing], my high-energy personality enjoyed experiencing different aspects of the field, and it gave me fresh perspective. I also learned new things that I was able to apply to other areas, and it forced me to stretch myself. A positive aspect of generalizing is that it gave me an excellent core of experience on which to base future practice, whether specializing or diversifying. I have always been able to draw on my work as a generalist, even now in my specialty. An example is remembering some of the more challenging adult clients and now, working with children, being able to better visualize what interventions might be best at earlier ages in order to prevent them from ever getting to that point.

What lessons have you learned?

With specializing, I learned that it is important to follow your passion in practice. If you are drawn to and wind up doing what you enjoy, you are a more effective counselor, and those to whom you provide services are the real winners. You are never throwing anything away by changing specialties or crossing over into diversifying, since the very things that make you an expert in one role can often be applied in other ways in other areas.

In diversifying, I've learned so many wonderful tricks of the trade that I could have missed had I been focused on specializing. Working more generally is almost a specialty in and of itself. It demands flexibility, creativity and comfort with change. With both specializing and diversifying, solid clinical skills and ethics are a must. If these are well-established, one can do well in either capacity.

What advice would you offer to other counselors considering whether to specialize or generalize?

Counselor, know thyself! It is important to be able to assess your own skills and interests, to have a feel for what you might like — or not. Be acquainted with your personal beliefs and how your experiences have shaped you. These can help or hinder, and it's important to be open to try new things. Counselors should list their goals for their career. For instance, if publishing a book or lecturing/teaching are goals, specializing would be important in order to be an authority on a subject. Those with a goal of private practice would do well to diversify. Read as much as you can about either path. Join a focus group online. Talk to other counselors in areas you might be interested in. Set up interviews or shadow them for a day. It will light your fire or send you packing, but either way, you’ll be a step closer to knowing what you want to do.

Lastly, fear no failure. Both specialization and diversification foster personal and professional growth through their respective experiences and will make you a better counselor either way. Both are critical to the success of the profession. You can never go wrong if you follow your passion because this is where you will put your best energy — a win-win. And passions can change. This makes us richer and provides us with more to offer the profession and those we serve.

Is generalizing or specializing more often a matter of choice or situation?

In my experience, it is usually dictated more by location and situation. Graduate internships in some areas may be limited to either more diverse or specialized settings; likewise for jobs in mental health. In today’s economy, it can also be dictated by a student’s or practitioner’s financial ability to pursue [his or her] preferred area. I have seen colleagues “settle” for an advanced degree in an area that wasn't quite what they wanted to do or for a job they needed simply because of geographical or financial convenience. That being said, I believe there are always choices. If one is intent on pursuing [his or her] true passion, barriers tend to melt away, and we find those pathways.

Looking back, would you recommend that others follow your path?

Starting with generalization exposes us to a broad array of experiences in the counseling field. This helps us as professionals to gain insight into our clinical preferences — a valuable tool to carry into the future of one’s career. I believe there are risks associated with starting with specialization. Namely, possibly limiting oneself in the field. Even if you know where your passion to serve lies, you will ultimately be better in your area of expertise if you can fall back on experiences, both positive and negative, in generalizing. There is something to be said for well-roundedness and what it can contribute to specializing.
Tamara Suttle is a counselor in private practice in Castle Rock, Colo. In private practice since 1991, she now splits her time between clinical counseling work and consulting with mental health professionals who are seeking to build their own practices. Contact her at tamara@tamarasuttle.com.

How did you go about making the decision to branch out from your own counseling work to help other counselors grow their practices?

When I relocated to Colorado from Texas and started over at 40-something, I realized that I knew an awful lot more than I did the first time around, and my clinical practice grew quickly and easily. As I met colleagues in the area, I repeatedly heard narratives of struggle and hopelessness. I started looking around and realized there wasn’t anyone out there helping counselors to build strong and vibrant practices by emphasizing their strengths. Although there are a few others who can be found online now that focus on building practices, at the time I couldn’t find anyone doing this work for our field.

What lessons have you learned along the way worth sharing with other counselors?

- That old adage about “find your passion and the money will follow” is true.
- Counselors with the strongest practices diversify their incomes.
- Out-of-the-box thinking always trumps the “tried and true” when it comes to marketing.
- The F-word is fear, and it can leave you cold and hungry.
- Finding your courage is imperative in building a practice.
- There are many right ways, not one right way, to build a private practice.

What do you see as the difference between specializing and having a niche?

Niching is a marketing tactic, and specializing can be both a marketing and clinical tactic. Neither restricts the variety of clients you work with. Nevertheless, most counselors do, I think, resist niching and specializing. I think we’re back to the “F-word.” For new counselors, they are often fearful of missing a potential client, so they think they need to tell folks that they “do it all.” More seasoned therapists often find it difficult to change their marketing strategies — how they describe their work, where they focus their work, etc. And that, too, often boils down to fear.

By choosing to specialize in an area, a counselor has learned about a specific subject matter in depth and has become competent in working with that particular issue or population. It’s possible to specialize in more than one area. And, in fact, I believe that this is exactly what seasoned therapists do. We develop bodies of knowledge, experience and competence — not just interests — in specific areas. One of the benefits of developing specializations is that counselors are then able to make fewer mistakes because they have that depth of knowledge. Specializing supports risk management. And, of course, another benefit to specializing is that you have more options for nicheing your practice, which is related to how and where you market your practice rather than to whom and where you choose to focus your actual daily work.

Do you anticipate continuing down this path in the future?

I will continue working with counselors and allied health professionals in this niche. It feeds my spirit and balances out my clinical work. It’s about giving back to the field and mentoring new professionals. There are lots of counselor educators and institutions contributing to the clinical end of our field, but there are very few that are speaking to the business needs of clinicians. To continue feeding the clinical needs but neglecting the business needs is not serving our field in the long run. We absolutely need strong clinicians, but we also need business-savvy clinicians who can build and sustain their businesses as CEOs of solo practices, nonprofit agencies and for-profit institutions.

Can generalizing as a counselor be effective as well?

Absolutely! And, how I practice is a generalized practice with a wide variety of clients. However, it’s important to remember that generalizing is not an effective marketing strategy. Generalizing is what most of us practice. It’s not how most of us get to be remarkable or memorable [though], and these two things are key to building a practice today.

Marketing research shows that we are a “boutique” society. We purchase our products and services for their uniqueness — think niche. Those of us on the providing end of services know that we do many things rather than one thing. However, our clients — think consumer — want to believe our services are special and unique to their needs. Thus the need to niche your practice [marketing-wise].
How do you market the clinical side of your work?

Among other things, I carve out time on my calendar every week to address marketing. I set goals. I meet new potential referrals sources every week. I follow up with current/old referral sources every week. I check in with my clients to make sure I’m doing a good job and to learn how I can improve my services. I create new “projects” that will use my skills in different ways. I look for opportunities to do public speaking and training. I look for opportunities to collaborate with colleagues on projects. I never go anywhere without business cards, and I pass them out liberally. And I am active on social media and actively network online around the country, always building relationships. Bottom line, I look for opportunities to meet people, be helpful, become a resource and build relationships with people. No one refers to a stranger. This is what counselors are trained to do, and most of us do it well. Unfortunately, most of us do not realize that it’s also necessary to run a business, especially one as personal and intimate as ours is.

What advice would you offer a counselor wanting to specialize?

When I work with therapists-in-training on how to build a private practice, I talk a lot about the importance of specializing. I take them through an exercise to help them brainstorm the stepping-stones and turning points in their lives, their interests and passions, and their mentors and teachers. By doing this, I help them “float up” some of the areas [in which] they may already be gathering special bodies of knowledge. If you are a counselor who is also a child of an alcoholic or a transgender woman who has experienced the journey of transitioning, you have lived experiences that can contribute to specializations in those areas.

Of course, that lived experience alone is not sufficient to declare a specialization in those areas. Formal training and consultation is also necessary to specializing. I tell my consulting clients that it’s never too early to begin that training if you know you want to specialize in an area. Even in graduate school, you have the opportunity to take electives and choose particular tracks of training. If you know you want to specialize in play therapy, take those classes as early and often as you can.

Daniel J. Weigel is an associate professor of counseling at Southeastern Oklahoma State University. Weigel has worked in very rural areas where he served a wide range of clients. Both as a graduate student and as a counselor educator, he also researched the topic of general versus specialty counseling. Contact him at dweigel@se.edu.

What led you to work as a generalist counselor?

I ended up working as a generalist counselor due primarily to my upbringing in a rural city in South Dakota. My entire life, I have been educated, lived and worked in rural parts of the country. This is part of my personality. I have always been a rural person, despite my willingness to travel and work in many different states. And since so many rural parts of the country have such a shortage of mental health professionals, I did not have the option of specializing in a particular area. Rural areas are predominantly served by community mental health centers rather than specialty clinics. Fortunately for me, I found generalist counseling to be quite rewarding and a natural fit for my personality and professional counseling career aspirations.

What lessons have you learned from your work and your research?

I have learned several lessons in my work as a generalist counselor and supervisor. The first lesson has to do with ambiguity tolerance. Specifically, those who work as generalists face many ambiguities in their work because client populations and issues differ dramatically from one day to the next. If a counselor’s personality type is not one that allows for tolerance of these daily uncertainties, he or she will struggle.

Hand in hand with this ambiguity is an increased demand for counselor

---

**Recovery from Grief Is Possible. Learn How to Help.**

**The Grief Recovery Method® Certification Training**

<table>
<thead>
<tr>
<th>2012</th>
<th>JULY</th>
</tr>
</thead>
<tbody>
<tr>
<td>JUNE</td>
<td>AUGUST</td>
</tr>
<tr>
<td>8–11 Omaha, NE</td>
<td>10–13 Juneau, AK</td>
</tr>
<tr>
<td>8–11 New Orleans, LA</td>
<td>10–13 Cleveland, OH</td>
</tr>
<tr>
<td>22–25 Chicago, IL</td>
<td>24–27 San Diego, CA</td>
</tr>
<tr>
<td>22–25 San Francisco, CA</td>
<td>24–27 Richmond, VA</td>
</tr>
<tr>
<td>AUGUST</td>
<td>SEPTEMBER</td>
</tr>
<tr>
<td>10–13 Juneau, AK</td>
<td>7–10 Atlanta, GA</td>
</tr>
<tr>
<td>24–27 San Diego, CA</td>
<td>7–10 Phoenix, AZ</td>
</tr>
<tr>
<td>24–27 Richmond, VA</td>
<td>21–24 Chicago, IL</td>
</tr>
</tbody>
</table>

**4-Day Training • 30 CEU Hours • Maximum 15 Participants**

Tuition $1995 (Early Registration Discount $200)

For more information or to register

Call 800-334-7606
www.griefrecoverymethod.com

---

Recovery from Grief Is Possible. Learn How to Help.
independence and responsibility. This is especially true when it comes to the unique demands of crisis management due to a lack of providers and referral sources to address around-the-clock mental health emergencies in rural shortage areas. Generalist counselors must know their limits and set their own boundaries. Issues of counselor competency are forefront in this regard.

In one research study I conducted, I examined the differences between rural and urban counseling. A surprising discovery was made. Specifically, when asked questions regarding a counselor’s willingness to provide counseling despite feeling “unqualified” or “not fully competent,” rural generalist counselors were significantly more likely to provide counseling services anyway due to a limited referral base. The struggle between client abandonment and stretching one’s definition of personal competence is a very difficult path to traverse for many counselors. Managing dual or multiple relationships amid the isolation of rural generalist practice also showed stunningly significant differences between rural and urban counselors. Such challenges related to managing unavoidable dual relationships due to lack of referral options, seeing clients in the community outside of work and client privacy amid community gossip.

Based on these findings, it is clear that generalist counselors have to be astute in following ethical and legal guidelines, seek supervision and consultation regularly throughout their careers and take special care to prevent burnout. Self-care for counselors in any setting is highly important. However, generalist counselors appear to need a carefully planned program of self-care due to the unique challenges of their work, such as isolation, crisis work, fewer colleagues with whom to consult, etc.

What are the pros and cons you see attached to generalist practice as a counselor?

The pro of diversifying is that your job is always changing, which provides opportunities for more flexibility, freedom and responsibility than specialization. Some counselors thrive in this work environment; others dread it. The cons of generalist counseling involve freedom and responsibility — also mentioned as pros — which require personality traits that accommodate increased levels of independence and ambiguity tolerance.

How should other counselors go about choosing between generalizing and specializing?

As a counselor educator, I encourage my students to complete their practicum and internship experiences in a variety of settings. I also encourage my students to complete a portion of their internships in a rural community mental health center. These recommendations help counselors-in-training find the client populations and/or issues with which they feel most comfortable providing treatment.

Looking back, is there anything you would do differently?

Yes and no. Fortunately, I recognized my personality style prior to completing my internship and post-master’s hours. I found generalist counseling to be a good fit for me. I also saw great turnover in my colleagues who worked in the same setting. I knew I wanted to eventually become a counselor educator at a rural university. Fortuitously, things seemed to fall into place for me in both job settings — as a counselor and as an educator.

One thing, however, I would do differently in my work as a rural generalist counselor is to set up a better self-care system and network. I would spell out self-care strategies and follow them religiously. I would set up a network of peers also working as generalists for regular consultation meetings even if it would require miles of travel.

Lastly, I also learned to take time off for mental health days when needed. I know it sounds cliché, but I’ll say it here: Counselors cannot help others if they are not taking care of themselves. Burnout leads to impairment, and impairment leads to client harm.

Is there always a choice in generalizing versus specializing?

Most often it is a choice, as long as a person has geographic mobility. Counselors often end up working at the sites in which they have completed their internships. However, counselors who live in rural areas often have limited opportunities to specialize. In my case, I worked in a part of Colorado that was considered so rural that the U.S. Census considered it “frontier.” By accepting this job, I had no choice but to serve a very diverse client population. Specializing was out of the question. It was, however, my choice to take this job — a decision that was based on my recognized personality preferences.

Andi Edelman is a vocational rehabilitation counselor and licensed professional counselor who transitioned from a specialty working with individuals with disabilities to working in private practice with all manner of clients interested in career development. Contact her at aedelmancc@comcast.net.

What figured into your decision to move from working with a specific client population to working with a wider variety of clients?

Early in my career, I liked the idea of assisting individuals with disabilities with identifying and achieving successful life outcomes. I ended up working primarily with adolescents and young adults with disabilities, helping them come to terms with their disabilities and learn how to identify and capitalize on their strengths. Focusing on transition to secondary education and to the world of work, much time was spent on helping them develop their employability skills, learn about work, [assess their] expectations, explore occupations, etc. As my career progressed, the age of the individuals with whom I worked became more diverse, but it was still focused on individuals with disabilities.

I realized that my counseling was applicable to anyone, with or without a disability. The steps one takes to identify abilities, interests, strengths, limitations,
Help Your Clients Work Learning Into Life
THE CENTER FOR PROFESSIONAL DEVELOPMENT AT EXCELSIOR COLLEGE

Here is great piece of advice that can make a tangible difference in someone’s future: The Center for Professional Development at Excelsior College, offering the education and skills needed to advance in a current job or start a new career. And like the degree programs at Excelsior College, the Center’s non-credit programs are designed to provide a first-rate online learning experience for adult students.

At the Center, there are over 150 non-credit programs in today’s fastest-growing career fields: business administration, health care, project management, investigative science, sustainable energy, computer technology, and much more. No waiting for a semester to begin; every course is available when the student is ready—no matter where in the world that student might be.

Our Campus Is Wherever You Are—Virtually Everywhere.

WWW.EXCELSIOR.EDU/CPD

May 2012 | Counseling Today | 31
learning style, preferences [and so on] are basically the same. For people with disabilities, there was the additional consideration of the disability and how it impacted them, necessitating additional discussion, helping them understand rights and laws that protect them, and learning about accommodations that could be put in place to enable success. When I decided to go into private practice, I made the decision to offer services to everyone — all ages, with or without disabilities — because my skills were applicable to all. I was hoping for a greater variety in individuals and the type of assistance sought.

What were the pros and cons of your switch?

I don’t think there were any cons for my diversifying. There is a need for people to specialize and really become experts in what they do, to know it intimately, because there are many folks who require specialized guidance. Diversifying does not take away your specialty. It just adds to the breadth of whom you serve and attracts a greater pool of individuals. I have found that many individuals with whom I work — those who aren’t seeking disability-related expertise — actually do have different learning styles [and] exhibit signs of attention deficit disorder, have chronic illnesses, depression, mental health issues, etc., but don’t consider themselves “disabled.” For those people, my knowledge about disability, disability resources and accommodations is an added benefit. The biggest pro for me is it has increased my network and engaged me on a broader level.

Moving from diversifying to specializing or vice versa moves you out of your comfort zone and stretches you in many ways. To me, that’s a pro. For others, it could be a big con. Also, depending on what you do, you may need different certifications, and different education and training might be required. Your professional support networks may change and can become more restricted, which could be a pro or a con, or may widen — again, this could be a pro or a con, depending on the person.

