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Job surfing made easy

ACA, CareerBuilder.com team up to help counselors find employment tailored to their special skills

BY ANGELA KENNEDY

Looking for a position in the counseling profession just got a lot easier. The American Counseling Association Career Center recently launched a revamped website and a partnership with CareerBuilder.com. The ACA Job Center webpage, a supplement to the online Career Center, will help counselors find nationally advertised positions with the click of a mouse. The new service, free to ACA members, should be useful for counselors at all stages of their career — recent graduates looking to land their first job, professionals who are relocating and counselors who are pursuing personal growth by taking on a new challenge.

The Job Center, which is powered by CareerBuilder.com, allows ACA members to search prefiltered specialty positions for both master’s- and doctoral-level positions within the counseling profession. “We filtered out what you would call a fairly generic career site and focused in on specific counseling specialties so our members don’t have to go through that step,” says ACA Professional Projects Coordinator Martha McIntosh.

“Job surfing made easy: ACA, CareerBuilder.com team up to help counselors find employment tailored to their special skills”

‘Border culture’ counseling

A university community counseling clinic in Texas is employing culturally responsive methods to reach a population normally left to fend for itself on the margins of society

BY JONATHAN ROLLINS

Selma Yznaga was born and raised in Brownsville, a city situated on the southernmost tip of Texas and separated from Matamoros, Mexico, only by the Rio Grande. She left Brownsville to get a college education and "stayed away, like many of us did when we found out there was another world."

Settled happily in San Antonio with her husband and children, Yznaga was nonetheless eventually drawn back to Brownsville by family; both of her parents were seriously ill at the time. "That sense of responsibility — taking care of the generation in front of you — is very, very strong in my culture," explains Yznaga, a member of the American Counseling Association and an assistant professor in the Department of School Specialties at the University of Texas at Brownsville (UT-B).

Even the Rio Grande’s strongest current proves to be no match for the pull of family in border communities such as Brownsville. Ninety-three percent of the students at UT-B are Hispanic. Most of them are first-generation college graduates, and nearly 100 percent of those who go on to earn a master’s degree will be the first in their family to do so, Yznaga says.

The great majority of the university’s students are there because their parents or grandparents made a decision years earlier to cross the U.S.-Mexico border in hopes of establishing a better life for their families. Thousands of Mexican nationals continue to use Brownsville as a portal to the United States each year.

But the pull of those family members “left behind” also leads many immigrants to return to Mexico — again and again. “Since we’re on the border, people go back and forth a lot,” Yznaga says. “There is a lot of instability. Part of the narrative

‘Border culture’ counseling (continued on page 28)

Continued on page 28
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Drug use decreases among youth

According to the initial report from the 2005 National Survey on Drug Use and Health, illicit drug use among youth ages 12 to 17 continues to decline. The rate dropped from 11.6 percent who reported they had used drugs in the previous month in 2002 to 9.9 percent in 2005. The rate of current marijuana use among the same age group also declined significantly from 8.2 percent in 2002 to 6.8 percent in 2005, while the average age of first use increased from under age 17 in 2003 to 17.4 years in 2005. Drinking also declined, with 16.5 percent of youth ages 12-17 reporting current alcohol use and 9.9 percent reporting binge drinking. In 2004, 17.6 percent of teens reported drinking and 11.1 percent reported binge drinking. In 2005, 17.6 percent of teens reported drinking and 11.1 percent reported binge drinking in the previous month.

“The news today is there is a fundamental shift in drug use among young people in America,” said Assistant Surgeon General and SAMHSA Acting Deputy Administrator Eric B. Brodnick. “We first saw this shift toward healthier decisions when rates of tobacco use among young people began to go down. Now we see a sustained drop in rates of drug use. We will see if the decline in drinking among 12- to 17-year-olds becomes a continued pattern as well.”

“The trends among young people are encouraging,” said Health and Human Services Secretary Mike Leavitt. “We know prevention activities must start with our children.”

The baby boom generation presents a different story. Among adults ages 50 to 59, the rate of current illicit drug use increased from 2.7 percent in 2002 to 4.4 in 2005. Among young adults ages 18-25, there was no significant change in overall past month use of any illicit drugs between 2002 and 2005, but cocaine use increased from 2 percent in 2002 to 2.6 percent in 2005. Past month nonmedical use of prescription drugs among this age group also increased from 5.4 percent in 2002 to 6.3 percent in 2005.

Among the 24.6 million adults with serious psychological distress in 2005, 21.3 percent (5.2 million) were dependent on or abused illicit drugs or alcohol. The rate of substance dependence or abuse among adults without serious psychological distress was 7.7 percent (14.9 million people).

The National Survey on Drug Use and Health is an annual survey of approximately 67,500 people that focuses on significant trends in substance abuse and mental health. The survey is available on the Internet at www.oas.samhsa.gov.

The Last Word

“Unlike exploders, whom we recognize easily, anger concealers disguise their true feelings because they have so often been programmed to keep frustration and anger at a distance or project it onto someone else.”

— Loriann Hoff Oberlin, “Understanding passive aggression,” p. 18

By the Numbers: Katrina Evacuees

ACA in Action

ACA to award Ross Trust Scholarships

The American Counseling Association, in collaboration with the ACA Foundation, is pleased to announce the continuation of a program to provide 15 scholarships to students preparing for counseling roles in the nation’s elementary, middle and secondary schools. Ten scholarships will be awarded to master’s-level students and five to doctoral-level students. The Ross Trust Graduate Student Scholarships were awarded for the first time last year and will continue annually thanks to the generosity of Roland and Dorothy Ross. Roland Ross was an active member of ACA for many years. Recipients will be awarded $1,000, complimentary registration to the 2007 ACA Convention and a complimentary one-year student membership in ACA. The Ross Trust Graduate Student Scholarship Advisory Committee will review the nominations and applications and assist ACA in selecting the scholarship recipients for 2006.

