Stress and anxiety issues

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- 20/20 and licensure portability
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Cover Story

26  Life on overload  
By Lynne Shallcross  
Everyone deals with some level of stress, but when that stress builds to the point of anxiety and begins to affect how people function, counselors can step in and steer clients back toward a life that feels more manageable.

Features

37  One couple, two careers, competing priorities  
By Lynne Shallcross  
For many couples, aligning individual career ambitions with goals for their relationship can prove especially challenging. That’s why some professionals see incredible value in having couples counseling and career counseling overlap in session.

42  20/20 delegates pushing toward licensure portability  
By Heather Rudow  
On the heels of developing a consensus definition of counseling, representatives from 31 diverse counseling organizations are working to determine common licensure requirements that can be promoted to state boards.

Opinion

Professional counselors: Are we too overwhelmed to focus on prevention?  
By Mark J. Britzman & Sela E. Nagelhout  
Unless professional counselors renew their commitment to prevention and well-being efforts, they run the very real risk of putting themselves and their clients at the mercy of remedial interventions that too often fail to provide true help.

Reader Viewpoint

Screening for possible domestic abuse  
By Susan H. Robinson  
It is vitally important that members of the counseling profession understand the dynamics of domestic and intimate partner abuse and use that knowledge to reduce the incidence of violent outcomes.

Extras

52  Q&A with ACA president-elect candidates
Emotional intelligence is a general assessment of a person's abilities to control emotions; to sense, understand and react to others' emotions; and to manage relationships. With the post-recession economy forcing many companies to operate with smaller staffs and higher stress levels, these intangible qualities appear to be gaining favor with employers.

Between May 19 and June 8, Harris Interactive conducted an online survey on behalf of CareerBuilder of 2,662 nongovernmental hiring managers and human resource professionals in the United States. Among the findings the survey revealed:

- 34 percent of hiring managers said they are placing greater emphasis on emotional intelligence when hiring and promoting employees post-recession.
- 71 percent said they value emotional intelligence in an employee more than the employee's IQ.
- 59 percent of employers said they would not hire someone who possesses a high IQ but low emotional intelligence.
- 75 percent of employers are more likely to promote workers with high emotional intelligence over candidates with high IQs.

When asked why emotional intelligence is more important than high IQ, employers said employees with high emotional intelligence:

- Are more likely to stay calm under pressure
- Know how to resolve conflict effectively
- Are empathetic to their team members and react accordingly
- Lead by example
- Tend to make more thoughtful business decisions
Unified professional counselors

As you have been able to tell if you have been reading my columns, I strongly believe that the future of the counseling profession might be determined to a large degree by the ability of our national organization (the American Counseling Association) and each state counseling organization (branches) to present a unified front that can represent the profession and advocate for the needs of all professional counselors.

I had the privilege of seeing a great example of this unity in action recently when I visited with Louisiana Counseling Association (LCA) members at their state conference. Many of you experienced the hospitality of the Louisiana group earlier this year at the ACA Annual Conference & Exposition in New Orleans. Beyond the good times and camaraderie that is always present with Louisiana’s group, this organization stands together to approach boards of education and the state school credentialing groups to ensure that school counselors have adequate training and the opportunity to provide appropriate services within the school setting. School counselors have joined with private practice and agency counselors to advocate for licensure for all professional counselors regardless of work setting. Work settings or passions have not separated these counselors. As a result, they have not ventured out alone. Rather, they have worked together and developed a positive environment for professional counselors throughout the state.

Louisiana doesn’t provide the only example of a state’s counselors unifying to work effectively. I am aware that there are many others. What impresses me is the ability of LCA and other strong state branches to focus not on the differences within their ranks but on how they are alike. They are conscious of the needs of all professional counselors and realize that those needs transcend the particular work settings or passions of an individual or groups of individuals. The primary focus and strategic planning in these states revolves around the profession as a whole first, followed by how they can work together to meet the specific needs of individual members or groups within the organization. LCA supports multiple divisions and interest groups by recommending that all members join a group of their choice and by providing opportunities for collaboration and cooperative activities.

In addition, LCA’s collaboration with commitment to ACA is evident on its website, in its publications, in its conference programs and in its partnerships related to national conferences. Louisiana is positioned to join with other state branches in its region and with ACA on the national level to address broad issues that impact our profession. The professional unity this state organization exhibits is an excellent model for those branches that are attempting to grow stronger and serve a broad spectrum of professional counselors.

As professional counselors, we are a diverse group, and when we are united, we have an opportunity to address so many individual and societal needs. If we splinter into competing groups, we dilute our potential and our ultimate effectiveness as professionals. My hope is that nationally and within each state, we as professional counselors will follow models of unity and together meet the challenges presented to us. ♦
The ACA Foundation’s Graduate Student Scholarship Competitions
- TWO Graduate Student Essay competitions
- Counseling Today publication of winning essays
- Win FREE ACA Conference registration

Which competition will YOU enter?
- Gerald and Marianne Corey Graduate Student Essay Competition. 
  Supported by a generous grant from Gerald and Marianne Corey
- ACA Future School Counselor Essay Competition. 
  Supported by a generous grant from the Dorothy and Roland Ross Trust.

It’s Easy to Enter:
The ACA Foundation Graduate Student Scholarship Competitions are open to ACA student members. Entrants in the Ross Trust Competition must be working toward a career in school counseling at the elementary, middle or high school level. Graduate students may enter only one of the two competitions. Each competition requires the submission of an essay of 500 words or less.

The subjects for this year’s essay competitions are:
- We have seen a startling decrease in civility towards one another. Examples would be the political rhetoric by the leaders of our nation who attack a person as well as his/her ideas and by the media and its proclivity for focusing on the negative. People seem to be unwilling to listen to the other and only want to criticize a person whose ideas may differ from his or her own. They do this while offering little by way of suggestions on how to improve that to which they object. Do you agree with this observation? If so from your point of view as a counseling professional, what do you predict will be the impact of this trend on society should it continue, and how can we as counselors address this issue?
- Technological advancement seems to be the order of the day. How have these advancements impacted the quality of human relationships and the counseling profession?
- There have been many external forces in our society that have changed the counseling profession significantly in the recent past. Give two examples of these external influences and discuss how they have impacted the counseling profession.
- Discuss the evolution of theoretical approaches to counseling in the context of societal trends.
- According to a recent article on unemployment in The Washington Post (October 2, 2011) the Centers for Disease Control and Prevention found that approximately 9% of Americans were defined as clinically depressed compared with an estimated 6.6% in 2001 and 2002. In that same article, another related study of the long-term unemployed by Rutgers University’s John J. Heldrich Center for Workforce Development found that 32% of the unemployed were experiencing a good deal of stress and an additional 47% stated that they had at least some stress over their joblessness. Discuss the toll of joblessness on the mental health of individuals most impacted by the uptick in unemployment since then and the current economic situation.
For nearly 60 years, ACA and its members have understood the importance of advocacy — both for our members and for those served by our members. An additional aspect is what I call the “external advocacy” conducted by ACA leaders, members and staff that is directed at those who make decisions and create regulations that determine, in some cases, the very livelihood of professional counselors.

During these challenging economic times, ACA knows that many of you are affected by what is happening in society, both in terms of your own jobs and the jobs held (or, unfortunately, formerly held) by those whom you serve. The current outlook for the creation or reinstatement of jobs here in the United States is not especially rosy. It is in times like these that your professional association, ACA, must look at its resources and build a base that will put us in the position to do two things: preserve those jobs that currently exist for counselors and lay the groundwork to move counselors into jobs that will eventually open as the economy starts improving.

You have ACA’s commitment that we will continue providing the services and benefits that you have come to appreciate and value. But we also know that simply “doing what we have been doing” is not good enough. We owe you more. It is in that spirit that we are working to make sure that public officials are educated on the issues that comprise our agenda. I hope all of you will visit the ACA public policy site at counseling.org/publicpolicy to learn about the most recent developments in this arena. I would also ask you to consider responding to our calls to action as they arise.

By speaking out as professional counselors who help millions of families, couples, children, adolescents, veterans and other adults each and every day, we can reinforce your critical role in society. In fact, considering what we are experiencing in the United States regarding our economy and the related stressors, I would say you hold one of the most important jobs in society today.

As I mentioned, we are building the ACA public policy team to be even more attentive to your professional needs. The ACA Public Policy and Legislation Committee is responsible for helping us shape our legislative agenda, and under the leadership of committee Chair Bill Braden, it is meeting that challenge.

All we need is you. Please take the time to read about our public policy efforts as reported in Counseling Today, on the ACA website and in the alerts we send to members of our public policy network.

As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via email at rye@counseling.org or by phone at 800.347.6647 ext. 231.

Thanks and be well. ♦
Embrace of ICD would go far in distinguishing counseling profession

Thank you for publishing “DSM vs. ICD: Counselors have a choice” by K. Dayle Jones (“Inside the DSM-5,” September). There may be several practical reasons why the counseling field would benefit from embracing the International Classification of Diseases as a primary diagnostic standard. The counseling field is historically, politically and technically a separate field from psychiatry and psychology. One of the distinguishing factors of our field is our comprehensive nature.

As many of us know, medical integration is an expected trend in the near future. Such integration will be substantially streamlined if common diagnostic standards are utilized. The Council for Accreditation of Counseling and Related Educational Programs is no longer accrediting “community mental health” programs but instead has moved toward “clinical mental health counseling” accreditation, again indicating medical integration. When insurance companies, Medicaid and other entities are billed, Diagnostic and Statistical Manual of Mental Disorders codes are always translated into ICD codes at some point in the process. There are also many ICD diagnoses that do not translate to the DSM that are extremely useful for counselors. In order to be truly comprehensive, we must be able to communicate with others outside of our field.

It does not make sense to end our literacy of psychiatric diagnoses because we are comprehensive therapists. However, if we collectively move toward adopting primary diagnostic standards that are internationally recognized by governments and medicine (the ICD), I believe our usefulness, desirability, effectiveness and comprehensive nature will become greater than that of fields which are similar to ours but possess a limited understanding of clinical diagnosis. I see our field at a crossroads, and adopting international comprehensive standards is our opportunity to define ourselves as truly exceptional.

Eric T. Stevens, M.A., NCC
Alamosa, Colo.

Praise offered for poignant article on the lingering influence of 9/11

“A day that changed a nation and a profession” by Lynne Shallcross (September) just took my breath away. It’s outstanding. My background is as a writer, a writing teacher and a very, very slow-moving counseling student with interests in trauma as well as creativity and thriving.

I always admire this writer’s work. On this one, her sources, transitions, wording, everything ... simply outstanding.

Maria Shine Stewart
Counseling Student, John Carroll University
Columnist for “A Kinder Campus” at insidehighered.com

I read Lynne Shallcross’ article, and she might as well have been in my head. I was one of those disaster mental health workers but at the Family Assistance Center in New Jersey. I walked and talked with those families in Jersey and at Ground Zero.

I was finally able to complete part of my journey with this national event by writing a book, A 9-11 Confession: 10 Years in the Making: The Journey of a Disaster Mental Health Worker. What I also found were the people not directly impacted by the Twin Towers collapsing but who witnessed the first plane crash, or smoke filling up their homes or being the professional who dealt with the families.

This was a nice article. I’m glad to know I wasn’t the only one who thought this way.

Maureen A. McInnis, M.S., LCPC
a9-11confession.com

With social justice work, benefits outweigh limitations

This letter is in response to Jason H. King’s opinion article, “Three paradoxes of the counseling social justice movement,” which appeared in the September 2011 issue of Counseling Today. As a counseling intern at a social justice organization, I agree with King’s points that social justice work is difficult and takes time. However, I disagree
with his assertion that these “practical limitations” outweigh the practical benefits — often in the form of basic human rights — which we work for as social justice counselors.

King notes the privilege inherent in our work as counselors, particularly as doctoral-level counselors. Privilege and oppression are pervasive forces in all of our lives, affecting each of us differently. For this reason, social justice counselors infuse our work with awareness of these issues in the service of meeting each of our client’s unique needs.

I find King’s concluding prediction — that if the “counseling-based social justice movement” is “left unchecked,” then we will become “Licensed Political Counselors” — to be both divisive and counterproductive. In my view, it is the task of all counselors, not just social justice counselors, to work with our clients to promote their inherent right to lead healthy and dynamic lives, unrestricted by powers of oppression, internal or external.

Anna Belle Wood
Boulder, Colo.
abellerwood@gmail.com

Looking back on adolescence with fresh understanding

Jim Paterson’s article “Young and depressed” (July) really resonated with me, especially the section on the gender connection. I felt as though the author were talking directly to me about my experience as an adolescent. I hit puberty at age 11, and I wish I could have gone to counseling in my teens to help me with the rumination or confusing feelings. This article explained a lot to me that I never really understood before. Thanks for printing it!

Cynthia L. Marcolina, LPC
Harleysville, Pa.
c_marcolina@msn.com

Statistical Methods for Validation of Assessment Scale Data in Counseling and Related Fields

Dimiter M. Dimitrov

“Dr. Dimitrov has constructed a masterpiece—a classic resource that should adorn the shelf of every counseling researcher and graduate student serious about the construction and validation of high quality research instruments.”

—Bradley T. Erford, PhD
Loyola University Maryland
President, American Counseling Association (2012–2013)

This instructive book presents statistical methods and procedures for the validation of assessment scale data used in counseling, psychology, education, and related fields. In Part I, measurement scales, reliability, and the unified construct-based model of validity are discussed along with key steps in instrument development. Part II describes factor analyses in construct validation, including exploratory factor analysis, confirmatory factor analysis, and models of multitrait-multimethod data analysis. Traditional and Rasch-based analyses of binary and rating scales are examined in Part III.

Dr. Dimitrov offers students, researchers, and practitioners valuable, step-by-step guidance on contemporary methodological principles, statistical methods, and psychometric procedures that are useful in the development or validation of assessment scale data. Numerous examples, tables, and figures provided throughout the text illustrate the underlying principles of measurement in a clear and concise manner for practical application.

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Partisan differences within Congress on education spending and policy are coming to a head. Appropriations committees in both the House of Representatives and the Senate have drafted competing education spending proposals for federal Fiscal Year 2012, and the Senate Committee on Health, Education, Labor, and Pensions (HELP) plans to take up legislation to reauthorize the Elementary and Secondary Education Act (ESEA) by the end of October. The House has already begun passing bills to reauthorize portions of ESEA using a piecemeal approach.

Spending decisions do not appear to be getting any easier to achieve within Congress, as evidenced by the narrowly averted showdown between the House and Senate on how to respond to an unexpected shortfall in funding for the Federal Emergency Management Agency (FEMA). FEMA ultimately determined it did not need emergency spending to cover higher than usual disaster response efforts. That agency aside, Congress still needs to decide on spending levels for federal programs for the fiscal year that began Oct. 1. Legislators have approved a short-term spending bill (known as a “continuing resolution”) to fund government agencies through mid-November, allowing more time to reach agreement on appropriations for the remainder of the fiscal year. Although the deficit reduction and debt ceiling increase agreement enacted at the beginning of August established that total discretionary spending for FY 2012 would be $1.043 trillion, Congress still must decide how to allocate this money to federal programs.

In late September, the Senate Appropriations Committee approved a FY 2012 spending bill for the Departments of Labor, Health and Human Services, and Education that included $68.43 billion for the Department of Education, slightly more than the $68.35 billion the agency received in FY 2011. The bill would “flat fund” most federal education programs at the same level at which they were funded the previous year. This includes the Elementary and Secondary School Counseling Program (ESSCP), which would receive $52.395 million for FY 2012. Both the GEAR UP ($302.8 million) and TRIO ($826.5 million) programs would also be flat funded under the Senate bill.

The House Appropriations Committee has not formally considered a Labor-Health and Human Services-Education spending bill, but committee leaders have released a draft of such a measure. As with the Senate’s bill, the proposal includes roughly $69 billion in funding for education programs for FY 2012. Another similarity with the Senate’s bill is that the House draft measure would maintain a Pell Grant maximum award of $5,500. However, the House’s proposal would tighten eligibility for Pell Grants. Lifetime eligibility would be reduced from nine years to six years, and students attending school less than half the time or who do not possess a high school diploma would be ineligible for assistance. In addition, the draft House bill would eliminate funding for ESSCP and the $175 million Mathematics and Science Partnerships program, while flat funding GEAR UP and TRIO. However, the House bill includes $1 billion increases both for Title I grants and special education funding.

House and Senate members will attempt to reconcile these competing priorities for education spending within a broader omnibus spending bill during the next few weeks. The American Counseling Association will continue its work with other education advocacy organizations to encourage continued support for federal spending on services provided by school counselors and other specialized instructional support personnel.

**Senate committee to consider ESEA reauthorization legislation**

Chair Tom Harkin (D-Iowa) announced that the Senate HELP Committee would consider legislation to reauthorize ESEA by mid-October. The markup follows several months of closed-door negotiations between Harkin’s office and Sen. Mike Enzi of Wyoming, the ranking Republican on the committee.

At press time, Enzi had not indicated whether he and other Republicans on the committee support the legislative language Harkin intended to present for consideration. Prior to Harkin’s announcement, four Senate Republicans — Lamar Alexander of Tennessee, Johnny Isakson of Georgia, Richard Burr of North Carolina and Mark Kirk of Illinois — joined in introducing four separate bills to reauthorize ESEA. The legislation put forward by the four senators tracks the piecemeal approach to reauthorization favored by House Republicans. As with legislation approved by the House Education and the Workforce Committee (H.R. 1891), the bill introduced by Burr (S. 1569) would eliminate ESSCP and several other existing federal education programs.

It remains to be seen whether the Senate can approve ESEA reauthorization legislation with bipartisan support. A significant impetus for reauthorization was removed at the end of September, when President Obama announced that the Department of Education would let states apply for waivers from key requirements under the No Child Left Behind Act in exchange for adopting standards for college and career readiness, using teacher evaluations and improving the most troubled schools.

For more information on federal education policy affecting school counselors, contact Scott Barstow at sbarstow@counseling.org.
All members of Congress can be reached by phone through the U.S. Capitol Switchboard at 202.225.3121. Simply provide the name of the member of Congress you wish to reach. Remember, only representatives can cosponsor House bills (such as H.R. 1995), and only senators can cosponsor Senate bills (such as S. 604). If your members of Congress aren’t cosponsors, ask them to sign on; if they are, tell them thank you!

Ask representatives to cosponsor Reducing Barriers to Learning Act

Introduced by Rep. David Loebsack of Iowa, H.R. 1995 would establish an Office of Specialized Instructional Support within the U.S. Department of Education to increase the department’s focus on school counselors and similar school personnel. The bill would also create a competitive matching grant program for states to establish or expand school counseling and instructional support services and programs to address barriers to learning.

Current cosponsors include:
- Rep. Henry Waxman (Calif.)
- Rep. Pete Stark (Calif.)
- Rep. Joe Courtney (Conn.)
- Rep. Bruce Braley (Iowa)
- Rep. Leonard Boswell (Iowa)
- Rep. Andre Carson (Ind.)
- Rep. Betty McCollum (Minn.)
- Rep. Donald Payne (N.J.)
- Rep. Edolphus Towns (N.Y.)
- Del. Donna Christensen (U.S. Virgin Islands)

Ask senators to cosponsor Seniors Mental Health Access Improvement Act

Medicare is the single-largest health insurance program in the country, covering more than 47 million Americans. Many Medicare beneficiaries have a hard time finding qualified mental health professionals, and access problems are going to get substantially worse as more and more Americans become eligible for the program even as more and more mental health professionals retire from work. Nationwide, more than 120,000 licensed professional counselors are authorized to practice independently under state law. Private sector health plans have covered LPCs for many years.

Ask both of your senators to cosponsor S. 604, bipartisan legislation to cover state-licensed professional counselors and marriage and family therapists under Medicare at the same reimbursement rates and in the same settings as those for clinical social workers. Sens. Ron Wyden (D-Ore.) and John Barrasso (R-Wyo.) introduced S. 604.

You can identify your senators using ACA’s Internet advocacy website at capwiz.com/counseling.

The current cosponsors are:
- Sen. Mark Begich (Alaska)
- Sen. Barbara Boxer (Calif.)
- Sen. Daniel Inouye (Hawaii)
- Sen. Dick Durbin (Ill.)
- Sen. Kent Conrad (N.D.)
- Sen. Jeff Bingaman (N.M.)
- Sen. Sherrod Brown (Ohio)
- Sen. Tim Johnson (S.D.)
- Sen. John Barrasso (Wyo.)

Regardless of whether you call, write or send an email, take a moment to put your request in your own words. Studies show that one individualized message written in a constituent's own words carries significantly more weight with congressional offices than one hundred form emails or letters.

For more information, contact Scott Barstow with ACA at 800.347.6647 ext. 234 or sbarstow@counseling.org.

The Two-Minute Advocate - By Scott Barstow

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Jeanine Foreman and I played phone tag for a while. When we finally connected and I listened to her story, I knew I wanted to share it with you. Readers, meet Jeanine!

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

**Jeanine Foreman:** I am currently the owner of a private practice in Prescott Valley, Ariz. I have had that practice for two years. I also provide clinical supervision.

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

**JF:** I am an Army brat of a Vietnam veteran. He was a “lifer” in the Army. Our family went through many challenges. As a young adult, I was in individual and group counseling. I felt so much gratitude and healing, I wanted to give back.