What lessons have you learned along this path?

When I was just providing disability-related services, the pool of individuals with whom I worked was smaller — both the individuals I counseled, as well as the professionals with whom I interacted. To me, in retrospect, being specialized was limiting. To meet the needs of the population I worked with, I spent most of my time pursuing continuing education and training focused on disability, keeping up with resources, technology, services and programs that could benefit my clients and my ability to provide them with the best service I could. If and when I had time, I kept up with the larger piece of counseling, theories, programs [and so on], but my focus was more narrow than broad.

When I made the decision to diversify, I made the conscious decision to increase my scope of reading, resources and course offerings, and I also expanded my professional network beyond those focusing on disability issues. As I broadened my reach, I found that I was excited by the variety of people, techniques and resources I was accessing. I met terrific people whose thoughts and ideas were a valuable addition to my thinking and my work, and I found greater satisfaction in my work. I think broadening my scope makes me a better, more well-rounded counselor.

What should other counselors consider when deciding between serving a specialized client base or a general client base?

I would recommend that they consider where their comfort level is and how they want to utilize their skills and abilities. Sometimes people want to excel in one area only, and that’s fine. Sometimes people want to excel in a broader context. Any and all of it is fine and productive. It boils down to personal preference.

If they specialize and want to diversify, it is important to objectively consider the skills that transcend any population and what you can offer. It’s important to identify any education and training needs that might be unmet to meet the needs of a more diversified client base. Marketing is another consideration, as is strategically broadening their professional/peer network. Also, I think it’s important to consider the population for whom you want to provide services, where you will find the target population and if there is a need for your services.

Do you think you possess a counseling niche?

When I specialized in working with individuals with disabilities, I would say that could have been considered my niche. That is what I wanted people to know, and that is what I marketed. Now that I am broader, I don’t believe I have a niche other than providing career counseling to individuals in need of assistance. But on my website, I do mention my specialization of being a certified rehabilitation counselor and a licensed professional counselor and my having experience in working with people with disabilities. I no longer market that, however. My reach is broader, my networks are broader, my referral sources are broader. I have done extensive outreach to social workers, psychologists, psychiatrists, counselors and other professionals, as well as to broad organizations, to identify referral sources for my clients as well as market myself to them. That said, I did include people, services and organizations that specifically provide assistance to individuals with disabilities, but that was because I wanted to be inclusive and capture the broadest group possible, not because of my specialization.

Grace Bell is a counselor in private practice in Seattle. Her work with clients focuses primarily on the Work of Byron Katie. Contact her at gracebell@comcast.net.

Give a brief description of the Work of Byron Katie.

The Work of Byron Katie is a modality of self-inquiry somewhat like the Socratic method of inquiry. People use it in the therapeutic process as a tool for change. It is simple in that there are actually only four questions, and then the final piece is finding what is called the “tumarounds.” The very
first step is identifying painful or stressful concepts, in writing. Examples of painful beliefs that people have when they come to counseling include the following:

- He shouldn’t have left me.
- I had a terrible childhood.
- I will never get over the trauma I experienced.
- I need more money.
- She is too critical.

These concepts are basically judgments, beliefs or sayings that we’re telling ourselves that produce grief, rage, fear, sadness or any kind of stress whatsoever. This questioning process known as The Work stops this first painful experience going through our minds and investigates it very carefully.

The four questions, which Byron Katie organized in about 1986, are Is it true?; Can you absolutely know that it’s true?; How do you react, what happens, when you believe this thought?; and Who would you be without the thought?

Then you turn your painful concept around. So, “He shouldn’t have left me” becomes the opposite: “He should have left me.” The client thinks about this and finds some examples of how this is true also. Then there is another turnaround where the client trades places with the person they are feeling badly about — “I shouldn’t have left him” — and finally, there is a third turnaround all to the self — “I shouldn’t have left myself.”

How did you find this work and come to specialize in it?

Byron Katie is an odd name, but she’s actually a woman who is nearly 70 who lives in Ojai, Calif., and teaches her work to thousands of people each year. I became interested in her work when I attended her nine-day School for The Work in Los Angeles seven years ago. I found it to be one of the most profound workshops I had ever done in my life, absolutely life-changing, and I am not easily swayed by teachers, gurus or inspirational speakers. I decided that as a practicing general part-time counselor at the time in private practice who often worked with clients with eating disorders, I wanted very much to bring this model to them.

How do you attract clients to this specialty?

I find clients by building an email list, spreading the word through Facebook groups and my professional and personal Facebook pages, tweeting, being on LinkedIn and sending out a daily post/blog called Grace Notes about living with these questions. I also teach a lot of local workshops and print fliers for those, and I get clients and participants through word of mouth.

Have there been pros and cons to your choice?

The pros are that I get paid well by people worldwide who already have read Katie’s book or know The Work and have had success using it. The method really cuts to the chase for personal issues with others and in a greater, spiritual sense. Another pro is that I can offer groups and classes and workshops in this method, and people sign up from all over the place, traveling from fairly far distances to attend. They may not know who I am or have only a referral for me, but they know they want to do The Work. The cons are that people usually need to read Katie’s book Loving What Is or have some kind of contact with The Work in order to get it and want it.

Emelyn Kim is a counselor who specializes in gerontological counseling. She provides counseling to family caregivers of older adults in Hawaii, in addition to working in the continuing education department at her local community college. Contact her at eme@eccehawaii.com.
How did you end up specializing in this area of counseling?

I had worked as a case manager for older adults at the Hawaii State Department of Health, as a senior program specialist developing wellness education for Blue Cross insurance members 55 years and older and as a coordinator of a new case management program for family caregivers of elders at a large nonprofit agency. In my work with family caregivers, I found that they needed help relating to and communicating with their older relatives. This nonprofit agency wanted untrained case managers to offer counseling to their clients, but I did not feel qualified as their supervisor to provide counseling. After two years of developing and implementing this program, I felt it was time to learn more about the counseling field. Getting my master’s in gerontological counseling in 2006 meant progress because I would improve on the counseling I was doing intuitively. It felt like a natural step to take in my career.

What lessons have you learned along the way?

I learned that I had to believe in myself and trust that I would be able to handle going back to school at age 55. Making this decision at any age is a commitment and requires you to be passionate about your specialty area. If you are uncertain or ambivalent about going into a counseling specialty, you may not find it rewarding or even interesting. The pros are that many caregivers and elders are unable to pay for counseling services because they are on a limited income and health insurance does not reimburse for this specialty. Usually, the adult children who care for their parents do not understand or value having a counselor assist them in overcoming the many obstacles that occur when providing 24/7 care. They are so focused on the physical and medical needs of their frail elders that they tend to neglect their own physical and mental health.

Looking back, is there anything you would do differently?

In hindsight, I should have talked to counselors already in private practice. I could have gotten more practical tips on what to do or not do in establishing a private practice. Marketing my counseling business has been difficult, as I was not comfortable promoting myself.

Where do you see the future taking you?

I anticipate doing more education of both family and professional caregivers and hope to expand to the neighbor islands. I would like to offer both individual counseling and educational seminars to informal and paid caregivers of older adults. There is a need to increase public awareness of caregiver stress and the potential for elder abuse. I think that creating partnerships with other businesses and nonprofit agencies can help to spread this message.

Is there always a choice concerning whether to specialize or generalize, or is the decision often dictated by a person’s situation?

I believe that counselors always have a choice to specialize or diversify. By not choosing, the counselor allows the situation to dictate the choice. If you don’t like the situation, you should look at what you can control to make a change in the situation, or perhaps it just takes a shift in your perception of it. Either way, counselors should feel they have a choice and not allow anyone or the situation to say that they have none. The key is to know what you want, believe in it, and then you will see your path. Believing is seeing — not the other way around.

Do you feel you have developed a niche that you tailor your marketing to?

I agree that specializing in a certain area of counseling is a little different than niching. In the beginning, I didn’t realize that and promoted my counseling services to those organizations I already knew in my aging network. I found some resistance among older adults to accepting counseling because they consider it as psychotherapy for mental illness and say they are not crazy. I tend to agree that the medical model of looking for disease does not fit with caring for older adults. I narrowed my target market to the adult children of older adults and found my niche there.

Because I work mostly at the community college, my practice is limited to part-time hours. I offer flexibility to accommodate caregivers. Usually, I meet clients at their homes in the evenings and on weekends. I can rent a meeting room for those occasions when a formal group meeting of family members of the elder person is needed.

Now I’m actively marketing or promoting my counseling services to those agencies that deal with caregivers of older adults. At the nonprofit agency where I had developed the case management program, I offer to do family counseling at a discounted rate, and their case managers apply to a funding source, a third-party grant, to pay for my fee. I also advise and mentor their case managers on a pro bono basis to help them deal with difficult cases.

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

Letters to the editor: ctt@counseling.org
Article: Specialist, generalist or niche provider?

Learning Objectives: Reading this article will help you:
1) Understand how six experienced counselors chose their professional path.
2) Navigate your career direction in terms of developing a specialization or a more general practice.

Continuing Education Examination

1) According to Barbara Adams, counselors who specialize must guard against:
   a) Burnout
   b) Limiting their “marketability”
   c) Being less effective counselors
   d) Both A and B

2) Some best practices offered by counselors in the article were:
   a) Know thyself! Be acquainted with your personal belief system and how work experiences have shaped your career.
   b) If working as a generalist, be willing to develop “ambiguity tolerance” or acceptance that generalized work can be uncertain because client populations and issues differ dramatically from one day to the next.
   c) Consider how you want to utilize your skills and abilities when deciding between serving a specialized or a general client base.
   d) All of the above

3) According to the counselors interviewed, what are some pros of generalizing clinical practice?
   a) Your job is consistent and typically stays the same.
   b) It adds to the breadth of whom you can serve and attracts a greater pool of clients.
   c) It allows for increased opportunities for networking and engagement with other professionals.
   d) It requires less training and certifications.
   e) Both B and C

4) The work of Byron Katie is a modality of self-inquiry that consists of four questions. These questions are: Is it true?; Can you absolutely know that it's true?; How do you react, what happens, when you believe this thought?; and Who would you be without the thought? ______ True ______ False

I certify that I have completed this test without receiving any help. Signature ___________________________ Date ____________

Rate the following:
Strongly agree Agree No opinion Disagree Strongly disagree
5 4 3 2 1
I learned something I can apply in my current work
The information was well presented
Fulfillment of stated Learning Objectives were met
This offering met my expectations

Profession:
______ Alcoholism & Drug Abuse Counselor
______ Counselor
______ Counselor Educator
______ Psychologist
______ Social Worker
______ Student
______ Other

Complete the test online at http://learning.counseling.org
You will be able to pay online and download your CE certificate immediately!

Mail: Complete the test and mail (with payment payable to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Your CE certificate will be emailed, unless noted otherwise, in 2–3 weeks. Questions? 800-347-6647, x306.

READ Counseling Today, TAKE the CT Learning Test, EARN Continuing Education Credit

Please print clearly
Name: _____________________________________________________
ACA Member Number ________________________________________
Zip: _______________________________________________________
Phone: _____________________________________________________
Email: _____________________________________________________

Total amount enclosed or to be charged ? $20.00 member ? $30.00 non-member
Check/money order (payable to ACA in U.S. funds)
Card #: ______________________________
CVC Code: __  __ __  __ Exp. Date: _______________________
(AmEx, 4 digits above card number; VISA, MC, Dis., 3 digits by signature line)
Cardholder’s Name: ___________________________________________
Authorized Signature: _________________________________________
According to the Centers for Disease Control and Prevention, obesity now affects 17 percent of U.S. children and adolescents, which adds up to roughly 12.5 million kids. Since 1980, obesity prevalence among this group has almost tripled. Among children and adolescents ages 2 to 19, being overweight translates to a body-mass index (BMI) at or above the 85th percentile and lower than the 95th percentile for children of the same age and sex, while obesity signifies a BMI at or above the 95th percentile.

Mandy Perryman, coordinator of the counselor education program at Lynchburg College in Virginia, calls childhood obesity the No. 1 physical and mental health concern facing kids today. “We know about the physical damage, how kids are not expected to outlive their parents and other statistics, but these kids are suffering from more social isolation, more depression and more anxiety than other kids,” says Perryman, a member of the American Counseling Association who has been studying the topic for close to a decade.

In fact, the emotional side of childhood obesity can trap young people in a vicious circle. As Perryman explains, kids who are experiencing emotional vulnerabilities, including isolation and depression, sometimes end up eating more in an effort to cope. This can lead to them becoming even more isolated and sedentary and increase their risk of facing potential weight issues. “[And] when they become overweight,” Perryman says, “then those same issues become compounded.” Perryman became interested in the topic of childhood obesity while earning her doctorate at the University of New Mexico. She explored the relationship between parents’ weight-related perceptions and behaviors and their children’s body image and composition for her dissertation, and she has continued researching the topic of childhood obesity ever since.

Although physicians and nutritionists are perhaps more visible when it comes to addressing childhood obesity, Perryman contends that counselors can and should play a vital role as well. That’s because there is no better profession to understand and champion the family — especially from a wellness perspective — than counseling, Perryman says.

The original catalyst for a family appearing in a counselor’s office might be one child struggling with obesity, but helping the entire family achieve better health is often the main thrust of the counseling process, Perryman says. “The counselor can relate with the family and give a different perspective based on the wellness model,” she says. “We’re not looking at the deficits. We’re looking to enhance what the family can do.”

Ginny Gross, a counselor in private practice in Greenville, S.C., who...
specializes in weight-related disorders, says her young clients are often brought to her by concerned parents or referred to her by doctors or school counselors. Although an overweight or obese child might be her official client, she agrees with Perryman that the best counseling solution is to work with the entire family. In fact, Gross prefers to take a holistic approach that aims for lifestyle changes and includes working with others even beyond the parents. “I work with the children, their families, their doctors and a registered dietitian,” says Gross, a member of ACA. “It is important to find a qualified registered dietitian who is educated about eating disorders in order to help the child and parents learn about healthy lifestyle changes rather than ‘dieting’ techniques.” (Gross clarifies that she does not view obesity itself as an eating disorder. However, she says, many clients who are obese also struggle with eating disorders.) “Also, teachers can be incorporated into the mix if bullying or ADHD [attention deficit/hyperactivity disorder] are involved. It is important that the child’s pediatrician is involved in treatment to manage medications, to make sure labs and blood work are in a healthy range and to ensure they are not suggesting diet pills or a diet for the child.”

Working with parents of overweight or obese children sometimes focuses on highlighting the messages parents might be sending to their children, Gross says. For example, she says, negative messages about food or restrictive eating rules may only serve to fuel the child’s struggle with weight. Gross includes the parents in almost every session she has with an obese child. Sometimes, she also works alone with the parents.

Gross strongly advises parents against putting their children on diets. “This instills low self-confidence and decreases self-esteem to a lower point than it probably already is before the diet,” she says. “Also, teaching children dieting behaviors increases the chance of disordered eating, and research shows that diets and disordered eating often lead to diagnosable eating disorders. Even more so, it teaches children yo-yo dieting behavior from a young age. Research has found that yo-yo dieting leads to metabolic syndrome, diabetes, heart disease and even obesity.”

Perryman also contends that diets are the absolute wrong approach to take with overweight or obese children. Even for adults, she adds, diets don’t lead to lasting change. What will lead to lasting change, she says, is helping kids and families focus not just on doing something differently but thinking about it differently. Diets mean restricting yourself until you just can’t refrain anymore, Perryman says. And when you do give in, you feel guilt and shame, which might lead to more overeating. “You have to change [clients’] thinking and do some cognitive restructuring if you want the behavioral changes to last,” she says.

The work a counselor does with families might include talking about preparing and cooking meals together, eating together and exercising together, Perryman says. Gross adds that research has shown that eating together as a family decreases the chances of disordered eating and eating disorders. As explained by Perryman, disordered eating is when
people use food for reasons other than nourishment, including attempts to numb themselves from pain or buffer themselves from interacting with others.

Also worth covering with the family of an obese child is how the family likes to celebrate, Perryman says. If celebrations usually focus on unhealthy food, talk with family members about how they can change some of those habits but still feel rewarded. “If a cupcake is special to me and then you substitute a carrot, it won’t work,” she says. “You have to come up with what will work with the family to feel like it’s a good exchange.” Perryman also suggests counselors explain to parents that labeling certain foods “off-limits” can actually backfire and how enforcing that mindset isn’t healthy.

Gross concurs. “I advise counselors to work with parents as much as possible on teaching children how to have a healthy relationship with food,” she says. “For example, foods should not be labeled as ‘good’ or ‘bad.’ All types of food should be allowed in the house and kept in the pantry, because when foods are restricted from anyone, the reward value increases in the brain for that food. So, when the child is exposed to that [restricted] food, they want it even more and it has more meaning.”

When meeting in session alone with parents, a counselor can also inform them that weight gain is a normal part of development, especially during puberty. Perryman says. She finds it surprising how many parents are unaware of that fact and how often weight gain during this period can lead parents to put their children on a diet. Perryman adds that the counselor might then also open up that conversation with the child and his or her parents in a session in an effort to help normalize what the child is experiencing.