CACREP seeking board applicants

The Nominations Committee of the Council for Accreditation of Counseling and Related Educational Programs is seeking nominations and applications for positions on the Board of Directors. Closed-ballot elections to fill the positions will be held by the CACREP Board at its January 2007 meeting. Successful applicants will begin their terms on July 1, 2007. The board openings are for two counselor educator positions, one to two counseling practitioner positions and one public member position. Board members are elected to a five-year term and are expected to attend the semiannual meetings in their entirety. The meetings generally run three full days, not including travel time, and are held in January and July.

Prospective candidates are requested to read the full text of the CACREP Board member position announcement and application document posted at www.cacrep.org under “Site News.” Completed application packets must be postmarked no later than Nov. 15 and mailed to the CACREP office c/o ERC – Nominations Committee, 5999 Stevenson Avenue, Alexandria, VA 22304.

Awards nominations now open

The ACA Awards Committee announces the start of the nominations process for the 2007 national awards, which will be presented at the ACA Convention in Detroit, March 2007. ACA members can nominate one or more fellow members who have made noteworthy contributions to the counseling profession at the local or state level. ACA divisions, branches, chapters, regions and committees can also submit nominations. All nominations must be postmarked by Oct. 31. Complete information is available on the ACA website at www.counseling.org under “Resources.” A 2007 National Awards Packet may be requested by calling ACA Member Services at 800.347.6647 ext. 222. Nominations may also be submitted by mail to ACA 2007 National Awards, c/o Janice Macdonald, 5999 Stevenson Ave., Alexandria, VA 22304-3300.

Attention graduate students

It’s almost that time of year when you can win fame and glory for your school by participating in the ACA Graduate Student Ethics Competition. Look for details in the November issue of Counseling Today.
What's standing in the way of counselors helping our veterans?

Angela Kennedy’s article “In defense of mental health” (August 2006) is very timely and powerfully points to the challenges facing licensed professional counselors across the nation in their desire and willingness to serve returning veterans and their families. As both an LPC in Oregon and someone who has received certified training at the Department of Veterans Affairs National Center for Post-Traumatic Stress Disorder in Palo Alto, Calif., I have been continually frustrated in my attempts to offer counseling services to veterans in need as a private contractor at a very reasonable fee.

I have written to my two U.S. senators as well as to my 1st Congressional District representative about all whom the VA use of licensed counselors. I have spoken with Jack Heims, the head of Veterans Affairs psychological services in Oregon, who referred my offer to “VA project managers.” I have yet to receive a response. Joseph Ruzek of the NCPTSD informed me that veterans receive “free services” through the VA and that outsourcing to private contract counselors is not needed, even though it is quite well known that returning veterans encounter long waiting lists for any services and those services are quite limited in scope and duration.

It becomes increasingly clear that some misused or untapped chokehold on the provision of needed counseling services to veterans has been created, most likely, one presumes, to ensure job protection and security for employees such as psychologists and licensed social workers within the VA system. Rather than emphasize direct mental health services for clients, it seems that bureaucrats—job protection has been given priority. Why else would this unfortunate service gap exist when numerous licensed counselors are offering to assist as veterans increasingly return from combat zones in Afghanistan and Iraq with emotional and physical disabilities?

Since counselors working in private practice and various agencies seem to be ignored, perhaps one strategic approach would be for counselor educators in academia to lobby the VA and Congress directly. Perhaps together the professors might present a powerful case for utilizing our professional expertise and energies in helping our returning veterans.

We are confronting at least two powerful lobbies—the American Psychological Association and the National Association of Social Workers—and we need to bolster our professional position with the VA. It seems high time that professional parity is established among these mental health practitioners. I stand ready to help our returning military personnel and their families.

Vincent P. Dimone Portland, Ore. vpd@counsel-coach.com

Articles should be careful not to overlook nontraditional families

The August 2006 issue of Counseling Today continues an interesting dialogue that has been occurring among the membership of the American Counseling Association regarding the place of lesbian-gay-bisexual-transgender issues in our association. I have been gratified to see a diverse group of voices adding their input and would like to offer a reminder that our so-called “opponent” is not any individuals but rather untruth.

It is ironic to me, however, that in an article on “Marriage maintenance,” which encourages the idea of strong families, where couples deal with the challenges and engage in relationship maintenance activities rather than expecting the myth of romance, that the Family Research Council is referenced. In another section of the same edition, a letter writer states that marriage between two people of the same gender is not a basic right. For those of you unfamiliar with the Family Research Council, its website will link you to articles opposing civil marriage for same-gender couples long for and work for marriage, states that same-sex marriage is not a civil right and invites you to sign on to the view that marriage should be only for one man and one woman. Meanwhile, in her letter (“Are agents of change creating a new class of the oppressed?”), Anna Berry Stiglbauer cites her “Shame the ideas of strong families, advancing the counsel-

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Don’t shortchange the U.S. Armed Forces’ emphasis on family

As a 32-year veteran of Vietnam and the Gulf War (and other small events that are still classified), I take strong exception to the lead in your story “Deployed husbands, waiting wives” (August 2006). It says, “...the U.S. Armed Forces are beginning to recognize the direct correlation between a soldier’s home life and job performance.” We have been recognizing and honoring that correlation at least since 1965. That was the year that I entered active service and first became aware of the emphasis on the family. I experienced a steady increase in that emphasis over my career. I also found the article itself troubling. Eileen Rakowitz doesn’t seem to have a grasp on what a spouse goes through because of the separations. We have called it the “X Factor” for years because the stress and strain on relationships is real and traumatic. I would suggest the focus be on support; normalizing the anger, fear and sadness; and working to accept the major changes in the relationship. War and war games change the person; new roles change the spouse. Counseling can help to move the partners to acceptance and embracement of the new “other.”