I did not come from a family where college was the norm. I was actually the first to graduate with a master’s. My master’s program was a gift, as I was able to go to school due to the wonderful state of Indiana and the fact that my father was 100 percent disabled due to PTSD (post-traumatic stress disorder). I am forever grateful to my father for the hardship he endured. He is resilient.

**RDB:** How might you start with a client? Do you take a history?

**JF:** I start with my intake form, informed consent, client rights and responsibilities, HIPAA (Health Insurance Portability and Accountability Act privacy rules) and ROIs (return on investments) as needed. During this process, I have my first opportunity to establish rapport, to provide a feeling of safety and security. I explore any past experience with counseling, which gives me an idea of what works for them and what does not. I then explore their treatment goals. I ask them to tell me about themselves, past and present. I have a strong background in trauma, grief and loss, so I am listening from that perspective. I use the *DSM-IV-TR* (Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision) for diagnosis. I use guided imagery, tapping, EMDR (eye-movement desensitization and reprocessing) and journaling as I progress. I give homework at the end of each session as a tool to help clients put some of our treatment strategies into action before the next session.

**RDB:** How do these tools help you address treatment goals?

**JF:** We keep coming back to the treatment goals established in the beginning. After we discuss the homework from the last session, I really empower the client to determine this session’s direction. Sometimes I have to bring the session back in the direction of their treatment goals, but typically they determine the direction.

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

**JF:** I am fond of a number of theoretical orientations. CBT (cognitive behavior therapy) to give clients tools to help them become aware of their behaviors. Psychodynamic to help clients become aware of old patterns that get in the way of being who they authentically are as a person. Client-centered to help clients understand and embrace their self-worth, to appreciate and gain pleasure in their lives. Gestalt helps the client to understand the whole self while working to be in the here and now. Transactional analysis, especially with trauma from childhood, to help clients connect to and heal the wounded self and increase their awareness of how those experiences affect the here and now. The word *eclectic* describes me.

**RDB:** As you look back on your career in counseling, what was your favorite position, and why?

**JF:** I have had two. First, when I was working at Purdue Career Center in Hammond, Ind. It was a commuter campus, and I saw people from ages 18 to 60-plus. I worked with clients who had a variety of challenges, from class scheduling to life situations. Second, I enjoy being in private practice. I still adhere to ethics and boundaries, but I have more freedom to grow my business. I have been given opportunities to diversify that I would not have had in an agency setting.

**RDB:** Was there someone in your life who saw something special in you early on and valued you as a unique individual?

**JF:** I would have to say my counselor Pat Gibson and my group who helped me feel my feelings in a healthy way, trust myself and my spiritual walk, and learn I cannot give away that which I do not have. Not everything is about me. I truly began to understand concepts such as unconditional love and lack of judgment through my own group and individual counseling.

**RDB:** Who are your heroes?

**JF:** My clients who are willing to do the hard work to heal. They are my heroes. Saint Therese, the Little Flower of Jesus, is a hero of mine for her humility. The many men I have worked with over the years who taught me to appreciate the opposite sex, they are heroes. Professional women including my mother and important friends who helped me to have a good work ethic and encouraged me to keep working hard even when I wanted to quit, they are my heroes.

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

**JF:** Yes. My studies assisted me in...
appreciating the value of being of service. Working with clients, gathering all the facts and history of their lives to put a story together to assist in their healing has been transformational for me. When I observe clients being kinder and gentler to themselves, I feel transformed.

RDB: What mistakes have you made along your career path? Even more important, what lessons have you learned from those mistakes?

JF: In the beginning of my career I needed to “fix” or “have the answers,” and my lack of experience contributed to this behavior. The lessons I learned were, I am not here to have answers or fix anyone; I am here to help people figure out their own answers.

RDB: When work gets intense, how do you take care of yourself and fill yourself back up?

JF: I like to read, work in my yard and spend time with my grandchildren, family and friends. I like to sit in my yard and look at the landscape. I can see mountains from my yard. My daily conscious contact with God is very important to me. I also like to go to the movies, play cards, travel, and I love the water. I am still working to find a balance between work and leisure activities.

RDB: What else would you like readers to know about you and your work?

JF: I never in my life would have believed this dream of my career would have materialized. I am grateful for every single hardship I have experienced, because in order to be a healthy, helpful and centered counselor, I had to heal my own darkness. I have much gratitude for all my family members and friends who have supported me and taught me about myself. Lastly, I appreciate all new counselors who are willing to look at themselves and get out of their own way to be present for their clients.

The Publications Committee of the American Counseling Association (ACA) is seeking applications for editor of the *Journal of Counseling & Development (JCD)*, ACA’s flagship journal. Selection criteria for the position include the following:

- Previous experience as a journal editor
- A publishing record that includes scholarly publications in peer refereed journals
- A history of involvement in and contribution to ACA through its divisions, organizational affiliates, branches, governing bodies, and/or committees
- An understanding of and commitment to the mission of the association
- A belief in the importance of promoting multicultural competence in counseling
- A solid commitment from the applicant’s university/employer for financial and editorial support

The appointment of editor is for a 3-year term beginning July 1, 2013. The successful candidate will begin serving as editor-elect July 1, 2012. There is a possibility for the editor to be reappointed for a second 3-year term. The *JCD* editor receives a $1,000 monthly honorarium as well as some reimbursement for journal-related expenses.

Applicants must be ACA members and bilingualism is a plus. For an applicant to be considered by the ACA Publications Committee, the following material must be provided:

- A current curriculum vitae
- A complete list of publications and reprints of no more than three of the applicant’s most significant journal articles
- A statement from the applicant discussing his or her intended editorial direction for the *Journal of Counseling & Development*
- A statement from an administrator of the applicant’s institution/employer describing support for the appointment

All applications must be received no later than December 31, 2011. Late or incomplete applications will not be considered. The Publications Committee will screen all candidates and present its top nominees, in ranked preference, to the Governing Council for approval at the ACA Annual Conference & Exposition in San Francisco, March 21–25, 2012.

Send application material for receipt by December 31, 2011 to

Carolyn C. Baker, Director of Publications
American Counseling Association
5999 Stevenson Avenue
Alexandria, VA 22304-3300
cbaker@counseling.org

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

Letters to the editor: ct@counseling.org
Dear New Perspectives:

I am interested in any advice on the best ways that a counseling student can deal with operating under extensive academic stress. — Master’s Student in Psychology, Maryland

Dale-Elizabeth Pehrsson: Stress experienced by graduate students who navigate counseling programs involves meeting academically rigorous demands while examining emotional, behavioral, cultural and cognitive ways of being — not an easy journey.

Nothing really prepares students for the intensity. My first lecture in introduction courses is on burnout prevention. One colleague laughed when I started this practice, claiming it would “scare them.” I countered that it would “prepare them.” I feel ethically compelled to inform students about the inherent risks of our profession and to educate them. We deal with the whole client. Why not the whole counselor-in-training?

When I teach about stress management, I draw from strategies that have worked for clients, for my students and for me. These include:

1) Learn to recognize your own stress responses and things that trigger your particular stressors.
2) Develop a study plan and stick to it. Procrastination causes stress. Study groups work. Attend one or start one.
3) Seek out faculty and discuss your concerns.
4) Find people who have positive energy and who will not drain you. Hang out with them.
5) Avoid listening to program gossip.
6) Draw from your community of support (religious-spiritu­al and cultural places of comfort and connection).
7) Drop perfection. You’re in school to learn, so enjoy it. Mistakes happen.
8) Don’t overcommit.
9) Use your university’s resources, including the health and counseling center.
10) Do things that take your mind off course work (such as going to the movies, reading books and engaging in hobbies).
11) Play, exercise, relax. Do something physical or meditative. Do it regularly.
12) Get sleep.

Dear New Perspectives:

I am considering pursuing a doctorate degree in counselor education while working either part or full time. As a potential doctoral student, I would love to hear advice on whether this is feasible and on how to make such an experience successful. — Master’s Student in Clinical Mental Health Counseling, Florida

Thomas R. Scofield: This is a very intriguing question because it immediately sends my mind reeling with qualifying questions such as part-time or full-time work? What type of student are you? What commitments do you have beyond school and work? What type of work do you do? How easy will it be for you to transition from work to academics? Do you tend to follow through on assigned tasks or procrastinate? What support systems do you have in place that will help you maintain balance and personal wellness? These are all questions to ponder.

The definition of feasible, according to my American Heritage College Dictionary, is “capable of being accomplished or brought about; possible.” Depending on the program, other life demands and outside commitments, working and going to school part time might be very feasible. On the other hand, you might find it extremely difficult if not impossible to be successful working and attending graduate school full time.

Regarding deciding whether to be a part-time or full-time student, it really matters and centers on what you want to get out of your education and what your definition of success is. For some students, it might be

14 | Counseling Today | November 2011
immersing themselves in their studies or contributing to lively informed discourse that comes about when searching for unfettered personal truths. Still, for others, it might be a time to stay as focused and present in their learning as possible, integrating all they can, attending conferences, developing social and professional networks, promoting collegial contact with institutional peers and establishing meaningful connections with other knowledgeable professionals. Does any of this sound feasible in how you might make such an educational experience successful?

Dale-Elizabeth Pehrsson: Opinions vary here. Some students immerse themselves totally and enjoy full-time, rich experiences of three years of committed inquiry, fellowship, engagement and apprenticeship with faculty. These students often have clear time lines with much-needed faculty support and don’t lose momentum. Once students finish course work and are ABD (all but dissertation), some feel lonely, unsupported and at loose ends. Unfortunately, some don’t finish. Full-time students often claim the experience is unforgettable and “once in a lifetime.” Most graduate and enter great careers. For some, financial support is critical. Programs exist for students who need such support, and these programs are designed for working professionals. Some encourage students to work to expand their clinical experiences while taking classes. To find out about options, talk to doctoral program coordinators and gather information that informs your decision.

I offer a cautionary note. Students who enroll in doctoral study and are employed essentially work two jobs. Focus and energy become issues. Programs exist for students who need such support, and these programs are designed for working professionals. Some encourage students to work to expand their clinical experiences while taking classes. To find out about options, talk to doctoral program coordinators and gather information that informs your decision.

Successful students establish and work toward their personal and professional goals within a program that fits their needs and where faculty members are available as mentors. Whether you commit full time or part time to your program, you need to navigate as best you can, get what you want out of the process and work toward your goals. It is an investment in your very self.

Donjanea L. Fletcher is a student affairs counselor at the University of West Georgia. If you would like to submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org

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This month, we shine the spotlight on Deeba Khumar, president of the Mu Upsilon Gamma chapter of Chi Sigma Iota (CSI) and an upcoming presenter (poster presentation) at the 2012 American Counseling Association Annual Conference in San Francisco.

**Age:** 35

**Current residence:** Sterling, Va.

**Education:** Pursuing M.A. in clinical mental health counseling from Marymount University (graduating December 2011); M.A. in psychology from Punjabi University (India)

**Proudest professional accomplishments:** My greatest professional accomplishment is creating a handout on “Managing Self” for my group counseling clients during my internship at The Women’s Center this year. Other accomplishments include serving as the CSI newsletter editor at my school (2010-2011), presenting at the Virginia Association for Counselor Education and Supervision student conference on “Applications of Biofeedback in Counseling” (2011), having a poster presentation accepted for the 2012 ACA Conference and having a book review published in the August 2011 issue of Counseling Today.

**Biggest challenge as a student:** Managing time, which is vital to success. I realized that becoming organized in daily life makes the assimilation more likely to end in success. I learned to say no and not to take on more than I can handle. This helped me to manage time. Planning ahead also helped me balance family, work, academic and personal lives.

**Words of advice for students and/or new professionals:** Focus on activities that give you the greatest satisfaction. There are tools available to enhance your personal awareness. Work hard, push your limits, never stop learning and always remember to have fun along the way.

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My life, my story

To nominate an exceptional student or new professional to be featured in “My life, my story,” e-mail dfletche@westga.edu.

ToDeeba Khumar, president of the Mu Upsilon Gamma chapter of Chi Sigma Iota (CSI) and an upcoming presenter (poster presentation) at the 2012 American Counseling Association Annual Conference in San Francisco.

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Donjanea L. Fletcher is a student affairs counselor at the University of West Georgia. If you would like to submit a question to be answered in this column or an article detailing the experiences and challenges of being a graduate student or new counseling professional, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org
Why the life coach is eating the counselor’s lunch (and how to take it back)

Life coaches seemingly have performed a bit of magic, making dollars appear out of thin air. And everyone is thrilled, except for counselors, who are patting their jacket pockets and asking, “Where’s my wallet?”

Here’s how the trick is done.

First, remove stigma

Some years ago, persons experienced in sports coaching and motivational speaking began to transition into the one-on-one helping business.

In 1974, W. Timothy Gallwey wrote *The Inner Game of Tennis: The Classic Guide to the Mental Side of Peak Performance*. Many consider this to be the first major transition from sports coaching into personal coaching. The text, borrowing from humanistic and transpersonal psychological principles, addresses the concept of “the opponent within” and outlines a model for self-improvement that could be applied to a broad spectrum of life situations.

Thomas Leonard, founder of the International Coach Federation, is credited for coining the term *life coaching*. Although some contend that the name was created to avoid regulated terms such as *counseling* and *psychotherapy*, the rebranding offers an advantage. That is, by presenting something different from “counseling,” life coaches achieved a feat that has eluded counselors for decades — taking the stigma out of seeking help.

Second, claim dominance in a new category

The Blue Ocean Strategy is a business strategy wherein a new product or service category is created next to a previously existing category. The goal is to eliminate the competition by creating something new. To create a blue ocean, one must:

- Raise: Offer something more than the industry standard
- Reduce: Offer something less than the industry standard
- Create: Offer something never offered in the industry
- Eliminate: Remove something usually offered in the industry

For example, at a time when many wine companies were competing to offer the most sophisticated and complex wine, the brand Yellow Tail created a blue ocean by offering:

- No jargon (eliminate)
- No importance on aging (eliminate)
- Less selection: one red, one white (reduce)
- A simple, modern bottle label (create)
- Sweeter than usual wine that is easy to drink (raise/create)
- A low price point/higher value (raise)

Life coaches, using Blue Ocean Strategy, don’t offer help with psychological problems or emotional disorders. Rather, they specialize in helping normal people excel in life. Life coaches explain, “Counselors can get you from unwell to neutral (that is, from -10 to 0); life coaches can move you from neutral to peak performance (from 0 to +10)!”

This message is appealing to persons who don’t want to be identified with a “clinical problem.” It also makes counselors look less competent at growth-focused care.

Third, manufacture credibility

Credibility is added to a field by establishing professional organizations and certifications. For example, the International Coach Federation offers three levels of certification, each of which requires training, testing and documented coaching hours. The certifications look professional and polished (the 2,500 hours needed to become a “master coach” appear equivalent to what licensed counselors must acquire after earning their master’s degree), but upon deeper investigation, the qualitative differences in academic rigor are severe.

Life coaches have been so effective at claiming expertise that even licensed counselors sometimes wonder, “Am I missing something?” In fact, I often encounter counselors who have enrolled in life coaching certification programs themselves.

One of my employees, an excellent counselor named Deborah Brigandi, recently attended a life coaching conference in Boston. Reportedly, the sessions taught basic counseling techniques, renamed and repackaged, without background. She told me, “It’s as is if they read the CliffNotes from a counseling program. Every topic addressed was oversimplified, and they didn’t see that they were oblivious to vast amounts of knowledge and research.”

Life coaches often say that they partner with licensed counselors, so Deborah was surprised by what she observed at the conference. “They were really negative toward counseling,” she said. “I was really disappointed!”
Shine a light on life coaching

If counselors can communicate the truth about the life coaching industry, they can reclaim territory that has been lost to life coaches. Here are two thoughts:

1) Show what life coaches lack.
Counselors need to communicate to the public the low amount of training and education necessary to hang a shingle as a life coach. For example, I can envision job ads that contrast the qualification requirements for counselors and life coaches:

**Become a counselor:**
- 6 Years of College Minimum
- 2 Years of Full-time Post-master’s Clinical Work and Supervision
- State-sanctioned Testing for Licensure
- Continuing Education Required

**Become a life coach:**
- No College Education Required!
- No State License Required!
- Solicit paying clients within weeks!

2) You want the very best life coach?
**Hire a counselor.** Clients are going to continue seeking growth-focused care, and because of that, counselors should use the term life coach. Moreover, the professional counselor should be branded as “the original” life coach.

My practice in Boston is called Thrive Boston Counseling and Life Coaching. Many prospective clients call us and say, “I don’t know if I need counseling or life coaching.” We reply, “That’s not a problem. Our fully licensed counselors are also excellent life coaches.”

What more could a client want?

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

Letters to the editor: ct@counseling.org
Essential Assessment Skills for Couple and Family Therapists

To emphasize the fundamental importance of assessment skills in counseling, one need only imagine a mechanic attempting to repair a car before figuring out what’s wrong or a surgeon beginning an operation without knowing the location of the tumor. These examples are akin to a counselor formulating a treatment plan and beginning therapy without first gathering important assessment data.

The assessment process and relevant skills are essential to effective counseling, yet many beginning counselors are overwhelmed by the process. Questions might include “Where do I begin?” “What if my questions seem nosy?” “What if I forget to assess an important area and miss an entire piece of the puzzle?” and “What do I do with all this information once I’ve gathered it?” The situation gets even stickier for couple and family counselors who need to assess both individual and systemic issues. Luckily, Essential Assessment Skills for Couple and Family Therapists by Lee Williams, Todd M. Edwards, JoEllen Patterson and Larry Chamow serves as an excellent primer on the topic.

The authors provide a thorough, accessible and practical guide for approaching the challenges of assessment. The reader is introduced to the importance and challenges of assessment, guiding principles to consider and the biopsychosocial systems model. The authors propose an integrative approach to assessment that is useful across theoretical orientations, and draw from a variety of individual, family and developmental theories. Because some aspects of assessment are based on knowledge of certain theoretical concepts, the authors also provide brief overviews of these concepts and how they inform assessment. For instance, in Chapter 5 (“Assessing Health and Well-Being in Adults”), a helpful overview of concepts related to stress and coping is included. In Chapter 9 (“Assessing Family Interaction”), the authors discuss concepts such as subsystems, boundaries, triangles, family roles and flexibility/connectedness. Although a comprehensive discussion of these concepts is beyond the scope of this book, their inclusion is helpful because it highlights the breadth and depth of material that the assessment process can address.

The book includes strong chapters on individual assessment of children, adolescents and adults, including both psychopathology and typical developmental issues. These chapters are chock-full of practical tools, including mnemonic devices for remembering diagnostic criteria and sample screening questions for a broad range of issues. The chapter on safety issues includes helpful language for assessing suicidality and harm to others. I do think, however, that the safety chapter could have been improved by including a section on self-injury, because the warning signs and risk factors for self-injury can be different from those for suicidal concerns.

Reviewed by Kerrie Kardatzke, assistant professor at Southern Illinois University Carbondale.

Advanced Play Therapy: Essential Conditions, Knowledge and Skills for Child Practice

In her introduction to Advanced Play Therapy, author Dee C. Ray states that she intends for this resource to be a companion to Garry Landreth’s Play Therapy: The Art of the Relationship (2002). Her goal is to expand on Landreth’s introduction of the who, where and how of child-centered play therapy by addressing the knowledge, skills and personal characteristics required of current-day play therapists across treatment settings. Ray has most certainly accomplished this and much more.

Advanced Play Therapy is a significant contribution to the play therapy literature, a rich resource with contents pertinent to a wide audience. It will make an exceptional text for advanced course work in university-based play therapy programs both nationally and internationally. In addition, seasoned practitioners and supervisors of play therapists can use this resource for regrounding their own practices, refreshing their knowledge of evidentiary play therapy research or filling their marketing toolboxes with new or forgotten strategies for engaging stakeholders, including parents and caregivers. Although written from the theoretical orientation of child-centered play therapy, which is an adaptation of Carl Rogers’ person-centered theory, the book’s content and conceptualizations are relevant and meaningful for clinicians who have adopted or conceptualize clients from other theoretical orientations. Ray provides a comprehensive, well-edited and well-articulated resource for child practitioners in schools, private practice, community agencies and higher education.

Ray devotes the first two chapters of her book to the study of play and the development of children. She describes
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Throughout the book, Ray provides charts to summarize her discussion of child development theories, child-centered play therapy tenets, themes in play therapy, basic and advanced play therapist response skills, therapeutic progress and termination, the developmental trajectory of the play therapist supervisee and evidentiary play therapy research during the past 60 years. She concludes the book with her Child-Centered Play Therapy (CCPT) Treatment Manual, a significant contribution to the play therapy research community and its work in conducting rigorous and definitive studies of child-centered play therapy. A CD companion to the book includes the CCPT Treatment Manual, a play therapy progress worksheet, a sample school counseling consent form, a sample school counseling brochure, a sample play therapy treatment plan and a play therapy session summary.

Reviewed by Alyson L. Hatten, licensed professional counselor and certified rehabilitation counselor.