Another point of discussion when meeting with parents alone is how these parents feel about themselves and talk about themselves in front of their children. Perryman says. For example, a child might begin nitpicking the way she looks if she absorbs and then mimics that behavior from her mother, Perryman explains. “We’re quick to focus on our appearance, but we need to reinforce for children that we’re proud of their values and their efforts and their accomplishments,” she says. “When we compliment them on the person they are, it takes the power away from everything being based on appearance.”

A positive approach

In addition to working with the family on healthy eating habits and increasing physical activity levels, Gross and Perryman say counselors can use cognitive behavior therapy to help a child struggling with weight issues. Weight loss often focuses on eating and exercising behaviors, Perryman says, but adding the cognitive piece helps to create lasting change for the child and family.

Gross views the counselor’s role as assisting the child to feel less isolated, develop stronger self-esteem, gain greater body acceptance and also learn to become aware of and cope with overeating triggers.

Perryman suggests having children carry a pocket-size mirror with them. If they start feeling low, Perryman says they can take it out, look into it and tell themselves something positive they’ve learned about themselves in counseling.

Taking a positive approach in working with overweight and obese children and their families is key, Perryman says. “We know that dieting children is the...
Introducing…
APA’S FIRST MOBILE APP FOR CLINICIANS!

PsycEssentials Mobile App
A Pocket Resource for Mental Health Practitioners
Putting Evidence-Based Clinical Wisdom
and Experience at Your Fingertips

This new mobile app includes the full text of the new APA book PsycEssentials: A Pocket Resource for Mental Health Practitioners, by Janet L. Sonne. Logically organized to follow the progression of treatment, from initial assessment through termination, both the print version of this comprehensive guide and the mobile app provide quick and easy access to resources and answers to questions regarding:

• Guidance for finding the right assessment tool
• Step-by-step checklists for initial assessment and diagnosis
• Quick reference tables for pharmacotherapies, including dosages, side effects, and warnings
• National and state-by-state referral resources for reporting abuse
• “Duty to Protect” legal standards by state
• and much more!

In addition to the full text of the PsycEssentials book, the mobile app features:

• Intuitive searches
• Live hyperlinks to online resources
• Easy-access “Favorites”
• Personalized notes

Download a limited free trial version at Google Play (Android), or the full version at the iTunes Store or Google Play for just $39.99. Free trial version not available at the iTunes Store. PsycEssentials is also available as a spiral-bound book or Amazon Kindle® e-book.

www.apa.org/pubs/books

AMERICAN PSYCHOLOGICAL ASSOCIATION
ACA is seeking proposals for:
Pre-Conference Learning Institutes: March 20–21, 2013
Education Sessions: March 22–24, 2013

ACA is seeking advanced programs in all areas.

Timeline:
April 2, 2012: Online proposal site opens
June 6, 2012: Proposal Submission Deadline (5 p.m., ET)
August 8, 2012: Acceptance/rejection notices emailed
October 31, 2012: Scheduling notices emailed

Submission Deadline:
June 6, 2012 (5 p.m., ET)
Visit counseling.org/conference for additional information.

Note: The primary presenter must be an ACA member. All Education Session presenters must be registered for the Conference by January 2, 2013.
absolute worst thing we can do,” she says. “Restriction isn't good for anyone, and fear is not a long-term motivator.” Counselors should take their approach from the wellness model, she says, with families encouraged to build on the strengths they already possess and to continue moving toward better health.

Perryman and Gross say although it is beneficial to have a basic knowledge of nutrition, counselors do not need to be specially trained in nutrition to work with obese children and their families. “However,” Gross says, “it is helpful to be knowledgeable about the non-diet approach to weight stabilization and what types of food children should be consuming and [to know about] not cutting out any of the food groups.”

“It is highly important for counselors to make sure children are eating all of their meals and never skipping meals, even if they do not feel hungry, and eating breakfast daily,” Gross continues. “Many children on stimulants for ADHD have suppressed appetites and do not want to eat or feel sick when they eat on their medications, but it is very important for parents and teachers to monitor these children’s eating patterns to make sure they eat an adequate amount of food. If a person doesn't eat breakfast, their metabolism doesn't get jump-started to where it needs to be for the day, and then they are more likely to overeat at lunch. Also, if a person skips meals or restricts food, not only does their metabolism decrease, their body goes into what we call ‘survival mode,’ which means our bodies are preserving energy and not burning energy because of a lack of intake of energy.”

Gross contends that although childhood obesity is a situation deserving of attention by counselors and society as a whole, we also need to be careful about the wording we use as a society. “We throw around the word epidemic lightly,” she says. “By talking about what a big problem [obesity] is, it can make kids feel bad. It can give them guilt and shame and make them feel there is something wrong with them.”

Although Gross says it’s worth working with children and families on changing thoughts and behaviors related to eating and exercise, and also acknowledges that environment can play a big part in a child’s struggles with obesity, she points to research showing that 50 to 70 percent of weight is genetically determined. That means certain children will have a larger uphill battle against weight gain than other children, and Gross wants counselors and society as a whole to be mindful of making a child feel at fault for being overweight.

Perryman agrees that nothing is wrong with the character of a child who is obese and says society needs to be careful not to make these children feel bad. In that same vein, when working with these children and their families, Perryman says, counselors should avoid applying labels and instead focus on empowering families and children to obtain better health.

However, Perryman acknowledges, on a societal level, childhood obesity is a problem — one she says shouldn’t be sugarcoated or downplayed because then it won’t get the attention it requires. Counselors should advocate to bring more attention to the topic, she says, because the more attention it receives, the more potential there is for change in what’s being served in school lunches, in keeping physical education classes intact even during budget cuts and in offering better nutritional options at lower prices nationwide. “If you can feed a family of four on a bucket of fried chicken but you can’t buy a healthy alternative for the same amount,” she says, “then you can’t sustain change.”
ACA 2012 Conference & Expo

Keynote Speakers
Irvin Yalom and Craig Windham
ACA 2012 Conference & Expo

Celebrating ACA’s 60th Anniversary
ACA 2012 Conference & Expo

Exhibit Hall Activities & Book Signings
ACA 2012 Conference & Expo

Programming and Networking
Awards Ceremony
and
Diamond Jubilee Gala
ACA 2012 Conference & Expo

Opening Celebration
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. Jane E. Myers, a professor in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro, was inducted as an ACA Fellow in 2005. She was the recipient of the ACA Research Award in 2004 and the ACA Extended Research Award in 2005. Myers is the author of numerous articles and books, primarily focusing on the topics of wellness, developmental counseling and therapy, and counseling older adults.

Kitty Cole Human Rights Award

This award honors an ACA member who has made significant contributions in one or more areas of the broad spectrum of human rights. Rita Chi-Ying Chung, a professor at George Mason University’s Counseling and Development Program, co-authored the book *Counseling Refugees: A Psychosocial Approach to Innovative Multicultural Interventions* and has written more than 70 journal articles and book chapters on immigrant and refugee mental health and psychosocial adjustment as well as cross-cultural issues in psychology and counseling. Chung has been involved in two Counselors Without Borders projects, is a consultant for Save the Children UK, conducting training for Save the Children staff, and has examined issues of child protection and child trafficking in Myanmar (Burma). She was invited to present at the United Nations on cultural perspectives on child trafficking, human rights and social justice.

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. Brandé Flamez, a professor at Walden University, is a counselor at the Antonio E. Garcia Center and supervises the LEAD (Life Enhancement and Academic Direction) program designed to provide services to students who are at risk for school problems and involvement in problem behaviors. This summer she will travel to Tanzania to work with local teachers and Catholic priests. Currently, she is raising money to provide medication support to the psychiatric wing of the local hospital and gathering donations to give to the orphanages of Tanzania.

Glen E. Hubele National Graduate Student Award

This award honors a graduate-degree candidate in the field of counseling, guidance and human development. Stephanie Tursic Burns is a licensed professional counselor in Ohio and a national certified counselor who is a partner in the private counseling practice Seneca Counseling & Psychological Services LLC. She is an adjunct professor at Heidelberg University in the Graduate Studies in Counseling Program and is also a doctoral candidate in counseling and human development at Kent State University, where she also earned her master’s in community counseling. She served as president of the Kappa Sigma Upsilon chapter of Chi Sigma Iota from 2009-2010, as a CSI Fellow from 2009-2010 and was a Leadership Academy IV member of the National Career Development Association from 2009-2010.

ACA Student Ethics Competition

The purpose of the ACA Ethics Committee’s 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.

Master’s-level winning teams


Second place: Webster University. Team members: Arti A. Dautenhahn, Stephanie J. Dautenhahn and Mary K. Goslin. Faculty: Ben G. Shriver

Third place: Boise State University. Team members: Liz Finn, Kristin Fehrer, Lucas M. Stalder and Lauwrina Lingelbach. Faculty: April A. Schottelkorb

Honorable mention: California State University, San Bernardino. Team members: Doungchit M. Sakoonphong, Daisy Hernandez, Melissa M. Jones and Claudia E. Esqueda. Faculty: Susan J. Brotherton

Doctoral-level winning teams

First place: University of New Orleans. Team members: Kristen N. Dickens, Amanda E. Johns, Bonnie C. King and Candace N. Park. Faculty: Barbara Herlihy


Third place: North Carolina State University. Team members: Heather A. Warfield, Megan H. Tajlili and Stephen Kennedy. Faculty: Stanley B. Baker

Honorable mention: University of Akron. Team members: Jessica A. Headley, Mike Polnik and Elonda Underwood. Faculty: Varunee Faii Sanggananavanich

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. Caroline O’Hara is a doctoral student in counselor education and practice at Georgia State University. She is both a licensed professional counselor and a national certified counselor. For the 2011-2012 academic year, O’Hara is serving as a Chi Sigma Iota Leadership Fellow and intern and is president of the Chi Epsilon Chapter of CSI. She is an ally trainer for Safe Zone and an active member of the local chapter of Counselors for Social Justice. O’Hara has published and presented in the areas of identity development, social justice counseling, sexual and gender diversity, counseling supervision and advocacy (both client and professional).

ACA Research Award

This award honors outstanding original research involving systematic inquiry or investigation. This year’s award was given to Richard J. Hazler and JoLynn V. Carney for their article “The relations between bullying exposures in middle childhood, anxiety and adrenocortical activity,” which appeared in the April 2010 issue of the Journal of School Violence.

Hazler is a professor of counselor education at Pennsylvania State University. He is known for his work in the areas of bullying, youth violence and humanistic approaches to counseling. He is the author of Breaking the Cycle of Violence: Interventions for Bullying and Victimization and Helping in the Hallways: Expanding Your Influence Potential, among others. His current research focuses on how biosocial factors influence and result from school-related stress and trauma.

Carney is associate professor of counselor education in the Penn State Department of Educational Psychology, Counseling and Special Education. She has been a trustee on a number of boards of directors that service at-risk youth and works closely with local school districts. Her research and publishing focus on intervention/prevention aspects of youth violence and adolescent suicide. A significant focus is on the psychophysiological influence of chronic bullying on youth.

Best Practice Award

This award recognizes best practice research projects. Richard S. Balkin is an associate professor and coordinator of the addictions program in the Department of Counseling and Educational Psychology at Texas A&M University-Corpus Christi. His research, “Assessing Factors in Adolescent Adjustment as Precursors to Recidivism in Court-Referred Youth,” is a collaborative study related to best practices in addressing the likelihood of reoffending for at-risk youth. The implications of this research might be beneficial to counselors who work with adjudicated youth in identifying adolescents early in treatment who may be more or less likely to reoffend. Addressing issues of empathy, anger...
management and impulse control could be beneficial for clients identified as being prone to developing conduct disorders.

**ACA Federal Legislative Service Award**

U.S. Sen. Ron Wyden of Oregon is the lead sponsor of the Seniors Mental Health Access Improvement Act of 2011, which would establish Medicare reimbursement for outpatient mental health services provided by licensed professional counselors. He is a member of the Senate Finance Committee, which has jurisdiction over Medicare issues in the Senate. Wyden has served in the Senate since 1996 and has a long history of advocacy on behalf of older Americans.

**Carl D. Perkins Government Relations Award**

This award honors an ACA member who has made a significant contribution to the counseling profession by influencing public policy at the state or national level. Janet E. Wall has worked at the federal, state and school district levels in the areas of assessment, evaluation and career development. Her work has spanned the public and private sectors from the pre-K level through executive development. As the appointed representative of ACA to the Joint Committee on Testing Practices, she has been the chair and a member of the group that produced the *Code of Fair Testing Practices in Education*, the *ABC’s of School Testing* video and leaders guide, *Rights and Responsibilities of Test Takers* and a book on assessment of individuals with disabilities. She also led the development of the ASVAB Career Exploration Program for the Department of Defense.

**Counselor Educator Advocacy Award**

This award is presented to an ACA member involved in legislative advocacy training and development. Victoria E. Kress, as a two-term member of Ohio’s state counseling licensing/regulatory board, is uniquely qualified to educate her students on the topic of legislative advocacy. She actively integrates professional and legislative advocacy into all of her courses and developed a course on the topic of advocacy. Kress started the Association for Counselor Education and Supervision’s Advocacy Interest Network and has taken leadership around the development of a curriculum packet that provides counselor educators and supervisors with curriculum materials and ideas on teaching students to advocate. She is the president-elect of Chi Sigma Iota and is using this platform to educate students about advocacy. Kress has developed 20 publications and presentations on the topic of advocacy, most of which involved students and focused on how to help them become advocates.

**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. Annette P. Bohannon has more than 22 years of experience combined as a special education teacher, counselor, assistant professor, program coordinator and education specialist. Her primary experience in the counseling profession has been in public school counseling. Bohannon serves on the ACA Governing Council as the representative for the Southern Region and as the National Government and Professional Relations co-chair for the Alabama School Counselor Association. She has also served as president-elect, president, past president, secretary and treasurer for both the Alabama Counseling Association and the Alabama School Counselor Association. In the Southern Region, Bohannon has served as chair-elect, chair, past chair and secretary/treasurer.

**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. Courtland C. Lee is a professor and director of the Counselor Education Program at the University of Maryland. He is the author, editor or co-editor of five books on multicultural counseling, two books on counseling and social justice, and three books on counseling African American males. He is the president of the International Association for Counselling and is the sole American to be honored as a Fellow of the British Association for Counselling and Psychotherapy. Lee is a Fellow and past president of ACA, a past president of the Association for Multicultural Counseling and Development and a past president of Chi Sigma Iota. He is also
a charter member of CSI’s Academy of Leaders for Excellence. A former teacher and school counselor, Lee has served as an educational consultant both in the United States and abroad.

**David K. Brooks Jr. Distinguished Mentor Award**

This award recognizes the invaluable influence of a professional mentor and salutes the ACA member whose actions adhere to this special type of teaching that David Brooks supported throughout his career. Jane E. Myers, professor of counselor education at the University of North Carolina at Greensboro, is a Fellow of ACA and Chi Sigma Iota’s Academy of Leaders for Excellence. She is a past president of ACA and two ACA divisions, a past president of Chi Sigma Iota International and past chair of the Council for Accreditation of Counseling and Related Educational Programs. She has chaired 40 doctoral dissertations, and her mentees are among the most prolific scholars and leaders in the profession. Many have gone on to become counselor education program chairs or ACA division presidents, and two have served as president of CSI.

**2012 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, governance or teaching and training. This year, the following ACA members achieved Fellow status:

John R. Culbreth is a professor in the Department of Counseling at the University of North Carolina at Charlotte. He is a CACREP site team member and team chair and has also served as a member of the CACREP Board of Directors (2002-2008) and as the board’s chair (2005-2008). Culbreth has also served on the ACA Governing Council as the representative for the International Association of Addictions and Offender Counselors. He has published numerous articles, books and book chapters in the areas of clinical supervision, the development of clinical supervisors and the professional development of counselors in the United States and other parts of the world.

Gary G. Gintner is an associate professor at Louisiana State University, where he serves as coordinator of the counselor education program. He is a licensed professional counselor and supervisor and has been a leader in providing post-Katrina brief trauma counseling. Gintner’s unique contributions to the counseling profession include extensive scholarship through publications and presentations on diagnosis and treatment, substance abuse, motivational interviewing and revisions to the *Diagnostic and Statistical Manual of Mental Disorders*. He also has provided professional development as a national workshop presenter for ACA. Gintner is a past president of the American Mental Health Counselors Association and chair of the Louisiana Counseling Association’s political action committee.

Daya Singh Sandhu is a distinguished professor of research and former chair of the University of Louisville Department of Educational and Counseling Psychology. In addition to more than 50 refereed journal articles and 60 book chapters, he has authored or edited 12 books. Sandhu has received several distinguished awards, including the Fulbright Senior Research Scholar Award, the Fulbright Senior Specialist Award and the Fulbright-Nehru Senior Research Award. He currently serves on the editorial boards of several professional journals. He has also served on the CACREP Executive Board for five years and is currently serving a term on the Kentucky Board of Licensed Professional Clinical Counselors. Sandhu is the founding executive director of the Association of Mental Health Counsellors in India.

