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Cover Story

The power of play
By Lynne Shallcross
Play therapy provides children with an action-based language for confronting problem issues, exploring different perspectives and practicing new behaviors.

Features

Putting clients ahead of personal values
By Lynne Shallcross
The ACA Code of Ethics has played a central role in recent legal decisions concerning nondiscrimination, religious beliefs and curricular requirements in counselor training.

Endangered innocence
By Jonathan Rollins
Children of incarcerated parents are often left to deal with the aftermath of shattered attachments, lowered expectations, a lost sense of security and misplaced blame.

Reader Viewpoint
The challenge of eating disorders on a college campus
By Charlotte Chapman, Kristin Gilger & Amy Chestnutt
In college environments where the “thin ideal” is particularly encouraged, prevention and treatment must move beyond stressing the abnormality of disordered eating.

Reader Viewpoint
Managing to help people without HMOs
By Fred Redekop
Is it really possible to see clients without involving third-party payers? At least one agency is resisting the pressure to conform to standard reimbursement practices.

Special Series
Dissecting revisions to the DSM-5
By K. Dayle Jones

ACA Eye on Ethics
Ethically informed management in counseling
By Richard F. Ponton

Extras

ACA president-elect candidates share their views
For the 3 million children nationwide with food allergies, lunchtime can pose an even tougher challenge than parents might imagine. A new study published in the October issue of the *Annals of Allergy, Asthma & Immunology* revealed that roughly 35 percent of kids age 5 and older with food allergies have been the subject of bullying, teasing or harassment. The study, which surveyed more than 350 parents and caregivers, uncovered some startling information about what goes on in the school lunchroom and how it makes allergic children feel.

Of those children who had been bullied and teased because of their allergies:

- 86 percent were teased repeatedly.
- 43 percent said they’d had the food to which they were allergic waved in their face.
- 64 percent had experienced verbal taunting.
- 35 percent had experienced a physical form of bullying.
- Approximately 20 percent indicated teachers or other school staff had taken part in teasing them.
Knowing that this month’s cover story was going to address the important topic of therapeutic play from the perspective of counselor practitioners specially trained in play therapy, I wanted to look at play from a personal perspective and share how it has manifested itself in my life.

When I first considered the topic, I thought, “Isn’t all play therapeutic?” But after some time, I concluded that, no, it really isn’t. Having played numerous sports throughout my life, even into my adulthood with competitive tennis, I have seen the “ugly” side of play as well.

Personally, I have been so driven to win that, I am ashamed to say, even small children have fallen victim to my competitive spirit. I remember very vividly playing basketball with my nephews once and beating them badly. One of them turned to me and said, “Aunt Marcheta, do you always have to win?” I paused for a moment before turning to my nephew and responding, “Yes.” Of course, now being over 50, I realize that physically, my best days are behind me … but I still have a pretty good jump shot if I’m standing still (smile).

Anyway, back to the topic of play’s therapeutic qualities. I have learned the importance of play throughout my life. For me, play means the ability to walk away from the daily grind of work to experience a physical and mental release. There are very few things in life that I enjoy more than simply getting out and playing with my husband, children or friends. This is when a lot of laughter and fun occur.

Whether engaged in a physical game or even a board game, you can learn quite a bit about someone’s personality through play. During the holidays, I sometimes purchase puzzles for our family to complete. It is amazing to see how each family member responds to this challenge. One child will work and work until the task is done. Another becomes frustrated after a short period of time and walks away. I have the “drive-by” child who will walk up, put a puzzle piece in place and then quickly move on to something else. Yet another child won’t even try because the fear of possibly not being successful is too great. Despite all these differences in personalities, our time together at play is somehow bonding and quite rewarding.

One of my other great joys is attending our branch, region, division and national conferences. Yes, these are prime times to network and to secure those valuable continuing education units that we all need to stay relevant and current with our profession. But these are also times to get refreshed and to enjoy one another. As president of the American Counseling Association, I have been afforded the opportunity to attend several conferences this fall where I have truly enjoyed participating in yet another version of “therapeutic play.” To be given the chance to connect with individuals whom we may see only once a year, to catch up on what is happening in the lives of our friends and colleagues, is so gratifying.

If you have not attended any of your conferences recently, I strongly urge you to do so. It will bring a smile to your face and give you back that competitive edge. Attend one of the receptions or dances, and you’ll likely get a good opportunity...
Cyberbullying: What Counselors Need to Know
Sheri Bauman

This informative book offers complete, up-to-date coverage of the growing problem of cyberbullying. Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students face on the Internet. Includes a discussion of the different types of cyberbullying and cyberbullying environments; an overview of prominent theories of aggressive behavior; practical tips to identify and follow cyberfootprints; proactive responses to cyberbullying; effective, nonpunitive strategies for responding to cyberbullying; useful information on current technology and popular websites; and much more.

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

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

List Price: $47.95 | ACA Member Price: $35.95

Suicide Prevention in the Schools: Guidelines for Middle and High School Settings, Second Edition
David Capuzzi

In this book, David Capuzzi encourages suicide prevention in schools through the use of a clear and effective crisis management plan designed to identify and serve at-risk youth. His concise, step-by-step framework provides essential information for school counselors, administrators, and faculty on suicide assessment, faculty roles and responsibilities, and instructions on how to implement a building- or district-wide prevention program that includes faculty training and preparation of crisis teams. Postvention after a suicide attempt or completion, the legal aspects of youth suicide prevention, parental education, and classroom lesson plans are also included.

List Price: $29.95 | ACA Member Price: $24.95

Active Interventions For Kids and Teens
Jeffrey S. Ashby, Terry Kottman, and Don DeGraaf

This engaging guide contains 50 action-oriented activities that can be used in groups with children, adolescents, and adults. Combining fun with proven adventure therapy strategies, the activities are designed to stimulate learning, promote social and emotional development, cultivate skills, foster change, and encourage teamwork. For quick and easy use, each activity lists age range, game rules, goals and objectives, materials required, modification suggestions, and post-activity processing and discussion questions. Additionally, helpful matrices organize the activities by type, goals, objectives, and grade levels to help group leaders find the right activity at the right time.

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Giving thanks

I n the United States, we will celebrate Thanksgiving this year on Nov. 25. Traditionally, friends and family gather on this day to give thanks for things with which they have been blessed. Although copious amounts of food are often included in the festivities, the real focus is on acknowledging and appreciating the good things in life. It is ironic, then, and an interesting juxtaposition, that the following day is known in the retail industry as Black Friday.

Yes, the day after Thanksgiving, the day after we express our appreciation for invaluable blessings such as family and friends, is the day when economists, politicians and titans of industry monitor merchandise sales to determine how profitable (or not) the Christmas buying season will be.

That’s right. Black Friday — the day when warm, fuzzy, special feelings from the previous day evaporate as people run down the store aisles and someone is bound to knock over an elderly woman in the name of grabbing an alpaca sweater offered at a significant discount. We live in interesting times.

But this month’s column is not about the marathon sales or the questionable behavior of some of those who choose to participate in Black Friday. Rather, I am focusing on what goes on the day before. I am thankful for many things: my family, my friends, my good health and a roof over my head.

On a professional level, I am appreciative of my fellow ACA staffers who have dedicated themselves to ensuring that our members know how special they are. I am also appreciative of the ACA leadership, being led this year by our president, Marcheta Evans. And I would be remiss if I did not acknowledge my thanks for you, the members of ACA.

I am constantly in awe of what you do for so many families, couples and individuals. You go that extra mile even when you don’t have to, and you constantly look for ways to make this a better world for everyone. As the year comes to a close, I hope you will take time to reflect on what you have accomplished and the lives you have changed and then commit yourself to doing the same good work as we prepare to enter another new year.

Speaking of those in need, I would ask you to consider including the American Counseling Association Foundation in your financial contributions as the year comes to a close. The ACA Foundation, being chaired this year by Sam Gladding, has carefully looked at how to make the most of the resources it has available. By supporting graduate students, providing books to elementary school counselors and ensuring that the Counselors Care Fund continues to “live,” the ACA Foundation carries out its mission of counselors helping counselors.

It is amazing to think about how much the ACA Foundation has accomplished given the small percentage of ACA members who made contributions to it this past year. The Foundation provides important resources for professional counselors and counselor education students. Won’t you consider making a donation by going to acafoundation.org?

I am challenging the ACA membership to join me in making a gift to the ACA Foundation. It doesn’t matter how large or how small your donation — whatever you give will help the Foundation.

I also want to let you know about a very special pledge. An anonymous donor has pledged $2 for each person who makes a contribution between Nov. 1 and Dec. 15. Since every little bit helps, won’t you consider making a donation, especially knowing that whatever you give will be enhanced by our anonymous donor’s pledge?

My thanks to all of you for the good work you are doing.

As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231. Thanks and be well. ✦
Counseling and the military culture

In her cover story “Men welcome here” (August 2010), Lynne Shallcross addresses the challenges of engaging men in the therapeutic process. I would like to expand on her article by sharing my thoughts on how these challenges become significantly greater when the men are military veterans. In my opinion, military men suffer from poor psychological health more than any other occupation in the world, yet they are the least likely to seek mental health services. During my time deployed overseas in support of Operation Enduring Freedom as a U.S. Army infantryman, I served with an all-male peacekeeping unit of just over 400 men. Realizing that we were engaged in what would likely be the most stressful time of our lives, the Army assigned our unit one psychologist to provide mental health services if needed. A ratio of 400-to-1 might seem a little alarming at first, but I assure you this one particular psychologist could have easily tripled her caseload and still enjoyed four-day weekends. The explanation for this ratio can be found throughout Shallcross’ article, but for me, military men can best be explained in the section titled “Toughing it out.”

Army infantrymen — men who fear very little — fear being judged by their comrades a great deal. The men who sought mental health services were seen as weak for not being able to handle problems on their own. These men are taught to suck it up and drive on. Weak men in the Army are considered liability issues, a danger to the welfare of the unit. Therefore, they will lack the trust and respect of the unit’s other members. Men who cannot be trusted in an infantry unit know they will be quickly ostracized. Needless to say, the vast majority of men in this unit who suffered from poor psychological health were not willing to sacrifice their reputations as men among their comrades, so the demand for a psychologist was nearly nonexistent.

Today, more and more men with poor psychological health are coming home from overseas combat operations, and they are bringing their proud military reputations with them. Therefore, it is highly unlikely that these men will suddenly unlearn their behaviors from the military, walk into our offices for some traditional counseling and start spilling their guts. They did not do it with the psychologist overseas, and they are not going to start doing it now. We need to move past the idea of traditional counseling when it comes to counseling military men and follow the advice offered in Shallcross’ article. We can no longer sit around and wait for military men to come to us; we have to be a little creative and go to them.

Richard Joseph Behun, M.S.Ed., MSL, NCC
Doctoral Student
Duquesne University

Supporting treatment over incarceration

As a certified professional in the field of addictions practicing in Miami-Dade County, Fla., I would like to respond to Chris Morkides’ article “Breaking the cycle of addiction and crime” (September 2010).

I was pleased when the author mentioned how Miami-Dade County started the country’s first drug court and how drug czar Gil Kerlikowske “views drug courts as a way to ‘break the cycle of addiction and crime.’” I strongly support treatment over incarceration for habitual nonviolent drug abusers, and I am encouraged that the 2010 federal budget earmarks $50 million more for drug courts. Statistics support what Morkides’ article emphasized: Melding the two models of treatment and incarceration is a wise investment in many ways.

Drug treatment, or “rehabilitation,” should be viewed as a fiscally responsible investment in society. The federal government spends about two-thirds of its $19.2 billion drug budget on law enforcement and interdiction — with at least 60 percent of inmates reporting a history of substance abuse.

According to the Florida Alcohol and Drug Abuse Association, on average, the cost of warehousing nonviolent drug offenders is more than five times greater than treating them. Furthermore, a two-year California Drug and Alcohol Treatment Assessment study found that for every $1 spent on treatment, $7 was saved in future costs.

Additionally, a National Institute of Justice study found that inmates receiving addiction treatment in prison and during work release programs were 75 percent drug-free and 70 percent arrest-free after 18 months. A RAND Corporation study determined that providing treatment to all addicts in the United States could save more than $150 billion in social costs over the next 15 years, while requiring only $21 billion in treatment expenditures.

Finally, according to the federal Center for Substance Abuse Treatment, every American man, woman and child pays more than $1,000 annually to cover the $275 billion tab for untreated addiction. Ironically, it would only cost each American about $45 to provide full treatment for all addictive disorders.

Results prove that addiction treatment is beneficial to the individual and to society in general. Twenty-plus years ago, Miami-Dade County had the right approach in starting the country’s first drug court. Yes, drug treatment is a wise investment — one life and one dollar at a time.

Marina E. Carbonell, Ed.D., LMHC, CAP, NCC, BCPC
Miami
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Where helpers find help

Two articles in the August 2010 issue of Counseling Today leapt from the pages. They both address the fact that counselors have a need, as well as an ethical obligation, to take care of their own personal mental health. In “A case for personal therapy in counselor education,” Amanda E. Norcross advocates that counselors undergo their own therapeutic work in order to be effective, aware and ethical in their work. In “Self-care: An ethical obligation and preventive tool,” Amanda M. Thomas and Dana Levitt continue the theme, writing of the necessity for counselors to take care of themselves.

Both articles resonated with me because for the past year, I have been involved with a nonprofit organization in Dallas called Helping Our Helpers. HOH provides counseling, education and support to helping professionals who may be suffering from compassion fatigue, burnout, secondary post-traumatic stress disorder or other stress symptoms. Our target population for assistance includes licensed social workers, Child Protective Service workers, licensed

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STEP 4: Launch Site
At the end of September, the U.S. Department of Veterans Affairs (VA) issued new qualification standards for “licensed professional mental health counselor” positions within veterans health facilities and programs. The completion of job qualification standards for counselors is the last major step needed in the VA’s implementation of Public Law 109-461, enacted in December 2006, to establish explicit recognition of both licensed mental health counselors and marriage and family therapists within the Veterans Health Administration (VHA). Standards for both “licensed professional mental health counselor” and “marriage and family therapist” were shared with VA administrators in the field on Sept. 28, thus meeting the deadline VA Assistant Secretary for Human Resources and Administration John Sepúlveda targeted a year ago in a meeting with congressional staff.

Counselors now will be able to help address the significant unmet need for mental health treatment for veterans. As stated by the RAND Corporation in its 2008 report “Invisible Wounds of War”: “Both DoD [Department of Defense] and the VA have had difficulty in recruiting and retaining appropriately trained mental health professionals to fill existing or new slots. With the possibility of more than 300,000 new cases of mental health conditions among OEF/OIF [Operation Enduring Freedom/Operation Iraqi Freedom] veterans, a commensurate increase in treatment capacity is needed. Increased numbers of trained and certified professionals are needed to provide high-quality care (evidence-based, patient-centered, efficient, equitable and timely care) in all sectors, both military and civilian, serving previously deployed personnel.”

With a completed set of job qualification standards unique to them, counselors will be eligible for GS-9 through GS-14 positions within the VHA. These positions will make full use of counselors’ knowledge, skills and abilities. The GS (General Schedule) levels established for licensed professional mental health counselors and marriage and family therapists are identical to those currently used for clinical social workers and include clinical and supervisory positions. Currently, the VA employs more than 4,500 individuals with a master’s degree in social work.

The VA’s standards require counselors to have a master’s degree in mental health counseling or a related field from a program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). The term “related counseling field” is defined to include, but is not limited to, addiction counseling; community counseling; gerontological counseling; marital, couple and family counseling; and marriage and family therapy. A master’s degree in mental health counseling is the only degree that will be recognized under the new standards. No substitute degrees are authorized.

The qualification standards also contain specific information regarding the employment of counselors who have not completed all of the requirements to become state licensed at the time of appointment. At the time of appointment, the supervisor will provide the unlicensed counselor with the written requirement to obtain licensure, the date by which the license must be acquired and the consequences for not becoming licensed by the deadline. Failure to become licensed within two years of the date of appointment will result in removal from the GS-101 LPMHC series and may result in termination of employment. Once licensed, counselors must maintain a valid and unrestricted license to independently practice mental health counseling, which includes diagnosis and treatment. The full text of the qualification standards is available at www1.va.gov/vapubs/viewPublication.asp?Pub_ID=507&FType=2.

The American Counseling Association worked closely with both the American Mental Health Counselors Association and the National Board for Certified Counselors to gain establishment of these standards. Although adoption of the standards is the last major step needed for counselors to be recognized, it will take time for counselor positions to begin appearing on the federal government’s usajobs.gov and vacareers.va.gov websites and for counselors to be fully integrated into the VHA system. Our organizations are working with VA staff to address several implementation issues. The goal is to ensure that counselors are appropriately considered and hired for all nonphysician mental health provider positions at VA facilities.

To help ensure the process is working, we strongly encourage counselors to contact us and share their experiences in seeking positions within the VA under the new standards. If you have questions about your eligibility for VA positions, please contact the human resources staff at your local VA office.

For more information, contact Scott Barstow of ACA’s public policy staff at 800.347.6647 ext. 234 or sbarstow@counseling.org.

Continued on page 66
Congress is expected to engage in a major review and update of federal programs supporting elementary and secondary education programs within the next several months. To lay the groundwork for this, the American Counseling Association is working to increase support for proposals aimed at increasing the supply of school counseling services.

America’s schools do not have nearly enough school counselors, school social workers and school psychologists to provide the comprehensive school counseling programs, services and other essential academic supports that students and schools need. Frequently, school counseling services and personnel are left out of the equation altogether by state and local school boards or are first on the chopping block during budget cuts. For more information on these bills or how you can help promote them, contact Dominic Holt at 800.347.6647 ext. 242 dholt@counseling.org.

**The Increase Student Achievement Through Increased Student Support Act (H.R. 1361/S. 538)**

This legislation would strengthen recruitment and retention of school counselors, school social workers and school psychologists in low-income school districts in urban and rural areas by providing targeted tuition assistance and loan repayments. See *Washington Update* on page 66 for more details.

**Whom to contact:** Your representative and both senators. To identify your lawmakers using your ZIP code, go to http://capwiz.com/counseling/home. Also use this site to find out if your lawmakers are already cosponsoring H.R. 1361 or S. 538 and to generate personalized e-mails to advocate for these bills. You can also reach members of Congress by calling the U.S. Capitol switchboard at 202.225.3121 and asking to be transferred to a specific lawmaker’s office.

**Key message:** If your lawmaker has already cosponsored the bill, thank her or him! Otherwise, please personalize the following suggested messages with your own stories and insights.

**For your representative:** “Please cosponsor H.R. 1361, the Increased Student Achievement Through Increased Student Support Act, introduced by Rep. Ed Towns. This bipartisan bill would create a pipeline of school counselors, school social workers and school psychologists for placement in high-need schools with low graduation rates.”

**For your senators:** “Please cosponsor S. 538, the Increased Student Achievement Through Increased Student Support Act, introduced by Sen. Blanche Lincoln. This bipartisan bill would create a pipeline of school counselors, school social workers and school psychologists for placement in high-need schools with low graduation rates.”

**The Put School Counselors Where They’re Needed Act (H.R. 5671)**

This legislation would establish a small, competitive grant program to support expanded school counseling services in at least 10 low-income secondary schools with high dropout rates. Grant recipients would be expected to add at least one school counseling position for every 250 students identified as at risk of not graduating. Recipients could also use funding to support professional development and improved service delivery for existing school counselor positions.

**Whom to contact:** Your representative.

To identify your lawmaker using your ZIP code and to check if she or he is already a cosponsor of H.R. 5671, go to http://capwiz.com/counseling/home. You can also use the site to generate a personalized e-mail to advocate for this bill. All members of Congress can be reached by going through the U.S. Capitol switchboard at 202.225.3121 and asking for a specific office.

**Key message:** If your lawmaker has already cosponsored the bill, thank her or him! Otherwise, please personalize this suggested message with your own stories and insights.

**For your representative:** “Please cosponsor H.R. 5671, the Put School Counselors Where They’re Needed Act, introduced by Rep. Linda Sanchez. This bill would help fund additional secondary school counselors in at least 10 troubled, low-income high schools to help reduce dropout rates.”

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**GRADUATE PROGRAMS IN PASTORAL COUNSELING AND SPIRITUAL CARE**

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Janis Hopper, a certified alcohol and drug counselor (CADC) and licensed clinical professional counselor, called me one day for career pointers because she wants to make good use of her considerable experience providing individual, family and group counseling. Her long history of working in managed care and her advocacy for special needs populations and clients with co-occurring (dual-diagnosis) issues makes her a valuable member of our profession. Here is her story.

**Rebecca Daniel-Burke:** What led you down the path toward a profession in counseling?

**Janis Hopper:** I came to the party late. I didn’t start college until I was in my early 40s. I have spent most of my work life in the health care field. In many ways, it seemed like a natural progression. Shortly after earning my CADC, I found myself working as part of the support staff in a group psychiatric practice. I was eventually promoted to managed care supervisor. Spending my day working alongside psychiatrists and therapists, I knew I wanted to continue my education.

**RDB:** Please say a bit about your favorite counseling position. How was that job for you?

**JH:** In my favorite position, I felt as if I had the best of all worlds. I had the opportunity to utilize all of my education. I was given enough latitude to develop as a valuable member of our profession. Here is her story.

**RDB:** What about the political side of counseling: agencies, contracts, business strategies? Does all of this have a place in counseling?

**JH:** The simple answer is a resounding yes! The more I moved through my clinical work, the more I came to appreciate my years as a managed care supervisor. I soon realized that it gave me a completely different perspective than my peers. I discovered that my expectations were significantly different than the expectations of others. I am not offended, but often frustrated, by the demands of managed care. As a matter of fact, it was part of my job to train new providers on how to work with managed care companies. We worked with more than 15 contracts. I learned that a collaborative approach is always best.

**RDB:** Has studying counseling and becoming a professional counselor been transformational for you?

**JH:** Absolutely. I did everything I could to immerse myself in the experience. The course work was demanding. Maintaining personal journals and so on required a willingness to lend oneself to a degree of vulnerability. Like many of my classmates, I also went into therapy. I worked on issues that surfaced as a result of internships and the learning process. I am definitely not the same person who started out on this journey.

**RDB:** What mistakes have you made along the way as you became the counselor you are today? What lessons have you learned from those mistakes?
JH: I have always been viewed as an intuitive person. Following my instincts has been second nature. During my initial internships, I seemed to block those gut feelings at every turn. After some discussion with my supervisor, it became evident that I was too concerned about making a mistake. This stance kept me out of the flow. Insightful feedback, along with some suggestions on technique, returned me to my natural rhythms.

RDB: In what ways do you take care of yourself and fill yourself back up?

JH: I turn to a variety of things. I enjoy meditation, yoga and the inspirational writings of Rumi and Thich Nhat Hanh. I have been doing a good deal of reading on the subject of mindfulness. I find that what I am learning is very rewarding. I have fun with the British-style murder mysteries called “cozy mysteries.” When possible, I treat myself to a massage, lunch with a friend, a scented candle or fresh flowers.