BREAKTHROUGH
Art, Analysis, & the Liberation of the Creative Spirit

This beautiful and inspiring film captures the intimate experience of eight artists of varying ages who have been in therapy. It demonstrates the growth and freedom made possible by facing the pain that both psychoanalysis and creativity can bring to awareness. The artists in Breakthrough—a sculptor, a writer, a musician, three painters, and two visual artists—had found themselves held back in their lives and work because of traumatic events and unresolved emotional issues from the past. Through moving scenes that examine their individual therapeutic issues and healing process, the DVD shows how the combination of therapy and creative work liberated them professionally, emotionally, and spiritually. Sponsored by the Lucy Daniels Foundation. Produced by Expressive Media, Inc. 2011 | 50 minutes | DVD Order #78242

List Price and ACA Member Price: $59.95

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By Phone: 800-422-2648 x222 (M-F 8am – 6pm)
arise in attempting to define and validate the diagnosis. The authors specifically note an overlap of PTSD symptoms with other diagnoses such as acute stress disorder, depression, specific phobias and anxiety. They also make the point that although 75 to 80 percent of people experience traumatic events, most do not develop PTSD.

This book raises interesting discussion points: whether PTSD criteria actually capture pathological responses or normal reactions to adverse events, research showing PTSD symptoms to nontraumatic yet stressful events (relationships, occupational, educational, etc.) and the controversy of traumatic versus nontraumatic memories. It also touches on the conflicting research and theories regarding criterion A for PTSD as specified in the DSM-IV-TR (The person has been exposed to a traumatic event in which both of the following have been present: 1) The person has experienced, witnessed or been confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of oneself or others. 2) The person’s response involved intense fear, helplessness or horror.)

The second half of the text focuses on clinical application and best practices. One point emphasized is how the accuracy of the diagnosis has direct implications for legal situations (worker’s compensation and civil or legal proceedings) as well as treatment planning. Exposure and cognitive therapy are emphasized.

Among bonus material the clinician will find in this book is a list of PTSD assessments (many of which are available free of charge), contact information to obtain the assessments, resources for Psychological First Aid protocol (which replaces the seven-step Critical Incident Stress Debriefing Model), suggestions on varying treatment interventions based on the various anxiety disorder diagnoses, suggestions for cultural considerations and an opportunity to earn continuing education credits by completing a brief questionnaire.

Reviewed by Dalena Watson, private practitioner and adjunct professor at Argosy University Phoenix.

Introduction to School Counseling

Robert J. Wright’s Introduction to School Counseling is a highly engaging book for those preparing to become school counselors, and it illuminates the challenges faced in schools today. Filled with thought-provoking cases, discussion questions and recommended readings, this book provides a practical overview of school counseling from pre-K through high school settings. The text is well aligned with American School Counselor Association and Council for Accreditation of Counseling and Related Educational Programs standards, which are clearly articulated in each chapter. The work is framed by the 2010 ASCA Ethical Standards, which are located inside the front and back covers of the book.

With emphases on school counselors’ roles in prevention, the ASCA National Model and counseling ethics, this volume is an informative introductory text or a valuable addition to a reference shelf for professional school counselors.

Three chapters address school counseling at elementary, middle and high school levels and describe appropriate counseling programming for each setting. Wright recommends interventions for contemporary concerns ranging from bullying and unhealthy relationships to assisting families facing military deployment, relocation or divorce. His understanding of current school counseling is evident in the relevance and breadth of the scenarios and real-world examples. One concern is that the large number of issues presented limits how much information can be included about each topic, and beginning counselors are reminded not to oversimplify complex school and student problems.

Emphasizing a prevention approach to school counseling, the author suggests sample strategies designed for primary, secondary and tertiary levels of implementation. He recommends addressing issues developmentally and proactively rather than waiting until crises emerge. This approach encourages school counselors to incorporate interventions at schoolwide, small group/classroom and individual student levels. In addition to relevant social and emotional concerns, Wright focuses on working effectively with diverse student populations, partnering with parents and advocating for students with disabilities. Conducting action research, closing the achievement gap and managing different types of crises are other areas emphasized in this text.

One unique aspect of this introductory book is Wright’s emphasis on broad educational history, theory and legislation, which helps readers accurately frame school counseling in the larger educational setting. Readers who do not have a background in education will understand how the profession of school counseling has evolved in response to such initiatives as standards-based accountability, the authorizations of the Elementary and Secondary Education Act and President Obama’s Race to the Top program. Information on collective bargaining and unions, professional organizations and the roles of other members of pupil services teams provide additional important breadth to this text.

Wright does an excellent job describing ASCA’s recommended best practices for school counselors, as well as highlighting other duties that may be required by building administrators, job descriptions or local school boards. He realistically describes the challenges some nontenured beginning school counselors face: They wish to implement model school counseling programs but also must meet the expectations of administrators who complete their annual performance evaluations. Some readers may not agree with Wright’s emphasis on supervising the schoolwide testing program, constructing the master schedules or coordinating all student assistance, child study and Individualized Education Program meetings as appropriate counseling roles. But he makes the argument that many school counselors are required to shoulder these and other quasi-administrative responsibilities.

Reviewed by Donna Dockery, assistant professor of counselor education at Virginia Commonwealth University.

Stephen Flynn is an assistant professor of counselor education and the clinical experiences coordinator at the University of South Dakota in Vermillion. Contact him at Stephen.Flynn@usd.edu.

Letters to the editor: ct@counseling.org
Anxiety gets the best of me

As a new doctoral student and graduate assistant, I am transitioning into a new phase of my life with mixed feelings. The student in me vacillates between pride and humility, believing in myself and doubting in myself, energy and exhaustion and lethargy. My mind races with thoughts of inadequacy as I face completing the tasks at hand, my ongoing performance evaluation and the added pressure of leaving a positive impression on my peers and professors. As a graduate assistant, I am always asking myself what more do I need to know to exceed expectations? How can I keep the assistantship for the following years? How can it be a learning experience that will solidify my teaching and research?

My perfectionist mind thinks that to obtain the greatest benefit from my journey, I must attend all the workshops available, volunteer or present at every regional, state and national conference taking place and become a member of every counseling organization and division on this earth. When these thoughts are combined, you have the perfect prescription for anxiety. As you read this account of my self-talk since the semester started, I hope you will not get as anxious as I was but instead take a deeper look at how we let our lives and our thought processes be manipulated by how we think others may perceive us.

Currently, our society is infatuated with multitasking and considers it indicative of intelligence and ability. If you have a smartphone, as I do, I am certain one of the main factors in selecting one phone over another was related to the number of functions it could handle simultaneously: instant messages, emails, reminders, GPS navigation, Internet, social networking applications, even cooking recipes and restaurant finders. But what is meant to enhance our productivity and alleviate our stress can subtly shape our expectations of how much we can take on and how quickly we can accomplish our goals. If we are not up to par with what we believe to be efficient and successful, we fall prey to anxiety-bound thinking. If not handled properly, such anxiety-provoking demands can act as precursors to dysfunctional thinking and faulty coping styles.

The consensus is that anxiety is caused by worry about or fear from an unidentified stressor. From my own experience, many stressors can be identified, such as starting a new career or relocating. It is the unknown results of such changes or demands that produce anxiety in our lives.

Anxiety can also be a source of motivation to achieve. For example, a little worry before exams can be useful in better preparation and, thus, better results. Anxiety resulting from an event that represents a threat to us will trigger our intrinsic fight or flight response that leads us to safety. However, anxiety that affects our ability to function normally requires clinical attention and immediate support.

Anxiety associations

A good place to start looking for information regarding anxiety is with national and international associations dedicated to addressing the needs of counselors and clients. Take a close look at these resources because they have multiple links to good information.

- Anxiety Disorders Association of America (ADAA): adaa.org
- American Test Anxiety Association: amtau.org
- Social Phobia/Social Anxiety Association: socialphobia.org
- International OCD Foundation: ocfoundation.org
- Freedom From Fear: freedomfromfear.com
- National Anxiety Foundation: bit.ly/e82Zyc
- Obsessive Compulsive Anonymous: obsessivecompulsivAanonymous.org

Signs and symptoms

For those counselors new to the field or even for those who are more seasoned, it is good to review signs and symptoms of anxiety and anxiety-related disorders to keep them fresh in our minds when working with clients. I have found that I need to review the associated symptoms on a regular basis because it helps me to cocreate a richer description of the client’s experience beyond the global label of “anxiety.”

- Generalized anxiety disorder (MedicineNet): bit.ly/8f0NW
- Generalized anxiety disorder (Mayo Clinic): bit.ly/7lHFCi
- ADAA resources for professionals: bit.ly/nDfU7T
- Anxiety attacks and disorders (Helpguide.org): bit.ly/3oa8n8e
- American Psychological Association information on anxiety: bit.ly/qQuY7c
- Anxiety screening quiz from PsychCentral: bit.ly/mg8ja

Test anxiety

Working at a university counseling center offers plenty of opportunity to interact with students who have a past track record of success in school and who impose high expectations on their own performance. Despite their past success, these same students are sometimes at risk for test anxiety. They have developed a pattern of expected performance that makes every test a potentially anxiety-producing experience.

- Test anxiety (ADAA): bit.ly/paV8nR
- Combating test anxiety while taking a test (TestAnxietyTips.com): bit.ly/om7XV6
- Overcoming test anxiety (Study Guides and Strategies): bit.ly/PL3z3
Self-management of symptoms

Anxiety self-management strategies can be helpful for clients with less severe symptoms and the capacity for self-awareness. A client who is able to learn and practice successful self-management can develop a sense of self-efficacy that partially inoculates them from future anxiety attacks. The following links provide some strategies that you can share with clients.

- Fast and effective ways to rapidly reduce stress (Helpguide.org): bit.ly/a2CBUT
- Relaxation techniques (Mayo Clinic): bit.ly/plLdbL
- Meditation and mindfulness methods (PsychCentral): bit.ly/n3eeb4
- Meditation relaxation techniques (The Meditation Mind): bit.ly/pEKa2C

Treatment

A variety of ways exist to treat anxiety, and each client has a particular method that will appeal to him or her. For some clients, treatment involves all or part of such things as medication, relaxation, cognitive self-talk, exercise and diaphragmatic breathing. Finding the right combination for clients is the co-constructed part of treatment.

- Anxiety treatment (ADAA): bit.ly/8rDhmZ
- Stopping repetitive thoughts (Counselling Directory): bit.ly/qqq1Uj7
- How to Stop Anxiety Attacks: stopyouranxietyattacks.com
- Treatment for Anxiety: treatment-for-anxiety.org

The anxiety I felt during the first couple weeks of the semester did not linger for a long time. With the support of my family and faculty, I was able to realistically assess the demands on my time and resources and transform the challenges into opportunities for more reflection and self-awareness. Being aware of available resources while drawing on inner strengths and previous successes can be a significant help in handling life’s day-to-day challenges.

You can find these and other links on “The Digital Psyway” companion site at digitalpsyway.net. Did we miss a good resource link? Submit your suggestions to the column editor at mjencius@kent.edu.

Marcos Ghali is a new doctoral student in the counseling and human development services program at Kent State University.

Marty Jencius is an associate professor in the counseling and human development services program at Kent State University.

Letters to the editor: ct@counseling.org

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Routine practice field trials have begun

I’m happy to report that the DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, fifth edition) Field Trials in Routine Clinical Practice Settings have begun. According to the American Psychiatric Institute for Research and Education (APIRE), nearly 700 counselors and 550 marriage and family therapists (MFTs) are among the more than 3,900 volunteer clinicians selected to participate in the field trials. In addition to counselors and MFTs, volunteer clinicians consist of psychiatrists, psychologists, social workers and psychiatric nurses. Combined, licensed counselors and MFTs make up approximately 32 percent of all participants in the field trials, which is an excellent representation of these two disciplines. The accompanying chart shows the breakdown of counselors and MFTs involved in the field trials.

The DSM-5 Task Force implemented two field trials to evaluate proposed revisions. The first field trial began in December 2010 and included 11 large university/clinical settings, including the Mayo Clinic in Rochester, Minn.; the University of California, Los Angeles; and the University of Pennsylvania in Philadelphia. The second field trial began this past August and is taking place in small routine practice settings.

The purpose of the field trials is to evaluate changes being considered for the DSM-5, including proposed diagnostic criteria, new dimensional assessments and new cross-cutting assessments, in real-world clinical settings. The dimensional assessments are severity rating scales applied to each diagnostic category. Cross-cutting assessments are rating scales to evaluate symptoms that occur across a wide range of diagnoses, such as depressed mood, anxiety, suicide risk and substance use. The specific aims of the routine practice field trials are to assess the following:

- **Clinical utility**: Do the proposed criteria do a good job of describing clients’ mental health problems and helping clinicians to make decisions about treatment plans?
- **Feasibility**: Are the proposed criteria easy for clinicians to understand and use?
- ** Validity**: How accurately do the diagnostic criteria reflect the mental disorders they are designed to describe?

To evaluate clinical utility, counselors will complete questionnaires that assess whether proposed diagnostic criteria and the new severity rating scales are useful to clinicians in planning treatment for clients. Feasibility will be evaluated by analyzing clinician and client participation rates, the number of items completed on the rating scales and the time required to complete the battery of tests. Validity will be evaluated only for the dimensional and cross-cutting assessments by examining sensitivity to change.

Before starting the field trial, counselors are required to complete several online training modules, including Introduction to DSM-5 Field Trials, the DSM-5 Field Trials Human Subjects Protection Basic Training and Working With the Research Electronic Data Capture (REDCap) System. The training takes clinicians approximately 10 to 15 hours to complete.

**Field trial design**

For the field trials in routine clinical practice, each participating clinician must enroll one existing client and one new client into the field trial within a three-month period after completing the DSM-5 training session. Each counselor will evaluate the two clients using the proposed DSM-5 diagnostic criteria and dimensional/cross-cutting assessments at two different times: during a baseline assessment and during a second assessment four to 12 weeks later.

During the baseline visits with the new and the existing client, the counselor will accomplish the following:

- Complete the consent form with the client
- Complete client cross-cutting measures
- Perform a clinical diagnostic evaluation
- Document all of the client’s diagnoses using a DSM-5 checklist of the draft diagnostic criteria
- Complete any indicated diagnostic-specific dimensional assessments (severity rating scales)
- Formulate a treatment plan for the client per the clinician’s usual routine

<table>
<thead>
<tr>
<th></th>
<th># Clinicians Who Volunteered for Field Trial</th>
<th># Clinicians Accepted to Field Trial</th>
<th>% of Total Volunteers (# Clinicians Accepted ÷ 3,927)</th>
</tr>
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<tbody>
<tr>
<td>Licensed Counselors</td>
<td>959</td>
<td>695</td>
<td>18%</td>
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<tr>
<td>Marriage &amp; Family Therapists</td>
<td>695</td>
<td>548</td>
<td>14%</td>
</tr>
<tr>
<td>Total Volunteers From All Disciplines</td>
<td>5,737</td>
<td>3,927</td>
<td>100%</td>
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</table>
Address any concerns or psychological distress that might arise during the assessment and ensure the client’s safety before ending the visit.

The counselor will see the clients for follow-up visits in four to 12 weeks (although regular counseling sessions can occur between these visits). During these visits, cross-cutting and dimensional assessments will again be completed, and the counselor will assess the client’s current clinical status, including symptom severity and response to treatment. The counselor and clients will also complete a Clinical Utility Questionnaire that evaluates the usefulness of the assessments.

More participants wanted

Although the DSM-5 routine practice field trials are now under way, counselors can still sign up to participate. This is the first time that counselors have participated in any DSM field trial, so it represents an excellent opportunity and experience.

For more information, go to dsm5.org/ResearchPages/DSM-5FieldTrials.aspx and click on the link at “Sign Up to Participate in DSM-5 Field Trials for Routine Clinical Practice Settings.”

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 chairs the American Counseling Association’s DSM-5 Proposed Revision Task Force, which was formed to provide feedback to the American Psychiatric Association. Contact her at kjones@mail.ucf.edu.
So, this is life. Long, busy workdays and weekends with little rest. A weak economy and constant worry over the prospect of losing a job or even a home. Nonstop technology that never allows us to unplug. Ever-growing pressure on kids (and therefore on parents) to be involved in every activity under the sun. Two wars, one of which is the longest the nation has ever endured. A variety of natural disasters, from hurricanes to tornadoes to floods, that turn people's lives upside down in a matter of seconds. Now toss in the typical trials and tribulations of everyday life, and it should come as no surprise that many clients who walk through the counselor's door today are simply stressed out. If such a thing as "the simple life" ever really existed, it is confined to history.

Dawn Ferrara, a private practitioner in Mandeville, La., has worked with many clients to address the stress and anxiety in their lives. One client she remembers in particular was a stay-at-home mom who reported a growing inability to get her daily tasks done. "She was feeling so overwhelmed that she started avoiding things, creating more distress as they piled up," says Ferrara, a member of the American Counseling Association. "She was also complaining of poor sleep, fatigue and headaches. She had been to the doctor already, and nothing physical was found to be causing her symptoms."

So, we began by looking at her world, how she saw herself in that world and the things she identified as stressors.” The client expressed a belief that it was her role to carry the lion's share of responsibilities at home. She also held another belief — that it was neither possible nor OK to take care of herself. “What was most striking about this lady was that when I asked her, ‘When was the last time you took some time for yourself and what did you do?’ she looked at me like I was speaking a foreign language and burst into tears,” Ferrara says. “It had been so long since she had taken some meaningful time that she couldn't even recall [it]. So, we challenged some of those beliefs and began to implement some behavioral strategies.”

First, Ferrara and the client worked on prioritizing and defining which tasks were legitimately necessary and which ones the woman shouldered simply because she thought she "should." They also examined whom the woman could delegate some responsibilities to and determined certain tasks that weren’t really hers to carry. “[That] was a hard one for her,” Ferrara says.

Next, they identified the client’s support system, mapping out how she could ask for help and for which tasks. In reality, her spouse and kids were willing to take responsibility for certain areas and were happy to be asked for...
help, Ferrara says. Ferrara and her client also looked at lifestyle management, including eating well, getting good sleep, getting fresh air and sunshine, and making a schedule for the day and limiting what was on it.

“Carving out personal time to relax and recharge was the cornerstone of her treatment,” Ferrara says. “She had ignored the need to relax for so long that in some ways, she had to relearn how to do it. She was mentally on ‘go’ all the time. We started with 15 minutes of being still and present, not in bed, every morning after the kids were on the bus and before she started her day. She chose to sit on her back porch with her morning coffee and listen to the sounds of the morning. At first she struggled with being able to quiet her mind, so we focused on some basic mindfulness techniques. Over time, she came to enjoy this time and began taking a walk. This became a daily ritual for her and, eventually, she was able to add some other activities such as taking a yoga class or a girl’s night with her friends.”

Although this client’s worries didn’t stem from trauma related to a natural disaster, Ferrara says she has noticed an overall increase in anxiety issues ever since Hurricane Katrina struck the Gulf Coast in 2005. Ferrara, whose office is directly across Lake Pontchartrain from New Orleans, now puts more focus on stress and anxiety topics in her practice.

“People down here live in a state of heightened alert, especially as hurricane season approaches and the talk about being prepared escalates,” she says, noting that each hurricane season lasts six months — a long time to remain on pins and needles.

Ferrara also encounters a lot of worry over the economy and job security. People feel anxious about their continued ability to provide for their families, hold on to their homes and make sure that everything gets done at work in hopes of protecting their jobs. Nadine Rosen, a counselor practitioner in Charlotte, N.C., is witnessing that same level of stress among clients than she ever has before in her 20 years of being a lay and professional counselor. The economy and a difficult job market are surely factors, she says, as are relationship issues, whether between romantic partners, parents and children, or clients and in-laws.

The continuing wars add another element of stress, says Horrigan, a member of ACA. Not only are service members feeling this added pressure, but so are their families and significant others, who are often left waiting to hear from the soldier, possibly not even knowing where their loved one is, all the while having to juggle the household responsibilities on their own. “It’s a high level of stress [for them],” Horrigan says.

Georgene Dwyer, a counselor in private practice in Tulsa, Okla., isn’t necessarily sure that she’s seeing more individual cases of stress than in years past, but she has noticed that less stigma is attached to anxiety than there used to be and that clients are more willing to come forward and talk about it.

Ferrara agrees, saying more people today are willing to seek help to deal with stress and anxiety. “It’s a good thing because I don’t think there’s any shame in asking for help. The shame is in not asking for help,” she says. “There are so many good counselors out there.”

“**A perfect storm**”

Stephanie Thomas, an anxiety disorders specialist at the Anxiety and Stress Disorders Institute of Maryland, says stressors are a normal part of life, but when people ruminate on those stressors without problem-solving, anxiety can enter the picture. “Most people think if I worry enough about something, I’m going to solve the problem,” says Thomas, a member of ACA. “But actually, that doesn’t always happen. Worrying very rarely solves it.”

As described by Ferrara, stress is what are naturally anxious about the news. In constantly wondering whether their jobs are at risk, they are also dealing with performance anxiety, hoping they can impress their bosses enough to save their spot in the company.
is going on in our world that creates discomfort for us, whether conflicts at work, relationship problems or any number of other things. Anxiety is the resulting worry. “What happens is we start worrying about one thing and stressors pile on, and that worry generalizes to everything,” Ferrara says. “I have clients who tell me they can’t turn it off.”

Unchecked chronic stress can lead to anxiety, with symptoms that might include insomnia, appetite change, distractibility, a feeling of being overwhelmed, avoidance of activities and even absenteeism from work, says Rosen, a member of ACA. Everyone’s tolerance level for stress is different, she says, and that level is often determined by a person’s coping skills, natural temperament, support systems and physical well-being, as well as by the health of his or her relationships.