Carmen F. Salazar is among the strongest voices for multicultural awareness and social justice within ACA. She has produced more than 90 examples of related scholarly activity, including two books, a monograph and a special double issue of an ACA journal. She has served on the executive boards of two ACA divisions and on the editorial boards of ACA publications plus three ACA division journals for a combined 20 years.
Salazar advocates for social justice in ways that make her ideas acceptable to others. Her passion for increasing counselors’ sensitivity to cultural awareness is eclipsed only by her dedication to mentoring her students.

**Rebecca L. Toporek** is an associate professor and coordinator of the career counseling specialization in the Department of Counseling at San Francisco State University. She has been active as an author, editorial board member and reviewer for ACA books and journals and is the founding and acting co-editor of the Counselors for Social Justice journal. Her work is perhaps most visible in the ACA Advocacy Competencies adopted by the ACA Governing Council in 2003 and as co-author of *Operationalizing the Multicultural Competencies*, a document that has been used consistently on the ACA website to facilitate counselors and counseling educators in implementing the multicultural competencies.

**Mark E. Young** is professor of counselor education at the University of Central Florida (UCF) and coordinator of the marriage and family therapy program. He is the co-founder of the Marriage and Family Research Institute at UCF, which provides couples counseling and relationship education to low-income couples. He is the author of the widely used techniques book *Learning the Art of Helping* and is the co-author of *Counseling and Therapy for Couples and Counseling Today* (an introduction to counseling textbook). He is president of the Association for Spiritual, Ethical and Religious Values in Counseling and has served as president of several state counseling organizations.

**Don Dinkmeyer**

**Social Interest Award**

This award recognizes an ACA member or organization that has made a significant contribution to the counseling field in support of families and family members. **Andrew P. Daire** is an associate professor in counselor education at the University of Central Florida (UCF) and co-founded the UCF Marriage and Family Research Institute in 2003. He has served as executive director for the institute, securing more than $12 million in grant funding to research and provide relationship services to low- and moderate-income couples and individuals. Daire has also supported couples and families through his work on the Texas Healthy Marriage Research Advisory Group, the National Healthy Marriage Resource Center and with the Kenya Association for Professional Counselors, where he has trained more than 75 marriage and family therapists in Nairobi and Mombasa, Kenya.

**ACA State Branch Advocacy Award**

This award recognizes a state counseling organization for excellence in legislative advocacy efforts. Effective state counseling organization legislative efforts require collaboration, energy and cooperation on the part of the organization’s leaders and members. The American Counseling Association of New York (ACA-NY) has worked diligently to serve counselors living and working in New York state since becoming active as a new organization in March 2011. ACA-NY represents counselors of all specialty areas and is a direct extension of ACA, providing state-level services that complement those services provided by ACA. ACA-NY offered regional networking opportunities at various locations several times in the past year and also facilitated grassroots advocacy efforts and provided its members free continuing education opportunities. In less than a year, ACA-NY developed an organizational structure and governance documents, held a meeting at the 2011 ACA Conference in New Orleans, held a meeting in Albany, N.Y., held several phone conferences, sent participants to the ACA Institute for Leadership Training, planned dual kickoff events in Rochester and New York City, and planned January/February 2012 meetings in Buffalo, Syracuse, Plattsburgh and Long Island. ACA-NY is also in the process of planning an advocacy trip to Albany in the fall.

**ACA Branch Awards**

**Midwest Region Branch Award Winners**

**Region Chair: Christopher P. Roseman**

**Best Leadership Development Project Award:** The Oklahoma Counseling Association is recognized for its Summer Leadership Conferences. As a direct outcome of these conferences, OCA has founded two new divisions and developed specific graduate student initiatives. These efforts have resulted in increased membership in OCA and recognition in the state.

**Best Innovative Practice Award:** ACA of Missouri developed the ACAdeMY Scholar Program within the state branch. This program is a professional “brain trust” and is composed of members who provide expertise and leadership through writing articles, developing podcasts, giving presentations and running workshops.

**North Atlantic Region Branch Award Winners**

**Region Chair: Holly Branthoover**

**Best Leadership Development Project Award:** The District of Columbia Counseling Association’s Graduate
Counseling Leadership Program is a mentoring program for graduate counseling students in the Washington metropolitan area. Results are achieved through an informational presentation given to the university about DCCA, its programs and how to become a member. After students become members, DCCA offers them the opportunity to serve as their school’s liaison; participate, host and lead DCCA programs; and earn hours for internship for their participation and attendance in DCCA programs.

**Best Innovative Practice Award:**
The Maine Counseling Association offers four hours of professional ethics training at the annual MeCA conference. Deborah Drew and Jeri Stevens, counselor educators with expertise in professional ethics and standards of practice, conduct the trainings. The trainings offer opportunities for MeCA members to update ethical practice and strengthen professional identity in all practice settings relative to national and state trends. Planning and evaluation is conducted through the MeCA Conference Committee and Executive Board. The project has led to plans for a standing ethics committee and furthering methods of networking.

**Southern Region Branch Award Winners**
Region Chair: Tammy Romines

**Best Leadership Development Project Award:**
The Mississippi Counseling Association Emerging Leader Institute was designed to train counselors who aspire to hold leadership roles within the organization. The three-day training consisted of sessions tailored for emerging leaders. It included orientation and provided information regarding historical, organizational and programmatic structure within MCA. During this time, emerging leaders set personal and professional goals. Emerging leaders were also included in many institute activities, including the Executive Board meeting, which helped to introduce them to one of the intricate decision-making aspects of the organization. Because of its overwhelming success and rave reviews, the Emerging Leader Institute will become an annual event.

**Best Innovative Practice Award:**
The Texas Counseling Association Online Learning Series 100 provides all TCA members — but especially those in remote parts of Texas — the opportunity to access free, high-quality and practical professional development without traveling. Leveraging grant funds from the Texas Education Agency and the expertise of TCA members, the association created four modules and seven webinars that have helped more than 300 school counselors implement effective college and career readiness programs for students at every level of their educational journey.

**Western Region Branch Winner**
Region Chair: Paul Fornell

**Best Innovative Practice Award:**
The Idaho Counseling Association’s Human Rights Committee educated counselors and the general public on human rights issues faced in the community, with a focus on trauma. ICA hosted four evenings of volunteer service projects throughout the year. At its annual conference, an “empty plate” was reserved for the Agency for New Americans, a dessert hour featured a slide show of service project pictures, and a preconference Learning Institute focused on the ACA Advocacy Competencies, working with refugees, historical trauma and spirituality.

Winners of the ACA Foundation’s Gerald and Marianne Corey Graduate Student Essay Competition and the Ross Trust Graduate Student Essay for Future School Counselors were also recognized at the ACA National Awards Ceremony. The Corey Graduate Student Competition winners and their essays are included in this issue beginning on page 66. The Ross Trust winners and their essays will appear in the June issue of Counseling Today.

**Follow Counseling Today on Twitter**
@ACA_CTOline
African Americans are a complex cultural group. Although considered to be one culture, many cultural differences exist within this group. That same statement could be applied to any culture, but it is African Americans who have one of the most historically oppressive pasts and who continue to face numerous microaggressions along the lines of colorism, sexism and classism.

African Americans must continually strive for perfection in a society that holds onto policies and systems originally developed to keep them from crossing the invisible line of success. Yet, African Americans have been successful. One of the greatest successes of our time is the election of Barack Obama as president of the United States — at least this is what I continue to hear today, right after the statement that racism no longer exists. Those who assert that racism no longer exists may believe that Martin Luther King Jr.'s hopes and dreams finally have been realized — that children of color are now judged on the content of their character and not by the color of their skin.

This belief that racial inequality no longer exists is untrue. In fact, it continues to permeate every aspect of our lives. Indeed, one of the largest American institutions in which racial inequality exists and thrives today is our educational system. This is evidenced by the achievement gap, a phenomenon in which Black boys and girls continue to lag behind their White and Asian counterparts in academics.

Parental involvement

When viewing educational inequality, I argue that inequalities also exist when it comes to inviting and encouraging the involvement of African American parents. Parental involvement is a proven technique in helping children mitigate barriers to academic success, and with the achievement gap still in existence, many school stakeholders have banked on parental involvement to bridge this gap. However, the bulk of research and literature on African American parents continues to depict them as uninvolved in their children's education.

Parental involvement has been studied extensively in the literature, and it is considered an evidence-based practice, especially when using models such as the Epstein Model of Parental Involvement or the Hoover-Dempsey Model of Parental Involvement. But when looking through a school lens, African Americans are viewed as uninvolved in their children's education, especially in comparison with White parents.

Because I am an African American mother, this conundrum holds great interest for me. Why do African American parents continue to remain distant from the schools? Is it true that we are not involved? The schools with which I get the chance to interact continue to preach parental involvement as a practice in helping to reduce the achievement gap or as a way to help meet the needs of their school populations. But the notion of parental “uninvolvement” as it relates to African American parents remains a theme across K-12 educational systems.

In my work, I often hear that African American parents are not involved in their children's education. Even I — an African American mother, a former school counselor and now a counselor educator — am deemed uninvolved in my child's education. When viewed through one lens, this is true — I do not volunteer in school, I do not donate money for various funds, I am not a part of the PTA, I do not chaperone my child's field trips, nor do I help out in the classrooms. For all intents and purposes, I am an "uninvolved" parent. Despite this perception, I feel I am a very involved parent. This discrepancy, among other factors, has led to my current research interests concerning parental involvement of African American and Latino families.

Although the overall parental involvement literature depicts uninvolvement by African Americans, the research using solely African American participants tells a different story. To summarize this literature, African Americans are involved in their children's education in a variety of ways, but their involvement centers more on home- or community-based activities — activities that schools might not recognize as parental involvement. Further, African Americans typically do not hold leadership roles in the schools, which may further alienate these families from...
involvement in more school-based activities and can also limit the voice of African American parents. Could it be that African American uninvolvement actually stems from the lack of voice that African Americans have in the schools, which in turn leads to less presence in the schools? This question led me to conduct a qualitative study of parental involvement with African American mothers.

‘Unsilencing’ the voices of Black mothers

Using a focus group of 16 African American mothers of elementary and middle school students from an urban-suburban school district, I asked questions centered around parental involvement, including “How are you involved in your child’s education?” and “How do you define and demonstrate parental involvement?” I also asked questions relating to the achievement gap, such as “What do you know about the achievement gap?” and “How can we eliminate the achievement gap?” Because I am a counselor educator of school counselors, I also asked these mothers what they perceived the role of the school counselor to be in helping increase the academic achievement of African American students.

Because of my own personal experiences with the education system, I chose to work only with African American mothers in this focus group, and the framework of Black Feminist Thought, by Patricia Hill Collins, was used to guide the study. Black feminist thought is a critical social theory built on the premise that although Black women have knowledge and a voice, oppression continues to silence their voices. In my study, I argue that although current models of parental involvement are indeed effective in understanding and increasing parental involvement, the voices of Black women, as a whole, continue to remain unheard. My study was designed as a way to “unsilence” the voices of Black mothers.

Findings from my study demonstrate that African American parents are involved in their children’s education but also reveal several factors related to why this involvement is more active at home than it is in the schools. First, as shown in the literature, a fundamental lack of trust continues to exist. The mothers in my study did not feel that the teachers and schools had their best interests at heart. They also did not feel welcomed in the schools. No one in the study could speak to experiencing any overt actions or comments to validate these perceptions; instead, they said it was a gut reaction that began when they walked into the schools. Basically, the African American moms felt the welcomes and greetings they received were different — more reserved and less cordial — than those given to the White moms. The moms in my focus group also felt the teachers were less open with them, that they did not receive the same type of communication or, as one mother stated, “the inside scoop.” According to one mother, although her child’s school was excellent about sending home correspondence, some parents received information that was not made available to all parents. The only way she found out about this was through conversations with different mothers.

Second, the moms felt that their children’s schools did not want their input and did not value their contributions, which left them with the impression that they were not really wanted in the schools. Mothers from one school said that although their elementary school espoused the need for more parents to come out and run for leadership roles, they believed this was insincere rhetoric.

These same mothers commented that they were not invited to be room mothers, to run for parent advocacy boards or to plan grade-level outings. Instead they were sent general invitations to volunteer for menial tasks such as setting up for or cleaning up after events, bringing food, stuffing envelopes and counting papers — all tasks that anyone could do. When they asked other mothers (meaning White mothers) how they happened to be involved with grading homework or serving on the school advisory board, these mothers said the teachers had approached them personally. The entire group of African American mothers in this study felt insulted and slighted because personal invitations such as these had never been extended to them.

Other results showed that the African American mothers in the focus group understood the achievement gap but believed it was a problem experienced only by those families living in poverty. Interestingly, the mothers in my group were all highly educated, financially stable, very articulate and well-dressed. I add this to point out that my focus group was not composed of a population of parents that usually has difficulties being a part of the school. But here, in the safe environment...
of this group, 16 African American mothers, all with bachelor's degrees or higher and fairly affluent, acknowledged feeling devalued and cast aside by those put in charge of educating their children. These mothers, all with academically and emotionally successful kids, did not feel welcomed in their children's schools, nor did they trust the schools to educate their children.

So what does this mean for school counselors? The mothers in this study said school counselors should take a more proactive role in helping African American children and their families and in advocating for equality in the schools. These mothers want someone on their side — someone on the “inside” who can fight for them and their children — and they thought school counselors could take on that role.

**Advocacy strategies that build trust**

Taking this and other research to practice, I teach my students to advocate not just for African Americans, but for all underserved populations. Because advocacy can take many forms and the needs of different populations can vary, school counselors should first provide a forum for parents to voice their opinions on happenings in the school. This forum needs to take place in a safe and confidential environment and with similar cultural groups. When I talk about this with my students, they are resistant to this idea and question the need to have separate groups. I explain that having separate groups at this point can foster more open communication, allowing those voices that are normally silenced to be unsilenced. Such groups can also cultivate a sense of trust and camaraderie that might not happen otherwise. Out of these forums, an advisory board could be developed that includes at least two parents from each cultural group represented in the school.

School counselors should also work in conjunction with cultural brokers. Cultural brokers are minority individuals who are part of the culture and who can serve as a bridge to assist the school in understanding the family culture, while also helping the family to understand the school culture. Cultural brokers may also possess insight into community resources that families can use. In working with a cultural broker, school counselors can begin to go out into the community and garner the trust and respect of families who are deemed to be uninvolved in the schools.

This is an important aspect and a much-needed first step in working with African American parents. Parents might not come into the schools, but that should not prevent school staff — counselors, teachers or administrators — from venturing into the community. Indeed, when applying a historical lens, African American parental school involvement was very high during segregation. The school staff lived in the same community as the children they taught and worshipped at the same churches where these families attended. Only after segregation did school staff stop being a part of the communities in which they taught. Although I do not believe that we must all live in the same communities where we teach, I do believe that community involvement moves us one step closer to parental involvement because it facilitates the fundamental level of trust that largely seems to be missing today.

One way to meet new parents and begin building trust is to engage with the parents of transitioning students — those first entering kindergarten, middle school or high school. Schools typically hold open houses for these parents, and school counselors generally set up a booth and wait for parents to approach them to ask questions. School counselors should be more proactive and involved at these meetings, going to the parents, introducing themselves and starting conversations. Handing out questionnaires that ask parents to discuss any concerns or issues they might have may be a good start as well. Follow-up is also important. One parent in my group mentioned that she does not advocate because “nothing will ever change.” It is important that the school staff attempts to address the issues of parents who do respond and voice their concerns. This will demonstrate to parents that 1) you did listen, 2) you care about their issues and 3) you will follow through.

School counselors can also host focus group meetings with parents to uncover their concerns about the school and then use that information to propose systemic changes. In these meetings, school counselors are also modeling how families can advocate for themselves. Indeed, the mothers in my research group mentioned the need for advocacy but lacked a clear vision of what that might look like in the schools. Likewise, in my yearlong research with 20 Latina mothers, they also voiced the need for advocacy but also lacked a clear conceptualization of what advocacy looks like in the schools. As school counselors, teaching parents how to advocate for themselves could entail showing them how to draft petitions, how to communicate with school stakeholders about their concerns or even how to research and write an argument. This is important because we want parents to be empowered rather than to rely on someone else to advocate for them.

**What would you do for your child?**

Feedback from my students and other professional school counselors concerning these suggestions has been lukewarm at best. I have been told that advocacy strategies sound good in theory, but in practice, they could never be implemented in the schools. As school counselors, they have no time, no support and a myriad of other duties that must be completed just to keep the day-to-day operations of the counseling department up and running. Although I hate to admit it, eight years have passed since I last worked in a public school, and I wonder if I am too far removed from actual practice. But I am reminded that the people who develop and implement the policies and procedures of schools might be resistant to change, especially if that change does not have a direct link to educational outcomes, such as implementing a new program that focuses on math and literacy achievement. I also remind myself that when good things happen in schools, it is because a major change occurred, such as implementing a new way of overcoming systemic inequalities and opening the doors to success for all students. So, when I hear the number of reasons that school counselors cannot participate in more advocacy and leadership roles, I ask them one question: If your only option was to send your child to one particular school but your child’s needs were not being met, what would you do?