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

JH: As I reach out to families of dually diagnosed clients, I am hearing how much they appreciate the support groups that NAMI and other organizations provide. However, these same individuals do not attend groups such as Al-Anon or Families Anonymous. These recovery groups can be an invaluable adjunct to current support systems.

Also, I’d like to share a few thoughts about managed care. I have asked case managers what I need to do to make both of our jobs easier. Are there materials they would be willing to fax to me so that I might be more efficient in my reporting? I also ask how my services are being billed. Whether I am working in a hospital or an agency environment, this is important to me. I am the one signing off on services rendered, and my charts are being audited. I owe it to myself to ask these questions.

Gerald Corey, Robert Haynes, Patrice Moulton, Michelle Muratori

"This is the most comprehensive supervision resource that I have seen and one that provides a clear framework for consultation and supervision classes. It offers concrete activities and focus questions to guide the process, while covering those areas in supervision that have traditionally been unaddressed. I will adopt this text to train site supervisors and internship students in becoming competent future supervisors."

—Kellie Kirksey, PhD
Malone University

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—Mary Kate Reese, PhD
Argosy University, Atlanta

This straightforward guide for new and practicing supervisors emphasizes the attainment of skills necessary to effectively supervise others in a variety of settings. Topics covered include the roles and responsibilities of supervisors, the supervisory relationship, models and methods of supervision, becoming a multiculturally competent supervisor, ethical and legal issues in supervision, managing crisis situations, and evaluation in supervision. User-friendly tips, case examples, sample forms, questions for reflection, and group activities are included throughout the text, as are contributing supervisors’ Voices From the Field and the Authors’ Personal Perspectives—making this an interactive learning tool that is sure to keep readers interested and involved. 2010 • 304 pgs

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Do mixed specialty groups have an advantage?

Q: Can you tell me about something called a mixed specialty group? A colleague of mine is setting one up and is telling me that the reimbursement from Blue Cross is substantially higher when sessions are billed this way. Is that accurate? I am currently trying to find this out from Blue Cross as well. Also, how does one go about setting this up, and what are the pros and cons? Thanks so much!

Q: We’re hearing through reliable sources that a couple of larger agencies that have psychiatrists on staff are billing and supposedly getting 100 percent payments on what they bill ($124 for 90806 — 45- to 50-minute individual psychotherapy sessions), even for the licensed professional counselors, licensed clinical professional counselors and licensed clinical social workers on staff. They bill under a corporate tax ID. Are they able to do this because they have a medical director? Have you heard of this being the case at all? It doesn’t seem right that some LPCs/LCPCs would get more reimbursement than others on the basis of whether there is a psychiatrist on staff where they work.

A: It’s hard to tell what’s fair with managed care and insurance. Adding a psychiatrist and all of the costly liability insurance and overhead for a mixed specialty group would make some sense because of the reimbursement difference. Some colleagues have formed an S corporation with a group corporate ID (go to simplefilings.gov-tax.net?rdir=1284573250&sc=0 to obtain this). They have a mixed group of Ph.D.s, LCSWs and LPCs/LCPCS. We also recommend that you obtain a group National Provider Identifier (at cms.gov/NationalProvIdentStand/) in addition to your individual NPI number. This does not guarantee a higher reimbursement rate, but making these changes and writing to the insurance or managed care company and identifying yourself as a mixed specialty group may place you at the higher reimbursement rate. In addition, always remember to call the company’s provider relations director and ask for an increase. For more, see “Rise Up, Ask for a Raise!” at my.counseling.org/2010/08/23/rise-up-ask-for-a-raise.

Q: My question concerns insurance. I work as an independent contractor for a group that has 20 other counselors. Some of them are already licensed, some are not. I received a request from an insurance company for more information on a person I have never seen. They show my name, my license number, my place of work — all of which is correct — but I do not know this person. How should I proceed?

A: Talking to the clinical director or practice owner would be the first step. Perhaps it was mistakenly billed as you having provided the counseling. With billing software, the office person may inadvertently “click” on you as the counselor for the client. Regardless, this needs to be cleared up with the practice and the insurance company because it is fraudulent to bill for services rendered by anyone other than the counselor listed on the insurance claim form. Moreover, we would ask for something in writing to ensure that this issue has been rectified to your satisfaction. We do not want to assume that this was intentional, but it does happen.

Joan Phillips wrote a blog post on the “Ethics of Billing” (available at my.counseling.org/2010/08/03/the-ethics-of-billing) that is thought-provoking.

Q: I have had a successful private practice in Boston for 10 years, am an American Counseling Association member and greatly appreciate your columns. I was about to print your superbill for possible future use when I realized there is a problem for me: I don’t have a tax ID number. I’ve been using my Social Security number, which I now know from reading your previous column is a mistake. If I get a tax ID number, can I switch horses midstream? Will the tax ID number identify me to insurance companies that have been paying me with my Social Security number all these years?

A: We would suggest changing that “horse” sooner rather than later. You don’t need your Social Security number circling in cyberspace or on the explanation of benefits form headed to your client’s mailbox.

First, go to irs.gov and get a tax ID number. You can also download the Request for Taxpayer Identification Number and Certification Form (form W-9). Second, mail or fax a cover letter indicating the change, along with the W-9, to each insurance company. You might even be able to access your provider information via the insurance companies’ websites and make the change that way. If you have uploaded your information to the Council for Affordable Quality Health, don’t forget to make the change there as well.

We will be presenting our private practice workshop “Surviving or Thriving?” Oct. 29 in Sioux Falls, S.D., and Dec. 4 in Chicago. Go to counseling-privatepractice.com/seminars.php for details and registration.

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

Letters to the editor: ct@counseling.org
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Microaggressions in Everyday Life: Race, Gender and Sexual Orientation

Microaggressions in Everyday Life: Race, Gender and Sexual Orientation

Whether it is the pictures in the salon window suggesting that services are not provided for you here or the application form that supplies only the options “married,” “single” or “divorced” for relationship status, microaggressions are present everywhere. But despite the fact that microaggressions surround us, the concept has been a difficult one to explain. In Microaggressions in Everyday Life: Race, Gender and Sexual Orientation, Derald Wing Sue once again shines light on an issue that impacts society in a devastating way. In the same way he has helped to explore, examine and explain the complexities of multicultural counseling and advocacy, he has broadened our understanding and perspective of the issues surrounding microaggressions.

The text is divided into four sections. In the first, Sue presents a comprehensive definition of microaggression through the use of vignettes, research and personal experience. It is beneficial that he does not limit this definition to racial microaggressions but instead expands it to include gender and sexual orientation. Not only does he provide a technical definition, but by presenting specific examples of each area of microaggression, Sue helps the reader achieve a more concrete understanding of what he is referring to in the discussion.

Also in this opening section, Sue classifies the types and themes of microaggressions into a taxonomy that he presents in three categories: microassaults, microinsults and microinvalidations. According to Sue, microassaults are akin to old-fashioned racism, and are thus not the focus of the text. The areas he explores further are microinsults (subtle messages that carry forth stereotypes, rudeness and insensitivity, such as asking an Asian person to help with a math or science problem) and microinvalidations (messages that exclude or nullify the thoughts, feelings or experiences of marginalized groups, such as exclaiming there is only one race — the human race).

Sue ends this section with a discussion of the conflict that occurs within and between individuals: the recipient when deciding to confront and the perpetrator when deciding how to respond. This section begins the discussion of how detrimental microaggressions are not only to the marginalized but to society as a whole.

Sue continues to provide a thorough perspective and understanding of that concept in the book’s second section, where he presents a model for understanding the impact this phenomenon has on all involved. He begins by helping the reader understand the process of trigger to perception to reaction to interpretation. After examining the process model, he takes an in-depth look at the physical, emotional and psychological impact of microaggressions on both the identified groups and on the perpetrators. Sue concludes the section with a poignant reflection: “People who oppress must, at some level, become callous, cold, hard and unfeeling toward the plight of the oppressed.”

Section 3 provides group-specific examples of racism, sexism and heterosexism, while institution-specific examples follow in Section 4. The workplace, education and mental health are examined from each perspective. Sue also presents a comprehensive examination of the existence of microaggressions, specifically microinsults and microinvalidations, in the personal and professional arenas for marginalized groups.

Although the entire text is a must read for those in mental health, perhaps most beneficial are the conclusions to each chapter, which Sue entitles “The Way Forward.” He describes these as “an outline of guidelines, strategies and interventions that can be taken to free our society of microaggressions,” thus presenting the reader not only with the problem but also with possible solutions. A noteworthy example occurs in the conclusion to the final chapter, where he outlines five principles cited from the American Psychological Association and his own work: learn about people of color, women and lesbian-gay-bisexual-transgender individuals from sources within the group; learn from healthy and strong people of the group; learn from experiential reality; learn from constant vigilance of biases and fears; and learn by being committed to personal action against racism, sexism and heterosexism.

Sue has given us a text that should be required reading not only in classrooms, where future mental health workers are being trained, but beyond — by all in the field of mental health. In Microaggressions in Everyday Life, Sue covers all of the steps for addressing a problem of great magnitude, from awareness and understanding to solutions and change.

Reviewed by Tonya R. Hammer, assistant professor in the University of Houston-Clear Lake Counseling Department.

Inspire, Empower, Connect: Reaching Across Cultural Differences to Make a Real Difference

Mentoring relationships can have a profound impact on development and
lead to greater cross-cultural awareness. When protégés and mentors embrace their unique differences and uphold them as a vehicle for deepening their relationship, the potential exists for further growth and mutual understanding. It is not necessary for mentors and protégés to share the same cultural background in order to connect. In fact, mentoring across cultures provides a unique opportunity to explore the life experience of someone from a different culture.

In *Inspire, Empower, Connect*, Anne Chan provides a tool kit to help mentors work effectively with their protégés across cultures and settings. The book responds to research that indicates school and employee satisfaction and incidences of success increase when mentors and protégés commit equally to the relationship.

Chan organizes her book into four easy-to-read sections on establishing the mentoring relationship and building trust, developing the protégé’s skills, facilitating the protégé’s socialization, and institutions and mentoring. She sends a message that mentoring is a state of doing rather than being. As such, her book is a resource for mentors looking to enhance their mentoring relationships or for those endeavoring to become mentors. It is a practical guide steeped in the sense of possibility inherent in the mentoring relationship.

Chan’s writing is clear, commanding and grounded in her deep appreciation of the subject. Her own mentor, Joseph L. White, wrote the forward to the book, and his influence is reflected in Chan’s writing.

The articulate voice in *Inspire, Empower, Connect* makes its concepts easily accessible by both private and public industries, including K-12 schools, higher education institutions and corporations alike. With particular attention paid to the importance of multiculturalism in counseling and psychology, the book can serve as a resource for supervision and facilitate conversations with clinicians in training. Each chapter begins with a case study that illustrates a particular focus before moving on to carefully pull out key concepts by placing them in a larger global context. The practical strategies offered at the end of each chapter provide a good map for existing mentors as well as those seeking to become mentors.

As both a protégé and a mentor, Chan delivers an inspirational guide for developing and disclosing mutually transforming relationships. As a graduate student and someone who worked in human capital in the private sector, I recommend this book to students, faculty, clinicians and anyone in organizational leadership.

Reviewed by Gina Marie Midili, California School of Professional Psychology, Alliant International University.

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Recent books by ACA members

The Counselor’s Guide for Facilitating the Interpretation of Dreams: Family and Other Relationship Systems Perspectives
by Evelyn M. Duesbury, Routledge
This book fills counselors’ great need for training on how to assist clients who bring their dreams — particularly their dreams about significant relationships — for counseling. The dream interpretation model presented, Personalized Method for Interpreting Dreams, is a researched model.

Wholeness: My Healing Journey From Ritual Abuse
by Suzie Burke (pen name), Authorhouse Publishers
This is the courageous, unfathomable story of a woman’s recovery from a decade of childhood satanic ritual abuse, providing hope and inspiration for victims of such torture. Her journey offers techniques and approaches that counselors and psychology professionals can use to benefit other survivors. The story also sheds light on how the mind stores and can recover traumatic memories.

Grace Lost and Found: From Addictions and Compulsions to Satisfaction and Serenity
by Mary Cook, Conari Press
This grace-filled book is for people at later stages in their recovery who are looking to uncover the underlying causes for their addiction and heal the psychological and spiritual pain that many addicts bear. The 40 essays, each with its own set of practices and affirmations, engage readers on a journey through body, mind, spirit, symbolic symptoms, pain messages, levels of consciousness and an expanded view of identity and life.

Building Workforce Strength: Creating Value Through Workforce and Career Development
edited by Ron Elsdon, Praeger
This book explores the perspectives of experienced practitioners who share ideas about building and sustaining organizational strength through workforce and career development practices and systems. Applications of workforce and career development principles in a variety of sectors, such as health care and high technology, offer tangible examples of these principles in practice.

Conversations With Jeremiah on the Magic of Counseling
by Geoffrey G. Yager, Invincible Publishing
This nontraditional textbook presents an introduction to counseling with a special focus on counselor self-care. The book provides a unique approach to teaching by describing the weekly meetings of two young counseling graduate students and their mysterious mentor over the course of the academic year; the mentor answers the questions of his protégés using 30 illustrative stories.

The New Handbook of Administrative Supervision in Counseling
by Patricia Henderson, Routledge
This handbook is written for first-line supervisors who work in mental health agencies, private practices or schools. It highlights the skills needed to fulfill 18 job responsibilities, including implementing your vision, advocating for services and staff members, navigating the politics inherent in work environments, building a team and managing budgets, while still maintaining your own professional integrity and development. Useful forms and self-directed exercises are provided to facilitate personal reflection.

The Courageous Follower: Standing Up To and For Our Leaders
by Ira Chaleff, Berrett-Koehler Publishers
Many coaches and counselors have utilized this classic book when assisting clients who are engaged in problematic relationships with the formal leaders of their organizations. The book offers insights and strategies for building productive relationships with those in authority roles and for confronting counterproductive behaviors or responding to ethically questionable activities on their part.

Advanced Ethics for Addiction Professionals
by Michael J. Taleff, Springer Publishing
This book is a step up from usual texts on addiction ethics because its emphasis is not simply on telling readers what is right and wrong concerning ethical problems but on how they can arrive at their own ethical conclusions. To cultivate that ability, the book covers philosophy, critical thinking and a host of problems associated with human thought. It ends with an “Addiction Ethics Judgment Kit” to assist with the process.

Secrets of Happy Couples: Loving Yourself, Your Partner and Your Life
by Kim Olver, InsideOut Press
The author surveyed 100 happy couples who had been together for at least 10 years to learn their secrets. She presents a fresh approach to relationships, with topics such as healthy relationship habits, proper problem identification and a three-step process for surviving an affair. The book brings relationships full circle by beginning in the Alone Stage, then moving to the Getting Together Stage, the Compatibility Stage, the Maintenance Stage and back to the Alone Stage, where at least half of us will arrive again.

The Counseling Practicum and Internship Manual: A Resource for Graduate Counseling Students
by Shannon Hodges, Springer Publishing Company
This resource is specifically designed for students in practicum and internship settings who are studying to become counselors. The text is filled with
the latest information students need to know to perform responsibly and maintain ethical standards while on practicum and internship assignments. The manual comprehensively covers practicum and internship settings in all counseling settings: rehabilitation, school, mental health, addictions, marriage and family, and more.

**Self-Disclosure in Psychotherapy and Recovery** by Gary G. Forrest, Jason Aronson
This text presents the first in-depth and comprehensive examination of therapist and client self-disclosure in psychotherapy relationships and therapeutic work with chemically dependent people. Many clinical case studies and therapy vignettes are included, and the book shows how therapists can teach their clients to use healthy self-disclosure to improve their mental health and recovery.

**Cyberbullying: What Counselors Need to Know** by Sheri Bauman, American Counseling Association
This informative book offers complete, up-to-date coverage of the growing problem of cyberbullying. Written for counselors, teachers, school leaders and others who work with children and teens, it addresses the real-life dangers students face on the Internet. Among its features are an overview of prominent theories of aggressive behavior and proactive responses to cyberbullying.

**Finding Your Counseling Career: Stories, Procedures and Resources for Career Seekers** by Brooke B. Collison, Routledge
For anyone considering a career in one of the many counseling professions but undecided on which one to pursue, this book will be an excellent resource. It provides insight and information into the different career opportunities available and suggestions and activities to assess one’s fit in these careers. The book clearly explains the different types of licenses, certificates and other professional counseling credentials necessary for specific positions and addresses the process of searching and applying for a job.

**City of Shadows** by Shannon Hodges, Athena Press
This mystery novel may be the first with a counselor (as opposed to a psychiatrist or a psychologist) as its main character. The protagonist, Bob Gifford, inadvertently stumbles into a murder and a conspiracy through a counseling session with a student at an elite liberal arts college. In combining the qualities of a thriller with a deep understanding of human nature and the competitive world of academe, the book also addresses issues of power and privilege.

**Free From OCD** by Timothy A. Sisemore, New Harbinger Publications
This workbook extends a helping hand to the substantial population of teens with obsessive-compulsive disorder. Among its features are assessment tools to determine the presence and severity of OCD and more than 40 activities based on cognitive behavioral therapy treatment proved effective for OCD.

**Reaching for Your New Life: Healthy Recovery From Divorce** by Sara Rose, Visual Impressions Publishing
This book is a practical step-by-step guide to navigating your way through relationship separation or divorce. With informative references and real-life anecdotes, it teaches the reader how to start living life all over again. ♦
Scrawl

Venture into the mind of your not-so-average middle school bully. Tod Munn sees himself as just another loser from a broken, poverty-stricken home. He and his gang spend most of their time stealing lunch money, vandalizing and just making kids afraid. But this time he may have gone too far. Is Tod the diabolical bully that he portrays, or is there a deeper force behind his malicious antics?

After hundreds of children's books, author Mark Shulman has released his first young adult novel, Scrawl. Although directed at readers in the 10 to 14 age range, anyone who has attended formal schooling can relate to his current subject: bullies.

Scrawl's main character, Tod "Pops" Munn, is an articulate hoodlum who has become accustomed to getting into trouble. He and his droogs enjoy terrorizing their classmates and the neighborhood by lighting fires, fighting, stealing and dodging the police. But they just got caught and are now facing trespassing, vandalism and robbery charges. As the leader, Tod is offered two choices: the juvenile detention facility or spending a month's worth of afternoons in detention with his school counselor, Mrs. Woodrow.

Detention seems the easy way out until Tod realizes he will be required to write in a composition notebook each day for the remainder of the month. To make matters worse, Mrs. Woodrow will be responding to Tod's journal entries.

The true story of "Pops" unravels as he shares his view of recent events. The plot develops as Tod writes about why he breaks kids' glasses and eats lunch last and how he was wronged during the school spelling bee. Tod's life appears to be going just as poorly as expected until he meets a fellow outcast, Luz, who happens to be heading the upcoming school play. Tod surprisingly agrees to have his mother sew the costumes for Luz's production. Tod's gang neither approves of nor understands their leader's recent interests.

Pressure rises as Tod continues his notebook scrawling while his gang is in the school courtyard picking up trash. Has everyone given up on Tod? Has his gang had enough? Will Tod's words serve to free him from his latest punishment, or will he waste away in detention forever? Page by page, the composition notebook unravels the conflict as the reader gains insight into the life of this dynamic character.

The author keeps readers interested by creating a very authentic replication of life in your everyday school. His accurate portrayals of the overly audible ticking classroom clock, unrealistic lunch times and a stale educational landscape lure readers in. Shulman also adds to the book's interest by using a journal format, which includes realistic dialogue as told by the main character, and some creative timeline hiccups to keep readers engaged. Although developed slowly by Shulman throughout

the book, the characters are so realistic that readers may find themselves thinking about individuals in their school who could fill the role of each character. The author's details of Tod's home life and his intense desire to be appreciated add to this interesting antagonist's liability.

Scrawl is a cleverly written young adult novel that captures the essence of bullying with grit and realism. Shulman adequately uses humor to enhance a tough yet hopeful story told from an often forgotten point of view — that of the bully.

Professionals working with adolescents might find Scrawl useful in bibliotherapy groups or individual sessions. The novel might also lend itself to the solution-focused counselor's goal of finding exceptions to the problem. The main character has created a tough guy image, but have any of the adults bothered to find the exception to this image? Finally, the optimism provided by the guidance counselor in this novel may inspire professionals in school environments to continue working with difficult students in often more difficult situations.

Review by Tobin Bakkedahl, a middle school counselor in the Sioux Falls School District in Sioux Falls, S.D.

Kelly Duncan is an assistant professor in the University of South Dakota Division of Counseling and Psychology in Education. Contact her at Kelly.Duncan@usd.edu.

Letters to the editor: ct@counseling.org
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Play has individual meaning for each of us. Growing up, many of us heard stories from our parents about what their playtime experiences were like when they were children. Some of their stories seemed so antiquated or quaint that we wondered, “How could my parents enjoy that kind of play?” Now as adults, we share with younger children what we did for fun and recognize the same astonished look we once gave our parents. Because play has an individual construct for each of us, it can be a key to our own therapeutic healing. Put your client or yourself in a play setting, and the marvelous power of creative engagement can repair the psyche.

Therapeutic play’s origins reach further back than one might think. In the 18th century, Jean-Jacques Rousseau suggested that people could understand children by observing their play. In 1903, Friedrich Froebel asked us to consider children’s play not just as sport, but as having meaning and importance. Sigmund Freud viewed play as a way for a child to create a world that was self-pleasing, while Jean Piaget saw the possibilities of play for resolving conflict and compensating unsatisfied needs. In the past 40 years, play therapy has developed into a specialty in the counseling field.

**Associations and centers**

Professional associations and training centers are good starting points for learning about play therapy and connecting with counselors, social workers, psychologists and other helping professionals who cultivate this interest. These organizations foster growth among mental health professionals by exploring best practices, diversity issues and training opportunities in play therapy, while also enhancing the research base by studying evidenced-based practices. With the belief that “play is a universal language of children,” these associations and centers span the globe.

- Association for Play Therapy: a4pt.org
- Association for Play Therapy state branches: a4pt.org/branches.cfm
- Play Therapy International (and affiliated organizations): playtherapy.org
- British Association of Play Therapists: bapta.info
- Canadian Association for Child and Play Therapy: cacpt.com
- National Institute for Play: nisplay.org
- Israeli Play Therapy Association: sites.google.com/site/makblieve
- University of North Texas Center for Play Therapy: cpt.unt.edu
- Northwest Center for Play Therapy Studies: tinyurl.com/2uw2exn
- Family Enhancement and Play Therapy Center: play-therapy.com
- The Theraplay Institute: theraplay.org
- Fair Play for Children: fairplayforchildren.org

**Basic concepts**

According to a 2010 Department of Health and Human Services report, one in five children has a mental health issue. However, many children are not being identified, and fewer are receiving services. Statistics related to the outcomes for children who do not receive the needed mental health interventions are frightening. Play is fun and offers the opportunity for children to process their world in a safe, nontreating environment. Many theoretical orientations discuss the utilization of play as a modality of intervention. Given the natural and internal understanding of play, however, teachers, parents and other caregivers can have a positive impact in the lives of children just by playing with them.