Current life stressors aren’t the only elements that can figure into a person’s anxiety level, Horrigan says. Anxiety can also be the result of genetics or of past stressors that occurred in a person’s environment over a long period of time — for instance, she says, being exposed to abuse, being abandoned by a parent or growing up in a household where anxiety was the norm. “Then, enough stress in their adult life can lead to anxiety. The biological, the psychological and the environmental all come together at one point. It can be a perfect storm,” Horrigan says.

Ferrara points out that stress can also serve as a positive influence at times, such as propelling people to meet deadlines and get things done. But when stress builds to the point of affecting a person’s ability to function the way he or she wants to, it becomes a problem. “And when it starts to impact health, that’s absolutely a big red flag,” Ferrara says.

For Ferrara, the biggest indicator that clients have “crossed the line” into the realm of anxiety is when they tell her they can’t sleep, even if they have been good sleepers historically. Another warning sign is experiencing body aches, including headaches, stomachaches or other pains, for no apparent reason. Anxiety can also decrease productivity, leading people to feel as though they’re working nonstop and still not accomplishing anything, Ferrara says.

Other symptoms of anxiety include angry outbursts and feelings of being pulled in every direction, Horrigan says. Like Ferrara, she also reports seeing clients with physical ailments that can be traced to anxiety. Oftentimes, she says, these clients have gone to the doctor, received a clean bill of health and yet are still experiencing chest pain, jaw pain, stomach issues, high blood pressure or migraines. But in order to rule out any medical problems, Horrigan asks clients to schedule an appointment to see their doctor if they come to her with physical symptoms of anxiety. If a client’s daily functioning is impaired — for instance, if the client can’t get out of bed or is dealing with panic attacks — Horrigan also asks him or her to see a psychiatrist for an evaluation.

Thomas has also experienced this situation in reverse, receiving clients through referrals from a physician. “[Clients will] often say, ‘I’m not quite sure why I’m here. And then we talk, and a lot of the stress will come out,’” she says. Seeing a physician is often the first stop for individuals experiencing anxiety, Thomas says, especially for those whose cultures stigmatize counseling.

Taking the first steps

These counselors say the first order of business with clients seemingly struggling with anxiety is a careful assessment to determine the exact nature of the issue. Anxiety often goes hand in hand with other disorders such as depression or attention-deficit/hyperactivity disorder (ADHD), Ferrara says. Rosen agrees, adding that clients who have a history of trauma, undiagnosed ADHD or untreated depression might have a tougher time coping with everyday stressors.

A good clinical assessment will ascertain which symptoms the client is experiencing, how intense those symptoms are, when those symptoms occur and what context they occur in, Ferrara says. Counselors should also ask about the client’s family history, substance abuse history and functionality at home and work, she says. Horrigan adds that having a client complete a genogram can offer insight into the individual’s family history and tip a counselor off to any potential genetic predisposition to anxiety.

After finishing a thorough initial assessment, Dwyer immediately teaches breathing and relaxation techniques to her clients. She works with them on noticing the physiological changes that take place when they slow down their breathing and on visualizing a calm, safe, peaceful place where they can take themselves when feeling anxious.

Similarly, one of the first things Ferrara discusses with clients is how they’re feeling and acting physically because in stressful times, she says, people often neglect their health. She works with them on deep breathing and taking time during their day to disconnect. Also important, Ferrara says, is what she calls “sleep hygiene.” Do clients have a set time to go to bed? Is the room in which they sleep quiet, cool and comforting? Are animals or kids in the bed as well? Sticking to a schedule, both for going to bed and for waking up, is helpful, Ferrara says. “If people can get good restorative sleep, they’re more likely to function well the next day,” she says.
Horrigan follows a two-pronged approach with clients who present with stress and may have underlying anxiety. First, to reduce some of their physical symptoms, she teaches them relaxation techniques such as abdominal breathing, progressive muscle relaxation, guided imagery and meditation. She also encourages clients to practice yoga, listen to calm music, eat well and stick to a routine sleep schedule. “I also have clients look at their daily demands ... and prioritize what are the most important things in their lives and what can they alleviate to be able to give more self-care,” Horrigan says.

The second prong is aimed at addressing the underlying issues that might have led the client to experience sustained stress and anxiety. “During this phase of treatment, I work at a slower, more careful pace, collecting information from the client’s history and background, including a complete family history genogram,” Horrigan says. “I have found that in the process of collecting this information, it not only reveals to me a clearer picture of the client’s psychodynamic makeup, but also allows the client more opportunity to see firsthand the development of their own family patterns. This affords the possibility for the client to make the connection [and see] how and why they may be experiencing the stress and anxiety in their lives now from their past.”

Many clients’ symptoms of anxiety stem from genetics, growing up in an abusive home, being abandoned as a child by one or both parents, or experiencing trauma as a child and then repeating this lifestyle as a dysfunctional parent or family system, which can trigger the client emotionally, Horrigan says. “By teaching a client to identify those situations or things that trigger their anxiety, a client can avoid certain situations or prepare themselves for ... feelings that may come as a result of a situation,” she says. “This might mean that they reduce their exposure to a situation or learn coping skills to deal with the feelings that come as a result of a given situation.”

Horrigan also works with clients to find the common threads that tend to ramp up the anxiety in their lives. For one of Horrigan’s clients, this was searching for available parking at work. The client would ride around and around in the morning looking for an open spot, often arrive late to work as a result and then have trouble remembering where the car was parked at the end of the day. Horrigan and the client came up with a solution: carpooling, which greatly reduced the client’s stress level.

Everyone experiences some amount of stress, and because the resulting worry can either be exacerbated or mitigated by the way a person handles it, Thomas works with clients to distinguish between productive and unproductive worry. She describes productive worry as something an individual can take action on in the present moment. For example, if you oversleep, worrying about getting to work on time can help hasten your morning routine and get you out the door a little faster.

“Unproductive worry is when you have a thought about something anxiety-provoking, and then another thought and another thought,” Thomas says. “And then you’re back at your original thought and you haven’t made any progress.” Thomas encourages her clients to take their worries one by one, determining if any action can be taken immediately. If not, that worry gets put aside.

“You can’t stop the thoughts from coming, but what you can do is start tuning them out,” Thomas says. She compares this with driving on the highway and merging into another lane while the music is on. Although you remain aware of the music, you’re not focused on it because you’re paying attention to driving. The same approach can be taken with worrisome thoughts, Thomas says. “The thoughts won’t disappear, but treat them like the background noise instead of focusing on them.”

Counselors can also assist clients in prioritizing responsibilities, growing to accept that they can’t be everything to everyone and learning how to take more time for themselves, Horrigan says. She advises helping clients to recognize both the important things and the unimportant things that pull them in different directions. “Sometimes,” she says, “that means saying no to good things to have a healthy life.”

Another relevant topic Horrigan addresses with anxious clients is control. In doing so, she shares a motto: “We can only control one person 100 percent of the time.”

“When a client believes that they can somehow control another person, they begin to have expectations of them,” Horrigan says. “When these expectations are unmet, this can lead to disappointment, which can lead to stress, which can produce feelings of anxiety. Helping and preparing clients to realize
that they can only control themselves assists them to depend on themselves and not to have expectations of or worry about others whom they have no control over.”

Issues with control can stem from growing up in a dysfunctional family system, Horrigan says. In some cases, clients might have felt the need to assume too much responsibility for other family members. Or, on the flip side, clients might have experienced a family member exercising unhealthy control over them through the use of guilt or manipulation. When counselors help clients realize that they cannot control others and, furthermore, that they don’t need to take responsibility for others, their thinking changes, which also opens the door to behavioral changes, Horrigan says. Releasing that responsibility helps clients to prevent automatic thoughts concerning how things were handled when they were growing up. It also aids them in avoiding repeated patterns of behavior, reframing their self-defeating thinking and speaking positive statements to themselves, all of which can reduce anxiety, she says.

**Staying in the moment**

Recently, Rosen was working with a client in her late 20s who was dealing with symptoms of anxiety after losing her real estate business due to the struggling economy. This client prided herself on her accomplishments and her self-esteem was tied to her achievements, Rosen says, and she subsequently went through bankruptcy after her business was shuttered.

Rosen encouraged the client to acknowledge and mourn her losses, explore her erroneous beliefs connected to perfectionism, separate her value and worth from her career accomplishments, build her positive coping skills and utilize her support system. They also worked together on two other techniques: mindfulness and radical acceptance.

“Radical acceptance is more about accepting where you are at a given moment and allowing yourself to have the experience without judging it or having to do something about it,” Rosen explains. “So, for example, if I am anxious, rather than avoiding the feeling or trying to do something to get rid of it in a negative way because I am so distressed by it, I would acknowledge it and allow myself to experience it without labeling it as ‘bad’ or [telling myself] that I shouldn’t feel that way. When we allow ourselves our emotional experiences, they tend to dissipate quicker than if we act out on [them] in a negative way.”

Mindfulness requires us to be engaged and present in the here and now, Rosen says. “It is amazing how distracted we can become, often worrying about the future, as in the case of anxiety, or ruminating and dwelling on the past, as in the case of depression,” she says.

“When we are mindful, we are present-focused and, therefore, neither in the future nor the past, which can be very beneficial in dealing with stress, anxiety, depression, etc.”

To teach her clients mindfulness, Thomas asks her clients to list their thoughts on a whiteboard and then discuss whether each thought is related to the past, the present or the future. “Every time you go off to a future ‘what if’ or a past event, come back to the center,” Thomas tells clients. “When people can be more centered, they’re less stressed.”
Rosen also uses mindfulness-based cognitive therapy, a multidimensional approach that combines mindfulness and radical acceptance with cognitive therapy. She says the approach incorporates the cognitive experience by teaching clients to notice when they are engaging in negative thought patterns and cognitive distortions that could be contributing to their anxiety.

Compartmentalization is another suggestion Rosen offers to anxious clients. For example, if a client is dealing with anxiety related to work, Rosen might suggest the client imagine putting those worries in a box at work and leaving them there overnight or visualize hanging them on a tree outside the house each day when arriving home from work.

Rosen has also found it helpful to clients to teach them anxiety-reduction techniques such as progressive muscle relaxation and guided imagery. Also important, she says, is getting clients to examine how they contribute to their own anxiety. Depending on what the client identifies, the counselor can then work with the person to improve time management skills, keep perfectionism in check, prioritize more effectively or establish stronger boundaries and learn to say no.

Ferrara relies heavily on cognitive behavior strategies with anxious clients because they allow clients to become more aware of what they're thinking and feeling, how that affects their level of anxiety and what they can do to alleviate it. Many clients come to counseling seeking tools to help them get relief from their symptoms, she says, and cognitive behavior strategies can provide them with such tools.

Thomas also finds cognitive behavior techniques constructive because they prompt clients to closely examine how their thoughts help or hinder them in living life to the fullest and then to problem-solve where possible. Rogerian techniques are also useful, Thomas adds, requiring the counselor to be an active listener from a position of empathy and respect. “When clients feel they are being heard and listened to, they are more likely to implement the cognitive or behavioral strategies that are collaboratively agreed upon as ways to cope with stress,” she says.

Dwyer, a member of ACA, finds journaling an easy and beneficial exercise. She asks clients to take out a notebook and simply start writing about their stress and anxiety, instructing them not to worry about making corrections. “Then,” Dwyer tells her clients, “realize that the paper can hold that [stress and anxiety] for you so you don’t have to hold it. And anytime you want to go back and look, it’s right there.”

**Be well**

Stress is an unavoidable part of everyday life, and these counselors say that wellness is one of the key tools in improving the ability of clients to handle their stress and anxiety. “Wellness is the cornerstone of managing stress,” Ferrara says. “The things we do to rejuvenate [ourselves] help in how we deal with stress long term.”

Ferrara is always surprised by how many clients today acknowledge not taking a true vacation. Although they might stay away from the office for a week, she says, they often spend that time working from home, cleaning the house, checking email or pursuing other

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tasks that leave them feeling depleted. “They don’t ever unplug,” she says.

Making sure to be peaceful and quiet each day is crucial in the struggle to control stress and anxiety, Ferrara says. That’s why she recommends that her clients find someplace to be quiet and still for a few minutes each day, where there’s no email to check, no phone ringing and no kids running around. Ferrara also recommends yoga as a stress buster. She points out that this activity doesn’t require that clients sign up for classes because there are yoga programs on TV as well as inexpensive DVDs that can lead clients through routines. Ferrara owns a few such DVDs and loans them to her clients. She also notes that other forms of exercise are beneficial in reducing anxiety.

Horrigan encourages clients to create a list of fun activities and then to make a plan for actually partaking in some of them. “Some clients report that after a walk or a warm bath, a ride in the country or watching a funny movie, they have felt less stress and experience less anxious feelings,” she says. “For clients who enjoy a massage, I encourage them to consider making a monthly standing appointment so that they have this on their schedule and in their budget.”

“On a different level,” she continues, “we talk about ways in which others — work, friends and family members — may make demands on a client’s time and how this may raise the client’s anxiety due to taking care of everyone else and not having time to properly care for themselves. So we work in sessions discussing ways to build healthy boundaries, especially for the client who grew up in a home where there were not clear boundaries in place. As clients begin to develop more strengths and positive beliefs in themselves, the anxiety symptoms are often reduced.”

Rosen agrees that wellness and self-care are essential to managing stress. “I always recommend that clients make sure they are eating well and getting the proper nutrition, taking care that they get enough rest and sleep, engaging in regular exercise, planning fun leisure activities, spending time with family and friends and leaving time for relaxing and being mindful of their own needs.”

Wellness is a way of living that promotes physical, emotional and spiritual well-being and balance, Ferrara says. “I approach stress management from a wellness perspective and look for action-oriented interventions that promote positive change,” she says. “Consistently engaging in those activities that promote optimal health and well-being can also act as a buffer against the impacts of life’s stressors. Clients struggling with the negative impact of stress can learn to use lifestyle strategies that bring balance and healthy coping back into their lives. I try to provide them with practical tools and lifestyle strategies that they can use to return to healthy functioning and that promote future well-being. The wellness model really allows us to help the client with reducing the current stress load, while strengthening the ability to better manage future stressors as they come.”

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

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9:00 am – 4:30 pm

**12001 Advanced**
Motivational Interviewing for Clinical Supervisors
*Barbara A. Jordan, MS*

**12002 Advanced**
Cybercounseling: Legal and Ethical Issues in Social Networking
*Donna M. Ford, MS, Marlene M. Maheu, PhD*

**12003 Advanced**
Critical Incidents in Military Systems: Systemic Case Analysis
*Christian J. Dean, PhD, Catherine Stower, PhD, Neil Duchac, PhD*

**12004 Introductory**
Social Media and Counselors: The Hows, the Whys, the Shoulds, and the Whatfors
*Marty Jencius, PhD, Debra London, MEd, Diana VanWinkle, MEd*

**12005 Introductory**
The Many Facets of Grief
*David Capuzzi, PhD, Mark David Stauffer, PhD*

**12006 Introductory**
Uncomfortable, Unthinkable, and Untouchable! Confronting Counselors’ Personal Histories in the Clinical Hour
*Tamara G. Suttle, MEd*

**12007 Advanced**
Essential Skills for Disaster Mental Health and Crisis Counseling
*Jane M. Webber, PhD, Karin Jordan, PhD, J. Barry Mascari, EdD, Michael Dubi, EdD, Gerard Lawson, PhD, Fred Bemak, EdD*

**12008 Introductory**
CPR Therapy: Choice Processing and Resolution Bringing Abortion After-Care Into the 21st Century
*Trudy M. Johnson, MA*

**12009 Advanced**
Counseling Challenging Teenagers
*John Sommers-Flanagan, PhD*

**12010 Advanced**
What Great Group Leaders Do Better Than Everyone Else: Using Theories, Exercises, and Engagement Skills
*Ed E. Jacobs, PhD, Chris Schimmel, EdD*

**CCA-Sponsored Session**

**12011 Introductory**
Design for Dying: Preparing for End-of-Life
*Thomas Nickel, PhD*

**Wednesday, March 21, Evening Sessions**
5:30 pm – 8:45 pm

**12012 Advanced**
School Counselor Anti-Racist Competencies for Combating Racism
*Shannon D. Smith, PhD, Jesse Brinson, EdD*

**12013 Introductory**
Yoga and Breathwork: Helping Clients Integrate Mind, Body, and Spirit for Optimal Wellbeing
*Suzanne Degges-White, PhD, Cora Hopkins, PhD*

**12014 Advanced**
Advanced Adlerian Techniques for Use With Body Image Issues and Eating Disorders
*Susan Belangee, PhD*

**12015 Introductory**
Psychopharmacology: All You Ever Wanted To Know but Didn’t Know Who To Ask
*Graham B. Lee, MA*

**12016 Advanced**
The Season for Self-Care
*Virginia A. Magnus, PhD, Wanda P., Briggs, PhD, Susan Furr, PhD, Kathryn Hunsucker, MA*

**12017 Introductory**
Developing Cultural Competence With LGBTQ Clients
*Pamela S. Lassiter, PhD, Kristina Acosta, MA, Adrienne Erby, MA, Robert Kitzinger, MA*

**12018 Advanced**
*Barry G. Ginsberg, PhD*

**12019 Advanced**
Addressing Diversity Through Child-Centered Play Therapy: Focusing on the Skills
*Angela L. Sheely-Moore, PhD, Peggy Ceballos, PhD, Phyllis Post, PhD*

**12020 Introductory**
Chasing the American Dream: An Experiential and Practical Journey Toward Understanding Social Class in Counseling
*Debbie C. Sturm, PhD, Kathy Biles, PhD, A. Renee Staton, PhD, Donna M. Gibson, PhD*

**12021 Advanced**
Expressive Arts in Clinical Supervision: Using Mandalas To Enhance the Supervisory Working Alliance
*Kelly A. Dunbar, PhD, Daniel B. Kissinger, PhD*

**CCA-Sponsored Session**

**12022 Introductory**
Identifying and Intervening in Bullying Behaviors in the School Setting
*Dianne L. Logan-Parr, MA*

**Thursday, March 22, Daytime Sessions**
9:00 am – 4:30 pm

**12023 Introductory**
Counseling Theory in Practice
*Gerald Corey, EdD, Jamie Bludworth, PhD*
12024 Introductory
The Many Faces of Cyberbullying: An Educational Guide for School Counselors
Shenika J. Jones, MEd, Eli Branscome, MA

12025 Advanced
Treating Perpetrators of Intimate Partner Abuse and Child Abuse With a Comprehensive Intervention Program
Kerin Groves, MS

12026 Introductory
Thriving in Private Practice: Philosophy and Strategies for Building a Counseling Business
Anthony J. Centore, PhD

12027 Advanced
Brief Solution-Focused Counseling (BSFC) in Schools: Advanced Skills and Techniques
John J. Murphy, PhD

12028 Advanced
When the Going Gets Tough: Today’s Challenges and Triumphs for Administrative Supervisors in Counseling
Patricia Henderson, EdD, Richard Ponton, PhD, Elias Zambrano, PhD, Alan Cavaola, PhD, Suzanne D. Mudge, PhD

12029 Introductory
Allies for All: Skills for Working With LGBTQ Individuals Throughout the Life Span
Patricia E. Robertson, EdD, Janna Scarborough, PhD, Rebekah Byrd, PhD

12030 Advanced
Culturally-Responsive Play Therapy With Young Traumatized Children
Sue Bratton, PhD

12031 Advanced
Sexual Healing: Learning To Be Confident in Providing Sexuality Counseling
Donna Gibson, PhD, Wenndy Dupkoski, MS

2012 LI Rates

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12032 Advanced
Counseling Interventions for Psychological and Behavioral Problems
Lori Russell-Chapin, PhD, Theodore Chapin, PhD

Thursday, March 22, Evening Sessions
5:30 pm – 8:45 pm

12033 Advanced
Neurology and Psychopharmacology: Current Medications, How They Work, and the Counselor’s Supportive Role
Elisabeth D. Bennett, PhD, William Bennett, MD

12040 Advanced
Adlerian Brief Counseling Techniques: Advanced Procedures for Working With Individuals and Families
Richard E. Watts, PhD, Amanda C. Healey, PhD

12042 Advanced
How Does That Make You Feel? An Introduction To Affect Regulation in Counseling
Joseph B. Cooper, PhD, Dixie Meyer, PhD

Resources:
Earn 6 CE hours per daytime sessions; 3 hours per evening sessions
Separate registration fee applies

View full description online at counseling.org/conference
CALL FOR NOMINATIONS

Counselor Educators and Counselors are invited to nominate graduate students for the INTERNATIONAL STUDENT PANEL
A GLOBAL PERSPECTIVE: COUNSELING IN THE 21st CENTURY

ACA Conference, March 21-25, San Francisco, CA

Five counseling students will be selected for the International Student Panel, “A Global Perspective: Counseling in the 21st Century” at the ACA Annual Conference in San Francisco. Students will share their perspectives on training, services, and needs in their countries, and their experiences studying in the U.S. A reception follows 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.
c) Five students will be selected based on the quality of the Nomination Packet.
d) Students selected for the panel will discuss their views and respond to questions from the audience.