Advocacy is one of our most difficult duties as school counselors, especially when our jobs and livelihoods are on the line. Even if we do not feel we can advocate on behalf of others, we still need to teach and empower the parents with
whom we work to advocate on behalf of their children. In school systems, parents have power and they have a voice. Typically, the parents who use that voice have the most power. We need to teach those who are traditionally underserved, including African American, Latino and low socioeconomic status families, how to properly raise their voices and advocate on behalf of their children.

Advocacy is not something that should be done independently, however. Parents need to come together and work in unity. I have conducted research with a majority White rural sample of parents, a Black urban and suburban sample of parents, and a Latina suburban sample of parents. They all have the same perceptions and the same issues and problems with the schools — namely, a lack of trust in the schools and a lack of communication and acceptance from the schools. These groups of parents all say they want to advocate for their children but that nothing ever changes. But they choose to fight separately and to stay within their own cultural groups. This makes it easier for those in charge to look at the problem in isolation and to conclude that the concern is isolated to the African American population, for example, and doesn’t affect the school population as a whole. I wonder what might happen if all parents came together and raised their voices as one.
Seven tips for working effectively with parents

Working directly with parents can be either terribly frustrating or exceptionally gratifying. Many counselors initially feel both fear and frustration at the prospect of counseling parents. That was certainly the case for me. I not only felt intimidated, but I also held several negative beliefs about parents that adversely affected my ability to work with them effectively.

Fortunately, experience helps. I was able to develop more positive attitudes and expectations about parents. I hope the following tips will help you experience more gratification and less frustration as you provide professional counseling services to parents.

Tip 1: As is also true with multicultural counseling, developing self-awareness helps. Two self-awareness issues are crucial. First, self-reflection and collegial discussion can assist you in identifying negative, stereotypical or unhelpful attitudes or expectations that you might hold concerning parents. Second, it’s especially important to know your personal and professional parenting buttons … because parents will inadvertently or intentionally push them.

To borrow and twist the title of an old Art Linkletter and Bill Cosby TV show, sometimes parents say the darnedest things. For example, parents have told me:

- “I got spanked as a kid and I turned out OK.”
- “I’ve taught my 6-month-old to speak in complete sentences and to defend himself using martial arts.”
- “You’re just a stupid-ass counselor who doesn’t know anything about living in the real world.”

Self-awareness can give you a better chance at managing potentially unhelpful reactions to these darn things parents say. Often the best response is to listen closely and respond with empathy to deeper meaning or feelings. Examples of how to respond to the preceding statements from parents include:

- You really want your child to turn out OK too.
- It’s important to you to prepare your child for the world.
- You’re not sure I’ll be able to relate to you and your situation.
- Underneath their defensiveness and hostility, parents usually feel scrutinized and vulnerable. This is why empathic and active listening is essential.

Tip 2: Knowing the popular parenting literature can help establish your credibility. Most of us studied textbooks on child development, psychopathology and brain science as part of our professional training, but parents are more likely to ask about parenting books than textbooks on developmental theory. Parents will appreciate it if you know what terms like tiger parenting and the Ferber method mean. They’ll also notice and value your knowledge of popular or classic parenting books. For example, when sibling rivalry issues arise, if you can tell the opening story from Adele Faber and Elaine Mazlish’s Sibling Without Rivalry, you’ll simultaneously be engaging with, showing empathy for, teaching and establishing credibility with parents.

Tip 3: Remember that empathy and acceptance should precede education. This is a big challenge because as counselors, we can be especially eager and excited about sharing positive parenting information with clients. To address this, you should try to practice — as much as possible — Marsha Linehan’s concept of radical acceptance. A radical acceptance mantra sounds something like this: “I accept you as you are and am committed to helping you change for the better.” Practicing radical acceptance can help because it emphasizes acceptance as a precursor to change. And if you don’t hold your tongue and demonstrate empathy and respect, parents are likely to tune out all the excellent information you have to share with them.

Tip 4: Be direct, honest and collaborative. If a parent asks whether you have children or whether you’ve worked with parents like them, always answer the question directly and honestly. There’s no need to rationalize, justify or equivocate to prove yourself. After you’ve answered the question directly and honestly, gently paraphrase the parent’s underlying concern. You might say something like: “No, I don’t have children. And I can totally see why you’d ask. Underneath your question I hear concern about whether I can really understand your situation and whether I can be of help. All I can say is that I hope you’ll give me a chance. Of course, you’ll be the best judge of whether I’m helpful or not.”

Handling parent questions directly and honestly will nearly always allay parent concerns about your competence — at least temporarily. If not, your best strategy is to offer a referral. Similarly, if you don’t know the answer to a specific question posed by a parent, admit it. More often than not, children’s problems are at least partly mystery. Share your respect for this mystery with parents. Admit that what you have to offer is experimental. As a counselor, you need to be collaborative with parents because they’re the ones who will be trying out whatever ideas you share. In the end, they’ll determine what works and what doesn’t.

Tip 5: Ask parents for their best explanation for their child’s misbehavior. Parents are a treasure trove of important ideas. Often, they’ll have a secret or unstated fear or hypothesis about why their child is having a particular difficulty. This secret fear is often wrapped in guilt. Unfortunately, if the counselor doesn’t directly ask “What do you think is causing your child’s misbehavior?” the parent may never share his or her personal theory of what’s really wrong.
Tip 6: Focus on parent strengths using compliments and validation. Many parents are naturally insecure about their parenting, so the best counseling approach is one that is explicitly and repeatedly strength-based and affirming. However, as you might already know, it can be difficult to sort through a particular parent's frustrations and pessimism to identify parent strengths.

From a constructive or solution-focused perspective, positive and affirming comments from practitioners should stimulate parent motivation toward self-improvement. Consequently, when working with parents, counselors should avoid criticism, focus on the positive and trust parents to lead them to where the work needs to be done.

Tip 7: Offer clear and prescriptive advice, then step back ... and listen. When working with parents, I’ve made it a practice to say at the beginning of the session that at first I’ll be listening more, and then later I’ll be offering suggestions and advice. I then tell them it’s their “hour,” so if they want me to shut up and do more listening, they should say so; if they want more advice, they should tell me that as well. In response to this collaborative sharing of power, nearly every parent I’ve ever seen responds with something like, “Oh, I want advice!” This is a good thing because when parents give counselors permission to offer advice, they’re more likely to listen.

After giving advice, it’s very important for counselors to intentionally and systematically listen for the client’s reaction. Usually it works best if you ask directly for the parent’s response. For example: “What do you think of the idea of using an emotional time-out with your child?” or “How do you feel about trying out a mutual problem-solving approach to start a discussion with your child?”

This short list of tips focuses primarily on the process of working with parents. That’s because most parenting resources available to counselors focus much more on the content counselors should be teaching parents. However, if you focus on using the process presented in this brief article as a means of delivering high-quality parent education content, you’ll be more likely to have pleasant, positive and gratifying experiences as you work with parents — which is a very nice outcome.

John Sommers-Flanagan is a professor of counselor education at the University of Montana. Additional material for working with parents is available in his books Tough Kids, Cool Counseling (2007, American Counseling Association) and How to Listen so Parents Will Talk and Talk so Parents Will Listen“ (2011, John Wiley & Sons). Free information and parenting tip sheets are also available on his blog at johnsommersflanagan.com.

Letters to the editor: ct@counseling.org
Bio/neuroethics and counseling: A novel partnership

Bioethics is the multidisciplinary field that applies knowledge of health care policy, law, philosophy, sociology and dispute mediation/resolution to solve moral dilemmas in clinical practice and research in medicine and allied professions. Human cloning and stem cell research, which are hotly debated in society, are examples of bioethical issues. Beginning roughly in 2002, neuroethics emerged as a subdiscipline of bioethics that seeks to solve moral dilemmas arising from neuroscientific research and clinical cases of brain trauma and mental illness.

Daniel Buchman of the National Core for Neuroethics at the University of British Columbia said this about his field: “Neuroethics has deep roots in ancient philosophical discussions of mind and brain and has joined this history with contemporary thinking in biomedical ethics and neuroscience devoted to elucidating ethical challenges prior to and during the transfer of new research capabilities to the bedside.” The use of psychiatric drugs and other treatments for patients who are mentally ill, issues related to neuroscience and national security (such as brainwashing) and the use of “designer drugs” to change one’s personality or enhance cognitive function are examples of neuroethical issues.

In clinical or consultative ethics cases, which revolve around an identified patient/client and his or her cognitive status, counselors can play an important role by uncovering the psychological issues belonging to that person and the people around him or her and explaining how those characteristics might influence bioethics or neuroethics decisions. Therapists could assist bio/neuroethicists, the courts and others in keeping those psychological variables “in check” and preventing irrational behavior from being destructive to the ethical decision-making process.

What often receives less consideration, however, are the psychological factors of the participants trying to reach bio/neuroethical decisions. For instance, what types of psychosocial interactions occur between the individuals involved in clinical bio/neuroethical discussions? It is reasonable to suspect that issues such as personal values and cultural issues are presented, but is that enough? Are there situations that go beyond the capabilities of bio/neuroethicists and require more of a mental health approach?

Case of persistent vegetative state

According to a 1991 Multi-Society Task Force on PVS (persistent vegetative state) as cited in The New England Journal of Medicine, individuals are considered to be in PVS when they have been unconscious for longer than 12 months due to brain trauma and also have a poor prognosis. Higher cognitive processes are nonfunctional, with awareness of self and the environment being absent. These patients cannot communicate or follow commands in any way. Sensory experiences may occur but have no conscious meaning.

One of the most famous cases concerning PVS centered around Terri Schindler Schiavo, who died on March 31, 2005, almost two weeks after her feeding tube was removed and her hydration cut off under court order. Terri’s death was preceded by a lengthy court battle between her family and her husband, Michael. The psychosocial questions and issues surrounding the Schiavo case are numerous. What was the state of the marriage between Michael and Terri before she suffered massive brain damage and was put on life support in 1990? What did life and death mean to each participant in the conflict?

Perhaps psychometric testing (for example, the Minnesota Multiphasic Personality Inventory, or MMPI-2) could have assisted in identifying who was best mentally fit to make decisions on Terri’s behalf. Was Michael Schiavo violent toward Terri as some claimed? More questions could be added as possible psychological influences. None of these issues came out in the bioethics proceedings.

Clearly, PVS cases are complex, and the mental health of each participant and the family as a whole has to be taken into account. Mental health and ethics professionals need to ensure that a careful psychological examination takes place, and the courts should require such assessments. The people involved in PVS cases are dealing with heart-wrenching experiences, and psychological assistance is needed.

Health care system implications

On March 23, 2010, President Barack Obama signed into law the Patient Protection and Affordable Care Act, and a few days later, he signed the Health Care and Education Reconciliation Act. Among other major reforms, these two laws allow for 32 million Americans to obtain health insurance who do not currently have coverage. The future of health care delivery is in question, not only because of new governmental regulations and bureaucracy, but because our waver ing economy might influence any outcome as well.

New moral and legal questions will challenge the fields of bio/neuroethics in the United States because of health care reform. For example, will new regulations interfere with best practices in medical and mental health services? Will vulnerable populations have difficulties accessing needed specialized treatments and services? Perhaps treatments that are offered now will be excluded or reduced because of cost or rationing. If some of these negative consequences take place, there might be emotional fallout. Everybody hopes the new policies will benefit our health care system, but counselors should remain cognizant of the potential pitfalls of this new system — especially because no one really knows yet how or if it will work.

The field of neuroplasticity has offered discoveries on how patients can rebuild neural networks, even after brain damage, through certain therapeutic experiences and targeted exercises. There are neuroethical concerns, however, that some systematic difficulties might impede clinical practice. In the fall 2009 Focus newsletter of the Center for Health Care Policy and Ethics at Creighton University in Nebraska, Caroline Gaudet and Trisha Cochran said, “Given the limited length of stay and reimbursement for in- and outpatient rehabilitation services, clinicians have a sense of urgency to get their patients as functional and independent as possible as quickly as possible, often having to teach compensatory behaviors instead of fostering neural recovery.”
Counselors need to be sensitive to ethical and societal questions that might affect their clients who have various types of illnesses. Societal changes such as health care reform can usher in much hope and, simultaneously, significant concern. Such opposing outcomes probably depend on what people expect medical or mental health care to do for them. As another example, professionals who work with psychiatric clients know that any change in their environment might cause these individuals anxiety and perhaps trigger a total relapse of their conditions. Changes in the U.S. health care system might become a direct or indirect trigger for such challenges.

**Other bioethical issues**

Beyond the neurological areas, there are other bioethical issues that may require mental health attention. For example, should medical providers assist in ending the life of terminally ill patients? With biotechnological advances and societal changes, the bioethical, psychological and medical issues of death and dying have become more complicated than they once were for persons with terminal illness and their families. Recommending that patients have feeding tubes implanted or making decisions concerning who should receive an organ transplant presents both bioethical and mental health implications.

These represent only a couple of examples of the bioethical issues that health care clinicians face daily. We should ask ourselves whether counseling and therapy might help to improve the prevalence of healthy and ethical outcomes in these scenarios. Counselors must bear in mind that there are often competing values between the patient, the health care team, the family and society in many such situations.

**Counseling initiatives and strategies**

Organizations such as the American Counseling Association have the opportunity to promote clinical practice, research, legislative advocacy and education in this specialized area. People vying for guardianship in court (for example, in the Schiavo case) should be psychologically screened so the party that is most mentally fit for the task can be identified.

It might be beneficial for ACA to partner with other organizations such as the American Society for Bioethics and Humanities; the American Society of Law, Medicine & Ethics; the Neuroethics Society; and the National Bioethics Advisory Commission to create initiatives that would foster integration between our respective fields. We could partner with these organizations to devise new protocols for cooperation between bio/neuroethicists and counselors. More training opportunities onbioethical issues for the counseling profession would also be beneficial. Perhaps some counselors might want to earn another degree in bio/neuroethics and develop a subspecialty in clinical or research areas.

Health care workers who come into contact with these types of cases supposedly receive ongoing bio/neuroethics training. This does not mean, however, that such staff could not use additional emotional support as well. This could involve values clarification classes as well as individual or group psychotherapy. A mental health clinician, independent of the case being considered, could be included in bio/neuroethical discussions to identify and assist with the psychological issues that may arise.

Offering a grief model might be helpful. Part of the difficulty might be that each person is at a different place along the grief journey. The father may have accepted the reality, while the mother might be in denial and a nurse could be bargaining. Counselors have to help identify and reconcile the psychosocial variables in any health care dilemma.

The patients who can participate in the decision-making process should be in counseling/therapy to help them cope with what is happening to them. The counselor might have to assist these patients in re-shaping their expectations to bring about a resolution. Bear in mind, “incompetence,” if imposed, is a legal term — not a medical or psychiatric diagnosis. Even though the legal profession pronounces some people to be incompetent, it doesn’t necessarily mean the person cannot think for himself or herself. However, he or she may need added support in making decisions. The person should not be dehumanized by the label of incompetence or by the bio/neuroethical process, and counselors can play a role in ensuring that does not occur.

It will be important in the coming years for counselors to monitor changes in the U.S health care system, not only as these changes pertain to the counseling profession but to medical professions as well. Starting in 2014, when health care reform goes into full effect, some clients might experience confusion and distress. Counselors will be needed to

---

**Graduate Certificate in Sports Counseling**

**100% ONLINE**

**Are you a practicing counselor, trainer or educator with a strong interest in working with athletes?**

The 100% online Graduate Certificate in Sports Counseling is designed for practicing counselors, counselors-in-training (post 48-credits), educators and/or other helping professionals who desire a specialty area of training with youth, adolescent, young adult, or adult athletes across a variety of settings.

The Cal U Sports Counseling certificate program provides counselor training competencies in:

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

**Note:** The Graduate Certificate in Sports Counseling will not certify you as a professional counselor. However, courses may be utilized for additional credits toward licensure or for continuing education credits (CEUs).

**California University of Pennsylvania**

School of Graduate Studies and Research

A proud member of the Pennsylvania State System of Higher Education.
Thank you to the Dinner Committee and Sponsors for the support of this special event held in conjunction with the ACA 2012 Conference & Expo in San Francisco!