Lt. Col. Bobby Clark, USAF (Retired) Vocational Rehabilitation Counselor U.S. Department of Veterans Affairs

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How is a professional counselor like an entrepreneur? This may sound like the first line of a bad joke, but in actuality, it is a question that I have thought about for quite some time.

When you think about it, there are a number of similarities between the two professions. How do I know this? Because I have firsthand experience in both worlds. My observation is that to be successful in either environment, one must be adept at advocacy, networking, understanding the importance of operating in a team model and knowing how to spread the word about the good things we do.

Last month, I shared with you the thoughts of some of the American Counseling Association’s newest members — those who will be helping to take the profession into the middle of this century. But what about those of us who are in our mid or later career phases? Today, I challenge you, my ACA colleagues, to join with me as “entrepreneurial counselors.” We need to let the public know who we are and what we do. We need to explain how our role in society is key to helping people overcome the challenges to living a life that values and embraces human dignity.

However, we cannot do this as individuals working in a vacuum. In my role as an entrepreneur, I realized early on that the dynamics of each encounter I had with others in the field resulted in personal growth through leadership development. In turn, those experiences provided tools for positive career changes. Isn’t this something that we, as professional counselors, also seek in the work we do? Working as a team is key regardless of your work setting.

Given the premise that working in a collaborative way will result in much more progress being made in our professional careers, I would ask you to consider the impact of ACA’s 44,000 members. The progress we have made in the area of public policy at the state and local levels, the upcoming annual convention (for which we received more than 1,000 proposals to present) and the synergy that we experience each fall as our regional leadership trainings convene are but three examples of why working collaboratively makes us a stronger and more vibrant profession.

What will you do to bring more of our colleagues to the party? The “why” is obvious based on what I have articulated above; the “how” can be more of a challenge! Let me share a personal example. Last year, on a flight to an ACA meeting, I initiated a conversation with a woman seated next to me. During the course of the conversation, I found out that she was a school counselor and a member of ACA. I quickly recruited her to increase her involvement in ACA as a member of a task force this year. It was a great opportunity to talk about the annual convention and other membership opportunities. Never pass up a recruiting moment!

Many of us attend other events, either for personal or professional reasons, where we may find that the areas of interest align with ACA’s dedication to enhancing and promoting the counseling profession. Personal invitations to national ACA, division, region and branch events are one way to get started toward growing our community. Those in leadership might want to offer financial support toward conference registrations or memberships. Sharing your copies of Counseling Today or the Journal of Counseling & Development is an inexpensive, risk-free way to introduce others to our organization. Applying some of the strategies from an entrepreneur’s playbook is not such a bad idea.

I look forward to hearing from you and hope you will feel free to communicate with me via e-mail at mawakefield@cox.net or by calling 800.347.6647 ext. 232.
Working on the Hill certainly exposed me to public policy and politics, but I also knew that I wanted to focus more on human services. That desire led me to ACA as a “government relations specialist.”

When I first started with ACA, it was inconceivable to me that I would still be here 20 years later — much less have the honor of serving as your executive director. Without a doubt, I am very grateful to so many who have helped me learn and grow. Because of what I have been given, I feel obligated to continue to “give back” to our members who do such important work for millions of clients, students and families throughout the world.

So while my career path may have “accidentally” resulted in me becoming your executive director, I will continue to do my best to provide what you want. That is why I often take the opportunity with this column to ask, “What can we do for you to make you a better professional counselor?”

Society is changing, the profession is changing, and you will start to see ACA changing over the next year. In fact, last month, a group of ACA leaders gathered to look at what the future will hold for the association and what we might want to consider in terms of developing products, services and benefits for our members. This was an exciting, invigorating and hard-working group whose work actually began last year as the Signature Product Task Force; ACA President Marie Wakefield reappointed the task force for 2006-07. Chaired by Pam Paisley, the task force included current and former members of Governing Council, branch leaders, members from various counseling specialties and a graduate student representative.

This is an exciting time to be part of ACA and, combined with the need for professional counselors throughout society, I am convinced that we need to encourage as many people as possible to join our ranks. We may not know where our career path will lead us, but being part of the counseling community through membership in ACA and participation at the annual convention is something that can provide the resources to give our members a great number of options.

Last but not least, I want to know how your career path led you to the noble profession of counseling. Visit the ACA website at www.counseling.org and click on the graphic in the bottom right-hand corner of the home page titled “Share Your Thoughts.” This month’s topic asks readers to share the path that led them to being a professional counselor. See what your colleagues and others say, and then feel free to post your thoughts as well.

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

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Veteran journalist, children’s advocate, breast cancer survivor and award-winning television producer Linda Ellerbee has been named as one of two keynote speakers for the American Counseling Association Convention in Detroit, March 21-25, 2007.

“She has a powerful message to convey about courage, hope and honesty,” says ACA Marketing Coordinator Debra Bass. “She has special words for counseling professionals about the work they do every day to help individuals and families cope. Her book And So It Goes was on the New York Times best-seller list for 18 weeks and her second book, Move On, is about surviving the future with your sense of humor intact.”

For the last 25 years, Ellerbee has earned a living writing, producing and anchoring award-winning television shows. She began her career at CBS and then moved to NBC News where, after years of covering national politics, she pioneered the late-night news program NBC News Overnight, which she wrote and anchored. Overnight was cited by the duPont Columbia Awards as “the best written and most intelligent news program ever.”