Nomination information will be available at counseling.org/students. Completed nomination packets are due electronically by November 30, 2011. Students will be notified by January 17, 2012.

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?

Deadline: November 30, 2011

Selected student panelists will receive complimentary conference registration to the ACA Annual Conference & Expo!
In an ideal world, “work life” would remain at work, “home life” would remain at home, and neither would affect the other. There would never be a late night at the office and a missed meal with the family due to a deadline nor a late arrival to work because of child care issues. We wouldn’t be tethered to smartphones checking work email at a child’s soccer game nor worrying about how a job transfer might affect our spouse or partner.

But here in the real world, counselors say, work and life outside of work are intimately connected. In terms of couples, that means one partner’s career decisions, career ambitions and work environment undoubtedly will affect the other partner.

Melinda Gibbons recalls beginning her job as an assistant professor of counselor education at the University of Tennessee and struggling to juggle work with caring for two young children. “What happened was that I left no time for myself and little time with my partner, which led to me feeling moody and frustrated at times,” says Gibbons, a member of the American Counseling Association. “Once I realized this, I talked with my husband and we shifted our schedules to include a date night twice a month and time for me to start going to the gym. By communicating openly with my partner, I was able to share my frustrations, which were negatively affecting our relationship and our family. I learned that he, too, wanted more couple time, and we found ways to reorganize our lives to make this work.”

Given her counseling background, Gibbons was in good position to open the lines of communication and make a few schedule tweaks that led to a happier life for her and her husband. But for those couples lacking this expertise, aligning career ambitions with goals for the relationship can be a real challenge. That’s precisely why Gibbons believes these clients can benefit when couples counseling and career counseling overlap. Career, be it paid or unpaid, is one piece of a person’s life, Gibbons says, and a piece that often consumes a large amount of time in adulthood. “Some people are personally fulfilled by work, while others work to support their families or make social connections,” she says. “Whatever the reason for working, work usually has its good and bad points, just like anything else in life. How we learn to balance the demands of work and the demands of a relationship affects both the relationship and work. That is, what we do in one part of our lives affects all other parts of our lives. Helping couples recognize the work-to-family spillover and the family-to-work spillover can help strengthen their relationship and create stronger communication skills.”

Ideally, addressing career topics with couples can take place either in a career counselor’s office or a couples counselor’s office, says Gibbons, who is also a member of the National Career Development Association, a division of ACA. A couples counselor might open a conversation about the effects of both individuals’ careers on the couple’s relationship, or a career counselor might invite a client’s partner into a session after realizing certain career issues are affecting the couple. This is a fairly new idea, Gibbons says, but one in which she sees a great deal of value.

By Lynne Shallcross

One couple, two careers, competing priorities

Oftentimes, there is value to couples counseling and career counseling overlapping.
Newer theories related to career counseling support this concept because they are very holistic in nature, taking into account that career is one piece of a person's life and that a counselor must work with the whole person, Gibbons says.

W. Matthew Shurts, an associate professor in the Department of Counseling and Educational Leadership at Montclair State University in New Jersey, agrees. Career counseling shouldn't be considered as residing on its own little island, he says, because career is one integral part of the whole that makes up people's lives.

Shurts acknowledges that tackling career-related topics with couples is more likely to take place in a couples counselor's office than in a career counselor's office, but he echoes Gibbons in saying that either venue could work, especially if a career counselor is in private practice or offering life coaching. However, if the topics in session begin to stray too far from the career realm, a career counselor would likely be best to refer the clients to a couples counselor, he advises.

Couples work and career work are often intertwined, Shurts says, so it behooves both types of counselors to be aware of that relationship. “Career is a central part of people’s lives, depending on the individual values of each person in a relationship,” says Shurts, a member of ACA and the International Association of Marriage and Family Counselors, a division of ACA. “For some people, it may have more central importance [regarding] how they look at themselves and their identity, and for others, it’s a means to an end. When those values don’t line up in a couple, it can be a significant issue. It would be naïve to think that couples counselors don’t have to talk about career.”

For their part, career counselors take into consideration clients’ life and cultural circumstances because those circumstances will affect career choices, Shurts says. If a client is part of a couple, that aspect will also inform the client’s career decisions. “If you pretend that isn’t part of it, you’ll be giving [clients] less helpful services,” he says.

It’s unlikely that a career counselor would continue seeing a couple long term, but if the individual client would benefit from going through a few career sessions with his or her partner present, then Shurts believes a career counselor should be capable of offering that service.

**Bumps in the road of life**
Young couples in particular can experience a host of potential issues related to career, Gibbons says. These couples’ communication skills are often tested, she says, and having the ability to communicate about career is one important piece of thriving. For example, two young partners might develop strong visions for where their individual career paths will take them in the future without really considering or discussing how each person’s path will affect the other person, Gibbons says. If one partner expects to move back to his or her hometown and highly values proximity to family, while the other partner anticipates a career with frequent relocations, conflict will naturally arise. That’s why good communication is necessary.

“Young couples can learn to discuss their career-related values and plans that might affect their overall relationship,” Gibbons says. “Beliefs about roles in a relationship is another potential issue for young couples. Partners may have differing views about career-home balance or think differently about parenting issues. Another potential concern is finances — how partners spend and save money — and this can cause stress in a partnership, especially if the partners have different salary levels. Learning to discuss these issues openly and strive for compromise early in the relationship can help couples grow stronger overall.”

Midlife career changes offer another potential challenge for couples, Gibbons says. The reason for making the change, the amount of new training required, the potential need to relocate and possible salary adjustments can all have an effect on the couple, she says.

“Midlife career changes can be scarier than young adult changes,” Shurts adds, “because often these individuals have been in their jobs for many years and it’s become a part of their identity. Losing that is similar to losing a loved one who was especially close. There’s a grieving process, and those around us may be affected.”

Adding children to the mix is another common stumbling block for couples who lack open communication, Gibbons says. The couple must work through decisions such as who will be responsible for certain household duties, who will do drop-offs and pickups for the child, whether the family can afford certain activities and who will schedule them, and whether one member of the couple will leave a job to stay at home for an extended period of time.

Retirement represents yet another time of career transition for couples. “If one or both partners have worked their entire adult lives and then face retirement, it could lead to questions of...
identity," Gibbons says. “We often tie our identity to what we do for work, so this is a major change for many people. It can impact the couple in many ways — financially, amount of time spent together, choices about what to do during retirement. Counselors can work with couples nearing retirement to help them proactively plan for this next stage in their lives. They can talk about their hopes and dreams as well as face potential realities … for which they had not planned.” For example, she says, in today’s economy, couples may find that they have to postpone retirement.

Across the life span, losing a job, taking a new job, struggling to find work-life balance and feeling discomfort with a partner's earnings are among the career-related circumstances that can challenge couples, Shurts says. Couples with good communication skills will have a leg up.

“Being open about feelings and reactions to changes like a job loss can strengthen a couple's relationship if they can support one another,” he says. “However, being secretive or dishonest about feelings and reactions can be toxic and lead to conflicts. Misunderstandings and internalized pressure. I think couples would also be well served to recognize the values they and their partners place on work and career and consider how they mesh.”

In situations of job loss, Shurts says it’s important for counselors to remind couples that they need to support each other rather than piling on additional pressure. “Reframe it as something they’re facing together,” he says. “How can they, as a couple, be supportive?”

For lesbian, gay, bisexual and transgender (LGBT) couples, career navigation means taking all of the same issues that heterosexual couples face and adding in the potential cultural discrimination that LGBT persons might experience at work, Shurts says. It can be particularly difficult if one partner faces heterosexism at work, while the other partner returns home feeling more refreshed after being accepted for who he or she is, Shurts says. Counselors might consider asking these clients whether they want to add support for their sexual orientation as a new career value when determining what’s important to them in a job, he says.

A discussion worth having

A counselor’s role in helping couples nurture both their careers and their relationship is to open the lines of communication. “Counselors can help couples discuss these issues and help them realize the work-family connection,” Gibbons says. “Many couples may be unaware of the effect that work problems can have on their personal relationships. Helping them communicate more effectively, problem-solve as a team and create goals that suit both partners can be beneficial for couples.

Couples tend not to discuss career issues in any real depth on their own for a number of reasons, Shurts says. First, because partners in a couple don’t typically work together, they might not know much about each other’s profession. This can lead to superficial discussions that don’t allow either partner to truly share work stress or satisfaction with the other. Work is also tied to money — another topic Shurts says couples struggle to talk about openly. That’s why it’s vital for counselors to work with couples to promote open, honest and supportive communication regarding career issues, he says.

If a couple comes to counseling to figure out why they’re fighting more frequently or feeling less happy in their relationship, Shurts recommends inquiring about work. Ask if someone’s work schedule has changed or if someone got a promotion, he says. For instance, if one member of the couple received a promotion and the other partner isn’t overly excited about it, engage the couple in a discussion about why that might be. “Was it that someone didn’t feel consulted and it’s a communication issue,” Shurts says, “or is it that the other person is not as successful and they’re career-minded and feel less than the other partner in some ways?”

Shurts and Gibbons say taking a narrative approach with couples is beneficial because it allows them to tell their personal stories and reveals the themes in their lives. One narrative technique that Gibbons recommends is having clients make lifelines. In this exercise, each member of the couple is asked to draw a line and identify five to seven important events in his or her life, starting with birth and moving to the present. Each partner then writes down a title for each event, two or three feelings they have about the event and the important people who were involved.

The counselor and couple then talk together about themes running through those events, how each person makes decisions and how each person faces big changes. They might also discuss the values the person used in reaching those decisions and how the two partners’ values tend to be either similar or different, Gibbons says.
The lifeline can also be charted into the future, Gibbons says, with clients planning out their next five to 10 years together with events they want to happen or goals they want to achieve. The future lifeline is especially useful with younger couples, she says, because it helps align two individual career paths into one future plan containing goals that work for both members of the couple.

Another narrative technique Gibbons favors with couples is life roles, wherein clients draw their life roles in circles on a sheet of paper. The bigger the circle, the more time it indicates the clients spend in each role. Next, Gibbons says, the counselor can ask the clients to redraw those circles to the sizes they’d prefer them to be. “This exercise helps clients share their satisfaction and dissatisfaction with their current roles and helps them frame goals for the future,” she says. “Couples learn what their partners think and feel about each role, increasing open communication. Most of the time, life roles are affected by work. That is, a large part of time is spent working, paid or unpaid, which may positively or negatively affect other life roles.”

As one non-narrative exercise with couples, Shurts uses genograms, asking couples to look back a few generations and list the types of jobs and career-related values that people within their families held. Looking for patterns or themes, clients can see and better understand how they arrived where they are on their career paths, he says.

Shurts also uses a values card sort exercise with couples. This involves a series of cards containing adjectives related to work values. Each partner sorts the cards from most important to least important, and then the two partners compare their lists. The exercise offers a concrete way to open up the couple’s conversation, he says, particularly if several of one partner’s top work values are among the other partner’s least important work values.

Having different career values doesn’t automatically make a couple incompatible, Shurts says. “It just means that they don’t share a common vision on what they personally want to get out of their work. This isn’t necessarily a problem if the couple realizes and honors the different perspectives openly and in a
supportive fashion. However, if they don’t recognize the differences or they can’t accept the differences, it can be an issue.”

“For example,” he says, “imagine a couple where a wife places high value on stability and time flexibility and low value on excitement and personal fulfillment, while her husband notes excitement, prestige and upward mobility as his high values, and stability and task consistency as low values. You can probably tell there is potential for disagreement as the topic of job/career arises. What if he’s offered a promotion with longer hours and more pay in another geographic location? He’d probably want to accept, but she might not want him to take it. What if she was offered a similar promotion? She would probably want to consider the impact on her family time and might be nervous about the change, but he might encourage [or] push her to take it.

“Basically, each person views these and other work-related situations through their own career values lens, and that may not match the lens of their partner. The exercise provides an activity to begin exploring those differences and similarities and how they might be impacting the couple, positively or negatively.”

As with any new topic area, counselors should make sure they’re well prepared and properly trained before delving into career topics with couples. Gibbons points out that couples counselors who have graduated from a CACREP-accredited program will have taken at least one career course. But career counselors may or may not have taken classes in working with couples, depending on their training. “I recommend that all counselors recognize their strengths and areas for improvement, consider the clientele they work with and then seek additional training as needed,” Gibbons says. “This training might come from reading professional journals, seeking consultation, attending conferences and workshops, or returning to school.”

Shurts agrees that many professionals might need additional training before launching into this type of counseling with couples, but once properly prepared, he believes the field can take advantage of a valuable opportunity to improve couples’ relationships and the depth of their interpersonal connections.

“Work/career is an important factor in most people’s lives, regardless of one’s values,” he says. “In my opinion, couples benefit from open dialogue about the world of work, what they both want from that part of their lives and how they can support each other in meeting their goals — both individual goals and those they have as a couple.”

Want to learn more? Gibbons and Shurts will present a session on career counseling for couples and families at the ACA Annual Conference & Exposition in San Francisco in March. To learn more about the conference or to register, visit 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

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Representatives from 31 diverse counseling organizations are working to determine common requirements that can be promoted to state licensure boards

By Heather Rudow

In March 2010 at the American Counseling Association Annual Conference in Pittsburgh, delegates to the 20/20: A Vision for the Future of Counseling initiative arrived at a consensus definition of counseling: a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals. The delegates then took the definition back to their respective counseling organizations and asked for their endorsement. Since that time, the unified definition has been used at seminars and conferences and in books written about the counseling profession.

Although the delegates believe a unified definition of counseling is a major achievement for 20/20 — an effort aimed at uniting the counseling profession and identifying how the profession wants to position itself by the year 2020 — they are also eager to tackle the next challenge in the multigoal endeavor: licensure portability. The delegates representing the 31 counseling organizations involved in 20/20 agree that, as things currently stand, licensure portability remains disjointed because requirements for professional counselors vary from state to state.

Earlier in the 20/20 process, the delegates identified seven principles that are important for moving the profession forward. One of those principles says that creating a portability system for licensure will benefit counselors and strengthen the counseling profession.

As part of 20/20’s Building Blocks to Licensure Portability initiative, each of the delegates has been asked to decide what qualities delineate a common licensure title, a licensure scope of practice and educational requirements for licensure. The delegates are currently weighing the merits of the various items to seek the best possible combination. After the 20/20 delegates reach consensus, the final results will be used to promote common requirements to state licensure boards.

J. Barry Mascari, a counselor educator at Kean University and a 20/20 delegate representing the American Association of State Counseling Boards, says licensure portability has long been a problem for counselors. “There have been changes in licensing, and that reflects the evolution of our profession and the licensing standards,” he says. “However, what is also represented is the fact that a licensing law, depending on when it was written, has different standards.”

Each state has its own set of licensing and accreditation requirements for counselors who are interested in practicing in that state, Mascari said. For some counselors who move from one state to another, this inconsistency in requirements to obtain a license can make it incredibly difficult to practice.

For example, he points out, New Jersey requires 4,500 hours of counseling experience and supervision (equal to approximately three years) before becoming officially licensed. But some states require only about one year’s worth of counseling experience, which equates to roughly 1,500 hours, he says.

This state-to-state inconsistency is the reason why the 20/20 delegates determined it was critical to tackle the topic of licensure portability, says Rhonda Bryant, a counselor educator and associate professor at Albany State University and a 20/20 delegate representing Counselors for Social Justice. “What we want to do is figure out a way to reduce the difficulty people have taking their counseling license from one state to another,” she says. “[Requirements] can vary pretty wildly, and that can be very difficult.”

In fact, the 20/20 initiative, which began in 2005, originally grew out of the challenges that licensure portability presented to counselors. AASCB’s presidential team approached ACA about cosponsoring an initiative that would work to implement AASCB’s portability plan nationwide. From those early discussions, 20/20 came to fruition, although with an expanded focus to strengthen and unite the counseling profession by pursuing certain goals that a diverse coalition of counseling organizations deemed critical to the profession’s future.

“What’s nice about this is we’re representing organizations that take an interest in the counseling profession, but we’re all doing different things,” Bryant says. “It’s a very diverse group.”

Cindy Chapman, executive director of the Commission on Rehabilitation Counselor Certification, says she became a 20/20 delegate so that rehabilitation counselors and the clients they serve would be represented in discussions about counseling’s future. This remains an important goal for her as the decision process for Building Blocks to Licensure Portability is ongoing.

“For me and CRCC, it’s kind of near and dear to us because we work with individuals with disabilities, who are typically an underserved portion of the population,” she says. “It’s important to us because our counselors are specifically qualified in understanding disability and the psychosocial aspects [that go along with it]. … We have a distinct accrediting organization, CORE (the Council on Rehabilitation Education), and because of that distinction, we want them to be recognized under [new guidelines regarding] licensure portability.”

Although each organization involved in 20/20 has a particular specialty or
area of focus that it wants to represent well, Mascari says each organization also understands that the current state of licensure portability needs to be changed, especially for future generations of counselors.

“The fact is, we all want to find some kind of consensus,” he says. “We are trying to standardize something so the [counseling] graduate feels confident they can counsel anywhere.”

Currently, Mascari says, there are at least nine different ways that a counselor can be identified, including as a licensed professional counselor (LPC), licensed professional counselor of mental health (LPCMH) or licensed mental health counselor (LMHC). “I did a workshop a few years ago titled ‘They All Came to the Game Wearing Different Uniforms,’” Mascari says. “To some extent, that still [describes] us.”

To see real progress in the area of licensure portability, Mascari believes the entire counseling profession needs to come together to reach an agreement. “AASCB and licensing boards cannot do it alone,” he says. “Although they have the power to change regulations, there is reluctance because it often means opening a statute, and that can allow for changes and grandparenting to reopen again. The second problem is that all of us see our own silos — licensing, CACREP (the Council for Accreditation of Counseling and Related Educational Programs), university counselor preparation programs and ACA. We need to seriously get our act together so we are on the same page with preparation standards and so we stop opening the door to vaguely related fields. At one time it may have made sense to allow psychology graduates to become licensed [as counselors] because that seemed to be a strategy to gain traction in numbers. That is no longer the case. We are preparing a lot of counselors, and there is no need to take ‘closely related’ fields.

“This loops to … national program accreditation. We have a national standard, CACREP, just as do social work and psychology. Sure, there are some exceptions in those professions, but the vast majority of states use the standards set by those professional bodies. You can’t offer a social work degree program if it is not NASW (National Association of Social Workers) accredited. It really might be time for counseling to do that. Recently, the Masters in Psychology Accreditation Council announced program accreditation for counseling programs as an alternative to CACREP. Do we need another accrediting body muddying the waters? And should it be from an organization outside of the counseling family? I don’t think so. The public and students are already confused enough.”

Chapman says she and CRCC recognize the importance of establishing a common set of criteria for licensed counselors nationwide. “Common criteria that recognize the various pathways counselors can take to achieve their postsecondary education and the various national exams that measure counseling knowledge, including the Certified Rehabilitation Counselor Examination, are critical to ensuring that all counselors are able to practice in the settings for which they are qualified,” she says. “In addition to
identifying a consensus licensure title and scope of practice, work under way to identify education requirements is especially important to CRCC because the majority of our counselors graduate from programs accredited by the Council on Rehabilitation Education. CORE predates other counseling accreditation agencies and has established accreditation standards that require course work in all counseling content areas. Rehabilitation counselors are uniquely trained to provide services to individuals with disabilities, including those with mental health disabilities. Through participation in the 20/20 initiative, and currently with the building blocks to portability project, we are working to maintain recognition of graduates from CORE-accredited programs in order to promote access to care for individuals with disabilities and to avoid disenfranchisement of a significant number of counselors who are legitimately trained to provide professional counseling services.”

Bryant says she believes 20/20 is the right venue in which to face the issue of portability because the initiative’s overall aim is to unite all counselors. She is optimistic that 20/20 will have a positive impact on the counseling profession as a whole and on licensure portability in particular, and that leaves her feeling hopeful about the profession’s future. “I think this is an interesting time for our profession because this initiative has provided an opportunity for us to see where we have been and to see where we want to go,” Bryant says. “This kind of initiative shows the public that we hold ourselves accountable [and are] keeping the profession viable.”

Says ACA President Don Locke, “It is apparent from my discussions with members throughout the country that they are of the opinion that portability of licensure is a high-priority item for all professional counselors. Counselors are sharing with me that from a marketing, reputation and reimbursement standpoint, the fact that all 50 states have [counseling] licensure is significant, but the lack of consistency of licensure requirements, titles and scope of practice from state to state may be an unexpected downside.”

Locke is confident the 20/20 delegates will be able to outline what needs to be done to rectify the long-standing problem of portability in the not so distant future. “I personally am very pleased with the efforts of the 20/20 commission’s Building Blocks to Licensure Portability initiative to address these issues,” he says, “and am looking forward to the status report that we will receive at the [2012 ACA Annual Conference in] San Francisco or before.”

For additional background on the 20/20 initiative, including participating organizations, a list of delegates, a statement of principles and concepts for future exploration, visit counseling.org/20-20/index.aspx.

Heather Rudow is a staff writer for Counseling Today and CT Online. Contact her at hrudow@counseling.org.

Letters to the editor: ct@counseling.org

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Professional counselors: Are we too overwhelmed to focus on prevention?