Diamond Jubilee Gala Awards Dinner

Diamond Jubilee Gala Co-Chairs

Barbara Herlihy, Chair, ACA Foundation • Courtland Lee, Chair-Elect, ACA Foundation

Diamond Jubilee Gala Dinner Committee

Patricia Arredondo
Burt Bertram
Bill Braden
Gerald and Marianne Corey
William E. Cox
Rebecca Daniel-Burke
Joseph D. Dear
Bradley T. Erford
Samuel T. Gladding
Jane Goodman and George Grisdale

Norman C. Gysbers
Sunny S. Hansen
Patricia Henderson
David Kaplan
Don W. Locke
Mary Finn Maples
J. Barry Mascari
Brenda Melton
Judith G. Miranti
Jane E. Myers

Beverly O’Bryant
Mark Pope
E.H. “Mike” Robinson, III
Pat Schwallie-Giddis
Howard B. Smith
Thomas J. Sweeney
Clemmont E. Vontress
Jane Webber
Anne Marie “Nancy” Wheeler
Richard Yep

Diamond Jubilee Gala Awards Dinner Committee

Silver
Baker & Hostetler LLP

Bronze
DelCor Technology Solutions, Inc.
McGladrey & Pullen, LLP
Texas Counseling Association (TCA)

Supporter
C O P E Incorporated
Digitell, Inc.
Gallagher Benefit Services, Inc.
The Insurance Exchange, Inc.
Law Office of Peter Wolk
Novick Group, Inc.
Psychology Today
West, Lane & Schlager Realty Advisors, LLC

Friend
Walta Dodd
E. Christine Moll

In-Kind Donors
Accurate Printing
Hilton San Francisco Union Square
help individuals navigate both expected and unforeseen challenges. If systematic difficulties become acute or long term — necessitating rationing of services, for example — this could lead not only to a medical crisis but to a mental health crisis as well. If so, strategies and changes to the counseling profession might need to be developed.

In the beginning of the bio/neuroethics process, the individuals involved should be made aware that they have biases that will come out. People should be encouraged to pinpoint their own motives and the meaning of the actions they take. For those who want to hide behind the objective professional cloak, they should be reminded of their humanity and that their motives will ultimately escape from the mental iron curtain. Finally, the legal profession might need to be educated about the influence of psychological factors in these dilemmas. The Schiavo case illustrates what can happen when such psychic forces are overlooked.

Conclusion
I’m writing this article not as a bio/neuroethical expert but rather as a casual observer of the process and a newcomer to the counseling profession. I am also a quadriplegic due to cerebral palsy from birth, so I can empathize with people with disabilities who might feel that others are in control of the quality of their lives. It is frustrating to know others are in charge of making choices on one’s behalf; even though some patients/clients might not be as aware of this due to their inability to comprehend. Counselors can play a significant role in assisting patients/clients, families and professionals to cope with bio/neuroethical issues. I think it would be worth the effort.

Kevin Wreghitt is a mental health clinician and a Massachusetts mental health counselor licensure candidate at Coastal Connections Inc., an adult developmental disability day program. He has an interest in counseling clients with neurological injuries. Contact him at kevinwreghitt@verizon.net.

Letters to the editor: ct@counseling.org

Just Out!

Counseling Children: A Core Issues Approach

Richard W. Halstead, Dale-Elizabeth Pehrsson, and Jodi Mullen

“As department chair, my first response after reading the book was to contact the professor in our department who teaches Counseling Children with the comment: ‘Here’s a new book for your class!’”
—LeeAnn Eschbach, PhD, NCC, LPC University of Scranton

Move Beyond the DSM!
This innovative book is ideal for professionals in community, mental health, and school settings to better assess, treat, and monitor children’s underlying issues. The diagnostic framework presented condenses what is known about best practices in counseling children, helps uncover the nature of children’s core concerns and how to address the issues they are struggling with, and challenges counselors to move beyond the DSM.

Part I: an orientation to the core issues approach, how to conceptualize clients’ presenting concerns.
Part II: intervention strategies, including narrative approaches, play therapy, sand tray therapy, and expressive arts therapy.
Plus, suggestions for bringing parents, teachers, and other professionals together as a collaborative team.

2011 | 192 pgs
Order #72901 ISBN 978-1-55620-283-4
List Price: $29.95 ACA Member Price: $24.95
Shipping: $8.75 for first book; $1.00 for each additional copy

American Counseling Association
800-422-2648 x222
(M–F, 8 am – 6 pm)
counseling.org

May 2012 | Counseling Today | 63
Making a case for CACREP curriculum standards

“The trial of a case is a three-legged stool — a judge and two advocates.”
Warren E. Burger, 15th chief justice of the United States

Throughout the history of the counseling profession, several key developmental and situational crises have challenged our resolve to construct a unified, unique professional identity while establishing a trustworthy and credible discipline: embracing multicultural competencies, assimilating specialty credentials, advocating for mental health parity and licensure portability, performing gatekeeping functions, addressing counselor impairment and developing accountability practices, among others. Many of these issues challenge us currently and will continue to do so well into the 21st century.

One essential dispute related to deciding who we are, what we do and how well we do it has historically been framed as a question: Are graduates of counselor education programs competent to fulfill the duties of professional counseling with knowledge, skill and integrity? Intimately connected with such a question about counselor competence and professionalism is the reality that training and licensure requirements vary among counselor education programs, state licensing boards and counseling specialties.

More than 30 years ago, the Council for Accreditation of Counseling and Related Educational Programs began operationalizing the ideals of the profession into core curriculum and training program standards. Throughout CACREP’s history, these standards have been viewed as being favorable to the profession and sufficient for training counselors. Strong perceptions of CACREP standards and their positive impact on counselor preparation function as an encouragement for retaining and increasing program receipt of CACREP accreditation. However, the dissenting opinion — based in part on commentary that some programs and state licensure boards perceive CACREP curriculum standards as being unnecessary or unattainable — functions against universal adoption of CACREP standards.

At this point in our development as a profession, the case for embracing the ideals reflected in CACREP curriculum standards while advocating for state licensure regulations that mirror these standards must be judged by empirical data. Although surveys and perceptions of CACREP standards are informative and necessary for comprehensive program evaluation, in this age of accountability, they prove insufficient in meeting the demand for empirical evidence.

To judge the case for CACREP curriculum standards, empirical data

---

Sanctions for Ethical Misconduct

- LPCs with CACREP-Accredited Training
- LPCs with Non-CACREP-Accredited Training

<table>
<thead>
<tr>
<th>Sanctions</th>
<th>LPCs with CACREP-Accredited Training</th>
<th>LPCs with Non-CACREP-Accredited Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reprimand</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reprimand Plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Probation Plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspension Plus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary Surrender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revocation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
must be assessed to determine whether graduates of CACREP-accredited programs are more or less knowledgeable, competent, skilled or proficient than graduates of other counselor training programs. One example of this line of critical empirical inquiry is the finding that graduates of CACREP-accredited programs have performed significantly better on the National Counselor Exam (Susan A. Adams, 2006). Acquired knowledge in the CACREP core curriculum content areas is an important element for evaluating the impact of counselor education programs. However, to judge the impact of the counselor education curriculum, particularly the grand effect of a CACREP-accredited curriculum, we must investigate functional attributes of competence: the behaviors and skills counselors actually display. The study described briefly below investigated the differences between fully licensed graduates of CACREP-accredited and non-CACREP-accredited programs concerning the frequency and type of ethical misconduct.

For this study, archived data were secured on the type of ethics or licensure violation and sanctions from state licensing boards and publicly accessible databases. A national sample of fully licensed professional counselors (LPC or equivalent) represented all U.S. geographic regions and approximately two-thirds of all state licensing boards. Data were collected from state licensing boards dating as far back as board inception, a span in some cases of 30 years or more.

Demographically, the counselors represented in the final sample for this study had an average of 7.5 years of fully licensed professional service. Nineteen percent of counselors in this study completed a doctorate in counseling or a closely related field, and all received ethics training as part of their curriculum requirements. The most common violations were related to competence and impairment, boundary violations, professional practices, billing and breaches of confidentiality, in that order.

More than 80 percent of counselors in this sample who were sanctioned by state licensing boards graduated from non-CACREP-accredited counselor education programs. In addition, the accreditation factor — specifically, having graduated from a non-CACREP-accredited program — was found to be a significant and important predictor of ethical misconduct frequencies. These findings provide empirical support for the CACREP standards. LPCs who graduated from CACREP-accredited counselor education programs committed ethical misconduct significantly less frequently than those who graduated from non-CACREP-accredited programs.

Externally, counseling is evaluated by public consumers, legislative bodies and other mental health service professions, particularly when the professional conduct of a small percentage of our membership raises questions about how counselors are trained and socialized into the profession. Internally, the counseling profession has lacked empirical validation of its training standards. As we continue strengthening our professional identity and the competence of our members, we must judge accreditation and training standards by their effect on the behaviors and skills that practicing counselors display. Judging from the data on sanctions for ethical misconduct, it’s clear that CACREP makes a positive impact on counselor preparation.

Trigg A. Even is an assistant professor at Texas Wesleyan University, a former K–12 student support counselor and a counselor in private practice.

Letters to the editor: ct@counseling.org
Luis De La Lama essay earns grand prize in ACAF’s Corey Graduate Student Competition

Luis De La Lama of the University of South Florida won the grand prize in the ACAF Foundation’s Gerald and Marianne Corey Graduate Student Essay Competition for his essay discussing the evolution of theoretical approaches to counseling in the context of societal trends.

For writing the top-rated essay, De La Lama received a $1,000 scholarship grant and free registration for the ACA 2012 Annual Conference in San Francisco. In addition, four other graduate students each received a $350 scholarship grant for writing the top-rated runners-up essays. The contest was open to any counseling student currently taking one or more graduate courses at an accredited college or university.

Note: The following essays have been reprinted as they were submitted, without editing. The views expressed are those of the essay authors.

Grand Prize Winner

Luis De La Lama

Luis De La Lama, a licensed mental health counselor, is pursuing a doctorate in counselor education and supervision with a concentration in communications at the University of South Florida. He researches core self-developmental awareness, techniques for the perception of the sacred and the creative application of global communication technologies in counseling and prevention. He has led workshops, coached and counseled individuals and families of many cultures and faiths in 13 countries across the globe. He has also worked in community settings as a counselor of youth and families with addictions and other behavioral problems.

Essay topic: Discuss the evolution of theoretical approaches to counseling in the context of societal trends.

Tao of Counseling: The Unfolding Story

Personnel, guidance, and counseling associations merged in the 1950’s to better promote wellbeing. Ever since, the Tao of American Counseling revolved upon itself as a Yang pushing for order and recognition, and a Yin nurturing novelty and all-inclusion.

Young Yang was fascinated by nationwide randomized trials, psychoactive medications, and brain-imaging technologies. Awed by the medical professions, he wanted to belong with them. Thus he became behavioral, cognitive, and solution-focused; quantitative and evidence-based, and one day — solemnly facing regulatory committees and accrediting bodies — his hand stretched over the DSM, Yang swore to defer to psychologists, psychiatric nurses, and psychologists, and proudly took his place in the clinical hierarchy.

Meanwhile, Yin lived through the fierce post-structural winds that reshaped the softer sciences. She marched with other social justice advocates, unmasking dominance while watching worldviews collide in a new interpretive universe enhanced by powerful communication technologies. Yin embraced diversity, and loved the liveliness of her interdisciplinary comrades. After a few decades, however, she began questioning the relentless fragmentation of knowledge. “What can we construct next?” Yin wondered, but the winds of change had no answer.

One day in 2012, frazzled by the ongoing warping of meanings, Yin wandered around through the deconstruction rubble until she reached the imposing Medical Sciences building that had sheltered her twin brother for decades. Right at that time, Yang, eyes sunken and emaciated, walked out for fresh air.

“Yang? What happened to you!”

“Oh, I’m fine.” Yang responded, “But you look … anxious? Or perhaps dissociated? Come inside, let me offer you an assessment, and maybe get you some meds.”

“No, wait!” She said. “I want to tell you about my life! I’ve been hanging out with the social Sciences and the Humanities. I have learned cutting-edge qualitative, narrative and arts-based methods to research the values, meanings, attitudes, motivations, hope, and purpose of the people we want to help.”

“You mean, speculative approaches with no predictive value?”

Yin pulled her head back and furrowed her brow. “Listen, you missed the Narrative Turn, you haven’t caught the Positive Turn, and you look awful! Clearly, your stuff is not cutting it for you, and my stuff is science too. Face it!”

Yang saw his sister’s flaring nostrils — a flash to their childhood fights — and felt wonderfully invigorated. Smiling for the first time in years, and without openly giving in, he bowed his head in mock respect. “Any ideas?”

“Many! We have evolved! Together we can generate the cross-disciplinary wisdom for our times! We can develop preventive social interventions to promote the reconstruction of social meanings and redress our society’s moral compass. Social media and crowdsourcing can help us speed-up our work! Also, all these new Translational Research institutes want to turn discoveries into therapies … You have the rigor and the language, and I know so many creative approaches to wellbeing! Who but us can best translate theories into interventions? Let’s get started!

And so … (Now you continue the story).
Martha Nodar

Martha Nodar is a graduate student at Mercer University (Atlanta campus) pursuing a master’s of science degree in clinical mental health counseling. A freelance writer for a community newspaper in Atlanta, she remembers being in the fifth grade the first time her teacher recognized one of her essays in front of the class.

Essay topic: We have seen a startling decrease in civility toward one another. Examples would be the political rhetoric by the leaders of our nation who attack the person as well as his/her ideas, and the media and its proclivity for focusing on the negative. People seem to be unwilling to want to listen to the other and only want to criticize a person whose ideas may differ from his/her own. They do this while offering little by way of suggestions on how to improve that to which they object. Do you agree with this observation? If so, from your point of view as a counseling professional, what do you predict will be the impact of this trend on society should it continue, and how can we as counselors address this issue?

What Happened to Civility?

From the loud talker seated behind us at the movie theatre, to the student with a ringing cell phone in the middle of a class lecture, lack of civility continues to permeate through every aspect of our society in both subtle and overt ways. But, what is civility? For the definition, I turn to a connoisseur in the subject of civility, and the author of Choosing Civility, Dr. P.M. Forni, an Italian Literature and Civility professor at Johns Hopkins University. Forni, the co-founder of the Johns Hopkins Civility Project, argues that civility “has to do with ... good manners,” and he adds: “Civility belongs in the realm of ethics” (p. 9).

Conceived by Greek philosopher Socrates in the 5th century B.C.E., ethics refers to the values a society agrees upon and adopts as appropriate. Ethics is one of the underpinnings of a civilized society. Ethics and civility are positively correlated: As ethics decreases so does civility. I would argue that ethics, and therefore, civility, have decreased because we, as a society, have lowered our standards for acceptable behavior. We let our children listen to the music of artists who promote foul language. We celebrate sport celebrities who have committed illegal acts and exploit women. We elect and re-elect dishonest politicians. We disrespect those who disagree with us: Politicians do it, and so do we. We give ourselves permission to answer our cell phones anywhere at any time, and yet, we criticize others who do it as well. I predict that if we continue down this path we, as a Western society, will end up as a nation of people in despair, emotionally exhausted and spiritually starved. Unfortunately, I believe we are already half-way there. However, we did not get here overnight, and this is not something that happened to us. Somewhere along the way, we created this monster called incivility. As Cassius said in Shakespeare’s Julius Caesar: “The fault, dear Brutus, is not in our stars, but in ourselves.”

Where Do We Go From Here?

We, as counselors and members of society, begin by advocating for raising the standards of acceptable behavior. We commence with ourselves — in our classrooms, our offices, with our families, in the supermarket. Uncivil behavior is not okay. Counseling is rooted in education, and as such we have a responsibility to educate by setting an example: We return phone calls; we reply to e-mails; we uphold the ACA ethical standards. Beholden to Socrates’ teachings, I believe ethics is illustrated in our everyday life and in the manner in which we commit to civility in our interactions. Drawing from the Socratic approach, I intend to thought-provoke my clients into looking at themselves and on raising the bar for civility with themselves and others.

Danielle Cascella

Danielle Cascella is a clinical mental health counseling student at Georgian Court University in Lakewood, N.J., who anticipates graduating in August 2013. She also works full time as a case manager at a domestic violence agency in the area. Her areas of interest in counseling include women’s issues, substance abuse, grief counseling and general mental health and wellness.

Essay topic: According to a recent article on unemployment in The Washington Post (Oct. 2, 2011), the Centers for Disease Control and Prevention found that approximately 9 percent of Americans were defined as clinically depressed compared with an estimated 6.6 percent in 2001 and 2002. In that same article, another related study of the long-term unemployed by Rutgers University’s John J. Heldrich Center for Workforce Development found that 32 percent of the unemployed were experiencing a good deal of stress, and an additional 47 percent stated that they had at least some stress over their joblessness. Discuss the toll of joblessness on the mental health of individuals most impacted by the uptick in unemployment since then and the current economic situation.

In the counseling profession, we learn to consider all the aspects of our client’s lives when making a diagnosis, which would include the status of employment or lack thereof in a client’s life. Even within the five axis diagnosis, Axis IV and V specifically assess for “occupational problems” and “impairment in occupational functioning” when making a diagnosis. So it is not surprising that unemployment is correlated with mental health issues. With unemployment rates seeming to creep up every day and the economy not looking to improve as
rapidly as most of us would prefer, what does it mean for clients, counselors and the counseling profession in general?