**Lucky Duck**

In 1987, Ellerbee walked away from network news with her life and business partner Rolfe Tessem to start Lucky Duck Productions. The fledgling company first produced documentaries for PBS. Then, in 1991, Lucky Duck began producing Nick News for Nickelodeon with Ellerbee writing and hosting. The critically acclaimed weekly TV news and documentary series for kids has a prime time slot on Nickelodeon and is syndicated in more than 92 percent of the country.

Today, more children watch Nick News than watch all other TV news shows combined, and the program has earned honors traditionally associated with adult programming. Known for the respectful and direct way it speaks to children about the important issues of our time, Nick News has collected three Peabody Awards (including one Peabody awarded to Ellerbee for her coverage of the Bill Clinton investigation). It has also received a duPont Columbia Award and four Emmys, including an Emmy for outstanding children’s programming in 2005 for the Nick News Special Edition: Never Again? From the Holocaust to the Sudan.

“In my work over the years,” says ACA President Marie Wakefield, “I have come to realize that one of the most difficult age groups is adolescence. Linda Ellerbee and I share concerns with how youth are coping with these hard, seemingly unexplainable issues that are not a part of their curricular studies. The tragedy of Columbine, the war in Iraq, homelessness, AIDS, to name a few, often saturate the media as children watch and internalize these tragic events. I see an important need for us as parents, educators and counseling professionals to promote discussions and bridge their concerns with coping skills.”

Lucky Duck has produced prime time specials for a wide range of television networks and cable channels, including ABC, CBS, HBO, PBS, Lifetime, MTV, Logo, A&E, MSNBC, SOAPnet, Trio, Animal Planet and TV Land, among others. In 2004, Ellerbee was honored with an Emmy for her series When I Was a Girl, which aired on WE: Women’s Entertainment network. Lucky Duck has also produced more than 40 Intimate Portraits for Lifetime Television.

Although Ellerbee has won all of television’s most prestigious honors, she says her two children have provided her with her richest rewards.

Keep reading future issues of Counseling Today for an announcement concerning the second keynote speaker for the ACA Convention in Detroit as well as a “sneak peek” interview with Ellerbee.
Knowledge is a degree that incorporates life’s curriculum.
Members of Congress return to Capitol Hill for session before elections

Congress returned to Washington in early September for a monthlong marathon session before adjourning for the November elections. Republican leaders planned to devote the few remaining legislative days almost exclusively to national security issues, leaving many domestic issues hanging.

As usual, the start of federal Fiscal Year 2007 (which begins on Oct. 1) will occur without adoption of an appropriations bill to fund the departments of Labor, Health and Human Services, and Education. This measure is expected to be considered in a lame duck session beginning after the Nov. 7 elections. Congress may wrap all the unfinished FY 2007 spending bills into an omnibus appropriations bill or simply adopt a stopgap spending measure (i.e., continuing resolution) to keep programs funded at current levels until the start of the 110th Congress in January.

The battle to protect funding for education and health programs will once again be difficult, especially given the unprecedented spending cuts currently being considered in domestic nondefense programs. Counselors are encouraged to contact their senators and representatives to urge them to support a funding level of at least $347.7 million for the Elementary and Secondary School Counseling Program and to restore funding for Occupational and Employment Information (Section 118) programs in the Perkins Career and Technical Education Act as part of the FY 2007 appropriations process.

Sample messages that counselors can use to contact their senators and representatives are available at http://capwiz.com/counseling, the American Counseling Association's legislative action center on the Internet. For more information, contact Chris Campbell with ACA at 800.347.6647 ext. 241 or ccampbell@counseling.org.

Addition of co-sponsors to Medicare bill shows impact of counselors

Recent lobbying of congressional representatives by ACA members regarding the importance of Medicare coverage for licensed professional counselors is paying off. After a visit from Ohio counselors, Rep. Paul Gillmor (R-Ohio), a key member of the House Energy and Commerce subcommittee on Health, has added his name as a co-sponsor of the Seniors Mental Health Access Improvement Act of 2006 (H.R. 5324).

ACA Legislative Institute graduates are also helping to gain support for Medicare legislation. Due to the efforts of Rima Mason in New Jersey, Rep. Steve Rothman is now a co-sponsor of H.R. 5324, and in South Carolina, former Legislative Institute attendee Luanne Kea met with Rep. Joe Wilson. ACA is working with counselors to set up more of these meetings with their representatives.

In another development, several representatives recently joined in introducing broad Medicare rural health legislation that includes a provision establishing Medicare coverage of licensed professional counselors. The Health Care Access and Rural Equity Act of 2006 (H.R. 6030), was introduced by a bipartisan group of House Rural Health Care Coalition members. Reps. Greg Walden (R-Ore) and Earl Pomeroy (D-N.D.) serve as the coalition's co-chairs. This brings to six the number of bills introduced in Congress that would establish Medicare coverage of licensed professional counselors.

ACA Legislative Representative Brian Altman attended the press conference held to announce the introduction of H.R. 6030. He thanked Pomeroy on behalf of ACA for the bill's introduction and its inclusion of the LPC provision. Many members of Congress who joined in introducing the legislation issued press releases mentioning ACA as one of the endorsing organizations.

Preparations under way for licensure push in California and Nevada

Licensure legislation has been drafted in both California and Nevada and will be introduced in each state's next legislative session. The California Legislature begins its 2007 session in December, while the Nevada Legislature is scheduled to convene on Feb. 5, 2007. ACA has been working with advocates in both states to provide input on the draft legislation and to discuss strategy and next steps. This work is being done in conjunction with the American Mental Health Counselors Association and the National Board for Certified Counselors.