- Introduction to play therapy (video): tinyurl.com/34b5pug
- “An Introduction to Play Therapy”: tinyurl.com/2dbqama
- Definition of therapeutic play: tinyurl.com/32xofg2
- Play therapy overview from the Association for Play Therapy: tinyurl.com/27xdko
- YouTube videos on play therapy: tinyurl.com/2v38uaa
- BehaviorAdvisor on play therapy: tinyurl.com/322more
- How play therapy works: tinyurl.com/2upg2mt
- British Association of Play Therapists play therapy ethics: tinyurl.com/34vqmkk
- Play therapy as treatment for traumatized children: tinyurl.com/3akghbh
- Play therapy story on WBHM Birmingham (Ala.): tinyurl.com/2s7tur

**Approaches and techniques**

Like other counseling approaches, play therapy is more than a collection of techniques that counselors pull out and use with their clients. Play therapy has a philosophy and a set of ethics that guide its practitioners. Approaches to play therapy can include client-centered, psychoanalytic and Jungian, to name a few. Play therapy may include sand tray, theraplay, group play, puppetry, storytelling or any number of other examples.

Yet another play therapy approach is filial therapy, in which practitioners train caregivers in the process and practice of child-centered play therapy. Following a 10-week training model, the caregiver has a 30-minute “special play time” with his or her child. This training model has also been adapted and implemented with teachers, high school students and even fifth-graders.

- Approaches to play therapy: tinyurl.com/25j9f84
- Fifteen effective play therapy techniques: tinyurl.com/34mxold
- AlternateHeals techniques: tinyurl.com/3a39rgq
- Using puppets to help solve problems: tinyurl.com/29lrej2
- Combining bibliotherapy with play therapy: tinyurl.com/33brsqp
- Play therapy techniques with autism: tinyurl.com/3895yxs
- Nondirective play therapy: play-therapy.co.uk
- Art metaphor technique: tinyurl.com/297ba8f
disruptions by projecting the experience symbolically through a constructed world of sand and figurines. Because the term sand tray often gets interchanged with sand play and sand world, Kay Bradway wrote that sand tray refers to the vehicle, sand play to the activity and sand world to the product or outcome of the work.

Sand tray
Sand tray is one approach to play therapy that has its own foundation in creative arts therapy as well as many of its own practitioners. Sand tray gives clients the opportunity to work through real-life disruptions by projecting the experience symbolically through a constructed world of sand and figurines. Because the term sand tray often gets interchanged with sand play and sand world, Kay Bradway wrote that sand tray refers to the vehicle, sand play to the activity and sand world to the product or outcome of the work.

Sand tray reading list:
- Sand tray in trauma and grief: tinyurl.com/2ffwr7s
- Sand play works: sandplay.org/about_sandplay.htm
- How to build a sand tray: tinyurl.com/2faugnu
- Comparisons of sand tray approaches: tinyurl.com/38sh2q4
- Sand tray therapy videos: tinyurl.com/24x3op4

Innovative ideas
Electronic gaming technology holds some promise in developing helpful play therapy environments. From a training standpoint, virtual simulators (like those created by the authors in Second Life) provide opportunities for trainees (in their avatar personas) to interact with instructors (enrolled in their child-form avatars), allowing trainees to step gradually into contact with actual child clients. Gaming systems such as the Microsoft Kinetic with full-body motion sensing allow the person to become more fully embedded in the video game. Creating a virtual learning environment, as well as a play space, is within reach.

- Play therapy using the Sony EyeToy: tinyurl.com/2dmusp6
- Social networking in play therapy: tinyurl.com/57eyhnp
- Video of Microsoft Kinetic: tinyurl.com/3xe7ez
- Second Life play therapy training room: SL.CounselorEducation.org/pt.htm

Play therapy is more than just a therapeutic intervention. It is a philosophy and a belief in the power housed inside each and every child. It is our job to assist children in their self-discovery as they uncover their personal power to change.

Did we miss something? Submit your suggestions to mjencius@kent.edu. You can find these and other links on The Digital Psyway companion site at digitalpsyway.net.

Julie Robinson is director of clinical training at Argosy University-Schaumburg. She received her play therapy training at the University of North Texas under the mentorship of Garry Landreth.

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

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cct@counseling.org

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Routledge
Taylor & Francis Group
Little boys with no ears: Innocence lost

Today I’m writing about something that is very disturbing and not uncommon here in Afghanistan. It’s not pleasant to write about, but I feel an obligation to do so since I’m here and seeing the realities for myself. I hope that sharing this information with those in my field will help in some way — if not directly, perhaps at least by gaining a better understanding of what the Afghan people must endure and also to better understand the frustration of U.S. troops who return from this environment.

Once I started visiting with soldiers who have been off-post and have seen the country on foot and from the windows of their vehicles, I started to hear similar stories of what they sometimes see: little boys with no ears and evidence of sexual abuse. While I had heard about the marginalization of women and of the poorer citizens of the country, I can’t recall ever hearing anything about the sexual abuse of little boys in Afghanistan or the Taliban practice of cutting off their ears. I remember thinking it odd that child rape was highlighted not once but twice in the novel The Kite Runner, but now I realize it wasn’t so odd after all because the story took place in Afghanistan.

Since my first few days here, I’ve heard very similar accounts from multiple reliable sources, in addition to numerous stories from soldiers I’ve just met. The stories and accounts are too similar to not hold some truth, although, to be honest, I’ve always found it easier to think things like, “Surely that’s exaggerated” or “That’s really horrible, but I’m sure it’s very rare.” But, unfortunately, I know for a fact there are at least some threads of truth to the horrific stories because I’ve now seen it for myself this past week.

On my usual walk to the office, I passed by the hospital waiting room for U.S. military and local Afghan citizens. As usual, there were families and a couple of burqa-clad women, but what caught my eye was a cute little boy in traditional Afghan clothing. He was perhaps 3 or 4 years old. As I walked by, he had a look of confusion on his face at this woman wearing pants, and then a look of fear crept over his face when he saw the large weapon slung over my shoulder. When our eyes met, I smiled to convey he shouldn’t be afraid. He smiled back and then turned excitedly to look at his father as if to say, “Did you see that?” And that’s when I saw he had no ears. I looked away so as not to stare, but the image stayed in my mind all the way back to my office. It was evident there was no previous medical procedure or birth defect — they were obviously cut off without precision of any kind. For the first time in months, I felt tears in my eyes, and I needed a moment alone or I knew they’d soon spill over.

If you’ve seen the cover of a recent Time magazine which featured an earless, noseless Afghan woman, this may not be surprising to hear about. That particular edition on my desk at the mTBI program house struck up more than one conversation about how “messed up this country is” and how “messed up the Afghan culture is,” as some of the guys put it. Now, before you knee-jerk to those statements by thinking something like, “That’s not nice to say,” realize what these guys have witnessed and seen firsthand that has upset them to the point [of forming] such opinions. Thousands of miles away back home in the States, it’s simple to romanticize the culture of burqa-clad women and prayer several times a day. But that’s not the entire truth, and there are much darker shadows of evil “norms” that the troops here have seen firsthand.

One soldier told me of a patrol in a rural town where they found an “old man forcing a little boy” to perform oral sex. Another soldier told me of his friend who was on guard tower duty next to the quarters of Afghan officials. [The soldier on duty] heard noises of one Afghan man and “his little boy” whom he kept in his quarters for sex. The soldiers in such situations are not allowed to do anything that might be “culturally upsetting” to the Afghans — yet they are caught in a moral predicament because they want to help the children. In one case, soldiers separated a man from the child forcefully, which led to complaints to their command. Can you imagine stumbling upon a child rape and having to worry about getting into trouble for helping the child? Can you imagine the feeling of frustration as you help one group of people fight against another but you see both “cultures” embracing the principle of “women are for procreation and boys are for recreation”? These are the difficult realities our troops face.

Before anyone gets angry at the lack of “cultural sensitivity,” let me emphasize that I have no proof of the prevalence and I have not personally witnessed a child rape. (And I won’t due to the nature of my job.) I’m also not saying for a moment that all Afghans participate in these acts. But I also do not discount the truth in the stories troops have told me, and I believe it is naïve to do so. And while I realize it is easier and more comfortable not to discuss such things, pretending this abuse is not occurring here is an injustice to the victims.

Due to the fact that it’s a taboo topic amongst the men and visitors are not exactly encouraged to speak to women here, I think it will be difficult to adequately research the impacts upon Afghan society. That being said, I think that organizations which are dedicated...
to human rights and fighting child abuse should acknowledge this and do what they can to be advocates for these children who have no voice against their perpetrators. I’m no expert on the effects this kind of abuse has upon children, but I can’t help but think the allowance of it must have an impact upon the Afghan communities and culture overall. I’ve asked a few people in psychology-related fields who have told me that regardless of an increased “normalcy” in comparison to the U.S., the effects of child sexual abuse still have the ability to drastically damage the developing psyche.

This makes me wonder: What happens to that child as he grows up? Does he feel shame, guilt, confusion? Does he feel hopeless, powerless, unworthy of anything better? Does he too become an abuser? And here are some other difficult questions: Will such a culture change and begin to embrace human rights and equality? Is it our job/duty to see that it does? Should we just give up, or should we fight for those who can’t fight for themselves? Should we just stay home and enjoy the oblivion of our fast food and reality show news?

I don’t pretend to know the answers to any of these questions. I’m just one of many hopeful soldiers doing their jobs here in this foreign place.

Visit my.counseling.org to read other blog posts written by ACA members.

Natosha Monroe is an Army Reserve mental health specialist stationed in Afghanistan. She is a counselor and doctoral candidate who is passionate about increasing troop access to counseling services. The content of her blog posts are not representative of either the Army or the Department of Defense in any way.
Play therapy speaks the natural language of children and empowers them to work through issues on their own.

By Lynne Shallcross

Pedra Ane clearly recalls the battle that played out in her office several years ago. It was orchestrated by a 7-year-old client who deftly maneuvered several plastic Army figures even as he worked through some of his toughest, most deep-seated issues.

Ane, a counselor and registered play therapist who runs a private practice in The Woodlands, Texas, says the boy had grown up in a violent household with his brother and mother. They eventually moved to his grandmother’s house, but initially, the chaos continued. “Each session, he would spend long periods of time setting up soldiers all over the playroom in well-considered, strategic places,” Ane says. “The play consisted of the children being kidnapped from the dollhouse and tortured by the ‘bad guys.’ This play scene repeated each week for over a month. The details were replicated with precision.”

But over time, a new character emerged: a rescuer for the children. “This rescuer held the bad guys away from the children at risk of personal injury and was willing to kill the bad guys to protect the children,” Ane says.

Experts say play therapy is often perfect for kids because the techniques provide children with a developmentally appropriate means to communicate while also enabling them to work through tough times at least partially on their own. “Play therapy is very important to use with children because they don’t have the vocabulary, nor do they have the abstract thought, to describe and process what has happened in their lives,” Ane says. “Using toys gives them the tools that they readily understand to work through the issues they’re struggling with.”

“Play therapy is a developmentally responsive approach to helping children,” says Charles Myers, an assistant professor of counseling at Northern Illinois University. “It has a long history of research supporting its effectiveness in addressing a wide variety of presenting concerns. Play is the natural language of children, and through play, they learn about themselves and the world around them.” The traditional age range for clients in play therapy is 3 to 12, Myers says, but there is an increasing trend to use it with adolescent, adult and geriatric populations as well.

“All counseling needs to be responsive to an individual’s developmental level,” says Myers, a member of ACA and a
adjusting to a divorce or overcoming a wide range of children’s issues, from not.”

“...you're the best toy in toys that are all designed for child self-expression. … [but] you’re the best toy in the playroom. It’s the child’s relationship with you that’s going to be therapeutic or not.”

Play therapy can help in addressing a wide range of children’s issues, from adjusting to a divorce or overcoming separation anxiety to healing from traumatic events such as sexual abuse or a significant loss, says Cochran, a board member of the Counseling Association for Humanistic Education and Development, a division of ACA.

Ane uses a child-centered approach in which she follows the client’s lead. “I enter only as much as I’m invited to,” she says. “I reflect and I track what the client is doing. I don’t give judgments. I allow the child to play pretty freely with the toys. I am more of an observer, unless I am asked to join.”

Noting that some play therapists think it’s important never to ask their young clients questions, Ane says she asks questions for clarity. This allows her to ensure that her observations are accurate while reiterating to children that they are of value and that she respects their opinions, she says.

Terry Kottman, a registered play therapist supervisor, says she views play therapy broadly as any interaction that involves playful behavior, structured or unstructured play, storytelling, art techniques, games or sand tray strategies. Kottman developed the Adlerian approach to play therapy, which she describes as more directive and more focused on helping children gain insight into their own interpersonal and intrapersonal dynamics than child-centered play therapy.

Kottman, director of the Encouragement Zone, a play therapy training center in Cedar Falls, Iowa, says play therapy is usually the best therapy approach to take with children between the ages of 3 and 9 because their abstract, verbal reasoning skills are not fully developed. “With kids 9 or 10 and older,” she says, “I think play therapy is helpful in situations in which the child might be developmentally delayed or immature, or in which the child has been ‘parentified’ or, for whatever reason, is too tight and needs to experience what it is like to be a kid.”

A parentified child is one who has been forced to assume a parental role in the family, Kottman explains. For example, if the parents are mentally ill or abuse alcohol or other substances. “Parentified kids tend to not know how to play, tend to not know how to be kids or how to have fun,” says Kottman, an ACA registered play therapist supervisor. “By its very nature, traditional talk therapy is abstract.”

Children in the prime ages for play therapy are more concrete in their thinking and use symbols to communicate abstract feelings and experiences that they can’t convey through words. “Play bridges that gap,” Myers says.

**Children first**

As with talk therapies, there are a variety of play therapy approaches — about 15 in all. Myers uses child-centered play therapy (CCPT), which is based on Carl Rogers’ person-centered therapeutic approach. “As a CCPT play therapist, I believe children have an innate ability to grow in a positive direction,” Myers says. “I provide children with a range of toys that facilitate their full expression of emotions. Children use toys and their play to communicate their experiences, to try on new roles, to gain understanding of the world around them and to make traumatic experiences manageable.”

The child-therapist relationship is the element that encourages healing, Myers says. “When the play therapist creates a warm and accepting environment, the child feels safe and supported and is able to make those changes that lead to growth. The basic CCPT skills play therapists utilize include tracking, reflecting, returning responsibility, encouragement, self-esteem building and therapeutic limit setting. Through these skills, play therapists communicate their caring and understanding to the child and facilitate change.”

Jeff Cochran, coordinator of the University of Tennessee Mental Health Counseling Program, is also a believer in the child-centered approach. Along with his wife, Nancy Cochran, he provides play therapy for at-risk children at a large elementary school with a high poverty rate in Knoxville. He echoes Myers in saying that the client-counselor relationship is incredibly important in play therapy. “You provide a variety of toys that are all designed for child self-expression. … [but] you’re the best toy in the playroom. It’s the child’s relationship with you that’s going to be therapeutic or not.”

Play therapy can help in addressing a wide range of children’s issues, from adjusting to a divorce or overcoming separation anxiety to healing from traumatic events such as sexual abuse or a significant loss, says Cochran, a board member of the Counseling Association for Humanistic Education and Development, a division of ACA.
member. She might ask children growing up in these circumstances to write their name in shaving cream on the table or to make a pile of shaving cream and smush it around. “Part of the purpose is to help them remember or learn how to be silly and liked and not always have to have burdens or responsibilities. It helps them learn how to relax and be a little carefree. It also lets them practice how to share power with a safe adult.”

Of course, play therapy advocates must also be careful not to assume that the therapeutic intervention is automatically going to be right for every child just because he or she falls into the proper age range, Ane says. She recalls one 7-year-old client who walked into the playroom and said, “Can’t we just talk?”

“Knowing your clients and what’s best for them is important,” Ane says. “Being versed in a lot of different therapeutic techniques gives you the ability to know what you need to do with a specific client.”

Therapy in action

To the left as you walk into Ane’s office is a collection of toy animals and a dollhouse with figurines. Also close by are role-play items such as fairy wings, magic wands, superhero capes and purses with play credit cards and money, which Ane has found to be “very important” during the recession. To the right are baby dolls, a medical kit, plastic food and an assortment of puppets. Toward the back are toys that are categorized as aggressive — a Nerf pistol, a silver pistol that makes noise, a rubber knife, a Lone Ranger mask and rope. Ane learned through several play therapy courses that the way in which the playroom is set up is important. For example, she says, a child should never have to pass over an aggressive toy to get to a nurturing toy.

Ane lets her young clients decide which toys they want to play with. Usually, she says, they spend a few sessions exploring the different options. If a child is resistant to playing, Ane might start by engaging the child in a card game of his or her choice. The nature of card games is more structured and rule-oriented and, therefore, less overwhelming to the child, she explains.

Given enough time, “They’ll find what they need to play with,” Ane says. “It’s fascinating. They really do choose what they need to be working on.” Sometimes,
the “right” toy comes as a surprise to Ane. One of her clients came to therapy after his father died. Despite being very angry about this loss, the child passed over the guns, the ropes and even the medical kit in favor of the food items. Ane says the boy used the food items to show that his dad, who had lost his life to cancer, hadn’t received enough nourishment. “The dad, toward the end, was not able to eat,” she says. “[The boy] was using those food items to express his reality of how his father had passed away.”

Kottman incorporates play therapy into part of every session with most of her clients, including teens and adults. “I use puppets, figures, toys, etc., along with storytelling, art, active games, board games and sand tray play therapy with elementary-school-age kids, and storytelling, art, active games and sand tray play therapy with adolescent and adult clients,” says Kottman, the author of Play Therapy: Basics and Beyond, the second edition of which ACA is publishing this fall. “I also use play therapy techniques in my consultation with parents and teachers — and sometimes even a principal or two — and when I work with families.”

With younger elementary-age clients, Kottman starts with play therapy and switches to other modalities if the client isn’t responding or engaging, but “since I have a wide range of play materials, this has seldom been the case.” With older elementary-age clients, she gives the choice of playing or talking. Almost all of them want to incorporate some element of play, she says, whether sketching, fiddling with toys or doing something else.

With teen and adult clients, Kottman usually starts by asking them to talk about their situations. “If the talking isn’t moving us where we want to go, I always consider switching to play,” she says. She often suggests transitioning to sand tray play therapy, doing an art activity or playing an active game, which can assist these older clients in viewing things from another perspective, gaining a deeper understanding of their problem or making a shift in their thinking, feeling or behavior.

Kottman also tailors the intervention to the specific client. With kids who are physical, she might try something sports-related. With kids who are artistic or musical, she’ll look to art or music interventions. With one teenage client who had very low self-esteem, Kottman came up with the idea of making insecurity and security blankets. She had the client take a piece of fleece fabric and a fabric pen and write down all the things she told herself when she was feeling down (for example, “I’m stupid. I can’t do well at school”). Then the girl wrote a counterpoint list on a different piece of fabric (for example, “I rock at school”). The exercise clicked for Kottman’s client. “She said, ‘So I get to choose if I wrap myself in the security blanket or in the insecurity blanket?’” Exactly right, Kottman told her.

School play

When Nicole Anderson, a licensed professional counselor and child development specialist at an elementary school in Fairview, Ore., first meets with a student, she begins by creating a family tree with the child. “While I ask questions about who is in their family, the child will draw all the family members,” says Anderson, an ACA member who also runs a private practice outside of school hours and volunteers her time providing free therapy to children in foster care. “I don’t get too specific because I like to see who the child draws and does not draw. I ask the child to draw a picture of what the family does together — not using the words ‘likes to do together.’ I want to see where family members are placed, what they are doing, how colorful or big each one is.”

Anderson also inquires about how the family interacts. “I ask what happens at home when something goes wrong. I try not to use the word ‘punishment.’ Maybe just ‘If your mom or dad asks you to do something and you don’t, what happens?’ I also ask about family routines: ‘What is something that happens every day when you’re home?’ I also ask, ‘If you could change the activity the family is doing, what would you be doing instead?’”

Another of Anderson’s favorite introductory techniques is a matching game that features about 40 cards with pictures on them. Anderson and the client turn the cards facedown, mix them up and try to find two matching cards. “It really helps me understand the child’s ability to recall and follow directions, [plus their] listening skills, impulse control and how they manage feelings if they win or lose,” she says. “It is usually the first game we play in my office together.” Anderson also plays Uno with clients but adds UNGame cards into the stack that feature feeling and situation questions. In addition, she makes comic strips of coping skills with the students.

Anderson employs play therapy not only in working with individual children at her school but also in leading groups. Some of her group play techniques include puppet shows, art work and “feelings to faces” pictures, in which students draw pictures to represent feelings that are more complex than happy, sad or mad. Group members then try to guess what the feeling is before the picture is put up on the wall. “The group stuff is so great because the kids start reflecting to each other things that are happening in group so I don’t have to ask as often,” Anderson says. “For example, ‘Wow, Joe, your picture has hitting in it.’ Or if one of the kids is upset with the rules, ‘Joe doesn’t like that he lost his turn, but he’ll get another one soon.’ Simple things like that. After a year or so, the kids start to figure out they are here because they have things in common. Some of those conversations are powerful for them.”

Anderson recalls one student with selective mutism who spoke only with family members and select peers. In an effort to work on speaking goals, Anderson used puppets and a puppet stage in a group setting with the student and two of her peers. “I put sheets of construction paper over part of the ‘stage’ so that I could not see the student’s face behind the stage. Initially, the two peers came up with storylines and did most of the talking while encouraging the student to have her puppet talk. She had the puppet whisper into the other puppets’ ears, but within four months, she was actually using regular voice for puppet talk.”

The student was able to make one- to three-word statements and was eventually able to speak to Anderson during individual sessions. “By end of the year, we were able to put the masks away and the student was able to perform reading assessments with me. To that point, we had tapes of the student reading, but she
had not read to an adult at school. This was a big deal and a great way to work through the anxiety of selective mutism.”

A new perspective

One unique benefit of play therapy shouldn’t come as a surprise. Namely, it’s fun, Kottman says. “Although counseling can be serious business, it doesn’t have to be,” she says. “By using play and play therapy techniques, the counselor invites the client into a relationship in which he or she can make changes in an unthreatening, nurturing environment.”

In addition, most people learn better through doing than through talking, Kottman says. Play therapy techniques offer clients opportunities to shift their perspectives, gain new reference points and practice new behaviors, she says.

The symbolic nature of playing through one’s issues is also a strength of the technique, Kottman says. “Because play therapy is rooted in metaphor, symbolic communication, clients can explore their issues in an indirect way. This creates a situation in which resistance and defensiveness on the part of the client can often be prevented or eliminated.”