A normal day for a professional counselor too often entails focusing on remedial concerns. So many clients suffer from the aftermath of trauma and violence, while severe mental health concerns such as anxiety, co-occurring disorders and chemical dependency — among other mental health disorders — also necessitate in-depth therapeutic treatment. That reality raises a question. In today’s society, can professional counselors realistically do justice to promoting prevention while concurrently focusing on the priorities involved with clients’ pressing presenting concerns?

There is little debate that each day, professional counselors do their best to help thousands of individuals deal effectively with a myriad of life challenges. Counselors earn their character stripes in the trenches of a normal workday by deterring suicides, stabilizing and improving tenuous relationships, healing deep and traumatic emotional wounds and advocating for the respectful treatment of all individuals in an ever-changing and diverse world. Through the use of effective interventions, successes are regularly achieved, but rarely is it allowable to celebrate these successes with a drumroll. In the confidential confines of schools, mental health agencies and communities throughout our country and beyond, counseling efforts too often go unnoticed.

The counseling profession has come a long way since its beginnings. We are now a proud profession characterized by a code of ethics, accreditation guidelines, competency standards, licensure, certification and a commitment to excellence. Although the term counseling can be difficult to define, our mission, which is well articulated by the American Counseling Association, is generally accepted to be “The application of mental health, psychological or human development principles through cognitive, affective, behavioral or systemic intervention strategies that address wellness, personal growth or career development, as well as pathology.” (In March 2010 at the ACA Annual Conference in Pittsburgh, delegates to the 20/20: A Vision for the Future of Counseling initiative reached a consensus definition of counseling: “Counseling is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education and career goals.” Twenty-nine major counseling organizations have since endorsed the definition.)

Nearly every counselor wants to ensure that this mission — retaining our unique identity as leaders in prevention, advocacy and empowerment — is not just rhetoric but reality. However, the challenge is that the National Institute of Mental Health reports that one in four adults — approximately 60 million Americans — experiences a mental health disorder in a given year. Crises in our homes, schools and communities, as well as global hardships, seemingly produce so much individual and collective suffering that counselors struggle to intervene effectively. Could the level of individual and collective suffering in our homes, schools and communities leave counselors struggling to retain our identity as leaders in prevention, advocacy, wellness and empowerment? Most of us are so overwhelmed that primary prevention and empowerment becomes de-emphasized as we focus on the most serious of mental health problems.

Prevention and the promotion of wellness have always presented enticing reasons for counselors to enter the profession. Even before positive psychology was in vogue, counselors advocated for increased efforts to promote physical, intellectual, social, psychological, emotional and environmental well-being. As each new edition of the Diagnostic and Statistical Manual of Mental Disorders grows thicker, vast numbers of individuals still need help ensuring healthy relationships, selecting meaningful careers and making healthy choices throughout the life span as they seek a sense of sustained joy and deep meaning in life.

The good news is that an emphasis on strengths-based interventions, self-efficacy, social support, self-help groups and incorporating community mental health models can minimize environmental pressures and promote the prevention of psychological difficulties.

Unfortunately, numerous funding sources appear to be in serious jeopardy due to economics, reimbursements and politics. Despite the impressive efforts of professional counselors during the past 30 years, there is clear evidence that overall mental health in our country is deteriorating. How would our society be different if there were an emphasis on the following?

- Social and emotional learning for our children, including character education
- Diversity training that focuses on respect for individuals living in a culturally diverse society
- Healthy relationship skills and effective sex education for our youth
- Career development for those who lack awareness of their interests, values and aptitudes
- Wellness promotion to combat unhealthy choices and the epidemic increase in obesity
- The incorporation of drug and alcohol prevention efforts in all of our schools
- Service projects for those who wish to advocate for individuals living in unhealthy environments
Premarital counseling for those seeking enriched, lifelong marriages

Parent education for those yearning to promote the healthy growth and development of their children

On a personal note, my (Mark’s) interest in prevention was cultivated early on by wonderful professors and supervisors, as well as through lessons learned from my clients. For instance, in the case of couples counseling, it soon became evident that most couples did not seek counseling until divorce was imminent. Generally, they would present a long list of grievances about their spouse, suggesting problem saturation. I would then begin the almost overwhelming task of helping them focus on learning from past mistakes, while simultaneously trying to foster some hope for the future of their marriage.

Although couples often felt quite defeated and desperate at the beginning of counseling, I found that I could often be helpful to them through sheer perseverance and by always focusing on their best interests. After one particularly challenging session, however, it occurred to me that I might be able to develop a more proactive method that would have the effect of creating a strong marital foundation in order to prevent the marital breakdown I was witnessing on a daily basis. I began envisioning a positive learning experience for couples that would give them information and tools to strengthen their marriage on an ongoing basis. That was 18 years ago, and in that time, 1,600 couples have participated in the Marital Preparation Program (pursuingthegoodlife.com).

Couples often seem hungry for information and skills to improve their relationships. Evaluations indicate that more than 90 percent of participants not only find the program to be meaningful, but that it also exceeds their expectations. The vast majority of couples participating in the Marital Preparation Program acknowledge actually enjoying the process. I believe this is an example of the strong, untapped demand for preventative efforts by individuals in our society and beyond.

Prevention and counseling should never be seen as mutually exclusive. That is, whenever a session includes a psychoeducational component with the objectives of helping a client improve coping strategies, change cognitive distortions, examine behavioral choices, explore career options or identify pathways to a more satisfying life, a component of prevention can be identified. Perhaps our ultimate goal is to continue reframing the counseling process as a wellness endeavor that can be utilized to some degree in each counselor-client interaction in hopes of providing a positive impact throughout the client’s life span.

This article serves as a respectful yet serious reminder to all professional counselors working in a variety of contexts to revisit with a renewed vigor our mission to focus on prevention. If we fail to do so, we are doomed to live with the consequences of remedial interventions that very often are too late to help relieve the significant emotional pain and suffering of many individuals.

The counseling profession has an opportunity to continue growing and to become a primary provider in the mental health arena. As a result, we will be successful in facilitating the health and well-being of individuals and creating more caring, respectful and altruistic communities that are responsive to reducing serious mental health problems through creative and effective efforts.

Mark J. Britzman is a tenured professor in the Department of Counseling and Human Resource Development at South Dakota State University. He is also a national trainer for the Josephson Institute of Ethics and the CHARACTER COUNTS! Initiative, a Glasser scholar, a clinical mental health counselor and a licensed psychologist. Contact him at Mark.Britzman@sdstate.edu.

Sela E. Nagelhout is a former registered nurse with several years of experience in critical care settings. She is a certified Within Our Reach instructor and is in private practice at Pursuing the Good Life Professional Counseling and Consultation Services.

Letters to the editor: ct@counseling.org
A Columbus, Ohio, mother and her two children are stabbed to death. A mother and grandmother is beaten and shot to death in Newark, Ohio. A Logan, Ohio, mother with three children under the age of 6 is kidnapped and strangled; her body is dumped in a sewer. The commonalities? Each of the women was from central Ohio, and all were attacked at their home or work. Estranged boyfriends or husbands are facing charges in each case.

These cases happen to have taken place in my county or counties adjoining mine, but many people reading this article will likely be able to recount numerous cases with similar tragic endings that happened in their own localities. The details may vary, but almost all of the cases involve women and children with lives, hopes and dreams that are dashed because someone decided to go overboard in an obsession with power and control.

Many victims and potential victims of domestic abuse have sought help from various sources, including professional counselors. In numerous other cases, friends and family members have expressed concern. It is important for members of our profession to understand the dynamics of domestic abuse and to utilize that knowledge whenever possible to reduce the incidence of violent outcomes. We also need to be aware that this violence occurs in traditional and nontraditional family settings, among gay couples and among straight couples. The violence can be parent-to-child, child-to-parent and all other possible variations.

I grew up in an era in which most considered abuse a private matter. My nosy parents taught me otherwise. As an attorney, my father heard stories from his clients and made it clear to me that this behavior was not to be tolerated. Because this was the 1960s, knowledge of the signs of a potential abuser was essentially nonexistent.

Lenore Walker conducted groundbreaking research on the dynamics of abuse, and her first major publication was released in 1978. What followed was mountains of research and the shelter movement taking hold, so this issue became general public knowledge. Or so we thought.

As an adjunct psychology professor at a community college, I routinely include a section on the dynamics of domestic and intimate partner abuse in my courses. This is not a part of the standard curriculum, although some texts do incorporate information on the subject. The Ohio State University has its own policy on domestic and intimate partner violence; my school has drafted a policy that is scheduled to be reviewed for approval Nov. 1.

I started teaching a few months after my distant cousin was murdered. Realizing that it is not in my character to get a huge program started, I looked at that first class and decided, “I can reach these 35 people.” The response has been both heartwarming and scary. I have been told and learned through class papers that various students realized the danger of a situation for the first time after I taught on the subject. One of my students reached out to help a best friend who was in serious danger. I have heard horrific stories of people who lost their lives because of inaction. And people have shared with me how they found the courage to reclaim their own lives.

As a counselor, I am adamant about screening for possible abuse. Clients have come to me indicating they were victims. I have even had some clients who admitted abusing others, took responsibility and indicated a desire to stop. (In those cases, post-traumatic stress disorder was involved, and the problem was very quickly resolved.) It is equally common, however, for clients to recite details that indicate clear abuse patterns, while simultaneously denying the existence of abuse in their relationships. This is when I bring out the Power and Control Wheel, the Wheel of Equality and Respect, the cycle of violence and a list of signs of a potential abuser — the type of information I obtained during my initial attendance at a support group. It is not new information.

Two events were seminal in my becoming so active in this field. The first was my own misguided romance, the second my distant cousin’s death. I met my cousin only once. She had recently married and mentioned having “fallen and broken her nose” two days before the wedding ceremony. Three weeks after our meeting, she was dead.

In my case, I became involved with an extremely (more like insanely) jealous and verbally abusive partner. When I expressed concern to a counselor about the level of jealousy, I was told, “We’ll process that.”
Unfortunately, I didn’t recognize the jealousy as a sign of a potential abuser or his verbal attacks as actual abuse. Yes, I knew it was unacceptable behavior, but I had no idea it could be the precursor to or a sign of serious danger. When we (predictably) broke up, I was blindsided. Safety planning had never occurred to me, yet I wound up leaving my own home, first for several individual nights, then staying with various friends over a two-week period until he vacated. To do otherwise would have meant putting my life at risk.

After the dust ultimately settled, I contacted Ohio’s Counselor, Social Worker and Marriage and Family Therapist Board. The staff member who took my call indicated there definitely would be a meeting about establishing mandatory course work on domestic and intimate partner violence. That was in 1995.

I didn’t begin my own graduate studies until September 2001, eight days prior to the infamous terrorist attacks. Never was there any required course work pertaining to the subject of domestic and intimate partner violence. (I took the only elective I saw offered at the time on treating abusers.) At one point, I was even chastised for bringing the matter up. I garnered infinitely more domestic violence/intimate partner violence information from one hour at a support group sponsored by CHOICES for Victims of Domestic Violence than I did from my three years in graduate school. This is shameful.

Victims seek counseling every day in huge numbers, although they often start out unaware that abuse is an underlying issue for them. Many counselors are veterans of continuing education courses on the subject and read prolifically, providing the expertise these clients deserve. On the other hand, a shocking number of counselors take these victims on as clients when they truly have no idea what they are doing. Many even conduct couples counseling with these clients, further endangering the victims. Clearly, no counselor can be expected to become an expert in everything she or he might encounter. We do, however, have a responsibility to know when to make educated referrals.

There is no need to reinvent the wheel as counselors. In Ohio, nurses have a protocol they are required to follow whenever someone presents in the emergency room — a series of questions they have no choice but to ask. Counselors who do not work in a shelter setting have no such legal guidelines, however.

Nursing is surely not the only profession with such a protocol. Mental health professionals who work in shelter situations are no doubt well-informed and could be a good resource for the rest of us. Screening for domestic and/or intimate partner abuse needs to become a national counselor mandate.

It will save lives. Absolutely.

Susan H. Robinson is a professional counselor who practices in Ohio. Contact her at sueslistening.com.

Letters to the editor: ct@counseling.org
Lisa J. Heiser
Nationally recognized leader in career and professional development services

Lisa J. Heiser, assistant vice dean for faculty development and equity at the Johns Hopkins University School of Medicine and a licensed clinical professional counselor who won accolades for her innovative career development programs, died of leukemia at her home in Annapolis, Md., on June 13, 2011. She was 56.

A longtime member of the American Counseling Association, Heiser enjoyed a distinguished career helping others to identify and pursue their own career dreams and achieve greater life satisfaction. In 2005, she received the Outstanding Career Practitioner Award from the National Career Development Association, a division of ACA. She was also honored with the Outstanding Career Development Program in Higher Education Award by the Maryland Career Development Association in 2002 and the Women’s Leadership Award by the Johns Hopkins Women’s Network in 2001.

“Lisa was the embodiment of what makes Johns Hopkins Medicine special,” said Dr. Edward D. Miller, dean of the medical faculty and CEO of Johns Hopkins Medicine, in a statement announcing Heiser’s passing to the Johns Hopkins community. “A staggeringly smart, multitalented individual, Lisa combined her fierce tenacity and commitment with tremendous personal warmth, friendliness and collegiality.”

In the time that Heiser served as assistant vice dean, Miller said, “she developed an impressive portfolio of programs and initiatives that has transcended the founding vision of her office. Many junior Hopkins faculty members will owe their future professional successes to her dedicated work and innovative approach to faculty development. In carrying out her responsibilities, she also earned the deep respect, admiration and friendship of those lives she has touched and helped.”

Miller said Heiser was integral in developing and securing approval for a new master’s of education program geared toward health care professionals as well as training and mentoring programs for faculty members considering careers as clinician educators, clinical investigators, program builders and laboratory researchers.

Before her appointment as assistant vice dean for faculty development in 2006, Heiser served as the director of the Johns Hopkins University Career Management Program, which offered comprehensive career development services to 15,000 full-time faculty and staff members. She was credited with spearheading development of the program in 1992. In that position, she helped staff and faculty to develop and deliver more than 90 courses and programs on career topics each year. In addition, she initiated a universitywide mentoring program to support career development for staff, professional development for faculty and succession planning for the organization. She also helped to develop a nationally recognized relocation and dual-career assistance program and presented and consulted nationally and internationally on professional development topics during this time.

From 1989 to 1992, she served as program director for the University of Maryland Career Center, which provided individual career counseling to 25,000 undergraduate and graduate students. Prior to that, she was the assistant director and then the director for the University of Minnesota Career Development Office, which served 17,000 students in the College of Liberal Arts.

Heiser graduated from the University of Cincinnati with a bachelor of arts in psychology and a bachelor of science in secondary education before earning her master’s degree in counseling psychology from the University of Minnesota. She pursued advanced graduate work in adult development and organizational career development systems at the University of Maryland and in counseling/clinical community counseling at Johns Hopkins, where she was also a graduate of the Fellows in Change Management Program.

In addition to writing a variety of internal publications and reports for Johns Hopkins, Heiser was the coauthor with Jeffrey Prince of Essentials of Career Interest Assessment, published by John Wiley & Sons, and with Jane Vair Bissler of Loving Connections: The Healing Power of After-Death Communications, published by Spirituality Workshops. She also presented a variety of career development, assessment and counseling programs for NCDA, the Association for Assessment in Counseling and Education, and the International Career Development Conference, among others.

A lover of the outdoors, Heiser and her husband Michael Sommer moved to Annapolis earlier this year to be closer to the Chesapeake Bay. On the day before she died, as evidence of the impact and influence Heiser had on their lives, more than 130 of her family members, friends and colleagues gathered to cruise the Bay with Heiser aboard a yacht. Miller said Johns Hopkins faculty traveled from across the country to attend the tribute so they could offer Heiser “comfort, fond remembrances and praise for all she has provided to them and to Johns Hopkins Medicine.”

On Sept. 29, Johns Hopkins held a tribute to Heiser and announced that it was establishing an endowment in her honor.

Heiser is survived by her husband Michael Sommer.
Article: Life on Overload

Learning Objectives: Reading this article will help you:
1) Understand how various life experiences can lead to stress and anxiety.
2) Examine various counseling theories and techniques that may be used to reduce or eliminate stress and anxiety.

Continuing Education Examination

1) Unchecked chronic stress often leads to anxiety, and it is distinguished by which of the following symptoms?
   a. Insomnia
   b. Distractibility
   c. A feeling of being overwhelmed
   d. All of the above

3) Which counseling theory is purported to work effectively with anxious clients?
   a. Existential therapy
   b. Solution-focused brief therapy
   c. Rationale emotive therapy
   d. Cognitive behavior therapy

2) The initial step in counseling clients with stress and anxiety issues is:
   a. Determining if there is a family history of the disorder.
   c. Conducting a careful assessment to determine the exact nature of the issue.
   d. Teaching breathing and relaxation techniques.

4) A way of living that promotes physical, emotional, and spiritual well-being and balance is the definition of what?
   a. Spirituality
   b. Wellness
   c. Work-life balance
   d. Metaphysics

I certify that I have completed this test without receiving any help choosing the answers. Signature __________________ Date __________

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ACA’s online voting for 2012 elections

Last year’s online election for ACA officers was a huge success. We saved trees and saved money, and more members voted. In fact, it was our highest voter turnout in five years.

To enhance the online voting experience this year, ACA will post a voting link in the members-only section of the ACA website at counseling.org. When you sign into the ACA members-only site and click the voting link, you will be automatically redirected to the Votenet site to enter your confidential votes. You will not need to enter any additional user IDs or passwords.

Online voting for all ACA elections will begin on Friday, Dec. 2, at 12:01 a.m., and will close Monday, Jan. 31, at 11:59 p.m. ET. Only members in good standing as of Nov. 1, 2011, will be eligible to vote. If you are unable to vote online or would prefer a paper ballot, please call ACA’s Member Services at 800.347.6647 ext. 222. If you choose to complete a paper ballot, the deadline to receive your ballot at Votenet headquarters is the same as it is for online voting: Monday, Jan. 31, 2012.

Watch for additional announcements and reminders about voting in ACAeNews. In addition, all members for whom we have an email address will receive email reminders.

Q&A with ACA president-elect candidates

The six candidates vying to become the American Counseling Association’s next president-elect were asked to provide answers to several questions about issues of relevance to the association and the counseling profession. This month, answers to two of those questions appear. Answers to the 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 they were submitted by the candidates, without editing of any kind.

As the economy has worsened, jobs for counselors are becoming harder to find. Yet institutions of higher education continue to graduate an increasing number of students. As president, what do you see as ACA’s role in working with prospective counselors and graduate programs?

E. Christine Moll: ACA, Divisions and Branches continually search for new ways to attract and retain counselors-in-training and new professionals. The success of potential resources created by ACA, and partners is dependent upon the willingness of counselor educators to utilize the resources available to them and their students.

As ACA president, and an advocate for the grass-root professional counselor, I will reach out to where professional counselors and students live and work. Collaborating with the ACES president, I will

- Be available to colleges/universities (personally or via teleconference) for bridge building to perhaps offer “campus/town meetings” open to local employers (agencies, school districts, hospitals etc.) to discuss “local” economic/employment concerns and ways to address those concerns.

- Promote the dissemination of post-graduate employment data by counselor education programs to current graduate candidates, and to the community via the department’s website;

- Help counselor education programs identify local “counseling related” jobs (full/part time) in concert with the university’s career center that support skill development;

- Encourage entrepreneurship and private practice;

- Foster networking skills with graduate students to reach out to related professionals (physicians, nurse practitioners, religious leaders, etc.) for mutual referrals.

Gerald A. Juhnke: My heart goes out to students who have invested themselves in counseling studies and find themselves unable to secure counseling positions. As a counselor educator, I know that counseling graduates are well trained and have many important listening, critical thinking, and interpersonal skills. These skills make them marketable both within and outside professional counseling. However, sometimes it takes time to find a counseling position. As ACA president, I would seek to work in unison with interested counseling graduate programs and faculty, state labor departments, and ACA divisions to create a clearinghouse for graduating ACA student members seeking counseling positions. This clearinghouse would also be available to ACA members who lost their previous counseling positions due to the economic downturn. Additionally, I would create an educational conference program at an upcoming ACA Conference that would specifically address topics of significance for recent graduates and displaced counselors, provide potential resources, and possibly mentoring opportunities. After all, each of us was a counseling graduate at one time or another. Although ACA certainly is not responsible for finding members jobs, we clearly should be a place of support and affirmation to
our newest and most recently displaced fellow professionals.

Circie West-Olatunji: There are several ways in which ACA can augment their support of student members in their search for counseling jobs. First, ACA can create a career center on the ACA website that provides job announcements for graduating students and early career professionals. Additionally, such a career center could provide tips on resume development, interviewing skills, and how to conduct a job search. Second, ACA could develop a job clearinghouse on Facebook. This venue would allow for more communication and dialogue between members about the positions available and the job search process. Use of Facebook as a social networking tool would allow members to share more informal, nuanced information about jobs, agencies, and the job application experience. Third, ACA can develop podcasts for graduating students that would help them to prepare for their career searches. For example, information on innovative careers in counseling would be helpful. As a relatively new discipline, applications of counseling are still being discovered. Students can benefit from hearing seasoned counseling professionals talk about the myriad of placement opportunities that are available to our graduates.

Michael D’Andrea: Researchers have estimated that over 40 million persons in our nation are in need of some sort of counseling each year. However, all of the mental health professionals in this country (e.g., professional counselors, psychologists, social workers, and psychiatrists) can only provide services to 7 million persons annually.