This will mark California's second attempt at licensure in as many years. In the 2006 legislative session, the California Coalition for Counselor Licensure (www.cacl.org) succeeded in gaining support for a counselor licensure bill from a key committee within the California State Assembly. Unfortunately, unexpected opposition from state Board of Behavioral Sciences staff stalled the bill in a different committee. CCCL has worked hard during the past few months to overcome this hurdle, and an updated licensure bill will be introduced shortly.

In Nevada, state Sen. Joe Heck will introduce a counselor licensure bill in the upcoming session, following extensive work earlier this year in both crafting the legislation and meeting with interested parties. The careful groundwork carried out in both states should improve chances of enactment next year.

CAS podcasts give voice to the counseling profession

BY JEFFREY FREIDEN

Outside of the time I set aside each week to read my journals, I find it increasingly difficult to read all the other newsletters and electronic media that I need to stay current on counseling issues. Time is at a premium, especially when so much of it is spent in front of a computer or commuting back and forth to the office. But necessity is the mother of invention, and the advent of podcasting now allows me to learn during these “downtimes.”

Podcasting is a method of publishing sound files to the Internet, where they can then be downloaded. Would you like to hear Richard Yep report on the state of the American Counseling Association? What about hearing Sam Gladding explain how he develops his creativity to write? You can also listen to James Messina give a historical perspective on the field of mental health counseling, let Jack Culbreth explain how the Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards were revised and hear Barbara Blackburn discuss the American School Counselor Association. All these podcasts, as well as many others, are available from Counselor AudioSource.Net (CAS).

Podcasts are different from other audio files because they can be downloaded automatically to your computer or portable media player such as an iPod. Podcasting does not require an iPod, however. Any digital audio player or computer with a media player (e.g., Realplayer, Windows Media Player, etc.) will do. Once downloaded, you can listen to the podcasts at your convenience.

CAS is a weekly podcast designed so that practicing counselors can listen to the latest information concerning the counseling profession. The brainchild of Marty Jencius, CAS began podcasting Jan. 1. Each week, a contributing editor makes use of a “radio show” format to interview an individual who is influencing the counseling profession.

CAS has been described as an “Interest session on the go.” The CAS podcast typically features a 20- to 40-minute interview with a practicing counselor or counselor educator on a topic relevant to the support and growth of the practicing counselor. The weekly audio program can be streamed to play on your desktop computer, downloaded and stored for future playback. This site also supports an RSS link that will allow for free subscription management and capture for play on any MP3 audio device.

Beyond its standing group of contributing editors, CAS encourages audio contributions from professional counselors, counselor educators and supervisors. If you would like to contribute one of the weekly podcasts for CAS, contact Editor Marty Jencius at 330.672.0699 or e-mail mjencius@kent.edu before embarking on your work.

Jeffrey Freiden is a licensed professional counselor in private practice with Children’s Counseling Resource in Memphis, Tenn., and also works as a school counselor at Ridgeway High School. He is also an adjunct professor at the University of Memphis. Contact him at Qwerty613@aol.com.
Ethical use of technology in counseling

Counseling Today is publishing a monthly column focusing on new aspects of the revised ACA Code of Ethics (the entire ethics code as well as previous “Ethics Update” columns are available on the American Counseling Association website at www.counseling.org/ethics).

ACA Chief Professional Officer David Kaplan conducted the following interview with ACA Ethics Revision Task Force members John Bloom and Christine Moll.

David Kaplan: Today we are talking about Standard A.12. of the revised ACA Code of Ethics: “Technology Applications.” When you compare the small section on computer technology in the 1995 code with the revamped and substantially expanded section on technology applications in the revised code, it seems like the comparison between an old Radio Shack Tandy TRS-80, complete with amber or green screen, and a current Dell XPS dual core processor.

John Bloom: The Ethics Revision Task Force got away from the 1995 emphasis on computer applications and expanded the section to include all technology, including the often overlooked application of telephone counseling, which actually predated computer counseling by decades.

Christine Moll: We have come a long way since those years. And we know that unknown technologies will emerge before the code needs to be revised again in 2015. As such, we tried to anticipate additional applications and issues that will occur within the next 10 years before the next code is written.

DK: That explains why the old code had less than one-half of a column devoted to technology, while the revised code has what is now the largest single section in the ACA Code of Ethics, measuring in at a whopping two and one-quarter columns.

JB: In 1995 we were dealing with this unknown entity called the Internet. We weren’t sure about its capabilities or shortfalls because at that time there was little or no research to document the effectiveness of computer-based counseling. As such, the previous standards were written almost out of fear and ignorance of the unknown and so emphasized what not to do. Now, 10 years later, we are starting to build a body of research which suggests technology-assisted counseling can be effective, and so we were able to build positive and proactive statements about how to proceed with technology. So one of the reasons that the section is greatly expanded is that counseling can now embrace technology rather than fear it.

DK: In 1999, under the leadership of President Donna Ford, ACA promulgated Ethical Standards for Internet Online Counseling. Is that document still in force?

JB: No. The current code of ethics incorporated and updated all previous ACA documents on ethics.

DK: As previously mentioned, the expanded section on technology takes up over two full columns in the revised Code of Ethics. Let me present a fantasy scenario to you: If you and the Code of Ethics were on a sinking ship and you only had enough time to save three of the many new statements in Standard A.12. about technology applications in counseling before the ship went under water, which three would you save and why?

CM: I would first save Standard A.12.e., “Laws and Statutes.” Technology-assisted counseling, whether conducted by telephone, Internet, e-mail or other application, often results in the crossing of jurisdictional lines. So laws which apply in Texas may not apply in New York. It is incumbent upon a counselor to know and be in compliance with all laws in both their state or jurisdiction and the state or jurisdiction of the client.