Kottman calls play therapy’s ability to shift how a client thinks about a problem and give it new context a “metaphoric switch.” For example, instead of one dollhouse, Kottman has two, which sometimes ushers in a breakthrough for young clients whose parents are getting divorced. Kottman explains that she has two dollhouses because kids often go back and forth between two homes. “The kids will say, ‘Other kids live in two houses, too.’ It somehow gives [the idea] permission,” she says.

Ane also mentions how play therapy’s metaphorical aspect can help clients see things from a new perspective, often unlocking the door to progress. A recent client was playing with Ane’s dollhouse, but instead of filling it with people, he had substituted animals. It was evident the animals represented family members, Ane says, but it was initially unclear which animal corresponded to which family member.

“Sometimes, play therapy can even override the status quo in the child’s outside world, says Cochran, who coauthored the recent book Child-Centered Play Therapy: A Practical Guide to Developing Therapeutic Relationships With Children with William Nordling and Nancy Cochran. “Children in play therapy can make progress even if the systems they live in don’t change as much as we’d like them to,” he says.

On occasion, the child’s progress even serves as a spur for the family to make positive changes so it can continue to accommodate the child’s new behavior, Cochran says. In other instances, the family doesn’t change, but the child still improves. “While I would never give up on helping the family, if it’s a situation such that the adults in the family can’t change as much as I’d like them to, it doesn’t mean the child can’t turn his life around and make progress through play therapy,” he says.

Benefits aside, counselors say play therapy also presents challenges. “The first hurdle to get over is really a beginning counselor’s hurdle — believing that therapy for a child can be child-led,” Cochran says. “Our natural inclination is to think children are natural learners, with the idea being that we need to teach them something, that it can’t come from them.” In some cases, however, the reality may be that people have tried to teach the child something, but something is standing in the way of the child’s success — something the child needs to work out for himself or herself, Cochran says. “Until [counselors] see it work,” he says, “it’s hard to get their mind around, ‘I can really facilitate an environment where the child can lead and be responsible.”

A second challenge, Cochran says, is articulating to parents how play therapy will help their child. First, listen to the parent, he advises, and then offer an anecdote about how the child might benefit from play therapy techniques. Myers adds that involving and educating parents or caregivers throughout the therapeutic process is an important ingredient in encouraging progress beyond the playroom.

At times, it can be a struggle to meet parents’ high expectations, Ane acknowledges. “The major challenge I face with play therapy is not necessarily with the children but with the adults in their lives who expect changes to come quicker or expect to be able to see something concrete instead of letting the child work
at the child's pace,” she says. “If I were working with an adult who had suffered a trauma, I don't think anyone would expect that after three sessions the adult would be fine. But with children, people expect the results will be very quick.” Ane regularly reminds caregivers that children process things differently than adults do and that progress will take time.

Certain counselors will view the very nature of play therapy as a challenge, Cochran says. “Some counselors can look at play therapy and say, ‘Well, if this is child-led, I can't set goals, I can't have a treatment plan and I can't measure outcomes.’ And I would say, ‘Yes, you can. And you really should.’” One way to accomplish this is by sitting down with the teacher or parents and setting up a few goals with a rating scale and a comment sheet, he says. The parents or teacher can provide regular feedback. Another option, he says, is to use a standard rating scale that measures a wide range of behavioral and emotional difficulties. The parents or teacher can also fill out the scale.

**Getting started**

Many of the counselors interviewed say the Association for Play Therapy (APT) is an excellent starting point for those interested in learning about and applying the play therapy technique in practice. APT’s website (a4pt.org) offers an e-learning center, credentialing information, approved centers of play therapy education and more.

APT is also a good place for counselors to look for conference and workshop trainings, as well as university course work in play therapy, Myers says. He adds that training should include learning not only about the play therapist’s functions and skills, but also about the nuances of the playroom and materials and the role of the parent in the process. “Counselors interested in using play in their practices need to seek training and supervision in play therapy as required in the ACA Code of Ethics,” Myers says. “In addition, counselors using play therapy need to have an understanding of the developmental stages and needs of childhood. It is important that counselors believe in the uniqueness of children, that they are not simply miniature adults, and that children are capable of positive self-growth.”

Anderson keeps a copy of Virginia Axline’s book *Play Therapy* on her bookshelf and references it often. But in addition to play therapy techniques, Anderson says a foundation in crisis intervention and abuse training is also important. “Kids don't sugarcoat things, and if you get a disclosure, the child needs you to know what to do next,” she emphasizes.

Given the various play therapy approaches, Kottman says it’s important for counselors to take the same things into consideration when choosing an intervention for children as they would when choosing an intervention for adults. “People should think about their own beliefs about children, how children get into struggles and how children can change [when] thinking about the kind of play therapy they want to do,” she says.

Ane recommends budding counselors get as much training as they can while still in school by taking play therapy courses offered by their respective college or university. The benefit, she says, is that the training is semesters-long, as opposed to workshops, where the training is shorter and more sporadic. “Workshops are wonderful. They are phenomenal,” Ane says. “But it's difficult to get a good foundation at workshops. Getting training three hours at a time can cause gaps in your education.”

Kottman reminds her fellow counselors that they don’t need every toy on the market to be an effective play therapist. It's more important to get good training, get good supervision and remember to have fun, she says.

Ane urges counselors to respect the powerful opportunity to work with child clients. “Children are often not respected as autonomous human beings and typically don't have the power to make decisions about their lives,” she says. “The playroom is their world. An hour in the playroom can give them the strength to make it through one more week. I feel very honored to go with children on that journey.”

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

Letters to the editor: ct@counseling.org
Putting clients ahead of personal values

ACA Code of Ethics plays central role in judge’s decision to side with counselor education program in lawsuit brought by student

By Lynne Shallcross

This past summer, the counseling profession found itself at the center of two legal cases in which tensions between public universities and free speech and between the rights of the lesbian/gay/bisexual/transgender population and the beliefs of religiously conservative students continued to play out.

In July, a federal judge rejected a lawsuit brought by a counseling student at Eastern Michigan University (EMU) who claimed she was unfairly dismissed from the counseling program after refusing, on religious grounds, to counsel a homosexual client. In dismissing plaintiff Julea Ward’s claims that her religious and speech rights were violated, the judge held that the university was reasonable in its requirement that counseling students be able to serve homosexual clients.

Then in August, another federal judge ruled against an Augusta State University counseling student who sued the university in a scenario similar to that at EMU. The most recent case has not yet gone to trial, but the court declined to grant an injunction that would have blocked Augusta State from expelling counselor education student Jennifer Keeton, who refused to follow a remediation plan after she objected to counseling homosexual clients.

American Counseling Association Chief Professional Officer David Kaplan says the EMU case in particular, which went to trial, should be considered a milestone for counselor education and the counseling profession. “I think it’s one of the most important court cases in the past 25 years,” Kaplan says, “because it speaks directly to whether counselors can discriminate against clients on the basis of client characteristics. The lawsuit was a direct threat to the nondiscrimination clause within the ACA Code of Ethics that specifically says that counselors may not discriminate against clients on the basis of age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/partnership, language preference, socioeconomic status or any basis proscribed by law.”

Ward, a conservative Christian admitted to EMU’s master’s program in counseling in 2006, was on her way to becoming a high school counselor. Shortly after beginning her practicum in 2009, she read the file of an assigned client and found he had previously been counseled about his same-sex relationship. Ward notified her supervisor that according to her religious beliefs, she would be unable to counsel the client and needed to refer. The supervisor canceled the counseling session and scheduled an informal review.

At the review, EMU faculty members explained to Ward that she was to abide by the university program, which adheres to the ACA Code of Ethics, meaning she and all other EMU counseling students are required to set aside their personal beliefs and values when working with clients. Given the choice of completing a remediation program, leaving the program or requesting a formal hearing, Ward chose the hearing. As a result of the formal hearing, Ward was dismissed from the program for violating the ACA Code of Ethics.

Ward sued with the backing of the Alliance Defense Fund (ADF), an organization of Christian lawyers that also assisted Keeton at Augusta State. Ward’s side maintained that in order to meet program requirements, Ward would have been forced to change her beliefs. It also asserted that the ethics code amounted to a speech code.

In opposition, EMU, with the support of ACA, held that Ward did not need to change her beliefs but, as a counselor, was required to respect the dignity and promote the welfare of the client while putting her own values aside. EMU’s legal team said a counseling referral should take place on the basis of the client’s needs and the competency — not the values — of the counselor.

A university’s right

In his ruling, Judge George Caram Steeh found fault with ADF’s argument on behalf of Ward. Contrary to the claims of the lawsuit, he maintained EMU did not violate Ward’s free speech rights, nor did it infringe on her religious freedom. Ward was free to express her views, he said, even in counseling classes and papers — and she did so, while still receiving superior grades.

In requiring students to work with all types of clients, the judge held that the university was enforcing a curricular requirement, which it has the right to do. The ACA Code of Ethics applies to students in the counseling program, he said, not to nonacademic student behaviors. “This is not a prohibition on a counselor making statements about their values and beliefs in a setting other than with a client,” Steeh wrote in the summary judgment. “This section is quite narrowly drawn to avoid imposing harm on clients.”

“The university had a rational basis for adopting the ACA Code of Ethics into its counseling program, not the least of which was the desire to offer an accredited program,” the judge noted. “Furthermore, the university had a rational basis for requiring its students to...
counsel clients without imposing their personal values. In the case of Ms. Ward, the university determined that she would never change her behavior and would consistently refuse to counsel clients on matters with which she was personally opposed due to her religious beliefs — including homosexual relationships. The university offered Ms. Ward the opportunity for a remediation plan, which she rejected. Her refusal to attempt learning to counsel all clients within their own value systems is a failure to complete an academic requirement of the program.”

EMU counseling professor Perry Francis says counselors should be proud of belonging to a profession that seeks to provide the best possible care to the greatest number of people. Still, Francis admits he’s left feeling less than ecstatic about the judge siding with EMU. “To a certain extent, I’m disappointed that we could not work together to come to a mutually acceptable conclusion, that this had to evolve into a lawsuit, because nobody wins,” says Francis, who is also coordinator of the university’s counseling clinic. “The counseling profession gets a bad rap with a segment of the population that may not understand why we’re doing what we’re doing. The student is not opening herself up to looking at the world through her clients’ eyes and learning more effective ways of interacting with clients. So in that sense, I wouldn’t declare there are winners or losers. I would say it’s unfortunate that it came to this.”

Because of cases such as these, a perception is being fostered by some that counseling isn’t welcoming of people with strong religious beliefs, Francis says. That is simply untrue, he asserts. “We want people to have their values and their faith. But while we have these values, we have to learn to teach and help our students understand that our values, our faith systems and our actions are something we would set aside or compartmentalize so they don’t interfere with our ability to be present with our client. We try to understand what our clients’ contexts and systems are about, whether they come from a religious upbringing that is an integral part of their life or whether they don’t.”

“Were not asking [students] not to be genuine,” Francis continues. “We’re asking them to not use their systems to judge or evaluate the person in front of them but to try and understand and work with that person from his or her worldview and system. We’re seeking to understand and work within the worldview of the client, regardless of what our worldview is.”

Francis predicts counseling departments will see more of these types of legal cases in the future. “The reason why is because I think people in general are becoming much more overt and up front about what they believe. And that’s fine, but I think what we’re hoping to do within counseling is say, ‘OK, that’s part of who you are. How do you then work from a client’s point of view that may be different from your own?’”

The task for counselor educators, Francis says, is helping students navigate that road, which is where the trouble arose with Ward. “Ms. Ward is unable to or unwilling to acknowledge that there are people with whom she would work, given the proper supervision and training, and still be honorable to who she is as a person.”
The road ahead

Kaplan says the EMU ruling will be significant going forward because it upheld the ideals of the profession. “The case affirms what we have expected of students all along,” he says. “Counseling students need to become comfortable with the idea that they will be seeing people with very different value systems than the student holds. That is an inherent part of our code of ethics — that we value diverse populations.”

“One of the most basic implications of this case,” he continues, “is that it reaffirms the fact that our clients are more important than we are — that meeting our clients’ needs is more important than meeting our own needs.” Kaplan adds that the case supported the ACA Code of Ethics’ stand on discrimination, as well as highlighted the point that counselors refer on the basis of competency, not their own values.

Mary Hermann, associate professor and chair of the Department of Counselor Education at Virginia Commonwealth University and a former member of the ACA Ethics Committee, wrote an expert testimony for the EMU case. “To date,” Hermann says, “the judiciary is supporting the role of counselor educators as they work to help students learn to provide counseling services to a diverse clientele. As counselor educators, we are gatekeepers for the profession. We emphasize cultural competence in our training. Considering our ethical responsibilities set forth by ACA and the American School Counselor Association [a division of ACA], school counselor educators work to ensure that school counselors have the training and skills necessary to provide school counseling environments in which all students have equal access to school counseling services.”

Hermann, who coedited Ethical and Legal Issues in School Counseling, published by ASCA, also cites the ASCA position statement on “The Professional School Counselor and LGBTQ Youth,” which says school counselors “assist all students as they clarify feelings about their own sexual orientation/gender identity and the identity of others in a nonjudgmental manner.”

“The 2010 revision of the ASCA Ethical Standards further illustrates ASCA’s commitment to social justice and advocacy,” she says. “I believe that such a commitment indicates the direction of our profession.”

Barbara Herlihy, university research professor at the University of New Orleans, also contributed expert testimony in the EMU case and says counselor educators can feel encouraged by the judges’ rulings in both the EMU and Augusta State cases. She says the judges affirmed that educators have the right to define their curricula, that abiding by the ACA Code of Ethics is an appropriate curricular requirement and that counselor educators do not tolerate discrimination against any class of people.

“These cases underscore the importance of having sound, clear, written gatekeeping procedures that are disseminated to students in a student handbook, that provide students with due process and that include the opportunity to remediate any identified deficiencies,” says Herlihy, who was a member of the ACA Ethics Code Revision Task Force and a former chair of the ACA Ethics Committee. But Herlihy adds that counselor educators should also aim to head off problems before they start. “We have an additional obligation, in all fairness to students who invest considerable time, energy and money in pursuing their graduate degrees. We need to find ways to identify and remediate the kinds of problems that were at issue in these two cases before students reach their practicum.”

ACA is planning to hold two education sessions about the EMU case at the ACA Annual Conference & Exposition in New Orleans in March. The first session, presented by EMU counseling faculty members, will focus on the implications of the case for counselor education. The second session will be presented by those who provided expert testimony on behalf of EMU and will focus on the case’s implications for the counseling profession. Dates, times and room locations for the sessions will be published in the Program Guide provided to all conference attendees and included on the conference section of the ACA website at counseling.org/conference.

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

Letters to the editor: ct@counseling.org
Pre-conference Learning Institutes  March 23–24
(see next page for complete details)

Education Sessions  March 25–27
(see complete descriptions on conference section of the website)

Exposition  March 24–26
(see the list of exhibitors on the website)

Get Free Lodging.

Register by Tuesday, November 30...
and you will be automatically entered into a drawing for 3 nights of lodging
during the conference at one of ACA’s official conference hotels.
Already registered? You are in the drawing! The winner will be announced
December 6, 2010. 1-day or 2-day registrations do not qualify.

Register Now: counseling.org/conference
To register by phone: 800-347-6647, x222 (M–F 8 am – 7 pm ET)

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Questions? acaconference@counseling.org

Hurry!
Rates increase
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<td><strong>Daytime Sessions (9:00 am – 4:30 pm)</strong></td>
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David Capuzzi, PhD, Mark D. Stauffer, PhD |
| **11002 Advanced** | What Doesn’t Kill You Makes You Stronger...or Does it? Tools for Fostering Real Resilience in Children, Adults and Ourselves  
Steve K. D. Eichel, PhD, Richard Craig Williams, PhD, James Walsh, PhD |
| **11003 Advanced** | Balancing Disaster Mental Health: Resilient Individuals, Resilient Communities, Resilient Counselors  
Gerard Lawson, PhD, Barbara Herlihy, PhD, Simone E. Lambert, PhD |
| **11004 Advanced** | The Essence of Intimacy: Experiencing the Fundamentals of Sex Counseling Through Sexual Attitude Restructuring (SAR)  
Amy Rebecca Marsh, DHS |
| **11006 Advanced** | Advanced Play Therapy: Improve Skills in Theme Analysis, Work With Parents, Aligning Philosophy and Advocating for Practice  
Dee Ray, PhD |
| **11007 Introductory** | Implementing Solution-Focused Brief Counseling With Youth  
Gerald B. Sklare, EdD |
| **11008 Advanced** | Starting, Maintaining and Expanding a Successful Private Practice: Surviving or Thriving?  
Robert Walsh, MA, Norman C. Dasenbrook, MS |
| **11009 Advanced** | Domestic Violence in Military Families  
Kerrie K. D. Wheeler, MA |
| **11010 Advanced** | DSM-V: A Conduit for the Diagnostic Schema Across the Spectrum of Counseling Practices  
Carolyn Reinach Wolf, MBA, Hindi Mermelstein, MD |
| **11011 Advanced** | Disaster Mental Health Interventions for Children: Evidence-Based Practices To Promote Recovery and Resiliency  
Jennifer N. Baggerly, PhD, Eric Green, PhD |
| **11012 Advanced** | Individual Psychology: Relevant Theoretical Principles and Advanced Techniques for Today’s Counselor  
Susan E. Belangee, PhD |
| **11013 Advanced** | Linking Play and Talk Therapy: Counseling Pre-Adolescents and Adolescents Through Expressive Arts in Activity Therapy  
Peggy L. Ceballos, PhD, Clarrice A. Rapisarda, PhD, Angela Sheely-Moore, PhD |
| **11014 Introductory** | Military Systems and Mental Health: Understanding the Culture, Understanding Dynamics  
Christian Dean, PhD |
| **11015 Introductory** | After the Storm Is Over: Grief, Loss, and Substance Abuse Issues in Disaster Mental Health Work  
Kathryn G. Hunsucker, MA, Susan Farr, PhD, Geri Miller, PhD, Laura Veach, PhD |
| **11016 Introductory** | Social Media for the Professional Counselor  
Marty Jencius, PhD, Diana VanWinkle, MEd |
| **11017 Advanced** | Psychological First Aid: Responding to Terrorism, Trauma, and Tragedies  
J. Barry Mascari, EdD, Jane Webber, PhD, Michael Dubi, EdD |
| **11018 Advanced** | Childhood Obesity: Counseling Interventions for Children and Families  
Mandy L. Perryman, PhD, Joanne Booth, PhD, Steve Nielsen, PhD |
| **11019 Introductory** | The Next Ten Minutes: Seriously Playful Techniques for Bringing Mindfulness Into Your Counseling Practice  
Andrew Peterson, EdD |
| **11020 Introductory** | Addressing Challenging Behaviors in Individuals With Autism Spectrum Disorders in Community and School Based Settings  
Chris Mann Sullivan, PhD |

**Evening Sessions (5:30 pm – 8:45 pm)**

| **11021 Advanced** | Play Therapy: A Universal Language for Understanding and Helping Traumatized Children From Diverse Cultures  
Sue C. Bratton, PhD |

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Chris Mann Sullivan, PhD |
About the LIs:
29 Advanced Level, 10 Introductory Level offered over two days—Wednesday, March 23 and Thursday, March 24. Main conference begins Thursday with the Expo Grand Opening & Welcome Reception at 4:30 pm.

- Class sizes are limited for a more personal, interactive experience
- Earn 6 CE hours for full day sessions; 3 hours for evening sessions
- Separate registration fee applies $60–$155 per LI (see LI Rate box below)

**LI Rates**

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<td>11023</td>
<td>Advanced Counseling Using Theories and Creative Techniques in Group Counseling</td>
<td>Ed E. Jacobs, PhD, Christ Schimmel, EdD</td>
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View full descriptions of all LIs online at counseling.org/conference

Register by November 30 at lower rates!
Counselor Educators and Counselors are invited to nominate graduate students for the

INTERNATIONAL STUDENT PANEL:
MENTAL HEALTH COUNSELING AROUND THE WORLD

ACA Conference, March 23–27, New Orleans, LA

Five counseling students will be selected for the International Student Panel, “Mental Health Counseling Around the World,” at the ACA Conference in New Orleans. Students will share their perspectives on training, services, and needs in their countries, as well as their experiences studying in the U.S. A reception will follow this popular session.

Criteria for selection
a) Students must be enrolled in a graduate program that focuses on counseling. The graduate program can be located in any country, including the United States.
b) Students’ home countries must be other than the United States, i.e., international.
c) Five students will be selected based on the quality of the Nomination Packet and a phone interview. The Nomination Packet includes one nomination letter, student’s biographical sketch, and student’s responses to the panel questions.
d) Students selected for the panel will discuss their views and respond to questions from the audience.
   Students will receive complimentary conference registration.

Nomination packet must include:
a) One-page typed letter from the nominator. Only one letter will be reviewed by the committee.
b) One-page biographical sketch of the student’s accomplishments, including student’s e-mail address, mailing address, phone, university affiliation, and adviser’s name.
c) Student’s typed responses to the following questions, not to exceed 4 pages total.
   Answers should be brief and succinct.
   1. What kinds of educational programs are offered in your country for people who wish to work in the counseling field? What areas do students study?
   2. What values or traditions in your country are central to your training in cultural counseling?
   3. How are counseling and mental health services viewed by people in your country? How are services provided?
   4. What are the most significant mental health and educational issues that counselors face in your country? How has your training prepared you to respond to these issues?
   5. In your country, how are counselors and mental health professionals trained to respond to natural disasters and traumatic events?

Nomination information will be available at counseling.org/students or through members of the International Committee. Send completed Nomination Packets electronically by Dec. 15 to Yegan Pillay at Pillay@ohio.edu. Students will be notified by Jan. 17.
Children who have a parent in jail or prison often learn the many nuances of the phrase “guilty by association” the hard way.

“These children have to deal with the stigma of having a parent in jail on many different fronts,” says Marcy Douglass, assistant professor in the Shippensburg University of Pennsylvania Department of Counseling and College Student Personnel. “For instance, if something goes missing in their classroom at school, assumptions are often made.”

But even those assumptions that steer clear of questioning the child’s character can do damage. “These kids don’t want people to label them, but even teachers can think of them in a certain way,” says Danielle Schultz, a school counselor at Camp Curtin Elementary School in the Harrisburg (Pa.) School District. “People try to pigeonhole them as at-risk kids. That frustrates me because they also have so many positives and strengths.”

In addition, policies and practices meant to punish criminal offenders often end up claiming their children as collateral damage, says Elisabeth Bennett, associate professor and chair of the Gonzaga University Department of Counselor Education. According to the National Resource Center for Permanency and Family Connections, no official protocol exists for any jurisdiction or agency to ask whether prisoners have children, much less take steps to promote the welfare of these boys and girls. Bennett also cites a 2009 report from the Sentencing Project which found that more than half of state correctional facility inmates and nearly half of federal inmates with children had never had a personal visit with their children while in prison. In fact, rates of visitation had declined 28 percent between 1997 and 2007.