Recognizing the importance of addressing the disparity that exists between the large number of persons in need of counseling services and the actual number of persons receiving these services each year, I would implement three action strategies during my president-elect, presidential, and immediate past president years.

First, I would make a call for interested ACA members to participate in a national electronic town hall planning meeting to discuss how ACA could develop innovative community-based interventions to promote the mental health of targeted groups in several identified communities across the United States.

Second, I would convene a task force comprised of persons with expertise in securing funding for mental health-care interventions that would seek fiscal resources to support the above noted community-based interventions.

Third, I would formulate an Oversight Committee that would evaluate and work to ensure continued funding for the on-going implementation of additional community counseling and development projects in the future.

Michael M. Kocet: One thing that I would do to help address this challenge is to speak with counselor educators from around the country in order to get a pulse on the job market in various regions in the country and beyond. Counseling professionals have a strong skill set which can be transferred to a variety of jobs and positions. As a profession, we need to provide more information to our graduate students and new professionals on how to be stronger advocates for their training and expertise. For example, when job postings advertise for LICSW applicants, counseling graduate students can apply and state why they believe they are just as equally qualified as candidates from other disciplines. As President I would also meet with graduate students to hear their concerns and how the association can best support their career development. Another step I would take would be to offer educational sessions for graduate students at the ACA annual convention on how to organize a job search process and what to look for in employment opportunities. Given the ever-changing economic market, counselors need to be flexible and open to the possibility of working in areas where clients are traditionally underserved.

Kelly Duncan: As a counselor educator, I have had to field this question from individuals involved in higher education policy and legislation. I believe that at times it might be more accurate to say that there is an impact on counselors having difficulty finding jobs based on geography. For example, there is a high need for counselors in many areas of my state but those areas may seem less attractive to individuals based on their rural nature. Even though many of these areas may provide an avenue for loan reimbursement for counselors, this is not widely advertised.

Counselor education programs get a lot of pressure from their universities to maintain high numbers of students as that is the business of higher education. However, counselor educators also have an ethical obligation to gatekeep and to be upfront with students about future professional prospects. Maintaining high standards allows counseling programs to have a process in place which helps to ensure high quality training.

NEW! 2011 EDITION!! NOW AVAILABLE!!!

STUDY GUIDE FOR THE NATIONAL COUNSELOR EXAM AND CPCE

Dr. Andrew Helwig announces the publication of the Sixth Edition of this very popular exam study resource. Over 400 pages cover the eight content areas of the NCE and CPCE. The book includes the new NBCC Work Behavior Analysis results and changes in the number of items per content area on the NCE. Also included are two practice exams, study strategies, exam taking tips, and the ACA Code of Ethics.

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I want to see ACA continue to lobby for the inclusion of counselors whether it be as providers or recipients of reimbursement. We need all of our members to do what they can to advocate for our profession at all levels.

Graduate students are the future of our profession and our association. Under your leadership as president, what would you do to help more students transition into professional membership and continue their involvement with the association?

Circie West-Olatunji: Graduate students can benefit from mentoring and support through provision of: (a) services and information for practitioner and counselor educator positions, (b) opportunities to network, and (c) mentors. For beginning practitioners, it is important that they receive information about preparing for licensure, continuing professional development opportunities, training about conducting action research and needs assessments to better serve their clients, and advanced training on outcome and process evaluation to increase clinical effectiveness. For new counselor educators, information on: (a) publishing in peer-reviewed journals, (b) effective teaching tools, (c) appropriate service activities, and balancing their personal and professional lives is needed. Graduating students also need opportunities to network with experienced counselors and counselor educators in both the face-to-face and virtual arenas. Many early career counselors/counselor educators need to acquire more realistic conceptualizations of the expectations within the world of work. Having opportunities to hear about the day-to-day work demands is of value. Finally, much has been written about the value of mentoring experiences for graduating students. Mentoring has been shown to increase satisfaction among early career counselors in their professional lives. Moreover, mentors can also help new professionals to engage in useful professional development activities.

Michael M. Kocet: In order to foster greater involvement by graduate students within ACA, I would encourage division and state branch presidents, region leaders, and others within ACA to have graduate student representation in as many roles as possible. We have a professional responsibility to provide graduate students with regular mentoring opportunities and help them create a strong professional identity. I have noticed at times that certain committees and task forces within ACA and its divisions lack a strong presence of graduate students. We need to be more purposeful at hearing students’ voices. As a counselor educator I get to witness the excitement and energy from graduate students as they learn new theories, ideas, skills, and competencies. This incredible passion needs to be harnessed and utilized at every level of ACA in order for our association to become the best it can be. Another thing I would do to foster students’ transition into professional membership is to extend the New Professional dues to two years. Given the economic challenges we face today, I would make ACA membership as affordable as possible. I support the efforts being discussed to offer all members more choices regarding member status and benefits.

E. Christine Moll: “I feel the earth move under my feet, I see the sky tumbling down” is not only a Carol King lyric, but sometimes a mantra for new counseling professionals overwhelmed by professional expectations (by self and others)! Local students recently discussed a need for ACA to expand career search options, advertisement of available positions and create other assistance for Masters and Doctoral graduates. When I inquired “what” ACA currently offers, few could give me definitive answers. Perhaps we need to:

- Expand promotion of what ACA currently does well, and
- Encourage counselor educators to make current ACA assistance easily available via a department website link.

Let us invite student members to our “table” and provide reasons to remain around our “table.” My ideas include:

- Using social media as a source of support;
- Webinars regarding roadblocks one might anticipate in one’s early career;

- Working with counselor educators to
  - Encourage graduate students to not only attend local, regional, and national conferences, but to co-present research/workshops at conferences, and
  - Actively nominate graduate students for ACA, Division and Branch committee membership.

- Invite ACA leaders, authors, etc. to do “guest” lectures/visits to graduate classes via teleconferencing media (ex. Skype)

Geral A. Juhnke: Do you remember the late 1980’s situational comedy, Cheers? When I think of Cheers the first thing that pops into mind is the show’s theme song, “Where Everybody Knows Your Name”. The sit-com and its theme song highlighted acceptance, friendships, and a sense of place—experienced as a sense of “belonging”. As a counselor educator, I quickly learned my adult learners want their classroom atmospheres to include acceptance, safety and comfort, professional friendships, and a sense of belonging. Clearly, I am not suggesting that ACA become bar-like or “friendship central”. However, I believe ACA needs to more actively engage graduate students and newly entering professionals in a manner that demonstrates THEY ARE GREATLY VALUED AND APPRECIATED. When I speak to ACA student members three reoccurring themes often emerge—a sense of “disconnect” between student and professional members, uncertainty regarding what divisions student members “should” belong, and puzzlement on how to become engaged with such a large association. As ACA president, I would work in conjunction with divisions, branches, and region leadership to insure students experience a sense of professional belonging and identify ways students can have more opportunities to engage with ACA, our professional members, and divisions.

Kelly Duncan: Mentoring of new professionals and especially students is something that has been very important to me. If I were to serve as ACA President, it would allow me to do this work on an even larger scale.
I have been part of a mentoring program in my own branch matching new professionals with professionals in the field. I would enjoy the opportunity to work to create a similar system on a wider scale. Professionals in the field often find it as meaningful to be a mentor as the mentees.

I believe there are many members who may be interested in serving in leadership but at times aren’t sure about how to begin their initial involvement. I would promote new professionals involvement at their branch level as a viable first step. We need new, energetic leaders to assist in our branches—even in those branches who are currently struggling. There is tremendous opportunity for interested members to make huge impacts in their “own backyard”.

I would seek through self nomination or recommendation individuals to serve and to help members match their talents and time availability to where ACA might best be able to utilize them.

**Michael D’Andrea:** Understanding that our graduate students represent the future of the profession, I would implement the following strategies to increase student membership and empowerment in ACA.

First, I would convene 1 National Student-Leadership Development and 1 International Student-Leadership Development conference using cost-effective computer-based technology during my president-elect year. These conferences would be designed to develop a broad-based mechanism for connecting counseling students nationally and internationally for the purpose of sharing ideas about their future involvement in ACA.

Second, I would convene a Student Planning Committee to address tasks necessary to institutionalize a new student association in ACA that guarantees full voting rights on the Governing Council. This would be done late in my president-elect year.

Third, I would work with student leaders to present a formal proposal for a new ACA Student Association to the Governing Counsel for ratification before the end of my presidential year.

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Major matters in crafting master school counselors

What makes a master school counselor? An even better question might be how do you prepare school counseling students to be effective counseling professionals? The field is engaged in an ongoing discussion regarding the discrepancy between training environments and real-world settings. The Council for Accreditation of Counseling and Related Educational Programs Standards outline specific guidelines for counselor preparation programs to ensure high-quality graduates. Still, we recognize that standards alone cannot fully close the gap between theory and practice. Current, accurate information about professional practice in today’s world needs to be incorporated into the process of educating school counselors.

Recently, CACREP brought on two doctoral students (the authors of this article) to conduct a national study on what exists from state to state in terms of school counseling practice, licensure and program accreditation. Thirty-seven states participated in the interview process by phone and/or email. In addition, information on all 50 states was gathered from Internet resources published by state authorities and school counselor associations. Amidst the large amount of data collected during a 10-month period, various school counseling trends and themes emerged, including the three vital themes that we will overview in this article. Our hope is that in informing counselor educators about current issues faced by school counselors, these educators will be enabled to better prepare students and help tighten the gap between training and professional reality.

Principal awareness: School counselors are typically hired and supervised by school principals. Subsequently, principal support is imperative for school counselors to successfully perform their role. One interview participant observed, “Although school counselors developed this comprehensive model, we haven’t been educating principals, administrators or other stakeholders who delegate tasks and funding.” A consistent message many state school counseling directors delivered was that school administrators need a better understanding of the school counselor role. The counseling literature has discussed the topic of school counselor-principal collaboration for years, including, for example, a 2009 report by the College Board, the American School Counselor Association and the National Association of Secondary School Principals. There remains, however, a pressing need to translate professional literature into real-world collaboration between schools and principals.

One state school counseling coordinator described a successful statewide training program for approximately 2,000 school counselors and principals: “At this training, many principals were open to learning and were surprised to learn that counselors had standards, just like a math teacher does. The administrators would say ‘How can I take these things off their plate [testing, scheduling, etc.] so counselors can do what they need to do?’ The next step is to develop a task force of principals and counselors to discuss how to redistribute the administrative tasks that often get pushed to school counselors. … As much as these principals wanted to redistribute these non-counseling duties, they didn’t know how to do it.” This state coordinator suggested a two-pronged approach for school counselor-principal collaboration: 1) Educate principals on the school counselor role and then 2) work together to make changes.

Handling students’ mental health needs: Some readers may recall a CESNET debate in June 2010 that began with a question: Is school counseling really counseling? This debate, also commonly found in professional literature and heard in collegial conversations, inspired us to ask interview participants how schools within their states were addressing student mental health needs. Participants were also asked whether this responsibility was placed on school counselors or if schools were contracting this responsibility out to mental health providers. Representatives from 18 of the 37 states reported the approach for addressing student mental health needs varied by district, while participants from five states suggested a collaborative approach between various school personnel. Only five states specifically identified school counselors as responsible for handling a majority of student mental health concerns.

School counselors graduating from CACREP-accredited programs are trained to be knowledgeable about potential mental health struggles (CACREP Standard G.1.) and social diversity issues (Standard E.4.) that may affect student achievement. They are also trained to provide group and individual counseling (Standard D.2.). According to our research, however, in very few states do school counselors hold the primary responsibility for handling students’ mental health needs. School counselors are counselors who are trained to recognize their limitations and make referrals when appropriate (Standard D.4). School counselors can be valuable resources to schools when their skills and abilities are fully utilized. Although school counselors should not be the sole mental health service providers in a school, they should advocate for their role in addressing students’ mental health needs and then follow through by providing support for personal/social student development, not just academic and career services.

State-level school counseling leadership patterns: Another theme to emerge from our research is that states have an incredibly diverse range of leadership models and leader experience directing school counseling at the state level. With differing educational laws, policies and governing structures between states, this may not come as a
shock, but it is an important topic to present for discussion nonetheless. For example, one state might have three staff members overseeing school counseling at the state level, while another state might not even have a state-level school counseling supervisor or director. Some state-level leaders were balancing myriad responsibilities. As one director said, “I am very busy and I supervise 15 various departments. … I do what I can, but there isn’t time to spend much energy on school guidance counseling.” As we continued to examine the experience levels of state-level leaders, we found that some directors had a specialized school counseling background, while others had no training or qualifications related to school counseling whatsoever.

On the other hand, there did appear to be consistency among states regarding the useful presence of state school counselor associations. These associations were typically described as playing an integral part in state-level school counseling, often educating state officials about information related to the school counselor role as well as offering resources to practicing school counselors. Many interview participants reported state school counselor associations to be actively engaged in providing support for state-level change in school counseling standards and regulations, making educational and training opportunities available for school counselors, and creating and lobbying for state-level comprehensive school counseling programs and frameworks. Additionally, these state-level associations often work closely with school counselor educators, collaborating with them to lead and strengthen school counseling at the state level. It’s imperative for school counselors to understand the inner workings of their own state leadership so they can better advocate for themselves, for the profession and, ultimately, for students.

These topics — principal awareness, handling students’ mental health needs and state-level school counseling leadership patterns — are paramount to consider in preparing effective school counselors for the future. Simply being aware that these obstacles exist in real-world settings can benefit school counseling students as they continue learning, understanding and developing realistic expectations for their future professional role. Counselor educators can also benefit from this awareness and help close the gap between theory and practice. Information in this article can inform lessons and classroom experiences that will prepare students to enter the 21st-century school counseling profession, advocate for their role and successfully promote student development within schools. We are in great times of education reform. How are you going to transform your students into master school counselors?

Tyler M. Kimbel is a doctoral student at the University of Northern Colorado, and Emily Goodman Scott is a doctoral student at Virginia Tech.

Letters to the editor: ct@counseling.org
AHC opens nomination process for awards, grant

Submitted by Jeff L. Cochran
jcochr11@utk.edu

The Association for Humanistic Counseling’s Awards Committee is accepting nominations for the following AHC National Awards and for the AHC Make a Difference Grant. Open awards and grant possibilities include the following:

- **Humanistic Clinician Award:** Recognizes a clinician who holds a notable humanistic philosophy of counseling that has resulted in an impact on the community or clients

- **Humanistic Educator/Supervisor Award:** Recognizes an AHC member who demonstrates a humanistic philosophy of teaching or supervision, resulting in a significant impact on the development of students/new professionals through teaching, advising, supervision and/or mentoring

- **Humanistic Impact Award:** Recognizes a professional who, throughout her or his career, has made a significant and long-lasting impact on the counseling profession, especially through educating counselors and/or producing research and scholarship that upholds humanistic values

- **Humanistic Advocacy and Social Justice Award:** Recognizes an AHC member who has served as a significant advocate for social justice issues

- **Humanistic Dissertation Award:** Honors a graduate student in counseling or a recent graduate who is an AHC member and who wrote an outstanding dissertation with central and salient humanistic content and successfully defended the dissertation during the designated time frame for this award year

- **The Joe and Lucille Hollis Publication Award:** This award recognizes leadership and expertise in publishing in the counseling field. It honors an AHC member or members who have made significant contributions to publishing in the counseling field that are relevant to the humanistic philosophy in counseling.

- **Make a Difference Grant:** Up to $500, plus recognition to support graduate research with a humanistic philosophy by a student in a counseling program that will make a difference for the population under study. The awarding of the grant is based on the humanistic characteristics and quality of the project as described in the application.

  All nomination or application materials are due by Jan. 10. Please see award details plus nomination or application instructions at our AHC website: [afhc.camp9.org](http://afhc.camp9.org).

  With further questions, contact Marianne Woodside at mwoodsid@utk.edu regarding the Make a Difference Grant and Jeff L. Cochran at jcochr11@utk.edu regarding all other awards.

**NECA offers GCDF instructor course**

Submitted by Kay Brawley
kbrawley@mindspring.com

Act now to become certified as a Global Career Development Facilitator (GCDF) instructor! The “Working Ahead, Moving Forward” online curriculum, developed by the National Employment Counseling Association and certified by the Center for Credentialing and Education, has openings in its course for instructors, which begins Nov. 1.

The GCDF credential is fast becoming the standard in the employment counseling arena, and it helps NECA ensure that we provide a special emphasis on helping people find truly worthwhile employment. Like the course for GCDF certification candidates, the instructor’s course is entirely online, with full master instructor support.

The two-week course for instructors will begin Nov. 1. Instructor candidates become familiarized with the curriculum and instructional platform. Lead instructor Michael Lazarchick has more than 40 years’ experience in the field and brings a wealth of knowledge to instructor candidates from his experience in the government sector.

And yes, you can recruit and run your own GCDF certification classes once you become a certified instructor on a percentage royalty basis, paid to NECA and Life Strategies, owners of the curriculum. There are many potential students. We are limited only by the effectiveness of our marketing and the availability of instructors. Our team approach allows us to run concurrent sessions and expands the opportunity for instructors to share in the revenue. NECA will ensure that our instructors are well trained and get the opportunity to teach.

The cost of the course is $500. Successful graduates will be added to NECA’s cadre of instructors and will be offered weeks of instruction in upcoming shared GCDF classes. Interested? For the application, contact Kay Brawley, GCDFI master instructor and NECA professional development director, at kbrawley@mindspring.com.

**ACCA invites award nominations**

Submitted by MJ Raleigh
mraleigh@srmcm.edu

An integral part of the American College Counseling Association mission is to support and enhance the practice of college counseling through the recognition of exceptional work. Please consider nominating a colleague (or yourself) for recognition this year. The awards include the following:
Professional Leadership: Demonstrated leadership in some aspect of college counseling as it relates to the purpose and goals of ACCA, or leadership and contributions to ACCA as a professional organization

Meritorious Service: This award recognizes demonstrated service to the profession of college counseling and/or to ACCA. The award is offered in three categories: community/technical college setting; college/university population under 5,000; and college/university population over 5,000

Outstanding Professional Contribution to Knowledge: Demonstrated contribution to the advancement of college counseling theory and/or practice by means of dissertation/thesis, publication or scholarly presentation

Graduate Student Meritorious Service: Demonstrated evidence of meritorious service to the profession of college counseling and/or ACCA

Advocacy for College Counseling: Demonstrated advocacy of college counseling services, either by a person or by an organization, to the improvement of college counseling services; may honor a college administrator or legislator who has made a significant impact at the national, state or local level. Need not be a member of ACCA.

Research Award: Demonstrated evidence of scholarly work; publication of relevant college counseling peer-reviewed articles or papers presented in professional venues that advance the profession of college counseling

To submit a nominee for any of the awards, send four copies with the following information:

- Nominator’s name and complete address, including home/fax/email
- The name and complete address of the nominee
- The award for which you are nominating
- A brief description of the nominee’s job setting, including pertinent demographic information
- The nominee’s résumé/vita
- Any additional supporting information the nominator or nominee wishes to submit (for example, a fuller description of relevant activities or research)

All nominators/nominees (except those for the Advocacy Award) must be ACCA members.

Send nominations to ACCA Awards Committee Chair Brian VanBrunt, Director of Counseling and Testing, 409 Potter Hall, 1906 College Heights Blvd. #11024, Bowling Green, KY 42101. Nomination packets must be received by Dec. 15 to be awarded at the American Counseling Association Annual Conference in March.

ACC offers research grants to propel creativity in counseling

Submitted by Heather Trepal
heather.trepal@utsa.edu

The time has come again for Association for Creativity in Counseling members to seek research assistance through the ACC Research Grants Program. Each year, ACC awards two research grants: one for professional members and one for student members. Practitioners are encouraged to apply! Grants are awarded in the amount of $250.

The purpose of these awards is to support research that increases understanding of the use of creativity in counseling. Previous awards were given to research related to a) resiliency and creativity in survivors of a natural disaster, b) bibliotherapeutic practices of professional counselors, c) the therapeutic value of digital storytelling, d) sand play and supervision and e) art-based techniques in group supervision.

The deadline for submissions for this year’s grants, to be awarded at the ACC Business Meeting at the ACA Annual Conference, is Nov. 30. Visit the ACC website at creativecounselor.org for more information, or contact Victoria Kress (victoriaekress@gmail.com) or Laura Bruneau (lbruneau@adams.edu). ☏

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Register now for ACA Graduate Student Ethics Competition

The American Counseling Association Ethics Committee opened registration for the ACA Graduate Student Ethics Contest in October, and registration of master’s-level and doctorate-level teams will continue through Nov. 27. Upon registering, teams will be emailed an ethics case scenario.

Ethics Committee members have created two mock ethical scenarios (one for master’s students and one for doctoral students) addressing a current ethical issue facing the counseling profession. Teams will use the 2005 ACA Code of Ethics as well as information from relevant counseling literature to formulate their responses.

Teams are to clearly identify:

- What they believe the ethical dilemma to be
- The proposed action they would take (what team members believe to be the most ethical actions)
- The justification for their proposed actions
- A description of the decision-making model used to arrive at that decision

Case responses must be submitted by Dec. 11, and winners will be notified by Jan. 31.