A recent study from Washington and Lee University indicated that Americans who were unemployed for twenty five weeks or more in the past year were three times more likely to have mental health concerns than those who were continuously employed. This means that the individuals coming forward for mental health services during this economy are more likely to be unemployed or at the very least, concerned about how the economy may affect their current employment. Conversely, less people may be able to obtain mental health services when they need them, because of financial concerns, meaning that by the time mental health issues get addressed, they may be at a crisis level rather than a manageable level. Clients may be forced to choose to finance basic necessities, such as food and shelter, rather than staying mentally healthy.

As counselors, we need to be attuned to the population we are serving (which will most likely include more unemployed clients) and that these unemployed clients will likely be seeking assistance with more than just mental health. Counselors need to be aware of resources in the area for their clients, with regard to services for obtaining unemployment monies, food pantries, and other financial assistance to truly provide the highest level of client care.

On a personal note, after several years of working in the domestic violence field, I have found that clients are less likely to leave an abusive partner during financially straining times because it may also mean losing financial help from that partner. Counselors may also find that clients are less likely to make positive changes in their lives during times of financial stress because they are more focused on keeping their heads above water in their financial world. Counselors need to be aware of this to best serve their clients.

Because of all these variables, the counseling profession will have to change. We may need to be more focused on advocating for mental health assistance for the most vulnerable populations and spend more time giving out referrals in sessions to help our clients benefit. This means being an advocate for our clients and for the importance of mental health. I think of this as a positive outcome of a negative economy — after all, didn’t we get into this profession to help people?

Lauren Benoist

Lauren Benoist received her bachelor’s degree in psychology with a concentration in human services and a minor in dance. She is currently pursuing her master’s in clinical mental health counseling at Roosevelt University in Chicago. Her current fields of interests are diverse and include trauma, crisis and grief, gender identity issues and working with military populations. Her ambitions are to integrate these interests, pursue her doctorate in counselor education and, eventually, to utilize what she has learned in her own teachings at the postgraduate level.

Essay topic: Technological advancement seems to be the order of the day. How have these advancements impacted the quality of human relationships and the counseling profession?

Generations of counselors have maintained the following basic tenets: to act in accordance to an ethical code, to preserve one’s integrity by constantly negotiating and evaluating their beliefs systems, and to maintain a cognizance of self and surroundings. As a result, the counselor is able to help individuals understand the complexities of their behavior — specifically, of their emotions, relationships, and understandings of the world. The advancement of the counseling field is reliant on the continued education of practitioners, and in embracing any ongoing discourse, it is a counselor’s duty to place special primacy on a critical awareness which is neither rejectionist nor celebratory.

Despite this duty, an underlying sense of latent fear continuously penetrates the dialogue between counseling and technology. Hesitancies are numerous, and for good reason, as the ubiquitous, immaterial, and invisible nature of technological processes seem to be in opposition to the unique and historical operations of counseling. Specifically, it represents a perceived erasure of the unmediated bodily presence: a tenet held most sacred in counselor client relationships. The truth, however, is that technology is not foreign, but an integrated agent which fundamentally shapes the way human beings interact. The counselor-client relationship is also subject to these shapings, and therefore, as with all relations, is fundamentally affected by technological discourse. Therefore, concerns over the degradation of the counseling relationship seem inappropriate. Instead, practitioners and academics alike ought to value technology for its limitless potential, while maintaining an awareness of what that means.

By subscribing to the aforementioned fear, the possibility for a contradiction of counselor-specific ethical guidelines becomes imminent. Said guidelines, particularly those which refer to the importance of a multicultural awareness (one which encourages an openness to all cultural perspectives) should, by definition, be inclusive to that of Digital culture, its offspring and its potential future cultures. By liberating ourselves from our fear of technology and implementing certain tenets by which counselors operate, we can finally examine technology without bias.

Technology is vast and unbounded and as a result, opportunities for counselors are just that. Embracing the potential for a conversation about technology will also allow us to examine it as it further alters the social, cultural, and political landscape. By embracing this unbiased conversation with technology, we will allow ourselves to feel out both its potentials and downfalls, refuting the notion that by embracing technology, beneficence will be negated. As a result, technology will remain an influence that does not stand outside or beyond humanity, but rather, within it.
Gitima Sharma

Gitima Sharma is pursuing her doctorate in counselor education at the University of Maryland. She pursued her master’s in counseling at Michigan State University. She is from India.

Essay topic: There have been many external forces in our society that have changed the counseling profession significantly in the recent past. Give two examples of these external influences and discuss how they have impacted the counseling profession.

With our deep understanding of human concerns, empathetic skills and belief in the power of dialogue; we as counselors are not only able to make a difference in the lives of individual people but also achieve positive social change.

Tenth year anniversary of September 11th terrorist attack in United States just passed. I believe it is one of the significant external forces that influenced the field of counseling in the last decade. The mistrust and conflicts that arose post 9/11, lead to fears, hatred and anger in the hearts of many people. As a result, the role of counselors expanded beyond resolution of personal concerns to rebuild a society where people could co-exist in harmony, peace and mutual trust. Many counseling programs strove to establish a forum where students can engage in self-reflection and open-dialogue about their own prejudices, micro-aggressions, and fears and achieve multicultural competency as an ongoing learning outcome of almost every course. With ever growing sense of interconnectedness, global citizenship and the need to transcend differences; counselors have begun to advocate for empowerment of people and establishment of appreciation for diversity, equality, acceptance and absolute respect as core values in society.

Another external factor that expanded counselors’ vision and made an impact on the counseling profession is the rising need for holistic wellness and empowerment of all young people. The youth are the foundation for any nation’s growth and prosperity. According to Arthur Chickering, the concern for quality education and comprehensive counseling for youth has become very critical and in this time of growing multiculturalism and widening achievement gap, the counselors’ efforts to use their training for education reform and social advocacy has become even more necessary. Counselor Educators have realized the vital need to go beyond their specific areas of specialization and integrate counseling programs with other courses in areas such as International Education, Sociology, Philosophy, Government and Politics. Counselors have also begun to write about and respond to young people’s deeper level of needs such as belief in “self,” having an empowering vision for one’s future and a deep sense of purpose. Dr. Daisaku Ikeda, president of Soka Gakkai International and recipient of United Nations Peace Award, in his message to students at Teachers College, expressed that the root of countless crises that the global society today faces is our collective failure to make human happiness and dignity of life as the consistent focus and goal in all fields of endeavor. He shared that true happiness is to be found in a life of value creation, which refers to the capacity to find meaning, to enhance one’s own spirit to embrace the lives of others and to contribute to the wellbeing of people. Miller & Thoresen have indicated that the number of empirical studies that focus on these inner aspects of “self” and people’s wish to live a healthy satisfying life with greater inner peace, sense of meaning and direction, have increased.

Overall, I believe that over the past ten years, counselors have begun to put together the issues of spirituality, holistic wellness, education, policy, global peace and social justice within the psycho-social paradigms of wellbeing. They have strengthened their efforts to promote inter-faith, inter-country and inter-disciplinary dialogues with the aim of realizing mutual understanding and collaboration for empowering people world-wide. It has become more important than ever to train future counselors who can promote a positive change at individual, systemic, and policy level.
Merlin W. Schultz
Major benefactor and first contributor to Illinois Counseling Association Foundation

Merlin W. Schultz, 96, passed away on Feb. 20, 2012. A native of Michigan, Schultz received his bachelor’s degree from Eastern Michigan University in 1937 and earned two advanced degrees from the University of Michigan in 1942 and 1962. He was a retired U.S. Navy commander and an active and exemplary leader in counseling in Illinois.

Prior to coming to Illinois in 1963, Schultz spent 19 years in counseling, coaching and teaching assignments at Grosse Pointe and Grosse Ile, Mich. His last professional position, which he held until his retirement in 1977, was coordinator of pupil personnel services in the Maine Township High School District 207, Park Ridge, Ill.

In addition to service and leadership in Illinois, Schultz served in various leadership roles in the American Counseling Association (then the American Association for Counseling and Development), the National Career Development Association (then the National Vocational Guidance Association) and the American School Counselor Association. He enjoyed running the Illinois breakfast at ACA (then the American Personnel and Guidance Association) conventions for many years and organized charter flights from Chicago to the conventions. In 1970, Schultz was selected as the recipient of the ASCA Administrator of the Year Award for his work with school counseling.

Schultz was president of the Illinois Counseling Association (then the Illinois Guidance and Personnel Association) in 1970-1971. His conference theme was “Survival: Personal, Professional, Societal.” Under his leadership, a new division, the Illinois Vocational Guidance Association (now the Illinois Career Development Association), was formed and the administrative coordinator position was established. In 1983-1984, he served as IVGA president. He also served terms as president of the Chicago Personnel and Guidance Association, the Directors of Pupil Services of Suburban Chicago and the Rosemont School Board.

In 1978, Schultz received ICA’s most prestigious award, the C. A. Michelman Award, in recognition of his outstanding service to ICA and professional counseling. He was a great ambassador for counseling in Illinois throughout his life. He was respected for precision in his work, bringing stability to organizations, modeling professional involvement and sprinkling humor and fun wherever he went.

The Illinois Counseling Association Foundation received its tax-exempt status in 2005. Schultz was very supportive of establishing the Foundation, and he requested to be its first contributor. He went on to become ICAF’s most generous benefactor, giving more than $70,000. Schultz also made a tax-deferred gift to the AACD Foundation (now the ACA Foundation) of $58,000 in 1984 because IGPA had no foundation at that time. Upon his demise, the remainder of those funds (approximately $40,000) was designated to be forwarded to ICAF.

In addition to his generous financial contributions to ICAF, Schultz also mentored the ICAF Board of Directors, helping to shape the Foundation. He provided investment advice, suggested how a foundation could promote counseling and maintain financial viability, and recommended types of projects to support. The Merlin W. Schultz Professional Development Grant was named in his honor. Since 2007, ICAF has awarded $7,000 for research and professional development activities.

Schultz served as a lecturer in counselor education at Michigan State University, Central Washington State University, Drake University and Northeastern Illinois University. During World War II, he held administrative assignments in naval officer training programs at Monmouth College (Illinois), Bethany College (West Virginia), Rice Institute (Texas) and Baylor University (Texas). In 1969 he was chosen as one of 20 educators for the Illinois Resident Program for Educational Leadership.

Schultz contributed numerous articles to national and state professional counseling journals. His leadership was recognized by his appointment to a three-year term of the American College Testing Program and a similar term for the National Merit Scholarship Corporation Board of Directors. In 1975 he was named a Fellow in the Kettering Foundation Institute.

The ICAF Board of Directors and ICA deeply appreciate Schultz’s legacy of generosity and forward thinking for the future of counseling in Illinois. He wanted to strengthen ICA as a professional organization to enhance the counseling needed by the citizens of Illinois. For those of us who have had the privilege of working with Schultz through the years, he was a major source of inspiration, leadership training, support and encouragement.

He loved people, counseling, financial astuteness, tennis, Kiwanis, his church and ICA. Merlin Schultz was a person who “walked the talk.”

Submitted by Melanie Rawlins, ICAF treasurer and agent of record.

Susan Jones Sears
Ohio’s first LCPC was instrumental in numerous counseling initiatives

“Always ask questions, always fight for what you believe in, and always encourage children to read and learn and
tell them repeatedly they can do anything they set their minds to” was the mantra of Susan Jones Sears, professor emeritus of counselor education at the Ohio State University. She died Feb. 28, 2012, after a long illness.

An education and career consultant, Sears specialized in career counseling, program design grant writing and leadership development. Her energy and dedication were legendary. She excelled in all three areas of faculty excellence: teaching, research and service.

Sears focused on career development of college students, program development and school and college counseling. She was co-author of Building Your Career: A Guide to Your Future, now in its fourth edition, and 2010’s Selecting a College Major. She also wrote Contextual Teaching and Learning: A Primer for Effective Instruction (2002). In 2003, she was central to achieving a $1.2 million federal grant to establish full-time counseling services in eight Columbus, Ohio, public elementary schools and to provide professional development for the counselors.

Sears also was instrumental in writing and pushing to get passed the legislation that created the regulation of licensed counselors, clinical counselors and social workers in Ohio. She served as the first chair of the Ohio Counselor and Social Worker Board (appointed by then Gov. Richard Celeste in 1984) and continued as a board member until 1990. She also served several state counseling associations.

Her numerous honors include Ohio State’s Alumni Award for Distinguished Teaching in 1982-1983, the Governor’s Special Recognition Award for Leadership in 1986 and the American School Counselor Association’s Counselor Educator of the Year honor in 2003. In 2011, the Ohio Counseling Association honored her with its first Lifetime Achievement Award. At the same award ceremony, the State of Ohio Counselor, Social Worker, and Marriage and Family Therapist Board declared her a “Board Member in Perpetuity.”

Sears was instrumental in Ohio State’s participation in the Transforming School Counseling Initiative and its selection by the Education Trust as one of six pioneering counselor education programs in higher education. The School of Physical Activity and Educational Services counselor education program has recognized her contributions to curriculum and student achievement with the establishment of the Susan Sears Distinguished Alumni Award.

Sears retired after 25 years on the counselor education faculty, having also served as an associate dean of the College of Education. She was a two-time alumna of Ohio State, having received a bachelor’s in education and a doctorate in teaching and learning, educational foundations and research. Before becoming the first licensed professional clinical counselor in Ohio, Sears taught social studies and was a counselor in the Columbus, Gahanna, Zanesville and Maysville school districts.

The Ohio Counseling Association held a memorial service in Sears’ honor on April 27.

She is survived by her husband, Dennis Sears, and daughter, Tanya.

Get involved today:

ACA Mentoring Program

More mentors are needed! You can play a significant role in the career of current and future counseling professionals! The goals are:

- To connect ACA members who are graduate counseling students and post-degree, neophyte counselors with ACA members who are experienced senior counselors
- To facilitate formal mentoring relationships in order to promote personal and professional growth and development

Pairs will be matched based upon on each party’s interests, location, and personal attributes.

Sign up now to be a mentor for one year.

For an application, send an email to mentoring@counseling.org
AHC announces 2012 award winners
Submitted by Jeff L. Cochran
Jcochr11@utk.edu

The Association for Humanistic Counseling is pleased to announce the following 2012 award honorees.

- This year, we honor two outstanding dissertations featuring significant humanistic content with the Humanistic Dissertation Award. The winning projects are “Effectiveness of Group Activity Play Therapy on Internalizing and Externalizing Behavior Problems of Preadolescent Orphans in Uganda” by Deborah Ojiambo of the University of North Texas and “The Relationship Between Graduate Counseling Students’ Meaning in Life and Their Crisis Experiences” by Lorraine Dinkel of the University of New Orleans.

- The Past President’s Award goes to Mike Walsh. We particularly value and have benefited from Walsh’s leadership in business matters as well as from his positive energy and warmth for all.

- The Humanistic Clinician Award goes to Donna Sheperis for the commitments evidenced in her work to improve the lives of persons who are underprivileged and underserved by counseling, to the dignity of all clients and to her belief that personal and professional growth is best achieved through service to the greater good.

- The Distinguished Journal Reviewer Award goes to Sondra Smith-Adcock, a longtime reviewer whose work has demonstrated a commitment to the authors and quality of the Journal of Humanistic Counseling.

- The Hollis Publications Award goes to Mark Scholl, Scott McGowan and Jim Hansen for their book Humanistic Perspectives on Contemporary Counseling Issues.

- The Humanistic Educator/Supervisor Award goes to Michelle Perepichka for her excellence in seeing and challenging the individual person in each student, fostering individual growth and encouraging humanistic approaches with clients and in research.

- The Humanistic Advocacy and Social Justice Award goes to Brandé Flamez for her accomplishments in advocacy, including in her personal work, her research and her work in helping students learn how to become effective advocates.

- The Humanistic Impact Award goes to Virginia Dansby, a counselor educator for more than 20 years who is known for selflessly finding ways to help others feel valued. In nominating her, colleague Christopher Quarto asked for the opportunity to brag about Dansby, noting this was something Dansby would never do for herself. Quarto explained that among other qualities, Dansby’s genuineness helps others to be genuine, while her willingness to admit her flaws and be accepting of others helps others to accept more.

AACE opens call for nominations
Submitted by Amy McLeod
almcleod@argosy.edu

The Association for Assessment in Counseling and Education, the division of ACA that promotes and recognizes excellence in assessment, research and evaluation in a variety of settings, is calling for nominations to be considered for the following 2012-2013 slate of executive officers.

President-Elect-Elect: Selected key responsibilities include presiding at the business meetings of AACE, the Executive Council and the Executive Committee; coordinating activities of editors and committees; appointing the members of AACE committees and editors of Measurement and Evaluation in Counseling and Development, Counseling Outcome Research and Evaluation, and NewsNotes as relevant; receiving and directing AACE reports, memos and inquiries; seeking AACE’s involvement in national efforts related to measurement and evaluation in counseling and development; and attending meetings of ACA division presidents. The elected individual will serve as president-elect (2013-2014), president (2014-2015) and past president (2015-2016) beginning July 1, 2013.