“Even though we now know more about how important clear attachments are for children, rates of visitation are dropping,” says Bennett, explaining that geographic proximity is often a major barrier to visitation. “As a society, we tend to think that prisoners should have as miserable a time as possible, so they shouldn’t be allowed to see their children. Maybe the person deserves that, but the question is, does the child deserve it?”

Bennett, a member of the American Counseling Association, says it’s also common for children to assume a certain level of guilt for a parent’s incarceration. “The child often sees the parent’s crime, especially in cases of domestic abuse...
or drug use, and witnesses the parent being removed from the home [by law enforcement]. In many cases, the child feels responsible for getting things back to the way they were. The kid often feels a huge amount of guilt for what has happened, particularly in cases of sexual abuse. Regardless, as the child, you’re left to deal with the destruction once the parent is incarcerated.”

Identifying the need

According to the Sentencing Project, an organization that promotes reforms in sentencing laws and alternatives to incarceration, an estimated 1.7 million children in the United States have an incarcerated parent. One in 15 black children, one in 42 Latina/o children and one in 111 white children have at least one parent in prison. The number of incarcerated fathers grew 76 percent between 1991 and 2007; the number of incarcerated mothers increased 122 percent during that period. Despite those numbers, “It’s not exactly a mainstream topic,” says Bennett.

Schultz concurs. “It’s a population that nobody talks about but almost everyone has a connection to. It was kind of a taboo subject” when Shippensburg University and the Harrisburg School District partnered during the 2009-2010 school year to provide group counseling for children with an incarcerated parent.

Children who have an incarcerated parent are likely to experience financial upheaval, chronic ambiguity, stigmatization, a range of emotional symptoms and altered relationships at home, at school and with authority figures, Bennett says, making it imperative that these children are identified and receive proper counseling support. “It’s not uncommon for the child to see the parent removed from the home and for the child to be placed with social services, but then nobody processes with the kiddo. It’s just not part of the protocol,” says Bennett, who used to provide consulting for state services in Washington state. “Social workers are generally trained to secure services for the kids, not counsel them, so it’s not very common that counseling is included in the package. And if it is, it’s more of the triage variety. Social service agencies are often so overloaded with cases that there is no possible way for them to adequately assist every child as they would undoubtedly like.”

Among counselors, school counselors are generally in the best position to consistently engage with these children, but identifying which children have an incarcerated parent can be a sensitive matter, Bennett says. “These kids don’t wear a badge that says, ‘My father is...”

Play Therapy: Bouncing Into the Basics

presented by Jennifer Baggerly

In this upbeat, entertaining introduction to play therapy, Jennifer Baggerly uses puppets to help communicate the rationale, principles, and basic skills of play therapy. Each skill is demonstrated through clips of play therapy sessions with culturally diverse children. Skills shown include tracking play behavior, reflecting feelings, returning responsibility, showing encouragement, building self-esteem, facilitating understanding, and setting therapeutic limits. Includes Leader’s Guide with questions for reflection. Produced by Microtraining and Multicultural Development.

2006 55 minutes | Order #78204
List Price and ACA Member Price: $129.00

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Visit counseling.org/publications
in jail.’ A lot of kids out there aren’t speaking out about what’s happening at home, but they need us, so it’s really incumbent on counselors to be savvy and pay attention to behavioral shifts.”

For example, she says, children who have an incarcerated parent — and particularly those children who witnessed their parent commit a crime — might experience nightmares, a lost sense of safety and increased levels of distress, anxiety, anger and fear. “Imagine that child sitting in school,” Bennett says. “He can’t really be present because all kinds of other things are going on in his head.”

According to Ann Adalist-Estrin, director of the National Resource Center on Children and Families of the Incarcerated, a child’s way of coping with parental incarceration is often misunderstood or misdiagnosed as depression, an anger management issue, attention-deficit/hyperactivity disorder, a behavioral problem, antisocial behavior or a learning disability.

Although it’s easy to see why these children might struggle in school, some kids attempt to cope with their circumstances by becoming high achievers instead, says Douglass, a member of ACA. “Some of these children do very, very well in school because they don’t want to add to their family’s struggles. In fact, a perfectionist streak can crop up.”

But more commonly, she says, children with a parent in jail or prison are likely to exhibit emotional withdrawal, low self-esteem and acting out or antisocial behaviors. “There’s a certain trauma that starts with the actual arrest, particularly if the child is present at the time,” she says.

Attachment issues are prevalent among these children, who are commonly forced to navigate a large number of transitions and changes upon their parent’s incarceration, Douglass says. This is a major reason that they often have difficulty relating to their teachers and peers, she adds.

“Children whose fathers go to prison commonly live with their mothers, but they are often set into poverty, and the mother may naturally be feeling angry and overwhelmed,” Douglass says. “On the other hand, if it is the mother who is incarcerated, it is more likely that the child will be moved around and placed with an aunt or a grandmother. This might involve not only a physical move but a new school. In some cases, siblings may be split up. In other cases, the child may not know the relatives well. In many circumstances, it’s both a lack of the child’s physical needs and emotional needs being met.”

“We used to assume that losing mom was worse for the child,” Bennett adds, “but it really depends on whom the child’s attachment was with. Losing the rock, the connector, is the worst. The issue isn’t male or female or gender of the child. It’s about the attachment that was there and how it was disrupted.”

Establishing group support within the schools

Given Shippensburg University of Pennsylvania’s rural location and the area’s relative lack of diversity, Douglass began looking for opportunities to expose her counseling students to different cultures and environments. That eventually led to a partnership with the Harrisburg School District and a plan to develop a program to help schoolchildren whose parents were incarcerated.

In 2009, Shippensburg funded a two-day training, led by Adalist-Estrin, for each of the school district’s counselors and social workers. The training focused on using group counseling to raise the self-esteem of children with incarcerated parents while also lessening their sense of isolation. Three counseling graduate students from Shippensburg — Schultz, Clare Kenny and Natasha Nayduch — were chosen to function as school counseling interns and facilitated pilot groups for children ages 6 to 12 who had an incarcerated parent. Groups at the three schools were kept separate by age and gender. Each of the interns had completed course work in group counseling, working with children and adolescents, multicultural counseling, and clinical skills development.

One of the initial challenges was identifying children who qualified for the group. The counselors first approached schoolteachers for possible referrals. The teachers were initially leery of the idea,” Douglass says. “Some of them thought the topic was too sensitive and that it was nobody else’s business.”

One of the keys was making the true function and purpose of the groups clear to school personnel, says Schultz, an ACA member who was hired by the Harrisburg School District as a counselor after her internship. “We met some resistance in the schools, but after we explained that we would be working on the kids’ self-esteem and resilience rather than focusing on the topic of incarceration itself, resistance lessened. I even had a parent who had been incarcerated call me because he was afraid the group was going to be about him. I said, ‘No, it’s really about your daughter.’”
The counselors also sent out general surveys in which a question was embedded asking students whether they had a family member in prison. “It seemed like everyone did, so we had to change it to ‘Do you have a parent in prison?’” says Schultz.

The school counselors also displayed copies of the book My Daddy Is in Jail by Janet Bender in their offices, leading several students to self-refer for the group. “Students would see the book and just start talking about it,” Schultz says. Schultz runs anger management groups at her current school, and she says many of the boys in these groups have revealed they have a parent in prison without the question ever being raised.

After screening the students, the counselors sought consent from parents or caretakers to have their child participate in the groups. “I was nervous about approaching the parents, but once we explained the purpose of the group, they really understood what we were trying to do and wanted their child to be involved in the service,” Schultz says. “They just didn’t want their child to receive a negative label.”

Simply having groups dedicated to these students proved empowering for the participants. One student who was particularly embarrassed by his parent’s incarceration had been making up stories to explain the parent’s absence to others. “A lot of these kids had rather say their parent is in rehabilitation or in military service instead of saying their parent is incarcerated,” Douglass says. “But once this student found out about the group, his response was, ‘Wow! It’s not just me.’ That was a huge part of the therapeutic process for him.”

The groups, which met once per week for six weeks, included activities designed to help the children express their feelings, build their self-esteem, improve their social skills and increase their ability to relate to one another. “Relationships are really, really difficult for these kids,” Douglass says. “There’s a fear for them in getting attached.” In addition, the groups addressed issues of grief and loss, “which is huge for these kids,” Douglass says.

Although sessions didn’t focus on incarceration, the students were told they could meet with their counselor individually if they wanted to talk about the topic in more depth. “Some of the students were just so eager to have someone to talk to because the nonincarcerated parent isn’t necessarily interested in talking about the other parent,” Douglass says, “and the kids don’t want to upset the parent who is still there for them.”

A place to relate
Schultz ran three separate groups for third-graders (two for girls and one for boys) who had an incarcerated parent. “There was an overwhelming need — more than we could service,” says Schultz, who hopes to put together a group for older students in the school where she now works.

“The kids really formed a tight-knit group with one another,” she says. “They acted markedly different while in the group and felt a sense of belonging. We set mutual respect and trust as the tone for the group, and they really fell in line with that. Relatively quickly, they were able to feel part of a group and get mad if one of the group members didn’t show up. Those who didn’t show up heard about it from the others.”

“They loved being able to relate to each other, and we saw so much growth take place. Early on, they couldn’t even compliment each other. They couldn’t think of anything nice to say about another person in the group except for maybe complimenting their clothes. But by the end, they were able to articulate things that were much bigger concepts than, ‘I like your shirt.’ I also noticed that they stuck together afterward [when the groups had concluded] and were able to draw support from one another.”

One activity that helped to build self-esteem was having group members trace their hands and then write something positive or unique about themselves for each finger. Another popular activity, especially among the boys, was Anger Can/Feelings Can. Group members would pick a slip of paper that included a fill-in-the-blank situation such as “Something that makes me angry is …” After answering, they would throw a ball to the other group members so they could take a turn answering the question. “Giving them an outlet to talk about their feelings was really powerful for them,” Schultz says.

Despite not focusing specifically on a parent’s incarceration, the group exercises repeatedly gave the children permission to let their feelings about the situation emerge. For instance, Schultz says, during the Anger Can/Feelings Can activity, a student might pull a statement that read, “Something that makes me sad is …” and answer, “When I can’t see my dad.”

Other activities from the curriculum the groups followed didn’t work as well. For instance, journal writing proved to be a turnoff. “Many of the children were already struggling in school or with their writing level,” Douglass says. “They didn’t want to come to group and have to try to write something else. We didn’t want group to be another place where they felt bad about themselves, so we let them use their journals to draw in if they wanted.”

At the same time, Schultz notes that at least one student who didn’t want to share anything out loud with the group was meticulous about recording his
thoughts and feelings in the journal. Even so, she believes the ages and writing levels of group members should be taken into account when developing group activities. Having led these groups using someone else’s curriculum, Schultz and some of her colleagues want to develop their own curriculum incorporating what they have learned. On the basis of their experience, Schultz says the curriculum would place even more focus on feelings, self-esteem and resilience.

Over the course of the semester, the counselors used the Child Outcome Rating Scale and the Child Session Rating Scale to determine the experience of group members both immediately after the group session and throughout the week. In addition, teachers were asked to rate each child’s behavior (both before the program began and shortly after the final group session) using the Connors Behavior Rating Scale. According to Douglass, the most significant findings that emerged were that the children who participated in the groups felt better both about school and about themselves. At the same time, the teachers rated the children as less oppositional while participating in the counseling groups.

The groups also proved popular with the children, with many of the kids in Schultz’s groups writing her letters, drawing her pictures and asking her if they could participate in a group again. “Of all the experiences I have had, running those groups was the most powerful,” Schultz says. “It’s given me a special place in my heart for this issue.”

**What counselors can do**

In what ways can counselors best help children whose parents are in jail or prison? “No. 1, just show them you can provide a safe place to come and talk about how they feel and what they are going through,” Schultz says. “Just be open and let these kids know you will be nonjudgmental. Help them not to hold it all in and pretend nothing is wrong.”

It’s also important to help this population of children and adolescents to rectify distorted thinking, she says. For instance, many think they are somehow to blame for their parent’s actions or, given their parent’s criminal behavior, believe they might be inherently “bad” themselves.

Bennett, who provides consulting services to schools concerning how best to help children of incarcerated parents and who has counseled many of these children personally, offers the following insights and tips to counselors.

- “Simply ask what they need,” she says. “The children don’t often get asked this during the course of their parent’s arrest, trial, sentencing and incarceration.”
- Instill hope about what they can do with their own lives rather than allowing them to assume (or assuming yourself) that their course has been predetermined by their parent’s history.
- Provide group connections for kids to encourage universality. At the same time, she cautions, be careful not to allow these groups to evolve into “we hate the police” or “we hate the authorities” sessions.
- Provide venues for kids to vent their emotions. “You can’t exactly normalize their experience,” Bennett says, “but you can normalize their feelings. Tell them it’s OK to cry and feel the way they’re feeling rather than bucking up.”
- “Pump up these children’s sense of significance, power and competence so they will get their emotional needs met, not just their physical needs,” she says.
- Help these children to remove self-guilt and self-blame. “Release the burden from them,” she says. “It wasn’t their fault. If they carry the responsibility for it, they will end up being angry with the world.”
- “Be a stable and available presence because these kids really need stable and available people in their lives.” Bennett allows the kids with whom she works to text her outside of sessions.
- Never dissuade a child from wanting to love and maintain a connection with his or her parent, regardless of what that parent has done. Also let the child know that it’s OK to have mixed emotions. “They can be mad at them and still love them at the same time,” Bennett says. When children aren’t allowed access to a parent during the course of a trial, Bennett encourages them to write notes to let the parent know what they were feeling at the time. Even if notes can’t be exchanged with the parent, “The child can look back on the notes and say, ‘This is my history, this is my resilient self,’ and use that the next time they need to draw strength,” Bennett says.
- Don’t make assumptions about how the child feels. “It’s not necessarily party time for the kid when a parent is finally released,” Bennett says. “It’s not automatically a settled time, despite what we might think. For instance, kids often panic if they see their parent doing something wrong or returning to crime. Sometimes, the child may be scared of or opposed to reunifying in the first place. And in many instances, the child harbors conflicting emotions.”
- Adapt an advocacy role. Bennett encourages counselors to throw their weight behind policy changes that would support continuing relationships between prisoners and their children, including visitation, parenting classes and programs for reentry. “Counselors should also advocate for child services and toward child-centered case management,” she says. “Right now, most states focus on the parent, and the child is subject to the progress of the parent — or the lack thereof.”

Regardless of how a person feels about issues of crime and punishment, it’s important to “keep thinking of the heart of the matter.”

Danielle Schultz created School Counselor Blog in January 2009 as a place for school counselors to share lesson plans, ideas and resources. Visit the blog at schcounselor.com.

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The challenge of eating disorders on a college campus

Sarah walks into your office at the college counseling center. You observe that she is very thin and dressed in several layers of shirts and sweaters even though it is a warm fall day. She says her roommate heard her throwing up several times over the weekend and suggested that she come in and talk to you. Sarah insists that she doesn’t really have a problem and says her roommate thinks everybody should go to counseling because she did. What can you do to be of help to Sarah?

Disordered eating has proved to be a serious psychiatric problem for women and girls. According to the National Eating Disorders Association, as many as 10 million females in the United States are currently experiencing anorexia or bulimia. In addition to those 10 million, millions more struggle with binge eating disorder.

Unfortunately, less than one-third of these individuals seek treatment. Many young women are hesitant to acknowledge an eating disorder, either out of embarrassment or because they don’t think they truly have a disorder. College environments in particular encourage a “thin ideal,” and it is reported that 70 percent to 90 percent of female university students express a desire to lose weight; 80 percent to 91 percent report dieting. Symptoms of disordered eating include restrained eating, eating for emotional reasons and eating with no regard for internal hunger and satiety cues.

In response to this growing problem, many eating disorder prevention programs have been developed nationwide. These programs encourage participants with symptoms to seek early help and to tell their stories. One of the major roadblocks to successful intervention, however, is that many of these programs stress both the abnormality of disordered eating behaviors and the difficulty of treating these behaviors. As a result, although the goal is to get young women to seek treatment, the treatment itself reaffirms the stigma of disordered eating both as abnormal and difficult to overcome.

A campus program that is working

The Women’s Center Eating Disorders Education Initiative (EDEI) at the University of Virginia (UVA) envisions and promotes a “body-positive community” by fostering healthy behaviors, balanced body images and a healthy relationship with food. This initiative is part of a continuum of services on campus. EDEI provides education, outreach services and resources related to disordered eating, body image and exercise concerns to the university community. Counseling services are part of the continuum and can be accessed in several locations on campus. A nutritionist is also available, as is a student volunteer group that sponsors events. In addition, a resource library with current books and articles is located at the Women’s Center. A coalition of students, staff and faculty meet on a monthly basis to discuss all of these services and to coordinate events and resources. UVA alumni and community members have donated funds to support this program, including a recent Jefferson Trust Grant.

One of the core EDEI programs is “Reflections,” an evidence-based body image intervention program for first-year women and resident advisers. Coled by a UVA Women’s Center staff member and undergraduate student interns, the Reflections program consists of two two-hour sessions in which a group of first-year students identifies and discusses the costs of pursuing the ultrathin beauty ideal, reasons for body dissatisfaction, strategies for achieving a healthy body image and steps for avoiding “fat talk.” Examples of fat talk include:

- “You look so good. Have you lost weight?”
- “Doesn’t she look fat in those shorts?”
- “I have to lose 10 pounds before the next party.”

Group members then generate ideas for how to stop fat talk in their dorms and in other areas on campus. Encouraging students to initiate their own strategies rather than having an adult tell them what to do increases the chances that they will follow through.

Participants in the groups complete pre- and post-tests that evaluate changes in their beliefs as a result of the group. Participants also receive six monthly follow-up e-mail messages designed to boost ongoing awareness and communication.

Carolyn Becker originally designed Reflections in 2008 for use in university sororities. Sororities include a large portion of females on many university campuses and represent an organized body of women who often promote the thin ideal. Coordinating and consulting with Becker, the UVA Women’s Center adapted Reflections for use with a more diverse audience. A critical part of the success of this program on the UVA campus is the partnership with Residence Life staff. Resident advisers in the first-year dorms participate in the groups and are then available on an ongoing basis to continue discussions with the students.

This implementation has achieved positive results. Reports indicate that participants have enjoyed the program and, more important, shown a decrease in internalization of the thin ideal and a reduction in body dissatisfaction. One of the participants commented, “This program has helped me to appreciate myself for who I am. I now feel more comfortable talking with others about their image issues and can now provide better support and encouragement. I didn’t know that we all struggle with such similar things and have such similar backgrounds because body image is a topic that is avoided at all costs in normal conversations.”

As this young woman’s experience illustrates, Reflections successfully creates a community in which body image can be discussed openly while negative habits are challenged. Because of the success of these
groups, members of UVA’s Coalition on Eating Disorders and Exercise Concerns have been trained in the Reflections program and are offering this program in other areas on campus.

What about counseling?

In keeping with the philosophy of the Reflections outreach program, several approaches could be helpful to Sarah in the opening scenario. First of all, counselors should constantly monitor personal reactions to the issues that clients present. For instance, if the initial reaction is fear for Sarah’s health and safety, a counselor may overreact in telling Sarah what is wrong with her and what she needs to do. This kind of response could result in Sarah deciding not to return to counseling. The clinical challenge is finding a way to address health concerns with Sarah so that she feels safe and affirmed and will return to engage in services.

One recommended strategy is to start by affirming her willingness to come to the counseling center even though she doesn’t think she has a problem and to ask her more about her relationship with her roommate. Immediately asking Sarah about her body or her symptoms risks raising her resistance. Some introduction to counseling should also occur, such as discussing what typically happens when people come in to the center to talk. Next, give Sarah some choices about what will be discussed during the rest of the session. This lets her set the agenda. Ending the session by summarizing her concerns and her strengths, such as how she values her relationships or her goals for academic success, can leave her feeling heard and validated. Also, by refusing to label Sarah, she is not given anything to fight back against or to be afraid of. This will help engage her in the relationship.

Once Sarah agrees to come back, provide some suggestions about things that might be helpful to do before the next session, such as keeping a journal of what she notices during the week, including when she throws up. Students also respond well to online resources. In addition, suggesting additional resources on campus or in the nearby community gives Sarah a menu of options for selecting where she can begin to face this difficult issue.

Working with college students on disordered eating is a challenge. The model we are using at UVA has experienced some success primarily by focusing on risk factors with first-year students and by offering a continuum of services adapted for the developmental issues of college students. For more information, go to womenscenter.virginia.edu/body-positive.php.

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Letters to the editor: ct@counseling.org
Is it really possible to see clients without involving third-party payers? Paul Weston, the fictional psychotherapist from HBO’s *In Treatment,* doesn’t appear to spend much time hassling with insurance companies, but for most clinicians in private practice or in agency settings, this is where fiction and fact diverge. Insurance companies dominate the treatment landscape to the point that billing issues can seem to take more time and effort than clinical issues.

After working in community mental health, I now teach in a graduate counseling department. I tell my students that as a clinician, I got scolded for various billing misdeeds, such as seeing a client who was in crisis but whose insurance had lapsed (gasp!). When I became a clinic director, I spent what seemed like 50 percent of my time talking with our billing department about insurance snafus and the other 50 percent scolding my clinicians for their billing misdeeds.

That is an exaggeration, of course. Amazing work happens in clinical settings, and in my experience, the focus of treatment usually stayed where it belonged — on the client. Somehow I, and the other clinicians, supervisors and clinic directors whom I knew, managed to adapt to the normal demands of outpatient care. We grumbled and complained but, at the same time, we didn’t believe that we really had any other option. After all, everyone else did business the same way, so what else could we do?

Recently, however, I became involved with an agency that operates so differently from the norm that I thought its story deserved a wider audience. It’s a story about a place that has successfully resisted the pressure to conform to standard reimbursement practices — a place that almost seems too ideal to exist. Yet it exists — and thrives — without asking for one penny from third-party insurers.

**A shared vision**

I became acquainted with Diakon Family Life Services Northeast (DFLS-NE), one of four regional counseling programs operated by Diakon Lutheran Social Ministries, when a colleague told me it was a great place to work. He had good things to say about the clinical supervisor, the executive director and the general atmosphere of the agency. In addition, he told me DFLS-NE successfully offered outpatient psychotherapeutic care without making use of third-party payers, which made my ears perk up even more. I wrote to the agency, submitted a vita and was offered work as an independent contractor. After growing more and more intrigued with the broader scope and mission of the agency, I interviewed Terry Lieb, DFLS-NE’s executive director, to get his perspective on how it has accomplished what few other agencies have been able to do.

Terry is an engaging man in his early 60s who loves what he is doing. “Why would you want to retire when you look forward to work every single day?” he asks. He has broad interests, likes to laugh and is articulate, warm and kind. In other words, he’s the type of person you’d like to have as your counselor or as your boss. His enthusiasm was contagious.