The purpose of the case study competition is to support the ACA Ethics Committee’s charge to help educate association members regarding ethical issues. The case study competition engages graduate students in critically analyzing a potential ethical case and creating an appropriate ethical decision-making plan to respond to the situation.

The names and institutions of the winning master’s and doctoral teams will be published in Counseling Today and posted online. In addition, the winning responses will be posted online. Each member of the first-place teams will receive a $75 gift certificate to the ACA Bookstore, a certificate and a letter of recognition. Members of the second-place teams will receive a $25 gift certificate to the ACA Bookstore, a certificate and a letter of recognition. Members of the third-place teams will receive letters of recognition and certificates. All participating programs will receive letters of recognition.

For more information about the ACA Graduate Student Ethics Competition, including team structure and rules, go to counseling.org/competition/index.aspx.

Tell Counseling Today about your practice

This past summer, Counseling Today unveiled a new website design with expanded content. “CT Daily” lives up to its name by providing daily links to research studies and articles from all over the web that might be of interest to counselors, as well as web-only content written by the staff of Counseling Today. You can now also follow Counseling Today on Twitter @ACA_CTOnline.

But at the same time, Counseling Today wants to use its online presence to learn more about the members of ACA and the innovative activities in which they are involved. When visiting the Counseling Today website at ct.counseling.org, take a moment to click on the “Be a Source for Counseling Today” button and tell us about your work as a counselor, including your specialties, any challenges you are facing, counseling techniques or client populations that have captured your imagination or anything else you would like to share. We are particularly interested in hearing from counselor practitioners. Counseling Today’s hope is to learn more about what ACA members are doing and then to draw on this wealth of experiences to develop story ideas and to find knowledgeable counselors to interview for articles on specific topics.

So, stop by ct.counseling.org, enjoy up-to-the-minute content at “CT Daily” (or members-only archives of complete issues of Counseling Today stretching back to January 2006) and then tell us a little about what you do, what topics you would like us to cover in Counseling Today and what we can do to improve our website.

Nominations open for committee appointments

ACA President-Elect Brad Erford is seeking nominations for ACA committee appointments. For each committee, he will be appointing professional members to serve a three-year term and a student representative to serve a one-year term.


ACA members may nominate themselves or be nominated by another ACA member. Nomination packets are available on the ACA website at counseling.org. All nominations must be submitted electronically by Dec. 1 to Holly Clubb at hcllub@counseling.org.

For more information about the nominations process, call 800.347.6647 ext. 212.

Nominate deserving members for ACA National Awards

Nominations for the 2012 ACA National Awards are being accepted through Nov. 18. The awards will be presented at the ACA Annual Conference & Exposition in San Francisco in March.

ACA members are encouraged to nominate one or more ACA members who have made noteworthy contributions to the counseling profession at the local or state levels. ACA divisions, organizational affiliates, branches, chapters, regions and committees may also submit nominations.

Complete information about the nominations process is available on the ACA website at counseling.org under “Resources.” A 2012 National Awards Packet is also available on request by calling ACA Leadership Services at 800.347.6647 ext. 212. Nominations should be submitted electronically to Holly Clubb at hcllub@counseling.org.
training and educational sessions provided by a faculty of recognized professional clinicians. A diversity of program presentations address such topics as PTSD, trauma, mood disorders, brief solution-focused therapy, psychopharmacology, cognitive behavior therapies, ethics, sexual disorders, eating disorders, evidence-based psychotherapy, residential/IOP treatment, self-help recovery, relapse prevention, family intervention and virtual/online counseling, CEUs (approved), CMEs (applied for) and exhibits are available. For more information, email addictededuc@aol.com or visit ggforrest.com.

ASGW National Convention
Feb. 9-12
Albuquerque, N.M.
The Association for Specialists in Group Work will host its 2012 National Convention at the Sheraton Albuquerque Uptown Hotel with a theme of “Creating Cultures of Caring: Using Group Work to Heal Ourselves, Our Communities and the World.” The keynote address will be given by Lee Mun Wah, an internationally renowned educator, community therapist, director of the film The Color of Fear and founder/CEO of StirFry Seminars and Consulting. We invite you to share your practice and research related to the use of group work across topics such as wellness, holistic health, trauma, community building, disaster- and crisis-related work, multicultural and social justice issues, prevention and conflict mediation. CEUs will be available. The call for proposals is available at asgw.org.

SCCA Annual Conference
Feb. 23-25
Myrtle Beach, S.C.
The South Carolina Counseling Association will host its 48th annual conference at the Marriott Resort at the Grand Dunes. Themed “South Carolina Counselors: Making the Connections,” the conference will be loaded with great workshops on numerous topics related to mental health. We are currently accepting proposals for workshops. CEUs for workshop attendance will be available. For more information, visit sccounselor.org or contact Mary Jane Anderson-Wiley at mander9@aug.edu.

COMING EVENTS

OCA Annual Conference
Nov. 3-5
Bend, Ore.
The Oregon Counseling Association is hosting its annual conference at the Riverhouse. Join us for continuing education and networking with your fellow professionals. The theme of this year’s event is “How We Serve,” with sessions on DBT, PTSD, returning military veterans and more. Visit or-counseling.org to register or to view more topics and speakers.

APCP Annual Convention
Nov. 8-10
San Juan, Puerto Rico
The Puerto Rican Professional Counseling Association (La Asociacion Puertorriqueña de Consejeria Profesional) will host its 34th Annual Convention at the Puerto Rico Convention Center. For more information, email apcppconvencion2011@gmail.com.

Expressive Therapies Summit
Nov. 10-13
New York City
A faculty of 150 creative arts therapy professionals offers an inspiring program of papers, workshops and full-day master classes emphasizing hands-on participation and cross-disciplinary collaboration. Art, drama/psychodrama, music, dance/movement, photography/video, poetry/narrative and sand play are featured approaches to working with clients throughout the lifecycle. The summit includes a symposium at The New School, “Liberating Creativity Through Analysis & the Arts,” with a keynote by author Judith Viorst and an original film, Analysis in the Neighborhood: What Mr. Rogers Was Really Teaching. A faculty of 12 artists and authors who are also psychoanalysts and/or arts therapists will discuss and illustrate how arts combined with analytic therapy enhance creativity and effect profound change. CE credits will be available. For additional information, visit summit.expressivemedia.org.

International Symposium on Addictive Disorders, Behavioral Health and Mental Health
Jan. 29 - Feb. 1
Colorado Springs, Colo.
Psychotherapy Associates and Educational Supporters host this annual symposium featuring more than 40
Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.

- Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers preparing for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Employment ads are listed under international or national by state.
- Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers preparing for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.

Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details. Classified and employment ads are not commissionable and are billed at net rate only.
- ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.
- Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org.
- Phone: 607.662.4451
- Fax: 607.662.4415
- Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.
- Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

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**NATIONAL**

**THE DEPARTMENT OF VETERANS AFFAIRS (VA)**

Mental Health Opportunities Nationwide

The Department of Veterans Affairs (VA) is one of the largest, most technologically advanced health care systems in the United States. Our employees work at 154 medical centers, 875 ambulatory and community-based outpatient clinics, 136 nursing homes, and many other facilities, such as domiciliaries and readjustment
counseling centers. More than a century ago, President Lincoln made a promise to America’s servicemen and women, pledging the care and concern of a grateful Nation for the sacrifices they made to preserve freedom. Since 1930, VA’s mission has been to keep that promise.

Veterans’ mental health is a top priority at VA. After returning from combat, many veterans struggle to readjust to life at home. Our mental health care providers play a critical role in helping these veterans reclaim their lives by providing cutting-edge care. VA supports this mission by ensuring that our mental health professionals have the most innovative technologies, facilities, and training at their fingertips. When you join VA, you will be a core member of our interdisciplinary care team structure, collaborating with both primary care and other mental health professionals to establish the right course of treatment for patients. VA has health care facilities in all 50 states, the District of Columbia, and Puerto Rico. Should a mental health professional desire to relocate, he or she may seek employment at any location where there is a vacancy and, if hired, transfer without loss of benefits. Only one active, unrestricted state license is needed to practice in a VA facility in the above locations.

We have opportunities for Counselors, Psychiatrists, Psychologists, Social Workers, Psychiatric Nurses nationwide. Visit us at www.VAcareers.va.gov to learn more or to apply. EOE/AA, M/D/F/V

LOYOLA MARYMOUNT UNIVERSITY
Assistant or Associate Professor in Multicultural Counseling

The School of Education is accepting applications in the Department of Educational Support Services for a tenure-track position as Assistant or Associate Professor in Multicultural Counseling beginning Fall 2012.

Desired qualifications include an earned doctorate in Counselor Education, Counseling Psychology, or a related area by August 2012. In addition, the Counseling Program is seeking a scientist-practitioner whose scholarly and teaching interests fit with the University and School of Education mission of offering multicultural and social justice education. The Counseling Program offers five specialization tracks, all of which lead to a Master of Arts in Counseling: College and University Counseling, Community Mental Health Counseling, Doctoral Preparatory, Multicultural and Social Justice Counseling, and School Counseling. These specialization tracks were newly created to offer a cutting-edge and innovative approach to counselor training (http://soe.lmu.edu/counseling).

Mail or email a letter of application addressing the above desired qualifications, current curriculum vita, selected publications, and three letters of recommendation to: Nicholas Ladany, Ph.D., Chair, Search Committee, Loyola Marymount University, School of Education, 1 LMU Drive, Los Angeles, CA 90045-2659. Inquiries and nominations are welcome by either phone 310-258-5591 or email Nicholas.ladany@lmu.edu Review of applications will begin November 30, 2011.

Loyola Marymount, founded in 1911, is a comprehensive university in the mainstream of American Catholic higher education. Located on the west side of Los Angeles overlooking the Pacific, LMU is one of the nation’s 28 Jesuit colleges and universities and five Marymount institutions. It serves 5500 undergraduates and over 2500 graduate students. Loyola Marymount seeks professionally outstanding applicants who value its mission and share its commitment to academic excellence, the education of the whole person, and the building of a just society. LMU is an equal opportunity institution that actively works to promote an intercultural learning community. Women and minorities are encouraged to apply. Visit www.lmu.edu for more information.

SAN JOSE STATE UNIVERSITY
Assistant/Associate Professor

The Department of Counselor Education at San Jose State University, San Jose, CA, invites applications for an Assistant/Associate Professor (Tenure track) position with emphasis in higher education student service to teach graduate courses in counseling, career counseling, organization change, human growth and development, higher education student service, supervise fieldwork, advise graduate students, initiate research, grant and scholarly activities. Start date is August 20, 2012. Required qualifications include: Doctorate in Counselor Education, Counseling Psychology or related...
field, evidence of research, teaching, and successful work with ethnically and culturally diverse populations and communities. Screening of applications begins January 17, 2012. Send letter of application, curriculum vita, copy of transcripts and three recommendation letters to: Dr. Xiaolu Hu, Department of Counselor Education, SJSU, San Jose, CA 95192-0073. For more information check http://www.sjsu.edu/employment/.

**COLORADO**

**ASPENPOINTE**

Clinicians

AspenPointe is currently seeking experienced Clinicians in a community behavioral health setting in Colorado Springs.

Organization Description:

Located in Colorado Springs, at the base of Pikes Peak, AspenPointe is a leading behavioral health care provider that has served Southern Colorado residents for over 130 years. AspenPointe provides a broad range of services to meet adult and family needs, substance abuse, acute treatment, and managed care. This position will provide psychiatric services to our Mental Health Centers Adult and Rural Outpatient Service Network.

We are currently seeking Licensed Clinicians for the following positions: Clinical Utilization Manager (Health Services) Community Based Clinician IV (Child & Family Services) Clinician IV (Child & Family Services) Case Manager IV (Child & Family Services) Clinician IV (Lighthouse) Clinician IV, Crisis Relief (Lighthouse) Clinician IV (Adult & Rural) Case Manager IV-Meds only (Adult & Rural Services) Senior Program Manager (Adult & Rural Services)

Contact Information:

Please visit our website @ http://www.aspenspointe.org click on Join our team to view our postings. However, if you would like to speak with someone first, please call SanGae Ramsey (Recruiter) at (719) 572-6085 or email Sango. ramsey@aspenspointe.org

**SOUTHERN ILLINOIS UNIVERSITY**

**Assistant/Associate Professor (Counselor Education)**

Assistant/Associate Professor (Counselor Education) Southern Illinois University Carbondale. The Assistant Professor rank requires the completed doctorate in Counselor Education or a related field and potential for scholarly research that leads to publication in nationally refereed journals. Applicants who have completed all requirements except the dissertation will be considered. If official evidence of completion of the earned doctorate requirements is not received by August 15, 2012, the position offered will be a term appointment at the rank of Instructor at a lower salary. The Associate Professor rank requires the completed doctorate in Counselor Education or a related field and substantial evidence supporting excellence in teaching, professional service, and scholarly productivity with publications in nationally refereed journals, and presentations at national and international conferences. Preference will be given to applicants from CACREP-accredited programs with: (a) post-master’s experience in school counseling, (b) clinical experience and ability to contribute to other specialty areas within the program, (c) demonstrated awareness of issues affecting diverse populations, (d) membership in ACA and its affiliated organizations, especially ASCA, and (e) experience or interest in developing distance education through on-line/hybrid formats. Preference also will be given to candidates who: (a) have had prior university teaching experience at either the undergraduate or graduate level or both, (b) can provide evidence of experience with the ASCA National Model, and (c) can provide evidence of successful peer-reviewed scholarship and have either had the experience or can demonstrate the potential for developing extramural funding for research projects. Salary and rank are commensurate with qualifications. Application deadline is November 15, 2011 and will continue until filled. Submit: (1) a letter of application, (2) a curriculum vita, (3) transcript of highest degree earned, (4) evidence of teaching skills, (5) copies of scholarly works/publications, (6) three current letters of professional references to: Dr. Lyle J. White, Chair, Department of Educational Psychology and Special Education, Wham 232/Mail Code 4618, SIUC, 625 Wham Drive, Carbondale, Illinois 62901. Electronic materials will be accepted for the initial screening of applicants. Submit to lwhite@siu.edu. SIUC is an affirmative action / equal opportunity employer that strives to enhance its ability to develop a diverse faculty and staff and to increase its potential to serve a diverse student population. All applications are welcomed and encouraged and will receive consideration.

**ILLINOIS**

**BALL STATE UNIVERSITY**

Assistant/Associate Professor Psychology - Counseling

Counseling Psychology And Guidance Services Muncie, Indiana

Tenure-track faculty position available August 17, 2012. Responsibilities: instruct and supervise in the CORE accredited rehabilitation counseling program as well as related master’s and doctoral programs; contribute to the department’s scientist-professional training model; be a productive scholar and effective teacher; be dedicated to professional/public service. For more information, please go to www.bsu.edu/hrs/jobpostings.

Ball State University is an equal opportunity, affirmative action employer and is strongly and actively committed to diversity within its community.

**MARYLAND**

**JOHNS HOPKINS UNIVERSITY**

Assistant Professor in Clinical Mental Health Counseling Department of Counseling and Human Services School of Education

The Johns Hopkins University School of Education invites applications for a “promotion-track” faculty position in the Clinical Mental Health Counseling Program beginning January 1, 2012. We seek applicants who have mental health counseling experience, the potential for
LOYOLA UNIVERSITY MARYLAND
Two Positions

Assistant Professor: The Pastoral Counseling Graduate Program at Loyola University Maryland is recruiting a tenure-track, assistant professor in Pastoral Counseling to begin in July 2012. 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 models. Our CACREP approved Master’s and Doctoral programs prepare graduates for academic, clinical, administrative, and/or research careers in the fields of professional counseling and pastoral care.

Applicants must possess a doctorate in Counselor Education and Supervision or closely related field and be licensed or license eligible in Maryland as a professional counselor.

Apply at http://careers.loyola.edu. A letter of intent outlining potential fit with the program, a CV, Faculty Essay, Mission Essay, and a list of references should be attached at the appropriate prompt on the application. Sample publications or preprints may also be uploaded or emailed to scheston@loyola.edu. If an interview is scheduled then 3 original letters of recommendation and original transcripts are required and should be sent immediately to Dr. Sharon Cheston, Loyola University Maryland, 8890 McGaw Road, Suite 380, Columbia, MD 21045.

Associate or Full Professor: The Pastoral Counseling Graduate Program at Loyola University Maryland is recruiting a full-time position beginning July, 2012. This position is a tenure-track associate or full professor who has the credentials to be tenure-eligible within 2-3 years. We are seeking individuals who share our vision for training highly competent professional counselors who are integrating spirituality into their counseling model, who have an active program of research in the field, and who have demonstrated leadership in the counseling field.

Applicants must possess a doctorate in Counselor Education and Supervision, or closely related field, preferably from a CACREP accredited program, and have published in appropriate journals. The successful candidate will teach and supervise graduate level courses in research methodology and professional counseling and pastoral care.

Review of applications will begin immediately and applications will be accepted until the position is filled. Preference will be given to applicants at the assistant professor level although exceptional candidates at a higher rank will be considered.

To apply, please submit a letter of interest, current curriculum vitae, and names of four references to the Faculty Search Committee, c/o Connie Kinsley, at ckinsley@jhu.edu. All inquiries about the search should be directed to the Department Chairperson, Dr. Cheryl Holcomb-McCoy at cholcom1@jhu.edu or Dr. John McWay, Program Director jmcway@jhu.edu

UNIVERSITY OF NEBRASKA AT KEARNEY
Counseling Education, Two Positions

The College of Education is seeking applications for two nine-month tenure-track faculty appointments at the level of assistant professor (one appointment may be associate professor) to teach coursework in a CACREP accredited Clinical Mental Health Counseling program, school counseling/student affairs program and NASP accredited School Psychology program. One position will involve mentorship of student research projects in school psychology therefore candidates with interest and expertise in teaching graduate level courses in research methodology and appraisal are encouraged to apply. Successful candidates will teach graduate coursework, maintain an active research agenda and fulfill service responsibilities to the department, college, university and professional community. Start Date: August, 2012. Competitive salary and benefits. For more information and to apply online, go to http://unkemployment.unk.edu. Questions about the positions: (308) 865-8358; Questions about the application process: (308) 865-8655 or employment@unk.edu   AA/EO/ADA

www.unk.edu
NEW MEXICO STATE UNIVERSITY

Assistant Professor

NMSU College of Education, Department of Counseling and Educational Psychology seeks an Assistant Professor (Tenure Track) in Counseling.

Requires a Ph.D. in Counselor Education or closely related field and license eligibility in NM. To view complete job posting and instructions on how to apply go to http://ht.nmsu.edu/employment/employment.html (Req # 2011004650). Review of applications will begin November 11, 2011. Application materials received after this date may be considered.

TEXAS

TEXAS A&M UNIVERSITY-COMMERCE

Assistant Professor of Counseling


MARYMOUNT UNIVERSITY

Assistant/Associate Professor, Counseling

Department of Counseling

The Department of Counseling, at Marymount University in Arlington, Virginia is recruiting for a full-time, tenure-track Assistant or Associate Professor of Counseling to teach in Clinical Mental Health Counseling beginning Fall, 2012. The department offers three CACREP-accredited graduate programs: Clinical Mental Health 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 mental health 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 www.marymountjobs.com and search for Position 09698.

Contact person is Dr. Lisa Jackson-Cherry, Chair of the Department of Counseling.

Marymount is a comprehensive Catholic university that combines the liberal arts tradition with career preparation. The University enrolls approximately 3,600 undergraduate and graduate students. The Main Campus is located in residential Arlington, Virginia, just six miles from the nation’s capital.

Women, minorities, veterans and people with disabilities are encouraged to apply.

WASHINGTON

ANTIOCH UNIVERSITY SEATTLE

Core Faculty Positions, School of Applied Psychology, Counseling and Family Therapy

Antioch University Seattle’s Doctoral Psychology Program seeks applications from candidates with teaching, practice, supervision, and research experience in the field of clinical psychology to contribute positively toward the School's growing practitioner/scholar program.

Qualifications: Doctoral degree in Clinical Psychology (Psy.D. or Ph.D.) from APA accredited institution required. Successful applicants will be licensed or licensable in Washington State as a clinical psychologist with a minimum of two years post-licensure experience. Graduate university level teaching experience preferred. Must be highly qualified to supervise students, participate in the practica and internship placement process, teach at the graduate level, engage in active research programs, work with innovative clinical interventions and engage with public policy.


CENTRAL WASHINGTON UNIVERSITY

Assistant Professor

Mental Health Counseling, Department of Psychology. Tenure-track assistant professor position in mental health counseling, beginning September 15, 2012. Responsibilities: Teach counseling-related courses at the graduate level in addition to undergraduate psychology courses; supervise counseling practica and internships, and serve on master’s thesis committees. Applicant screening begins November 4, 2011 and will continue until position is filled. See full announcement at www.cwu.edu/~psych/apply at: https://jobs.cwu.edu. For inquiries, contact Dr. Jeff Penick (509-963-3669 or penickj@cwu.edu). CWU is an AA/EOE/Title IX Institution.
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Janis Frankel, Ph.D.
Also known as "Dr. J," Dr. Frankel has been preparing candidates for licensing exams for 25 years. After completing her undergraduate degree at the University of California, Berkeley, she earned her Ph.D. in Clinical Psychology. Dr. J has many years of experience as a private practitioner, making her full-time consulting work for AATBS an Educational Consultant a benefit to participants in our programs.

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