JB: The states of Washington and Colorado have idiosyncratic...
It has been 15 years since the “Finding Your Way” column first appeared in Counseling Today. During that time, more than 100 first-time authors, as well as many veteran writers, have shared seminal stories about their struggles as counselors and as human beings.

Many of these writers have told me how daunting and fulfilling it was for them to attempt to capture the essence of their most difficult challenges and most poignant moments in words. Many readers have also told me that the stories in this section are the very first thing they read when the publication arrives in the mail. They have mentioned, in particular, how much they appreciate the honesty and courage of these writers and their willingness to talk about their lives — the tragedies, disappointments and crushing defeats, as well as the joys and privileges of being a counselor.

Whether you have been following the “Finding Your Way” installments over the past decades, the past few years, or only the past few issues, surely you have gotten a sense that these authors take big risks (just as they advocate that their clients do) to reveal themselves in more authentic ways. The hope is that perhaps others can learn something from their pain, their mistakes or their resilience.

Among all the things I do in my professional life — teaching, conducting research, giving speeches, writing books, consulting, counseling — nothing has given me greater pleasure or satisfaction than helping the “Finding Your Way” authors, especially those who have never published anything before, to craft their stories into moving, inspirational pieces. Many of the authors have expressed similar feelings. Laurie Carty, a professor and counselor from Windsor, Ontario, Canada, looks back fondly on several articles she has written for the column. “Of all the things that I have done professionally, writing those pieces means more to me than anything else,” she says. “Writing those articles changed my life, and from what I’ve heard from some readers, the lives of others as well.” It is one thing to draw on our experiences to help one client at a time, or even a group of 10 or 20; it is still another to reach an audience of tens of thousands.

Dave Hart, a counselor from Long Beach, Calif., is a very recent contributor to “Finding Your Way” and a first-time author. He was surprised about what happened after his article was published. “I was completely unprepared for the response that I received from my mother after she read the article,” he says. “Little did I know that years of unfinished business, for us both, would come exploding to the surface. After a week of emotional ups and downs, we both came to understand the unresolved pain each of us have, not fully confronting the guilt, anger and sadness tied to our relationship. The good news: We finally had the opportunity to process what we’ve been trying so hard to push away. This unforeseen gift is another reason I appreciate the impact of ‘Finding Your Way.’”

Carty faced similar skeptical reactions from both her family and her colleagues upon publication of one of her “Finding Your Way” articles. The article concerned her struggles with feeling lost and alone after her marriage ended. “A few people — very few — affirmed my choice, but most grew very silent and made no comment at all,” she remembers. “This was consistent behavior in my family of origin. The first colleague I shared this with reminded me that writing something this personal would never help me with promotion. She actually suggested that I use a pseudonym!” Another colleague said, “Never show this to your students. It will make you way too vulnerable.” Carty actually makes a point to share her “Finding Your Way” articles with all her students, trying to model the kind of openness, honesty and self-scrutiny she hopes they will develop as professionals.

For anyone who has followed each installment of the column, there are undoubtedly personal favorites that remain haunting. Authors have written about their recovery from diseases; their encounters with racism, sexism and homophobia; their transitions as new professionals, as retirees and even as new immigants; their struggles as victims of abuse, emotional disorders, violence and disaster.

I recall one long-time friend of mine who spent one of his last hours on Earth dictating an article about what he had learned while dying of cancer — and what he hoped others might learn about how to live more fully. Another friend wrote about coming to terms with the death of a child, while another counselor talked about what it was like to help deliver a baby.

Rita Chi-Ying Chung, a professor at George Mason University in Virginia, wrote about the anguish she had experienced as a victim of teasing and racism. She had kept her feelings hidden for many years for fear she would be judged as weak, thereby confirming the taunts she had endured. Reflecting on the overwhelmingly supportive responses she received from readers, Rita was surprised that her story resonated with so many others. “This experience has reinforced for me the power of sharing personal stories and to take courage in doing so,” she says. “I regularly use this experience in teaching and tell students we can all make an impact by doing something as simple as telling our stories. All that is needed is the courage to do so.”

I haven’t met the vast majority of contributors to “Finding Your Way,” but I would count all of them as my friends. We have shared a journey together, one that usually begins with a letter (or in latter years, an e-mail) proposing the idea for an article. We begin a dialogue that ends up being far more than a relationship between author and editor. Because the nature of these stories are so intensely personal, it often takes several attempts before the writer is willing to go deep enough to find the essence of the experience. It is sometimes too dissimilar from what we often do with our clients; that is, help them to find their voices and to tell their stories in such a way that they feel heard, understood and honored.

Cynthia Marcolina, a counselor from Philadelphia, says writing her “Finding Your Way” article was one of the highlights of her career. “I really enjoyed the whole process from start to finish,” she says. “When I was done, I felt a sense of letdown. After all that work, it was over. It was very thrilling for me.” So much so that Cynthia has been inspired to correspond with several other “Finding Your Way” authors over the years. She hopes one day to organize a reunion of some of the column’s authors.

Like so much of the work I do as a counselor, a teacher, workshop leader and writer, it’s rare that I find out what happens after authors have written and published their stories. Do they feel pride? Accomplishment? Satisfaction? Perhaps some feel shame or regret at having been so transparently vulnerable in front of their peers. Based on the feedback I’ve received over the years at conferences and via letters and e-mails, however, most readers are genuinely appreciative of the effort and courage it takes for these writers to unveil things that are rarely spoken about in public.

I have made my own contributions to this literature, writing about my fears of failure, of being a fraud, of not knowing enough, of taking myself too seriously, of not practicing what I preach, of losing control, of trying to change the world one life at a time, of wanting to be liked — by everyone — all the time. In each case, I have tried to select a core, unresolved issue of mine — one with which others in the profession might relate — and then to express as honestly as possible the nature of this struggle to find my way.