During our interview, he talked in detail about the model developed at DFLS-NE and what it takes to both create and sustain a client-focused mission in the face of many obstacles. Terry isn’t a pie-in-the-sky idealist. He’s had to secure grants, build community support and convince his agency’s administrators, who naturally are concerned with financial stability and sustainability, of the benefits of a practice free of health maintenance organizations (HMOs). His work has involved creating a view of treatment that can be shared by clients, therapists and administrators alike — a "clarity of mission with all of the partners," he says. After talking with Terry, I came away convinced that one of the most important components of his success is his ability to clearly and cohesively state this shared vision to stakeholders.

What is his therapeutic vision? Most generally, it is one that says people should not be denied services because they either lost or never had insurance. It says the most important question should be “What brings you here today?” not "What
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Sliding scales are subject of debate

Counselors and agencies that use sliding scales do so with the best of intentions and in a humanitarian effort to provide services to those who cannot afford them. However, many argue that a sliding scale is an ethical gray area because it is unfair to charge someone more for the exact same service on the basis of income alone. It is akin to being asked, “How much do you charge?” and answering, “How much do you make?” This could be construed as an attempt on the part of the counselor to take advantage of financially well-off clients. Also bear in mind that no other profession uses a sliding scale; physicians do not ask how much a patient earns before deciding what to charge for a visit.

The ACA Code of Ethics requires us (in the introduction to Section A, “The Counseling Relationship”) to provide a segment of our services for little or no financial gain so that we can serve those without the financial means to afford counseling. The code suggests we do this through a pro bono approach: devoting a portion of our sessions to those who can’t afford our full fee. The code doesn’t specify the percentage that should be reserved, but the most common suggestion bandied about is 20 percent. A pro bono approach accomplishes the same humanitarian goal as a sliding scale without appearing to gouge those with larger incomes.

— Erin Martz is the manager of Ethics and Professional Standards for the American Counseling Association

insurance do you carry?” It says clients should be carefully assessed and assigned to a counselor on the basis of the client’s clinical profile and the counselor’s expertise and interest in seeing that client. It says the client and counselor should determine the length of treatment and that no one should stop treatment because the client has run out of allotted sessions. It says clinical diagnoses should fit the client, not vice versa, and that these diagnoses should be given to understand the client and organize treatment, not to ensure third-party payment.

As I listened to Terry, I flashed back to my training in the early 1990s. “This is what I had thought therapy was going to be like,” I said to myself. I had known big changes were coming to the therapeutic landscape, but I had managed to push that scenario out of my consciousness during my practicum and internship experiences, where I was shielded from the realities of insurance and billing practices. Over the years, I came to accept the outpatient treatment reviews, the insurance audits, the denials, the pleading, the filling out of forms that made me bill linearly even as I attempted to think and work systemically.

Interviewing Terry, I was hearing a message I hadn’t heard in a long time. But how had he managed to do it? Here’s where there is both evidence for those who are pessimistic about changing the billing landscape and tantalizing possibilities for those who are optimistic that change is possible. For the pessimists, DFLS-NE’s unique aspects might make its example one that does not generalize well. But for those inclined to see possibilities, elements of Terry’s vision might have relevance to other private and nonprofit settings.

Making it work

First of all, I wanted to know exactly how DFLS-NE was able to see clients on a sliding-fee scale. When I asked about his billing practices, Terry said, “We don’t do any billing. People must pay when they come in.”

“What do you call it then? Paying?” I asked.

He laughed. “Yeah, I guess.”

DFLS-NE looks at family income and number of dependents and sets a sliding-fee scale that ranges from $5 to $75. Clients must pay their agreed-upon fee at the beginning of the session or treatment cannot take place.

But how does $5 to $75 cover expenses? This is where the doubters will find the biggest obstacle to generalizing this kind of practice. Terry’s outpatient services are partly funded from Diakon’s endowment monies. As Terry acknowledges, no amount of ideological commitment would matter without additional support from the broader agency. The financial commitment from the agency to outpatient services is vital to its success. To closely follow Diakon’s example, one would have to find additional funding to support the services.

On the other hand, Terry has managed to secure funding for therapeutic programs that target childhood obesity as well as
programs aimed at enhancing community diversity by partnering with a variety of other agencies and organizations, including Friend Inc., funeral homes and a local legal association. These partnerships provide substantial sources of revenue, and if other counselors and agencies adapt parts of DFLS-NE’s program structure to meet their own needs, they might be able to come close to bridging the gap.

It is also important to keep in mind that DFLS-NE’s commitment to serving everyone is at the far end of the accessibility spectrum. Making some modifications to the sliding-fee scale, in conjunction with partnering with additional funding sources, may make this approach a more realistic financial option for other settings. Although I did not discuss this with Terry at length, it makes sense that shifting the pay scale just a bit (what about a range of $10 to $85 or $20 to $95?) could make a substantial difference in profitability. Part of the challenge for someone wishing to go this route would be making hard decisions to balance accessibility with profitability, aiming for a range that people could and would pay for out of pocket.

Another point for the doubters is that the clinicians DFLS-NE hires as independent contractors make less than the going rate for private practice — $40 per hour is the top of the scale. DFLS-NE employs mainly part-time clinicians, many of whom have full-time jobs and clearly see their work with DFLS-NE as part of a broader commitment to affordable mental health care. I now find myself part of this group, as I have a primary income as an educator.

And although $40 an hour isn’t much, the paperwork requirements are absurdly small. Realistically speaking, it is probably commensurate with other fee schedules in which paperwork hours eat away at the putative reimbursement rate. A close appraisal of the time normally taken up with billing, rebilling and monitoring of claims in either a private practice or agency setting would show that rates of third-party reimbursement are rarely what they seem.

I can attest to the excitement of working in a milieu in which clinical issues, not insurance issues, are the major (in fact, the only) focus. It returns me to a time when it was thrilling to work with families and individuals and brings me back again to the issue of why we do the work we do. Only after I began my association with DFLS-NE and interviewed Terry did I realize the degree to which these peripheral issues had sapped some of my zest for seeing clients. The excitement I now feel has reinvigorated my clinical work, and I look forward to treating people using this model.

Other considerations

In my orientation to DFLS-NE, I was told it would be my decision whether to provide Diagnostic and Statistical Manual of Mental Disorders codes to clients who might request them so they could submit the codes directly to their insurance companies. But — and this was emphasized respectfully but firmly — it was a no-no to finesse the diagnosis for the individual’s insurance provider. If the presenting problem was a marital issue or a family communication issue, then that was what should be explicitly recorded as the treatment focus. In other words, no coding a couple’s relational problem as a wife’s depression or a system-maintained behavioral issue as a child’s oppositional defiant disorder to get the insurers to pay for it. If it was a V code, it was a V code.

I couldn’t believe it. A supervisor lecturing me on ethical practice? You mean I might actually use something I learned in my classes on ethics? I was thrilled. Suddenly, the therapy room expanded to the size it was back in my training — a large space that included so much of life. I realized again that, little by little, the potentially infinite therapy space had been reduced to the billable option.

A final issue to wrestle with is that DFLS-NE offers faith-informed services. For some, this may be a constraint. For others, it may present an opportunity to infuse the counseling process with issues of spirituality. DFLS-NE’s vision espouses a concern for human welfare based in biblical principles of charity and good works. Area clergy refer members of their congregations, and DFLS-NE hires clinicians who are sensitive to the client’s faith journey and how that journey impacts clinical issues. "A person’s faith journey is usually one of two things,” Terry says. “A huge piece standing in the way of their healing and movement … or it may be the strongest piece that they have to build upon.” He has found that helping clients to resume their spiritual journey can be an important step in their healing process.

How faith interacts with the counseling process is a complex topic. Historically, the intersection between faith and secular institutions in the United States has been a busy one. The street where religiously affiliated organizations use their resources to provide services to all who need them, however, has often been much quieter. DFLS-NE’s commitment to serve the outpatient mental health needs of all, regardless of income, is both ideological and financial, as Terry articulated in our interview. DFLS-NE seems to provide one example of a religiously affiliated organization that “puts its money where its preaching is,” a place that not only espouses a religious ideology but also accepts the widow’s mite as payment for her counseling sessions.

What Terry has come up with is a unique collection of programs that ascribe to best standards of clinical practice, that serve local needs and that operate within a faith-informed agency. DFLS-NE’s practice might not be wholly applicable to other individuals and agencies, particularly when it comes to funding. Because Diakon Lutheran Social Ministries has provided additional support, Terry has not been forced to pursue other endowment possibilities. But it might be reasonable for an astute entrepreneur with the right skill set and experience to market this type of mission (statement) of affordable and accessible mental health care to charitable foundations and seek endowment moneys to fund this kind of service. This entrepreneur might also take another page from Terry’s approach. Terry’s ability to articulate a coherent treatment mission, of which freedom from third-party payment is a necessary and vital part, no doubt has helped him successfully market DFLS-NE’s services to local agencies, and it could serve as a template for others contemplating this type of treatment provision.

Regardless of whether one views Terry’s example as a possible business model or simply as a story of one agency’s successful focus on the clients it treats, he does demonstrate the possibility, given the right circumstances, of providing outpatient mental health services without first asking for managed care’s permission.

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ACA president-elect candidates share their views on the issues

The four candidates vying to become the American Counseling Association’s next president-elect were asked to provide answers to several questions impacting the association and the counseling profession. This month, their answers to the final two questions are featured. Answers to previous questions appeared in the October issue.

Additional information for each candidate, including biographical information and goals statements, will appear in the December issue. That issue will also feature biographical information and goals statements for those running for office at the division and region levels.

Editor’s note: The following answers are printed as submitted by the candidates. Counseling Today edited only for spelling and minor style issues.

The membership of ACA continues to increase. However, the greatest increase is among students, many of whom do not continue their membership once they graduate. How would you address the issue of retaining student members so they continue as professional members for the duration of their careers?

Jeffrey Freiden: Qwerty613@aol.com. I became an ACA student member because my professors knew that professional membership made a strong counseling profession. The ACA membership charts suggest that this pattern continues. Our issue is really to understand why some members leave ACA after several years. As a business owner, I knew that customers left if they did not see value in my product. As a mental health counselor, school counselor and counselor educator, I know how ACA membership impacts my professional experience. What do I see in ACA that they do not?

When a new counselor chooses to join ACA, then they see a benefit. If they later quit ACA, then we must ask, “What are we doing, or not doing, that leaves that counselor wanting?” Even if we believe that we deliver excellent benefits, we only succeed if our customers know this, too.

As ACA president, to retain our new members, I will do the same as I did to grow my business: Ensure maximum customer benefits and make sure that counselors see and hear that message. I will develop the same sales campaign used in businesses to convey the ACA message. ACA is a home for all counselors.

E. Christine Moll: Do we not assume our physician and dentist to be a member of AMA or ADA, participating in ongoing professional development? I wonder if our clients and families of our schoolchildren expect the same of us?

In conversations about “membership,” I learned that people:

- In counseling offices “purchase” one membership, so as to share the journals and materials
- Appreciate that ACA exists, but many see no reason to belong

Our challenge is to make “membership” a responsibility, not an option.

In concert with current efforts of the

ACA rolls out online voting
As ACA moves forward with the “greening” of our association, we’re pleased to announce that voting in all of this year’s elections can be done via an online ballot. After thoughtful consideration and the vetting of two very different vendors, ACA chose Votenet Solutions Inc. to manage its online election process. Votenet is local to the Washington, D.C., area and a leading provider of secure on-demand voting and balloting software. Votenet’s client base runs the gamut from the association world, such as NAFSA: Association of International Educators, the American School Health Association and the American Anthropological Association, to the non-association world, including BET.com, West Virginia University and MedAmerica Mutual.

Online voting for all ACA elections will begin on Thursday, Dec. 2, at 12 a.m., and the online voting process will close Monday, Jan. 31, at 12 a.m. Eastern Time. If you are unable to vote online or would prefer a paper ballot, ACA Member Service representatives will be happy to assist you. Please call 800.347.6647 ext. 222 to request a paper ballot. If you choose to complete a paper ballot, the deadline to receive your ballot at ACA headquarters is the same as for online voting: Monday, Jan. 31.
ACA staff, let us create a marketing strategy that includes:

- Preparing ACA leaders to be “camera ready.” That is, train leaders for TV interviews, to focus on the camera, cogently expressing concise responses with a professional counseling twist.
- Public advertisements highlighting the work of members, and invite our colleagues to join in the good work.
- Publicly coalescing with sister associations to provide our members with benefits not afforded to professional non-ACA-member counselors.

Let us creatively construct a professional culture in which membership in ACA is “professional disposition” and another way we ethically serve our clients, as our medical doctors serve us.

**Michael D’Andrea:** As ACA president, I would work to build an organizational culture that inspires and motivates students to continue as ACA members throughout their careers. This includes reinvigorating the ACA Mentoring Program, where experienced ACA members agree to mentor students. In addition to providing mentoring services that support students’ growth and development, mentors would agree to pay for their mentees’ ACA membership for one year, while mentees agree to pay for their own membership for the following year.

Second, I would convene two student leadership conferences during my presidency. The cost effectiveness of these conferences will be addressed by using video conferencing and related technology in ways that also ensure the broadest participation of students in the United States and other countries.

Third, I am committed to fostering a greater level of democracy in ACA by advocating for increased student involvement in the decision-making processes that affect our association. This will involve working with other individuals to advocate for a new ACA association specifically for students. This new association would enable students to formally exercise their rights as ACA stakeholders, voice their interests from the grassroots of our association and be represented on the ACA Governing Council.

**Bradley T. Erford:** As a Governing Council representative, I helped secure free professional liability insurance for student members. Now that we have it, student numbers are increasing dramatically. It is up to us to make sure their counselor identity is solidified and valuable services available so they stay members once they become practitioners!

As students transition to become practitioners, they want time- and cost-effective professional development opportunities and employment/legislative advocacy. We need more practitioner-friendly presentations at conferences. I have also helped ACA create a flexible, menu-driven or tiered dues program that will allow new professional members to ease into the graduated dues payments while picking and choosing the services they want.

ACA needs to focus on what new members want: CEUs from conferences and workshops, employment opportunities, low-cost professional liability insurance, networking opportunities and mentoring. Members rightfully demand a return on their dues (investment). When they get it, members become committed to our professional mission.

Finally, we need to reach out to students and young professionals through technological innovations they are wired into, including blogs and social networks. In short, ACA needs to be the connection point for a new generation of counselors.

**As ACA president, how would you increase the visibility and public awareness of the counseling profession and ACA?**

**E. Christine Moll:** Our ACA staff does an excellent job with resources that can be limited. I propose that we empower their efforts by hiring a public relations firm to “put us on the map” of similar organizations representing professionals who build “relationship(s) that empower diverse individuals, families and groups to accomplish mental health, wellness, education and career goals” (2010, ACA 20/20 Initiative’s Definition of Counseling).

Contracting the services of a public relations firm would increase the public awareness of the counseling profession and ACA and potentially increase ACA membership. In collaborating with ACA leadership and staff, a PR firm will develop a marketing strategy that would achieve (at the very least) the following objectives:

- Select a niche, a “brand” in which ACA can be known as a leader
- Concentrate our resources on our strengths, using the best medium to stimulate public awareness, and strengthen public perception about professional counselors
- Increase the strength of search engine visibility
- Create a slogan, i.e. a concise phrase that summarizes our core message into a few memorable words

We are (more than) ENOUGH. Let us trust that message and give that message to our students and our clients. Let the world know.

**Michael D’Andrea:** To increase the visibility and public awareness of the counseling profession and ACA, I would first convene a special task force that was responsible for developing a national project aimed at “Promoting Healthy Human Development and Wellness” in different locations across the country. This national project would involve working with other ACA associations to implement time-limited wellness interventions in schools, universities and communities. These service projects would increase public awareness of the counseling profession and ACA with minimal expense to ACA.

Second, I would work with other ACA members to develop an alternative “diagnostic” manual to the DSM. This alternative manual would include diagnostic procedures to assess individual, organizational and community health and wellness. It would also outline recommendations for increasing healthy human, organizational and community development through counseling, development and related health-based interventions.
Third, I would implement a major social justice advocacy project that addresses the epidemic of violence in our nation. This project would be designed to increase the public’s awareness of the ways that counselors are currently addressing this problem in communities across the country and seek support from citizens and organizations to help stop the violence in our nation.

Bradley T. Erford: Public awareness and professional identity are enhanced through greater visibility of the quality professional counseling services we provide to the public. I view public awareness as concentric circles proceeding inside out from national to state to local issues — as politicians say, “All politics are local.” To be successful in advocating for our clients and on behalf of all citizens, professional counselors need to recognize that we all have to be involved at all levels simultaneously, using grassroots and strategic, targeted initiatives. A concerted effort on many levels will strengthen our professional identity far more effectively than focusing on any single level — but the effort must be expertly coordinated, and ACA is in the best position to do so.

As president, I would implement a concerted media campaign to accomplish this goal. ACA needs to develop a marketing campaign to increase name recognition and visibility. When state and national legislators hear “… Counseling Association,” they need to get the message that we all stand as one. ACA must reach out and partner with other helping organizations. Daily in schools and communities, throughout ordinary times and unfortunate tragedies, opportunities to communicate the important work of professional counselors are created.

Jeffrey Freiden: Qwerty613@aol.com. Marketing a business or marketing the counseling profession; both are sending messages to be heard and understood by customers. Pepsi does not sell flavored water. They sell “refreshment,” “youth” and “fun.” ACA does not just collect dues. ACA provides benefits that one counselor, alone, cannot achieve.

My plan is to market ACA, its Divisions and Branches to counselors and the public. ACA affiliation means a better counselor and a better outcome by affiliated counselors. Counselors will want to be ACA members, and the public will identify ACA-affiliated counselors as better counselors.

Under the ACA umbrella, I will work with all Divisions to create alliances with schools and universities to demonstrate how ACA counselors are better equipped to help students and schools. We will aggressively market ACA counselors as providing a higher quality of counseling, a better clinical understanding of client issues and as advocates of tolerance and social justice.

I will create alliances between ACA and state branches. Strong state counseling associations are the backbone of ACA and Divisions. ACA has the resources to help branches grow their membership. In turn, branches are fertile ground for ACA and national Divisions to promote their positions and recruit new members. ♦
professional counselors and interns, hospice workers and first-responders, including firefighters, policemen and paramedics.

Clients seeking counseling meet with a licensed professional for a brief intake and assessment and are then referred to the appropriate HOH professional, who provides them with eight free counseling sessions. In a recent anonymous survey, clients uniformly expressed their appreciation of the confidentiality of sessions and the providers’ expertise. They found their sessions helpful and stated they would recommend HOH to others.

The Counseling Today articles will surely increase awareness of the need for mental health professionals to take care of their own emotional well-being.

Marilyn Stacy, LPC
Dallas

Continued from page 8

Letters

Calling all Counselor Educators!

It’s not too early to start planning your spring syllabi.

Looking for fresh ideas for presenting a course? Preparing your first syllabus? Need to develop a new course fast? Accessing the ACA-ACES Syllabus Clearinghouse is a member benefit that can help.

Your colleagues have recently contributed a variety of syllabi across CACREP core and specialty areas:

Karen Rowland, Mercer University
- Career/Vocational Counseling
- Cultural Perspectives in Counseling
- Introduction to School Counseling
- Play Therapy
- School Counseling Field Experience

Andrew J. Finch, Vanderbilt University and Mike Brown, Pope John Paul II High School
- Counseling for College Access and Admissions

David Goode-Cross, West Virginia University
- Theory and Practice of Human Appraisal

Louisa Foss, Southern Connecticut State University
- Issues in Crisis Intervention (Theory and Method)

Jeanette Baca, New Mexico Highlands University-Rio Rancho Center
- Mental Health Ethics, Law and Practice

A HEARTY THANK YOU GOES OUT TO ALL OUR CONTRIBUTORS!!

To contribute your syllabi, go to www.counseling.org and click on the Clearinghouse button on the right-hand side. Syllabi may be posted by both members and non-members.

Please direct any syllabus questions or feedback to Vikki Cooper, ACA Librarian, at syllabus@counseling.org or 800-347-6647, x281.
Dissecting revisions to the DSM-5

Publication of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is set for May 2013, marking one of the most anticipated events in the mental health field. The process for revising the DSM began in 1999, when the American Psychiatric Association (APA) and the National Institute of Mental Health (NIMH) agreed to work together to update the current manual. After many meetings and conferences, the research agenda for the DSM-5 was completed in 2007, and the process of formulating draft criteria began. This past February, these proposed draft revisions were made available for review and feedback on APA’s DSM-5 website.

The DSM-5 is now in Phase I field trials, with the overall aim being to assess the feasibility, clinical utility, reliability and validity of the draft criteria and the new dimensional measures being suggested for the manual. Following this step, more revisions will be made and a second round of field trials will ensue. The ultimate goal is publication of the DSM-5 by 2013.

With thousands of licensed professional counselors across the United States using the DSM in their daily practice, the profession as a whole has a vested interest in the final outcome of the DSM-5. To keep counselors apprised of the DSM-5 development process, this article begins a series on the many proposed changes and the potential impact these changes could have on counselors’ practice of diagnosis.

Among the numerous small revisions to existing diagnoses, APA is considering several significant changes to the DSM that will have an impact on the way counselors diagnose. Among these changes:

- Including “dimensional assessments” within existing categorical diagnoses. Dimensional assessments are self-report rating scales that measure symptoms of a particular disorder (for example, depression or anxiety). The purpose is to provide additional information to assist clinicians with diagnosis, treatment planning and treatment monitoring. Dimensional assessments are being proposed for attention-deficit/hyperactivity disorder, personality disorders, substance use disorders, anxiety disorders, mood disorders and psychotic disorders.

- Introducing “cross-cutting assessment.” Similar to dimensional assessments, cross-cutting assessment measures diagnostic symptoms, but not symptoms of a specific disorder. The assessment is intended for use during an initial clinical interview to measure symptoms commonly seen and monitored in most clients, regardless of their initial presenting problems or diagnosis. It is called cross-cutting because the measure cuts across the boundaries of any single disorder. Examples include measurement of depressed mood, anxiety, substance use or sleep problems for all clients seen in a practice or clinic.

- Changing the multiaxial system. APA is considering collapsing Axes I, II and III into one axis that contains all psychiatric and general medical diagnoses. This would
be part of the process of making the DSM-5 classification system more parallel to that of the International Classification of Diseases.

- Subsuming disorders under other diagnoses. For example, autism, Asperger’s disorder, childhood disintegrative disorder and pervasive developmental disorder not otherwise specified will be collapsed into one disorder titled autism spectrum disorder. Similarly, substance abuse and substance dependence will be combined into one diagnosis called substance-use disorder.
- Reconceptualizing personality disorders. This is a drastic change in the personality disorder classification. Current personality disorder diagnoses will be replaced by five “specific personality disorder types” that will be determined by using a dimensional assessment on a combination of “higher order personality trait domains” and “specific trait facets.”
- A new “psychosis risk syndrome” (renamed “attenuated psychotic symptoms syndrome”) is being considered for the main manual or for an “Appendix for Further Research.” The rationale for this risk syndrome is to identify young people with early signs and symptoms of schizophrenia in order to provide early intervention.
- Adding several new disorders, including mixed anxiety depressive disorder, temper dysregulation disorder with dysphoria, hypersexuality disorder, minor neurocognitive disorder and binge eating disorder, among others.