Treasurer: Selected key responsibilities include presenting reports of the financial status of AACE to the Executive Council and the AACE membership at the business meeting; presenting a recommended budget to the Executive Council for review and approval; maintaining the financial record of AACE in permanent record form; working closely with the president in preparing an annual financial report of the association’s status; maintaining a current balance for each budget item of the association’s activities; and filing the proposed budget with ACA that the Executive Council has approved. The elected individual will serve for a two-year term beginning July 1, 2013.

Member-at-Large for Membership: Selected key responsibilities of this position include providing appropriate materials for NewsNotes; chairing the Membership Committee; actively conducting membership drives to increase membership in the organization; submitting a written report of activities and recommendations to the AACE Annual Business Meeting; and serving on the Awards Committee. The elected individual will serve for a three-year term beginning July 1, 2013.

AACE members are eligible to nominate or self-nominate individuals for office. The Nominations and Elections Committee will review the potential applicants and identify a slate for the 2012-2013 elections. Submit nominations to Danica G. Hays (dhays@odu.edu) by July 15, 2012.

NECA reflects on San Francisco conference
Submitted by Kay Brawley
kbrawley@mindspring.com

Among the highlights:

- A record number of participants attended the National Employment Counseling Association Wellness at Work Institute and the Presidential Reception cohosted with the Association for Counselors and Educators in Government and the Maryland Association for Counseling and Development.

- Two local organizations received the prestigious NECA Local Practitioner Award for Excellence in the Workplace: 1) the Alameda County Workforce Investment Board — Patti Castro,

Executive director, addressed what the ACWIB does with employment, especially with regard to high-profile companies such as Solyndra; and 2) the Community Housing Partnership — Cameron McHenry discussed integration of housing with employment.

New NECA Journal Editor Dale Furbish of the University of Auckland, New Zealand, discussed upcoming features of the online NECA Journal of Employment Counseling. For future issues, send research submissions to dale.furbish@aut.ac.nz.

A special international team from Portugal, Greece, Cyprus and Romania attended the Awards Brunch to discuss the NECA online “Working Ahead, Moving Forward” Global Career Development Facilitator (GCDF) curriculum. Regardless of where one might work around the world, the online course is designed to improve workforce professionals’ effectiveness in the employment arena. The lead instructor for the next NECA GCDF course, beginning May 9, is employment counseling expert Michael Lazarchick (mlazarchick.com). For registration and more information on this exciting online training, go to the NECA website at employmentcounseling.org.

Deadline schedule to submit items to Division News and Bulletin Board

Please be advised of the following deadlines for the Division News and Bulletin Board sections in upcoming issues of Counseling Today. Due to production schedules, the traditional deadlines had to be changed in some cases:

June issue: April 26 at 5 pm ET
July issue: June 1 at 5 pm ET
August issue: June 29 at 5 pm ET
September issue: July 27 at 5 pm ET
October issue: Aug. 30 at 5 pm ET
November issue: Sept. 28 at 5 pm ET
December issue: Oct. 26 at 5 pm ET
January 2013 issue: Nov. 30 at 5 pm ET
COMING EVENTS

Problem Gambling Conference
May 9-10
Albany, N.Y.


TCCA/TCA College Counseling Conference
May 18-19
Fort Worth, Texas

The state of college counseling is rapidly changing. Increased campus crises, shrinking budgets, suicidal students, diverse student populations and threat assessments are just a few challenges that professional college counselors face today. Keep ahead of the curve. For the low preregistration fee of $75, available through May 4, you will learn more about these and other important topics at the 2012 College Counseling Conference, hosted by the Texas College Counseling Association and the Texas Counseling Association. Keynote speaker Peter Thomas will address the growing acuteness of pathology in higher education counseling centers during his “Crisis on Campus” lecture. Discounted room rates are available at the conference hotel, the Sheraton Fort Worth. On-site registration is $100. Visit txca.org//ccc to register online and for additional information.

ASERVIC Conference on Spirituality in Counseling
June 3-4
Santa Fe, N.M.

The Association for Spiritual, Ethical and Religious Values in Counseling will host its third Conference on Spirituality in Counseling at the Inn and Spa at Loretto. The keynote speaker will be William R. Miller, founder of motivational interviewing. For more information, visit aservic.org.

NCDA Global Career Development Conference
June 21-23
Atlanta

The National Career Development Association Global Career Development Conference will be themed “Building on the Dream.” Take advantage of more than 160 presentations, discussions and workshops, and network with more than 1,000 career practitioners and educators. For more information, visit ncda.org.

ASCA Annual Conference
June 23-26
Minneapolis

The American School Counselor Association Annual Conference will be themed “Be Brilliant: Celebrating ASCA’s Diamond Anniversary.” Dan Savage of the It Gets Better project on YouTube, Stacey Bess and Jamie Vollmer will give keynote addresses. For more information, visit schoolcounselor.org.

AADA Summer Conference
July 13
Williamsburg, Va.

The Association for Adult Development and Aging’s 2012 Summer Conference will be themed “Adult Development Matters: Fostering Resilience in Times of Crisis and Transition.” The conference will provide opportunities for networking and professional development for counseling professionals and students with an interest in adult development across the life span. Presentation topics will include spirituality and wellness, women and transition, adult bullying, career transition at midlife, LGBT adults coming out and positive aging strategies. For more information, visit the AADA website at aadaaweb.org.

AACE National Assessment and Research Conference
Sept. 13-15
Orlando, Fla.

Save the date for the Association for Assessment in Counseling and Education’s National Assessment and Research Conference, themed “Measuring Outcomes in Counselor Preparation and Practice.” For more information, contact Jacqueline Swank, conference chairperson, at jswank@coe.ufl.edu.

TCA Conference
Nov. 17-20
Nashville, Tenn.

The Tennessee Counseling Association Conference will be held at the Sheraton Nashville Downtown. “Counseling as Music: Facilitating Harmony for Mind, Body and Spirit” will be the conference theme. Anyone interested in presenting at this conference is asked to download the program proposal form at tnncounselors.org. The deadline for program submissions is July 7. Questions regarding the submission process should be sent to Jeannine Studer at jsstud@utk.edu. Presentations may focus on practice or theory, a single technique, programs, innovative strategies and/or research. The keynote speaker will be author and motivational speaker Dave Weber. Contact Mike Bundy, president-elect and conference chair, at mbundy@cn.edu with any questions.

FYI

Call for submissions

The Louisiana Counseling Association invites submissions for the 2012 edition of its annual Louisiana Journal of Counseling. Research and practice-based submissions written in APA style and related to the field of counseling will be considered for blind peer review. Please submit an electronic copy to co-editor Meredith Nelson (mnelson@lsu.edu). Direct questions to either editor Peter Emerson (pemerson@selu.edu) or Nelson.

Call for reviewers

The Canadian Journal of Counselling and Psychotherapy, the flagship journal of the Canadian Counselling and Psychotherapy Association (formerly the Canadian Counselling Association), is seeking reviewers from the United States. For further information, visit cjc-rcc.ucalgary.ca/cjc/index.php/rcc/announcement.

Bulletin Board submission guidelines

Items for the Counseling Today Bulletin Board must be submitted to liballcros@counseling.org. Please see page 73 for upcoming submission deadlines.
Go Green and Opt Out of Your Print Copy of JCD!

If you are one of the thousands of eco-conscious ACA members who has already let us know that you want to opt out of your print copy of *JCD*, you can access your first issue today—as well as the digital archive going back to 1921! Simply log into the ACA website, www.counseling.org, click on the Publications page and then “Electronic Journal Access” on the left-hand side menu, which will link to *JCD* in the Wiley Online Library.

By choosing electronic-only access, you’ll decrease your carbon footprint without missing any of the premier articles and research you’ve come to value. Even if you prefer to read on hard copy, you can still print out articles of your choice simply by downloading the PDF.

**Cancel Your Print Copies Today**

If you haven’t already told us that you prefer *not* to receive print copies of *JCD* and your division journals, you are still on the mailing list. To choose electronic-only journal access, simply log into the members-only section of the ACA website and enter your username and password. Once logged in, first select “Manage Your Membership” in the right-hand column, then “Communication Options and Professional Information” at the top of the page. Then, check the “JCD Electronic” box. For Division journal electronic-only access, scroll down to “Communications Options” and check your Division(s) acronym. Alternatively, call ACA Member Services at 800-347-6647 x222 / 703-823-9800 x222.

**Note.** Beginning July 1, 2012, there will be a $35.00 per volume year charge for members requesting print copies of the *JCD*.

**Set Up E-Mail Alerts to Receive Notification When Each New Issue is Available Online**

To ensure you receive immediate online access to each new issue of *JCD*, set up an e-mail alert by following the steps below.

1. Log into the Wiley Online Library if you are not already a registered user (http://onlinelibrary.wiley.com/) and create a profile. Once registered, return to the journal homepage.
2. Select “Get New Content Alerts” from Journal Tools on the top of the left-hand side menu.
3. You will now receive an e-mail when a new issue is published.
 Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

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

Employment ads are listed under international or national by state.

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

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

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

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

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

Direct all copy or inquiries to Kathy Maguire via email at kmaguire@counseling.org.

Phone: 607.662.4451
Fax: 607.662.4415

Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.

Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

All manuals and materials provided to lead up to 14 different workshops. Our training is licensed by Hay House, Inc., and approved by Louise Hay. www.healyourlifetraining.com

SCOTTBLUFF, NEBRASKA

Furnished office space available in established mental health practice for Licensed Mental Health Practitioner. Full or part time hours, phone line, billing, and supervision included. Contact: dalmass@yahoo.com or mail resume to PO Box 688 Scottsbluff NE 69363.

EMPLOYMENT

PRIVATE PRACTICE THERAPISTS - REFERRALS

Looking for licensed therapists in private practice as independent contractors – across the country, who are interested in working with couples. To learn more, please go to: www.YourMarriageCounselor.com/therapist or you can call Marty Tashman at 732/246-8484.

LOYOLA UNIVERSITY NEW ORLEANS

Assistant Professor Department of Counseling

Loyola University New Orleans Department of Counseling is pleased to announce an assistant professor tenure-track position beginning in the fall of 2012. Responsibilities include teaching courses in the Clinical Mental Health Counseling Program (a 3-3 load), conducting research/writing for publication, advising students, and engaging in service activities for the university and profession. Potential courses may include core counseling courses (e.g. Counseling Theory, Vocational Counseling) and

CLASSIFIEDS
marriage and family courses (e.g., Family Systems, Marriage and Couples, Intro to Family Counseling). Summer teaching is also possible.

Required qualifications include a doctorate in Counselor Education from a CACREP-accredited program or a doctorate in Marriage and Family Therapy from an AAMFT-accredited program; a clear research agenda with publications; license eligible as a LPC in Louisiana.

Preferred qualifications include training and experience in either Clinical Mental Health or Marriage and Family Counseling, experience mentoring students with research projects (e.g., presentations and building data sets), a strong desire to conduct research, publish/present at state/national conferences, at least three years full-time teaching experience in a counseling program, and experience working with a diverse faculty and student body.

Applicants should send the following documents as email attachments to Dr. Thomas Foster, Search Committee Chair, at tfoster@loyno.edu:

- Letter of Interest that addresses the required and preferred qualifications
- Curriculum Vita
- Statement of Teaching Philosophy and Theoretical Orientation
- Research Agenda

In addition, applicants should send their official graduate transcripts, three letters of reference, and a video demonstration of their teaching by mail to Dr. Thomas Foster, Search Committee Chair, at Loyola University New Orleans, 6363 St. Charles Ave Campus Box 66, New Orleans, LA. 70118. We will be accepting applications until June 1, 2012. Minorities and women are strongly encouraged to apply. Offered salary is competitive.

Loyola University New Orleans, a Jesuit and Catholic institution of higher education, welcomes students of diverse backgrounds and prepares them to lead meaningful lives with and for others; to pursue truth, wisdom, and virtue; and to work for a more just world. Inspired by Ignatius of Loyola’s vision of finding God in all things, the university is grounded in the liberal arts and sciences, while also offering opportunities for professional studies in undergraduate and selected graduate programs. Through teaching, research, creative activities, and service, the faculty, in cooperation with the staff,

**New!**

**Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families**

*edited by Sari H. Dworkin and Mark Pope*

“This captivating book contains 31 case studies that focus on what is said and done in actual counseling sessions with LGBTQQI clients, including diagnosis; interventions, treatment goals, and outcomes; transference and countertransference issues; other multicultural considerations; and recommendations for further counseling or training.

Experts in the field address topics across the areas of individual development, relationship concerns, contextual matters, and wellness. The cases presented include coming out; counseling intersex, bisexual, and transgender clients; couples, marriage, and family counseling; parenting issues; aging; working with rural clients and African American, Native American, Latino/a, Asian, and multiracial individuals; sexual minority youth; HIV; sexual and drug addictions; binational couples; work and career; domestic violence; spirituality and religion; sexual issues; and women’s health. 2012 | 395 pgs

Order #72917 | ISBN 978-1-55620-306-0
List Price: $54.95 | ACA Member Price: $39.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.

Order Online: counseling.org
By Phone: 800-422-2648 x222
(M-F 8am – 6pm)
Rehabilitation Studies
Department Chair-Associate Professor or Full Professor. (Vacancy # 975031 at www.jobs.ecu.edu). The candidate must have appropriate background and commitment to serve as a full-time faculty member in a department with a CORE-accredited rehabilitation counseling program, which is also pursuing CACREP accreditation in addiction, career counseling, and counselor education and supervision. Ph.D. in counseling from a CORE/CACREP accredited program required. Appropriate licensure (e.g. LPC, LCAS) and certification (e.g. CRC, NCC) required. Rank/salary commensurate. Ph.D. in counseling from a CORE/CACREP accredited program required. Appropriate licensure (e.g. LPC, LCAS) and certification (e.g. CRC, NCC) required. Rank/salary commensurate. Ph.D. in counseling from a

Texas

Two Tenure-track Positions

The University of Texas at Tyler Department of Psychology and Counseling invites applications for up to two (2) tenure-track positions in school counseling, counselor education, counseling psychology, or closely related field for our Master of Arts in School Counseling Program. The School Counseling program is fully online, and meets Texas standards for certification of school counselors.

Teaching opportunities in the on-campus M.A. in Counseling Psychology program will also be available. POSITION 1: School Counseling program director (Associate Professor/Assistant Professor). The successful candidate will: (1) teach online graduate courses in school counseling and on campus courses in related areas of counseling (e.g. Career, Group, and Family), (2) supervise school counseling practicum field supervisors, (3) develop a strong record of scholarship through empirical studies, professional presentations, refereed publications, and external funding; (4) provide service to the field and profession, and share in program, department, college, and University governance; (5) lead curriculum and program development, advise students, and develop cooperative relationships with public schools. Certification and experience as a school counselor is preferred. Minority candidates, those having experience with diverse populations, and with supervising counselors in the public school system are especially encouraged to apply. POSITION 2: Assistant Professor. Successful candidate will also meet #1, 3 and 4 above. Send a letter of your teaching and research interests, curriculum vita, transcripts, three letters of reference and copies of recent publications to: Shelly Marmion, Ph.D., Department of Psychology and Counseling, The University of Texas at Tyler, 3900 University Blvd., Tyler, TX 75799. E-mail: SMarmion@uttyler.edu. Salary is commensurate with qualifications and experience. Review will begin immediately and continue until the position is filled. UT Tyler is a growing university in scenic northeast Texas about 90 miles east of Dallas. We have over 6,000 students, a vibrant undergraduate program and Masters programs in applied psychology and counseling. For more information about the Psychology and Counseling Department visit our website at. http://www2.uttyler.edu/psychology/ma_schoolcounseling.php. UT Tyler is an Equal Employment Opportunity Employer.

Virginia

Prince William Family Counseling
LPC/LCSW/Ph.D./Psy.D

Make your career count. Make real money and big money NOW! Select offices at Prince William Family Counseling (PWFC) have limited openings for energetic private practice seeking Virginia licensed clinicians. PWFC provides full and immediate caseloads along with complete A to Z administrative support. YOU only have to see the patients and get paid – Everything else is done for you. To Apply, please send you resume to pwfc.jobs@gmail.com.
A counselor sued for slander triumphs in court.

A 52-year-old physician arrested for DUI, denies the counselor’s assessment of substance abuse and sues for slander and $700,000 in damages.

Read the details of this case study involving a malpractice lawsuit against a counselor insured through HPSO at www.hpso.com/ct1.
SAVE 20% ON ANY NCE, NCMHCE, CPCE or LPCC STUDY PACKAGE

USE COUPON CODE: CTAMJ
EXPIRES: 05.31.12

“Dr. Frankel, I received my NCE results last night - 142/160. Your encouragement and the excellent study program made a significant and positive difference in preparing for this comprehensive test. Thank You!”
Heather Hamilton
Atlanta, GA (Nov. 2011)

Association for Advanced Training in the Behavioral Sciences
800.472.1931 | www.aatbs.com

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