One of my greatest burdens as a counselor, an author, a professor and a department chair is that I am often expected to seem like I know and understand far more than I actually do. To whom do I confess my doubts and uncertainties? Am I the only professional who sometimes feels like I’m winging it? Am I a hypocrite because I am often called upon to ask clients, students or colleagues to do things that I don’t feel completely comfortable doing myself? How do I come to terms with my own fallibility and limitations?”

These are the questions that have often interested me most in my own struggles to find my way as a counselor, as well as in the work I do as a writer, teacher and supervisor. How about you? Is anyone out there who might be interested in telling the story of finding your way? If so, I can’t promise that we will publish your article, but I can assure you that I will do what I can to help you find your voice as a writer. Most drafts go through three, four or even five rounds, not because of the content but because it is so challenging to write in an authentic voice that is both honest and vividly descriptive.

Prospective writers sometimes ask me for a copy of the “submission guidelines.” I usually respond by urging them to consult previous issues of Counseling Today to get a sense of the intent and style of the articles in the column. The articles deal with a core theme to which many other professionals might relate. They are written in a “narrative” rather than an “academic” style, meaning that they tell a compelling story about a struggle of finding your way. As much as possible, the writing is descriptive, personal and honest.

And for those of you who have missed a number of the articles that have appeared in this column during the last 15 years (or for those who simply want to reread some of their favorites), many of the stories have been collected in two volumes — Finding Your Way as a Counselor and Counselors Finding Their Way. Both titles are published by the American Counseling Association, and all proceeds from sales support the organization.
BIG GIRLS DON'T CRY

Truth or Dire Consequences?

Anna's mother had battled terminal cancer for a year, but Anna was still she knew when her mom finally died. She came home from the hospital and went as she told her 8-year-old daughter that grandma had died. But her husband pulled her out of the room and told her to get a hold of herself. He said she needed to be strong for their daughter, and not feel sorry for herself.

She called her best friend who told her, “Don't cry. You should be happy that she's no longer suffering.” So she tried to hold back her tears and put on a happy face. When she realized, she called her pastor who said, “Don't feel bad, she's in a better place.”

It may be intellectually accurate that Anna's mom was no longer suffering and was in a better place. But the same was not true for Anna. Anna was heartbroken and definitely not in a better place. All the comments she heard, no matter how well-intended, told her that she shouldn't feel what she felt.

The attempts to shut grieving from their naturally occurring emotions to their intellect is dangerous and counter-productive. Our reliance on intellect at the expense of feelings has reached epidemic proportions - especially where grief is concerned.

BE STRONG OR BE HUMAN

Don't cry. Be strong. Don't feel bad. Everything Anna heard put her in conflict with what was truthful about her feelings.

Because she didn't have better information to guide her, Anna believed that something was wrong with her and she shouldn't be feeling what she was feeling. She didn't cry at the funeral because everyone told her that she needed to be strong for her daughter. Her daughter, watching and learning from her mother, didn't cry either.

Perhaps Anna would have done better if allowed to cry in the first place.

EXPAND YOUR PRACTICE

While crying is normal and natural and helpful in dealing with the emotional energy caused by the death of a loved one, it's obviously not everything that Anna would need to do to become emotionally complete with her mother. Nor is crying the only thing her daughter would need to do to deal with the unrealized hopes, dreams and expectations she had for her future that would have included her grandmother.

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The six contenders vying to become ACA’s next president-elect share their views

Lynn E. Linde

If you had ample financial resources at your disposal to establish four spending priorities for ACA, how would you allocate the money and why?

Assuming ample financial resources, the four spending priorities I would establish for ACA are: 1) creating and implementing a public awareness/marketing campaign to increase ACA’s recognition and standing among the public, legislators, nonmembers and other mental health professionals/stakeholders; 2) strengthening ACA’s ability to respond effectively to crises through training and identifying responders; 3) developing the “signature product” for ACA; and 4) supporting research on the efficacy of counseling and identifying model programs/strategies.

These priorities address multiple goals. The health of an association depends on its membership, visibility, reputation and the services and products it offers. First and foremost, we must respond to the needs of members and potential members by providing desired services and resources.

Second, we must increase ACA’s visibility/name recognition and influence in the legislative arena and among other professional organizations. ACA must be viewed as an expert resource.

Third, our activities must provide information about the effectiveness of counseling, which can be used in a marketing/public awareness campaign. The development of a signature product, similar to APA’s Publication Manual, could generate significant revenues and provide tremendous visibility for ACA. In short, all association activities must support and target services for professional counselors and the clients we serve.

Professional counseling is evolving internationally. What can ACA do to be at the forefront?

Counseling has the advantage of leading other mental health professions in commitment to the value of diversity. To be at the forefront of counseling internationally, ACA must broaden our current mission and scope. We need to be respectful of counseling that looks different in other countries and see things through the eyes of our colleagues. We need to partner with associations and organizations from other countries to promote the global mission and reputation of professional counselors around the world.

International efforts need to be a priority of the association. The convention in Montréal last April was a beginning; ACA needs to collaborate with associations from other countries on similar professional activities and initiatives. While it may not be feasible to have an international conference every year, ACA can participate in international events, and we can ensure that our convention, conferences and professional development and training activities are inclusive.

Another major focus should involve counseling research and the articles that appear in the journal and newsletter and the books ACA publishes. We need to ensure that what is written has an international focus and includes work from our international colleagues.

In summary, we need to broaden our thinking and our practice.

E. Christine Moll

If you had ample financial resources at your disposal to establish four spending priorities for ACA, how would you allocate the money and why?