These represent just a few of the many proposed revisions for the DSM-5. In addition to these changes, in future articles I will also address important issues such as gender and cultural considerations, the lowering of diagnostic thresholds and the clinical utility of the DSM-5 across all mental health professions.

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

Letters to the editor: ct@counseling.org
“Help! I got the promotion. Now what do I do?”

After initially greeting the thought of moving into a position of leadership within an organization with hope, anticipation and excitement, counselors who actually make this transition often experience other emotions, ranging from mild concern and self-doubt to panic and terror.

One does not often meet a student in a graduate counseling class who professes that his or her career goal is to become an agency director, clinical team leader, guidance director or academic department chair. No, for the most part, students set out to become counselors. It is usually by chance more than choice that, down the road, they may find themselves serving in positions of organizational leadership or administrative supervision.

Although various titles denote such service, the term counselor-manager would seem to highlight both the counselor’s professional identity and the organizational function of such leadership. The success of the counselor called to such a role is often predicated by the individual’s ability to blend the habits of mind of a manager with the habits of mind of a counselor. The counseling profession’s ethical principles provide guidance for the counselor-manager in this endeavor.

As counselors move to positions of leadership in schools, clinics or academic departments, their responsibility expands to include the provision of quality and ethical services by the organization as a whole, not just individually. Although it is true that each counselor working in an organization is responsible for his or her own behavior, the manager is principally responsible for promoting the ethical behavior of the organization as a whole.

The ACA Code of Ethics clarifies the responsibility of counselor-managers in regard to hiring competent counselors (Standard C.2.c.), ensuring their subordinates’ maintenance of client privacy (Standard B.3.a.) and maintaining positive employee relations (Section D). By and large, however, the ACA Code of Ethics doesn’t directly address the responsibility of the counselor-manager to ensure that the same standards to which he or she is called personally are also upheld organizationally. Instead, it is the counselor’s commitment to the ethical principles underlying the ACA Code of Ethics that will direct the person in his or her role as counselor-manager. By systematically extending the principles from guidelines for individual behavior to guidelines for organizational behavior, the counselor-manager is provided a framework for ethical leadership that asks, “Is the organization promoting good; avoiding harm; enhancing autonomy, justice and fairness; and acting with integrity and fidelity to its mission?”

Managers promote the ethical culture of an organization through the boundaries they set in policy formulation. More important, they play a significant role in developing an ethical culture. In their daily decision making and in accord with their professional identity, managers shape the vision and values of the organizations they serve. Counselors, individually and collectively as a profession, have an implicit agreement with society to strive for excellence. In discussing a surgical procedure, no patient would be satisfied with results that do not measure up to the economic and industrial standards set in the medical field, and yet quality that can be considered poor can still be acceptable to avoid harm when they ensure the well-being of their subordinates. Effective staff communication should not be viewed as optional “extras” to be included only when the economy is good and business is brisk. Rather, they should be regarded as ethical imperatives to help ensure quality treatment for the client and the overall effectiveness of the organization. Likewise, managers act to promote justice when they advocate for adequate wages for their employees, ensure schedules that demonstrate a
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Fifth Edition
edited by David Capuzzi and Douglas R. Gross

“Counseling and Psychotherapy features important theories and trends not covered in other foundational texts; the emphasis placed on social justice is especially noteworthy. Overall, this book provides readers with a substantive foundation for their work as professional counselors.”

—Carl J. Sheperis, PhD
Walden University

This student-friendly and well designed introductory 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. Introductory chapters explore core dimensions and brief approaches to the helping relationship, and how to best deliver counseling and advocacy services to diverse client groups. A complimentary test manual and PowerPoints for instructors’ use are available by request on university letterhead. 2011 • 408 pgs

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Richard F. Ponton is a member of the ACA Ethics Committee and director of Human Services for the Township of Ocean, N.J.

The ACA Ethics Committee invites your input. Correspondence about this article can be sent to ethics@counseling.org.

Letters to the editor: ctt@counseling.org

respect for employees’ values and develop and implement fair and consistent workplace policies.

In a perfect world, the ethical choice would always be simple — but, then, no one would need a manager. Often, the ethically sensitive counselor-manager must make a decision between two competing “right” things. For example, it is good to be consistent with policies, but it is also good to give this employee a break. Sometimes, the manager must weigh the relative cost-benefits of a decision. For instance, it is good to save money, but is it OK to cut a particular service?

In the final chapter of her book The New Handbook of Administrative Supervision in Counseling, Patricia Henderson gives advice to new counselor-managers: “Regardless of your agency or counseling specialty, two skills are fundamental to your success: decision making and managing your work. Both are used in professional counseling, but shifts in responsibilities, perspectives, roles, relationships and behaviors underscore their importance in being effective, efficient and successful in your new job.” The ethical principles provide the novice counselor-manager in a new job and the seasoned counselor-manager in a new day with a framework both for decision making and self-management. •
Counselor educators have a long history of redefining their identity, influenced by factors such as market forces and competing expectations pertaining to educator versus practitioner functions. The 2009 CACREP (Council for Accreditation of Counseling and Related Educational Programs) Standards established the doctoral degree in counselor education and supervision as the preferred terminal degree for faculty in CACREP-accredited programs after 2013.

As a prelude to future discussions that will occur concerning the doctoral degree in counselor education and supervision during the next round of CACREP Standards revision, this article explores four issues that have influenced the current identity of counselor educators: government funding during the 1950s and 1960s, the development of counselor education within colleges of education, the debate between counselor education and counseling psychology, and accreditation’s role in codifying the counselor educator.

Show me the money

The late 1950s through the 1960s represents a significant era in the development of counselor education doctoral programs. The passage of the National Defense Education Act in 1958 and, subsequently, the Education Professions Development Act in 1967 created vehicles for counselors to work in high schools. This increased demand for counselors naturally led to an increased demand for both counselor educators and counselor preparation programs, thereby dramatically increasing the number of counselor educators.

The funding these governmental programs provided allowed early counselor education programs considerable leeway in terms of revising curriculum, hiring faculty and staff, purchasing resources and even building some facilities. Thus, thanks to government funding, counselor education programs went from having minor roles in many teacher education programs to becoming major players in many schools of education.

There’s no place like home

Because many of the early doctoral-level counselor education programs were housed in colleges of education and many of the master’s-level programs were training school counselors, it was considered logical at the time for the counselor education doctoral programs to require teaching experience and certification for admission. This was problematic, however, for faculty applicants from other disciplines such as psychology and sociology whose doctorates did not generally require prior teaching experience. Furthermore, over time, programs hired more counselor educators without teaching backgrounds.

Some of the early school guidance programs evolved to encompass specializations in noneducation majors such as community counseling or marriage and family counseling. These programs began looking less like teacher education programs because school counseling was now just one of the program’s offerings. Furthermore, the counselor education faculty’s differing worldviews set them apart from their teacher education peers. Consequently, many of the previously “accepting” colleges of education began to toss out their counselor education programs when college administrators realigned programs on the basis of perceived fit. The need to find new administrative homes for some counseling programs had a definite influence on the identity evolution of counselor education programs.

Can’t we all just get along?

The counselor education versus counseling psychology identity debate has been a major factor in the history of counselor education and the evolution of the counselor educator. Without question, the discipline of counseling psychology has taken an interest in and given advice to the counselor education field. American Psychological Association (APA) Division 17 (Counseling Psychology) took an early interest in the preparation of school counselors, supporting legislation for the training and employment of school counselors and advocating for doctoral-level, rather than master’s-level, preparation.

The 1990s saw a heated exchange concerning the relative merits of the counselor education and counseling psychology doctorates. Counseling psychology proponents such as Dan Goodyear noted that in the 1970s, tensions increased between counselor education and counseling psychology as the two disciplines sought to establish distinct identities and respond to changes in the marketplace. This distinction was hampered, however, by the existing overlap in membership between the two disciplines.

One area in which this overlap was seen was in relation to the question of who should “control” publications in the counselor education field. In the 1990s,
questions arose concerning the influence that journal editors’ and editorial board members’ graduate degrees might have on a journal such as Counselor Education and Supervision and, thereby, on the profession. From the late 1970s to the early 1990s, an increasing proportion of articles published in the Personnel and Guidance Journal and the Journal of Counseling & Development (JCD) were written by psychologists, not counselors. Furthermore, there was a period when six sequential editors of JCD were APA fellows.

Ongoing tensions related to who should teach in counseling programs and who should manage counselor publications have had a distinct effect both on the development of counselor education doctoral programs and how counselor educators view themselves.

Now we have our own bible
The Association for Counselor Education and Supervision had established standards that were used in program planning during the 1960s and earlier, long before CACREP accreditation. Discussions concerning these standards reached back into the 1950s and took various written forms in the 1960s and 1970s. Through the years, many within the counseling profession have realized the important role the doctorate in counselor education has played in the ongoing professionalization of counseling, particularly in terms of how these programs prepare and encourage future leaders. CACREP has codified its preference for the counselor education and supervision doctoral degree in its 2009 standards.

Look into my crystal ball
The counselor educator of today is different than, yet similar to, the counselor educator of the 1950s and later. New graduates have had to grow and diversify. Consequently, they have also needed to learn new skills and areas of study. For those counselor educators who have lived through the professional changes outlined in this article, it has been an exciting ride. New generations of counselor educators must go through their own process of defining themselves. They may not live through another government handout or see conflicts with degree and major choices, but during the course of their careers, they will be subject to influences that the current professoriate cannot anticipate.

What will the future bring? The future will likely be influenced by the new core faculty requirements in the 2009 CACREP Standards that established the doctoral degree in counselor education as the preferred terminal degree for the profession. A related issue is whether existing doctoral-level counselor education programs will be able to meet the personnel needs of the hundreds of master’s-level training programs. Our belief is that the answer to this question is yes. What a great time to be in the business of preparing counselor educators.

The crystal ball also recommends that counselors and counselor educators reinvest in the serious production of research. Counseling education programs generally are master’s-degree-only programs, which may not exercise a strong push for the production of research. This needs to change. Counselor educators and counselors need to produce research that will become a part of our professional identity and behavior, even as it informs others of our practice and encourages others to use our best practice models.

Arthur P. Lloyd is professor emeritus, Stephen S. Feit a professor and Jennifer Nelson a doctoral student, all in the Idaho State University Department of Counseling.

Letters to the editor: ct@counseling.org

FROM THE PRESIDENT

Continued from page 5

to do the Electric Slide. This is where counselors laugh, play and dance the night away! So I’ll hope to see you this March at the Opening Party dance at the ACA Annual Conference in New Orleans.

On a more serious note, it is important to remember that even “fun” can be perilous if we are not protected. I recently had an opportunity to write a letter supporting the Protecting Student Athletes from Concussions Act. Congressional hearings are currently taking place regarding this legislation, which could help prevent play-related brain injuries among young athletes. No one supports the idea of play more than I do, but we must always be conscious of potential risks and dangers.

Before closing this column, I want to acknowledge the upcoming holiday season. As we prepare with our families, I encourage you to find some time for therapeutic play with each other. Be sure to let your family know how much you enjoy your time together, then let the laughter begin. Time is so precious, and we want our family members to know how important they are in our lives.

There are times when we give so much to our students and clients that, at the end of the day, there is not much left. We are exhausted. But we must always remember to refresh ourselves by making time for play and embracing that special time with family. This is something we all know, but I just wanted to remind you to value the short time we have on this earth with our loved ones.

As I finish my first few months as president, I want to say how thankful I am for all of you who have taken the time to contact me. I received more than 50 e-mails about my column in August that focused on the lack of men in counseling. I will be following up with additional research on this important topic. So please stay tuned, and thank you for your continued support.
AASGW invites nominations for professional achievement awards

Submitted by Lorraine Guth
lguth@iup.edu

The Association for Specialists in Group Work Awards Committee is seeking nominations for the Group Work Practice Award. The purpose of this award is to recognize an outstanding practitioner in group work. Recognition may be for any area of group work covered by the ASGW Professional Standards. Nominees must be members of ASGW.

A nomination letter and two supporting letters should address the following points:

- Scope of practice of the nominee, including type of group work, client population served and practice setting
- Innovations in group work practice by the nominee
- How the nominee has disseminated group work skills through workshops, conference presentations, supervision and/or training
- Evidence of the nominee’s significant contribution to group work practice

The ASGW Awards Committee is also seeking nominations for the Eminent Career Award and the Professional Advancement Award. Nominations in either category should address the nominee’s outstanding activities and contributions to the group work field. Additional letters speaking to the nomination are required. Letters should identify which award is being sought.

Eminent Career Award: This highest award is intended to recognize major contributions made to the field of group work by an ASGW/American Counseling Association member. Credentials and letters of recommendation for the nominee should convey the national and/or international influence the individual has had on group work over a period of time.

Professional Advancement Award: This award is made to recognize the outstanding activities of an individual who has helped advance the field of group work through any of the following: research, development of a new technique or theory, public relations, legislative activities or group work practice.

Electronic submissions for all awards are preferred and may be submitted via e-mail attachment to lguth@iup.edu. Submissions via regular mail should be sent to Lorraine J. Guth, Indiana University of Pennsylvania, Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705. Applications (nomination letter and supporting letters) must be received by Jan. 31. The award recipient will be announced at the ASGW Luncheon at the ACA Conference in New Orleans.

C-AHEAD preparing to present national awards, student grant

Submitted by Michelle Perepiczka and Jeff Cochran
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jcochr11@utk.edu

The Counseling Association for Humanistic Education and Development Awards Committee is seeking nominations for the 2011 C-AHEAD national awards, which will be presented at the ACA Annual Conference & Exposition in New Orleans in March. The following awards are available for nomination: Humanistic Leadership Award, Past President’s Award, Humanistic Clinician Award, Distinguished Journal Reviewer Award, Humanistic Educator/Supervisor Award, Humanistic Impact Award, Humanistic Advocacy and Social Justice Award, Humanistic Dissertation Award and Make a Difference Grant recognition.

Full information for these awards, including descriptions, instructions for nomination and deadlines for submission, is available at c-ahead.com. The grant award is $500, plus C-AHEAD-supported opportunities to promote the project and publicize the findings of the research. Interested graduate students should submit electronic applications along with supporting documentation by Dec. 1. Please note this deadline is different than for the other C-AHEAD awards. Winners will be announced in January, and the grant will be presented at the ACA Conference in New Orleans.

Details of the award and applications are available at c-ahead.com. Descriptions of the humanistic philosophy, humanistic counselors and humanistic counseling are also available on our website. Please e-mail jcochr11@utk.edu with any questions and distribute this message and the grant announcement to all potentially interested graduate students.

ACC details student committee, research grants and awards

Submitted by Victoria Kress
victoriaekress@gmail.com

The Association for Creativity in Counseling Graduate Student Committee seeks to help students gain support related to their graduate school and counselor development process and gain resources specific to the use of creativity in counseling. Last year, the committee developed a new award to be given annually to an organization that exemplifies ACC’s mission and value of using creativity in counseling. The first award was given to Pittsburgh Action Against Rape at the 2010 ACA Annual Conference.

The committee also developed a session that was presented at the conference in Pittsburgh. At the session, a number of
creative counseling interventions were detailed and shared with participants. Directions on the creative activities and how counselors can apply the counseling activities were provided. The committee will present a similar session at the 2011 conference, and we'd like to invite you to attend. If you are interested in joining the committee or have any requests or ideas on how the committee can best serve graduate students’ needs, contact Victoria Kress at victoriaekress@gmail.com.

The time has arrived once again for members to seek assistance through the ACC Research Grants. Each year, ACC awards two research grants, one for professional members and one for student members. Practitioners are encouraged to apply. Each award is for $250. The submission deadline for this year’s grants is Nov. 30. Refer to the ACC website for more information, or contact Laura Bruneau at lbruneau@adams.edu.

We are also pleased to announce this year’s nomination and selection process for honoring outstanding contributions to the profession. The following categories will be awarded at the ACA Conference in New Orleans: the Thelma Duffey Vision and Innovation Award, the Samuel T. Gladding Inspiration and Motivation Award, ACC Professional Service Award, ACC Research Award and ACC Graduate Student Award. Nominations are due Nov. 15. For more information on the award criteria and submission process, visit aca-acc.org or contact Stella Kerl-McClain at sbk@lclark.edu.

ACCA seeks nominations for council positions, awards
Submitted by Greta Davis davis_greta@yahoo.com

Serving on the American College Counseling Association Executive Council is a way to enhance your professional experiences while influencing the direction of your profession. It's an opportunity to network on the national level, get connected with colleagues all over the country and give back to the profession. ACCA is seeking nominations for several Executive Council positions, including president-elect, secretary and member-at-large, with the term of office beginning July 1, 2012. Nomination forms can be accessed on the ACCA website at collegecounseling.org.

ACCA is also seeking nominations for awards. Part of the mission of ACCA is to support and enhance the practice of college counseling. One way this is accomplished is through ACCA Professional Recognition Awards. Please consider nominating colleagues (or yourself) for recognition this year. Nominations for awards to be presented at the ACA Conference in New Orleans must be submitted by Jan. 31.

The awards available include Professional Leadership, Meritorious Service, Outstanding Professional Contribution to Knowledge, Graduate Student Meritorious Service, Advocacy for College Counseling and Research. Complete descriptions of the awards and nomination forms are available at collegecounseling.org.

NCDA sends delegation to Peru
Submitted by Deneen Pennington dpenn@ncda.org

The National Career Development Association sent a delegation to Peru in August to meet with key government officials and university presidents to expand NCDA advocacy for career development throughout the life span.
The Power of Play

1. According to Charles Myers, the traditional age range for clients in play therapy is:
   - 1 – 10 years of age
   - 2 – 11 years of age
   - 3 – 12 years of age
   - 4 – 14 years of age

2. Child-centered play therapy is based on which of the following therapeutic approaches:
   - William Glasser’s reality therapy
   - Rollo May’s existential approach
   - Steve de Shazer’s and Insoo Kim Berg’s solution-focused brief therapy
   - Carl Rogers’ person-centered approach

Putting Clients Ahead of Personal Values

3. Two legal decisions handed down recently in Michigan and Georgia, respectively, upheld the ACA Code of Ethics nondiscrimination clause as it relates to which group?
   - Women clients
   - Senior clients
   - Lesbian/gay/bisexual/transgender clients
   - Clients with disabilities

Endangered Innocence

4. According to the Sentencing Project, how many American children have an incarcerated parent?
   - 1.3 million
   - 1.7 million
   - 2.3 million
   - 2.7 million

5. Children of incarcerated parents are likely to experience:
   - Financial upheaval
   - Stigmatization
   - A range of emotional symptoms
   - All of the above

6. Which of the following “Anger Can – Feelings Can” activities did Marcy Douglass find to be a “turnoff” with child participants?
   - Letter writing
   - Art creation
   - Psychodrama
   - Journal writing

Reader Viewpoint – The Challenge of Eating Disorders on a College Campus

7. According to the National Eating Disorders Association, approximately how many American females are currently experiencing anorexia or bulimia?
   - 3 million
   - 5 million
   - 10 million
   - 20 million

Special Series – Dissecting Revisions to the DSM-5

8. The target year for the release of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) is:
   - 2011
   - 2013
   - 2015
   - 2017

ACA Eye on Ethics

9. Which of the following terms does Richard F. Ponton use to describe a position in which a counselor assumes leadership and management responsibilities?
   - Counselor-Manager
   - Leader-Counselor
   - Head Counselor
   - Counselor-Supervisor

Private Practice in Counseling

10. Column authors Robert Walsh and Norman Dassenbrook recommend that a group National Provider Identifier Number be obtained by private practitioners engaged in which of the following counseling practice structures?
    - Mixed specialty group
    - Group proprietorship
    - Blended counseling center
    - Health care alliance group

Instructions

Online: Complete the test at counseling.org/Resources/OnlineLearning.aspx. You will be able to pay online and download your CE certificate immediately.

Mail: Complete the test and form above and mail (with check or money order made payable to American Counseling Association) to: ACA Accounting Department/CT, American Counseling Association, 5999 Stevenson Ave., Alexandria, VA 22304. Allow 2–4 weeks for processing. For further assistance, please contact Debbie Beales at dbeales@counseling.org, or by phone at 800-347-6647, x306.

Please print clearly

Name: _____________________________________________________

ACA Member Number _______________________________________

Street address: ____________________________________________

City: _____________________  State/Prov.: _____Zip: ______________

Phone: ___________________________________________________
NCDA delegates traveled to Peru in August in an effort to promote career development. Pictured are (from left) Rich Feller, NCDA president-elect candidate and professor at Colorado State University; Alberto Puertas, NCDA trustee; Pilar Nores de Garcia, first lady of Peru; Cheri Butler, NCDA president; and Deneen Pennington, NCDA executive director.

During the trip, the delegation visited with the first lady of Peru, Pilar Nores de Garcia, Minister of Education Manuel Alejandro Solis and Minister of Social Services Nidia Vilchez Yuca.

In addition, Peru has a consortium for the development of emerging universities. The delegation met with consortium director Jorge Artuto Benites as well as many university deans and presidents in Peru’s three main cities. “I was overwhelmed by their hospitality and interest in career development. It exceeded my expectations,” said NCDA Executive Director Deneen Pennington.

A second delegation is planned for winter 2011, when NCDA will introduce the Career Development Facilitator Training and further develop collaborations for future establishment of the Peru Career Development Association. Alberto Puertas, a native Peruvian who now resides in Utah and is a professor at Brigham Young University, hopes to bring the NCDA mission to all regions of Latin America.

**NECA Day of Learning to address work and mental health**

Submitted by Kay Brawley
kbrawley@mindspring.com

Michael Lazarich will kick off the National Employment Counseling Association’s Day of Learning March 25 in New Orleans with the topic “Fostering Psychological Resilience in the Employment Counseling Process.” Humans have a need to feel worthwhile, to be productive, to love and to be loved. The greatest intervention to solve social problems is a good job, Lazarich says. Everyone has talents that can bring joy to those who experience their unfolding. These and similar thoughts come to the forefront when employment counseling and mental health counseling merge, as is the focus of the Day of Learning to be held during the ACA Annual Conference.

More than 1,800 people lost their lives during Hurricane Katrina. Hundreds of thousands were left unemployed. Five years later, thousands are still displaced, living in temporary accommodations. The Gulf oil spill added another blow to an already staggering economy.

NECA is dedicating its Day of Learning to a future of hope and employment solutions in New Orleans. An impressive array of presenters has been assembled to help counselors battle despair with techniques, thoughts and concepts that pave a road to success. Presenters include Roberta Neault of Life Strategies Ltd. in British Columbia; Spencer Niles, codirector of the Center for the Study of Career Development and Public Policy at Penn State University; Carolyn Greer of Texas A&M University; Tom Ayala of People Solutions LLC in Oregon; Bill Fenson of Fenson Counseling in Dallas; and Kimberly Key of Encompass Work & Family in Austin, Texas.

Join us if you have clients whose mental well-being would be greatly enhanced if a truly worthwhile job became part of their reality. Our speakers are a mix of counselor educators, researchers, successful entrepreneurs and employment counseling practitioners. Presentations will run from 11 a.m. to 6 p.m. and will offer a mix of lecture, interactive presentations and healing methods to renew, empower and fortify participants and their clients with essential remedies. Topics include bioenvironmental counseling solutions, hope, strategies after long-term unemployment, life-span-focused treatment, crisis leadership and holistic solutions for harnessing resiliency.

Look for NECA Institute registration information at counseling.org or employmentcounseling.org. 

The Grief Recovery Certification Training Program

**NOVEMBER**

5–8 Phoenix, AZ
5–8 Chicago, IL
19–22 Oklahoma City, OK
19–22 Denver, CO
19–22 Sherman Oaks, CA

**DECEMBER**

10–13 Elizabeth, NJ

**2011**

**JANUARY**

21–24 San Diego, CA
28–31 Detroit, MI

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

For more information or to register

Call 800-334-7606 or visit The Grief Recovery Institute

WWW.GRIEF.NET

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COMING EVENTS

APCP Conference
Nov. 10-12
San Juan, Puerto Rico
The Asociación Puertorriqueña de Consejería Profesional (Puerto Rico Association of Professional Counselors) invites colleagues to its 33rd Annual Convention at the Sheraton Puerto Rico Hotel & Casino. The theme is “Professional Counseling and Neuroscience: Strategies for Total Development.” With more than 1,200 members in the association, over 800 people are expected at the convention. For more information or to register, e-mail apcppconvencion2010@gmail.com.

Expressive Therapies Summit
Nov. 12-15
New York City
Attention, Association for Creativity in Counseling members! The first annual Expressive Therapies Summit will be held in New York City’s Times Square. The event will feature more than 50 distinguished clinicians, researchers and educators offering papers, panels, workshops and classes. This extraordinary gathering of creative arts therapists will feature art, dance, music, drama and poetry therapies, as well as psychodrama, play therapy and sand play. Behavioral health care professionals and educators are welcome. Daily and package registrations are limited, and CEUs are available. For more information, visit summit.expressivemedi.org.

World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders
Nov. 17-19
Washington, D.C.
The sixth annual World Conference on the Promotion of Mental Health and Prevention of Mental and Behavioral Disorders is heading to Washington’s Omni Shoreham. Themed “Addressing Imbalances: Promoting Equity in Mental Health,” the conference will address inequalities affecting the mental health of millions of people, in both rich and poor countries. For more information or to register, visit wmhcconf2010.hhd.org.

FYI

Call for proposals
The 2011 International Association for Counselling Conference, themed “No Nation Left Behind: Challenges and Opportunities of Counselling and Education for All,” will be held in Montego Bay, Jamaica, June 13-17. IAC invites papers in the following strands: counseling for educational opportunity with children, young people and adults; counseling for employment and career opportunities; promoting peace and human rights; counseling for educational access and equity; and counseling and HIV/AIDS education. Abstracts should be limited to 250 words. Please include the following: paper title; name, organization and qualifications; professional counseling membership; audio-visual requirements; and name, address, e-mail and daytime and cell phone numbers, including country and area code. Submit abstracts by Dec. 31 to angela.gordon@uwimona.edu.jm.

Call for submissions
The International Journal of Psychology and Counselling, a multidisciplinary, peer-reviewed monthly journal, welcomes the submission of manuscripts that meet the general criteria of significance and scientific excellence. Papers will be published approximately one month after acceptance, and all articles published in IJPC will be peer reviewed. Our objective is to inform authors of the decision on their manuscript within three weeks of submission. Following acceptance, a paper will normally be published in the next available issue. For more information, visit academicjournals.org/ijpc.

Call for submissions
The Journal of Counseling & Development invites submissions for a special section focusing on the prevention and treatment of eating disorders. Interested scholars and practitioners are invited to send proposals of original manuscripts in the following areas: manuscripts that describe and provide support for primary prevention programs in schools and communities or for secondary prevention programs for groups at highest risk for eating disorders, and manuscripts that describe and provide support for best practices in the treatment of eating disorders. Manuscripts that address the unique treatment needs of diverse client groups are strongly encouraged. Submit your proposal to Laura Choate, guest editor, no later than Dec. 15. For more information regarding the preparation of proposals, e-mail Laura Choate at lchoate@lsu.edu.

Call for proposals
The South Carolina Counseling Association will be hosting its 47th Annual Conference Feb. 3-5 at the Marriott Resort at the Grand Dunes in Myrtle Beach. Themed “South Carolina Counselors: Agents of Change,” the conference will be loaded with great workshops on numerous topics related to mental health. We are still accepting proposals for workshops. CEUs for workshop attendance will be available. For more information, visit scounselor.org or contact David Scott at dscoitt2@clemson.edu.

Call for submissions
Contemporary Psychotherapy is a free international e-journal for counselors and psychotherapists of all modalities. With the professional community of psychotherapists and counselors in mind, Contemporary Psychotherapy aims to be progressive, inquiring and creative; to encourage interactive debate with its international readership; and to address, rather than avoid, the possibly contentious. We are seeking authors interested in submitting articles of up to 2,500 words on all therapeutic issues. The spring 2010 issue is available at contemporarypsychotherapy.org. For more information, e-mail Werner Kierski, editor-in-chief, at editor@contemporarypsychotherapy.org.

Bulletin Board submission guidelines
Items for the Counseling Today Bulletin Board must be submitted via e-mail to lbballcros@counseling.org with “Bulletin Board” in the subject line. Please note that not all submissions are accepted for publication. Submissions may be accepted or rejected at the discretion of the editor-in-chief. Limit submissions to 125 words or less. Announcements will be published for a maximum of three consecutive months, after which an updated version of the announcement must be resubmitted for inclusion.
End of Life Care: Know More

For those who have participated in the Excelsior College End of Life Care Certificate program, whether to earn a certificate or simply take courses—it has been an eye-opening and life-altering experience.

Knowing more about end of life care can make an important difference in anyone’s life—be it your own or your clients’. Delivered entirely online, courses of interest may be taken at any time without a commitment to completing the entire 12-credit program. Topics include therapeutic communication, self-care strategies, the bereavement process, symptom and case management, life transitions, and ethics to name a few.

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everywhere.excelsior.edu
School counseling bills set markers for ESEA debate

A heavy legislative agenda has all but ended chances for the reauthorization of the Elementary and Secondary Education Act of 1965 (most recently renewed in 2001 as the No Child Left Behind Act) by the end of the year. Barring unforeseen movement in the lame-duck session to be held after the Nov. 2 midterm elections, ESEA reauthorization will have to wait until the 112th Congress assembles in January.

Nevertheless, Congress has begun work on the legislation, and committees with jurisdiction over education policy have held several hearings on education reform issues to lay the groundwork for reauthorization. Members of Congress have introduced dozens of bills highlighting their priorities for a revised K-12 federal education law. Two bills in particular focus specifically on increasing the number of school counselors working in U.S. schools.

Rep. Linda Sanchez (D-Calif.) introduced the Put School Counselors Where They’re Needed Act (H.R. 5671), which she has championed in previous sessions of Congress. This bill would create a $3 million demonstration project to support the hiring of school counselors in at least 10 troubled, low-income high schools in an effort to reduce dropout rates. Grant money would be used to add school counseling positions (at a recommended rate of one additional school counselor for every 250 students identified as being at risk) and to provide resources that support school counselors’ services, such as professional development and travel expenses for home visits to students.

Rep. Edolphus Towns (D-N.Y.) and Sen. Blanche Lincoln (D-Ark.) introduced the Increased Student Achievement Through Increased Student Support Act (H.R. 1361/S. 538) in the House and Senate, respectively. The legislation seeks to increase the number of school counselors, school social workers and school psychologists made available to urban and rural low-income school districts. Under partnerships developed between universities and school districts, graduate students in school counseling and related specialties would receive tuition credits and loan forgiveness for working in high-need schools.

ACA encourages counselors to ask their representatives to cosponsor H.R. 5671 and H.R. 1361 and their senators to cosponsor S. 538 to demonstrate support for improving access to school counseling services. We want to increase support for these bills heading into the next reauthorization of ESEA.

For more information, or to share your school counseling success stories and challenges, contact Dominic Holt with ACA at 800.347.6647 ext. 242 or dholt@counseling.org.

Consumer protections taking effect under health care reform

Several important consumer protections established by the Patient Protection and Affordable Care Act enacted in March began taking effect Sept. 23 and will apply to health plan years starting on or after that date. Some of the protections will apply only to new health plans, while others will apply both to new and grandfathered health plans (defined by law as those in existence on March 23, 2010). Some of the protections that apply to grandfathered health plans are only for group, not individual, policies.

The following protections apply to all health plans, including grandfathered group and individual plans:

A requirement that enrollees be allowed to choose which participating doctor (or pediatrician) they want as their (or their child’s) primary care provider and that women be allowed to see their OB/GYN without a referral

A prohibition on requiring prior authorization for use of emergency services, including out-of-network emergency services, and a prohibition on requiring higher cost sharing for out-of-network emergency care

These protections continue the gradual phase-in of the Patient Protection and Affordable Care Act. For more information on how the law affects counselors, both as health care providers and health care consumers, contact Scott Barstow with ACA’s public policy office at 800.347.6647 ext. 234 or sbarstow@counseling.org.
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Please Note: only those with extensive refugee and training experience should apply
Gulf Coast Jewish Family Services, Inc. is seeking a highly skilled professional with national refugee experience and a solid background in training and working with traumatized populations to lead the direct service torture services program in Miami and a federally funded national training and technical assistance program specifically related to torture rehabilitation. Ideal candidates will work collaboratively and oversee multiple training and consultation sites. Will contact
and obtain support and participation of national and local resettlement, voluntary, health and mental health organizations, mutual assistance organizations, and state refugee coordinators; network with torture treatment providers; identify potential trainers, mentors and technical assistance consultants; responsible for all media coverage concerning the programs.

Master’s degree required with preference for concentration in social work, social sciences, psychology, counseling or administration. Experience in behavioral or clinical services and training delivery. Cross-cultural experience preferred. Resumes to: Awinter@gcfsw.org or Fax: 727-507-6313  eoe, dfwp, m/f/d/v

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**INDIANA**

**INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE**

**Assistant Professor**

The Counselor Education Program in the Department of Professional Studies at Indiana University-Purdue University Fort Wayne (IPFW) invites applications for a tenure-track position at the Assistant Professor level to begin in Fall 2011. The Counselor Education program offers master’s degree specializations in School Counseling and Marriage and Family Therapy, and takes a systemic approach to counselor training in both school and community settings. The Counseling Education program operates the IPFW Community Counseling Center, an on-campus counseling training clinic which includes a satellite clinic in a local elementary school. The program also engages in several other collaborative programs with K-12 schools in the community. We are seeking someone who can contribute to our school counseling specialization and continue our commitment to community engagement. The successful candidate will teach classes in the Counselor Education Program including clinical supervision of practicum and/or internship students, advise students, pursue a program of research and scholarly activity resulting in publication, and provide service to the university, community and profession. The position may also include the opportunity to coordinate the School Counseling specialization.

Minimum Qualifications: Earned doctorate in a counseling related field. Preferred Qualifications: Earned doctorate in Counselor Education or Counseling Psychology; school counseling experience, ability to coordinate the school counseling specialization, training and experience in supervision, training and experience in family systems, ability to obtain a school counseling and/or clinical license in the State of Indiana. Screening will begin immediately and will continue until the position is filled. Applications should include: 1) a letter of application; 2) a current CV; 3) official transcripts; 4) three letters of reference; and 5) copies of counseling licenses and/or certificates. Please send applications to: Dr. Amy Nitza, Director of Counselor Education, 250 Neff Hall, Indiana University-Purdue University Fort Wayne, 2101 E. Coliseum Blvd., Fort Wayne, IN 46805, IPFW is an Equal Opportunity/Equal Access/Affirmative Action Employer fully committed to achieving a diverse workforce.

**VALPARAISO UNIVERSITY**

**Assistant Professor**

The Department of Education at Valparaiso University invites applications for a tenure-track position as an assistant professor of education in school counseling beginning in August, 2011. Primary responsibilities include establishing an innovative, new school counseling program, teaching school counseling classes, establishing and supervising field experiences for the School Program, creating and maintaining the program’s assessment system, recruitment, and teaching some graduate counseling courses in the Psychology Department.

Candidates should have a Ph.D. or Ed.D. with specialization in school counseling and evidence of current practice in the field of school counseling (licensure, practice, and research). In addition to scholarly ability, the University places emphasis on teaching and preference will be given to applicants with university teaching experience and evidence of teaching effectiveness and recent, relevant clinical experience in school counseling. Please send a letter of application, curriculum vitae, a brief statement of teaching and research interests, a graduate transcript, evidence of teaching effectiveness, and three letters of recommendation to christina.grabarek@valpo.edu. Applications should be received by November 1, 2010. For additional information, please visit http://www.valpo.edu/administration/facultyopenings.php

Valparaiso University does not unlawfully discriminate and aims to employ persons of various backgrounds and experiences to help constitute a diverse community. Its entire EOE policy can be found at http://www.valpo.edu/equalopportunity/index.php.

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**OHIO**

**XAVIER UNIVERSITY**

**Two Positions:**

**Assistant/Associate Professor of Counseling**

The Department of Counseling at Xavier University, a Catholic institution in the Jesuit Tradition, is seeking a full-time, tenure-track Assistant/Associate Professor. The Department offers master’s degrees in School and Community Counseling and is in the College of Social Sciences, Health, and Education. Both counseling programs are accredited by CACREP through 2014. Xavier University is an Equal Opportunity / Affirmative Action Employer (EO/AAE). The department seeks a practitioner/scholar who shares our vision for training highly competent and effective professional counselors. A doctorate in Counselor Education from a CACREP accredited program by start of appointment, and significant experience in school and/or community counseling is required. Applicants must be licensed or license eligible as a school and/or clinical counselor in the state of Ohio. Applicants should demonstrate professional competence in teaching, scholarship, and clinical supervision of graduate students and have a strong commitment to social justice, advocacy, and multicultural counseling. The successful candidate will be expected to: teach graduate level counseling classes, engage in scholarship, advise students, participate in professional and university service activities, and collaborate with colleagues on program development, reaccreditation, and credentialing activities.

**Position begins Fall 2011.** For full consideration, qualified applicants must submit a cover letter, vitae, and names, addresses, and telephone numbers of
three references by November 12, 2010 to: Dr. Brent Richardson, Department of Counseling Chair, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-6612 or submit materials electronically to hr@xavier.edu.

Counselor Education / Clinical Coordinator

The Department of Counseling at Xavier University, a Catholic institution in the Jesuit Tradition, is seeking a non tenure-track, full time clinical faculty member. The Department offers master’s degrees in School and Community Counseling. Both counseling programs are accredited by CACREP through 2014. Xavier University is an Equal Opportunity / Affirmative Action Employer (EO/AAE). The department seeks a practitioner/scholar who shares our vision for training highly competent and effective professional counselors. Application requirements include a master’s degree in Agency/Community/Mental Health Counseling from A CACREP accredited program (Doctorate Preferred) and successful university teaching experience. Applicants must be licensed or license eligible as a professional clinical counselor with “supervising counselor” designation in the state of Ohio. Applicants should demonstrate professional competence in teaching and clinical supervision of graduate students and have a strong commitment to social justice, advocacy, and multicultural counseling. The successful candidate will be expected to: coordinate student experiences and on-campus seminars for counseling practicum and internship courses for both community counseling and school counseling students; provide student advising/coaching as it relates to the clinical practice of the Counseling Department; provide consultation to internship supervisors at all locations; facilitate the hiring and supervision of additional internship instructors; oversee university and state mandated requirements and required forms for internship and practica; conduct regular site visits to review student intern progress; and teach at least one other course within the Counseling Department per semester, including summer. Position begins Fall 2011. For full consideration, qualified applicants must submit a cover letter, vitae, and names, addresses, and telephone numbers of three references by November 12, 2010 to: Dr. Rhonda Norman, Clinical Coordinator Search Committee, Xavier University, 3800 Victory Parkway, Cincinnati, OH 45207-6612 or submit materials electronically to hr@xavier.edu.

PENNSYLVANIA

ARCADIA UNIVERSITY
Assistant Professor, Counseling Psychology
Department of Psychology

The Department of Psychology at Arcadia University (a private, comprehensive university of 3,600 students located in suburban Philadelphia) invites applications for a tenure-track assistant professor position in counseling psychology with a specialty in EITHER child and family therapy OR trauma. The position will begin fall 2011. Candidates must hold a doctorate in counseling education, counseling psychology, clinical psychology, or a closely related field. Candidates must also be licensed or license eligible in the state of Pennsylvania. Candidates will be expected to teach mostly in the masters program in counseling psychology, which has a strong foundation in multicultural and evidence-based practices. There may also be some teaching in the research-oriented undergraduate psychology program. Candidates will be expected to contribute to the overall mission of the psychology department by involving both undergraduate and graduate students in their search. How to Apply: Applicants should submit a cover letter, vita, reprints of published research, three letters of recommendation (TWO academic and ONE clinical), evidence of teaching effectiveness (preferably students’ evaluations), a statement of teaching philosophy, and a description of research interests to: Faculty Search Committee, Department of Psychology, Arcadia University, 450 S. Easton Road, Glenside, PA 19038.

Applications will be reviewed beginning December 1, 2010, but will be accepted until the position is filled. Arcadia University seeks candidates of diverse cultural backgrounds and abilities. As an Affirmative Action/Equal Opportunity Employer, Arcadia University encourages members of underrepresented groups to apply.

LASALLE UNIVERSITY
Assistant Professor, Psychology

The Psychology Department at La Salle University invites applicants for a full-time tenure track position starting January, 2011. Primary responsibilities will be in the master’s program which prepares students for licensure as professional counselors and marriage and family therapists, but courses may also be taught in the doctoral or undergraduate programs. Responsibilities include teaching courses in mental health counseling, participating in program development and providing student advisement. Scholarly research and university service are also expected. Candidates shall have obtained a doctorate in Counseling or Counseling Education or a closely related field from a CACREP accredited program or equivalent. Candidates with expertise in counseling with underserved minority populations are encouraged to apply. Please send a letter of application describing your counseling, teaching and research interests, curriculum vita, 3 letters of recommendation, copies of transcripts and evaluations of teaching, if available to: John J. Rooney, Ph.D., Chair, Psychology Search Committee, La Salle University, Box 45207-6612 or submit materials electronically to hr@xavier.edu.

Assistant Professor, Pastoral Counseling (M.S./Ph.D. programs)
LOYOLA UNIVERSITY MARYLAND

The Pastoral Counseling Graduate Department at Loyola University Maryland (www.loyola.edu/pastoralcounseling) is recruiting for a full time (non-tenure track) assistant professor in Pastoral Counseling to begin in July 2011. We are seeking individuals who share our vision for training highly competent and effective professional counselors who are integrating spirituality and faith into their counseling or caregiving model. Our CACREP approved Master’s and Doctoral programs prepare graduates for academic, clinical, administrative, and/or research careers in the fields of pastoral care and professional counseling. The program strives to interpret human behavior holistically, as an integration of individuals’ psychological, spiritual, intellectual, physical, and social aspects. Applicants must possess a doctorate in Counselor Education or closely related field and be licensed or license eligible in Maryland as a professional counselor. The ideal candidate will also possess training in pastoral theology or equivalent.

Apply at http://careers.loyola.edu. A letter of interest outlining potential fit with the program, C.V., and three letters of recommendation are required. Sample publications or preprints, while not required, may be attached or sent to Dr. Ralph Piedmont, Loyola University Maryland, 8890 McGaw Road, Suite 380, Columbia, MD 21045.

Loyola University Maryland is an Equal Opportunity Employer.
Review of applications will commence immediately and will continue until the position is filled. La Salle University is a Roman Catholic university in the tradition of the De la Salle Christian Brothers and welcomes applicants from all backgrounds who can contribute to our unique educational mission. For a complete mission statement, please visit our website at www.lasalle.edu AA/EOE.

SHIPPENSBURG UNIVERSITY
Tenure-track Assistant Professor – School Counseling

The Department of Counseling and College Student Personnel

The Department of Counseling and College Student Personnel seeks applicants to fill one tenure-track, Assistant Professor faculty position in School Counseling beginning August 2011. Applicants must possess at the time of application an earned doctorate in Counseling or a related field from an accredited institution. Shippensburg University is an Equal Opportunity Employer. Individuals from traditionally under-represented populations are encouraged to apply. For more information on this position, its qualifications, and application instructions, please visit our web site at http://www.ship.edu/HR/Positions/CounselorEducation.

MARYMOUNT UNIVERSITY
Assistant /Associate Professor, Counseling

Department of Counseling

The Department of Counseling, Community Counseling program at Marymount University in Arlington Virginia is recruiting for a full-time, tenure-track, Assistant Professor of Counseling to teach in the Community Counseling program beginning Fall, 2011. The department offers three CACREP-accredited graduate programs: Community Counseling, School Counseling, and Pastoral Counseling. The position responsibilities include: The department seeks a practitioner-based counselor educator with an interest in research who shares our vision for training highly competent and effective professional counselors. Applicants should demonstrate a professional interest and teaching experience in the following areas: appraisal, multicultural counseling, skill development, and counseling theories. The applicant will also be required to advise students, participate in University service requirements, and engage in active scholarship.

Qualifications: Applicants must possess a doctorate in Counselor Education (or have all of the requirements completed at time of hire) and be licensed or license eligible as a professional counselor in Virginia, Maryland, and/or Washington, D.C.. Candidates should also hold certification with NBCC, and demonstrate evidence of a research agenda or a clear potential for scholarly activities. Preference will be given to applicants from a CACREP-accredited program, documented clinical experience in the field of community counseling, and active professional involvement with NBCC and/or ACA. A commitment to interdisciplinary collaboration, as well as a commitment to service is essential. Experience in pastoral counseling is desirable but not required. Screening of applicants will begin immediately and will continue until a successful candidate is chosen. For details and to apply, please visit the Job Opportunities section at www.marymount.edu/hr and search for Position 09080. Must be currently authorized to work in the U.S. Contact person is Dr. Lisa Jackson-Cherry, Chair of the Department of Counseling. Marymount is a comprehensive, coeducational Catholic university that combines the liberal arts tradition with career preparation. Located in Arlington, Virginia, Marymount serves nearly 4,000 undergraduate and graduate students. The main campus is located on a hillside in residential Arlington, Virginia. Marymount University is an Affirmative Action/Equal Opportunity employer.

ACA members can download complete issues of Counseling Today from the website.

Visit counseling.org, click on "Publications," then click on "Counseling Today."
A counselor’s story…

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

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

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

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

12:00 Grab lunch at desk. Check email. Sign up for CE class on crisis management. Read an article on lawsuits filed over ‘client confidentiality.’ It is important to know when to protect a client’s privacy and when it’s required by law to report certain behavior.

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