I would use financial resources to promote the following initiatives (assuming that current services would continue):

A. Create a “public image campaign” to make ACA the “face of counseling.” The public and membership need to see our leaders available to news agencies and trained regional spokespersons responding to events on behalf of “counseling” and ACA as “news happens.” Thank a counselor!
B. “ACA Road Crews” to provide “teach-ins” for continuing education. In utilizing regional/divisional leaders in addition to local counselor educators, we can provide training and learning experiences that are affordable, accessible and grounded in skill-based competencies for local counseling communities.
C. Develop task forces to research and continue conversations regarding the skills necessary for emergency preparedness and issues addressed in questions 2-4. Task forces might include professionals from the Red Cross, United Nations and other human service entities to broaden our perspective to better serve society.
D. Membership within ACA, the divisions and local branches continues to be a concern. This issue causes great consternation, debate and frustration among fine individuals. We need resolution, healing, and we need to move on. I would work with divisional and regional leaders, members and others to find some solutions.

Professional counseling is evolving internationally. What can ACA do to be at the forefront?

During the ACA Convention in Montréal, Stephen Lewis, the U.N. secretary-general’s special envoy for HIV/AIDS in Africa, shared the incredible challenge that the epidemic in Africa presents to the global community. There is need for counselors to travel to Africa to help train local residents so that they may minister to their own people.

Our international neighbors’ needs extend beyond Africa to countries that do not possess our resources and opportunities. I believe in our profession and our obligation to mentor (and co-mentor) those who wish to tend to others using listening and diagnostic skills. Our ACA mission admonishes us “to enhance the quality of life in society” and “to promote respect for human dignity and diversity.” If we do indeed care about the human condition worldwide, we need to “be” who we say we are.

One tangible way to reach out beyond our borders is to work with other affiliated members of the International Association for Counseling. In tapping into the expertise of colleagues around the world, we can form a sort of United Nations of counselors to develop training teams and consultant groups to work with local responders to empower them to assist their own people.

Colleen R. Logan

If you had ample financial resources at your disposal to establish four spending priorities for ACA, how would you allocate the money and why?

If I had ample financial resources at my disposal, I would establish the following priorities for ACA to strengthen and encourage diversity within our professional organization:

I would allocate funds to increase the professional identity development of ACA. I would implement a major marketing campaign to educate potential clients and their significant others, lawmakers and laypeople about what professional counseling is and what professional counselors do for our society.

I would allocate funds to continue the focus on the globalization of professional counseling.

I would allocate funds to “help the helpers” and initiate development and implementation of a “Healing of the Healers” program designed to help healers heal themselves and encourage counselor wellness.

Issues that must be addressed include work/family balance, stress and burnout, dealing with oppression, chemical dependence, compassion fatigue and various other mental health issues.

I would allocate funds to engage graduate students and new members in every aspect of every level of the organization. To do this, I would host a number of town hall meetings nationwide and invite graduate students and new members to attend. The purpose would be to really listen and learn from students and other individuals as to what they need from ACA.

Professional counseling is evolving internationally. What can ACA do to be at the forefront?

It is critically important that ACA continue taking strides toward making its presence known at the international counselling table. To do so, ACA needs to actively develop collaborative relationships with our sister organizations in Montréal, Great Britain, Russia and Latin America. We must join with our sister organizations.
and respond immediately and compassionately to world crises and events.

Within our own backyard, we must make every effort to be inclusive both in terms of language and behavior. I am counting on our members to stand on the front line and fight against ignorance, intolerance and discrimination at a local and global level. Forums, focus groups and other such facilitated or nonfacilitated grass-roots venues need to be encouraged for our members so that we all have an opportunity to honestly share with each other and work toward understanding and appreciation of our differences and similarities. Divisions such as AMCD, AGLBIC, AMHCA and CSJ should be encouraged to work together and serve as conduits to carry out this important work.

Wyatt D. Kirk

If you had ample financial resources at your disposal to establish four spending priorities for ACA, how would you allocate the money and why?

I believe that the following strategies would serve if more financial resources were available.

- Not being an advocate of annual conventions, I would work to renew our partnership with state branches and divisions to promote improved efficiency and membership. I would put more resources at the regional and state level for our membership to support our goals.
- I would promote more conferences and activities that would increase counselor visibility with the general public and other local groups that can be advocates for the counseling profession.
- With greater funding, I would promote new initiatives to define new, innovative ways of generating more income for ACA.
- I would use funds to improve our public image within the mental health community and the general public. I would seek greater counseling visibility through compelling multimedia messages, and I would assist divisions and state organizations in the same effort.
- I would work toward achieving parity with other professional groups. This would include access to third-party reimbursements while participating in the managed care network.

Having ample financial resources is not about “why” but “how” we can establish spending priorities that will benefit the association.

Professional counseling is evolving internationally. What can ACA do to be at the forefront?

If you had ample financial resources at your disposal to establish four spending priorities for ACA, how would you allocate the money and why?

I envision ACA as consistent, rigorous standards. It requires licensure and ensures parity with other professions that can be advocates for the counseling profession.

I would work to renew our partnership with state branches and divisions to promote improved efficiency and membership. I would put more resources at the regional and state level for our membership to support our goals.

We must expand and promote research on the international level to increase our understanding of perception/ recognition of theoretical methods and concepts across cultures. International counseling is a call to serve and is the next real frontier.

Barbara Brady Blackburn

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With ample financial resources...

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We must expand and promote research on the international level to increase our understanding of perception/ recognition of theoretical methods and concepts across cultures. International counseling is a call to serve and is the next real frontier.

Professional counseling is evolving internationally. What can ACA do to be at the forefront?
The American Counseling Association served as one of the program partners for the Voice Awards, and ACA President Marie Wakefield, ACA President-Elect Brian Canfield, ACA Immediate Past President Patricia Arredondo and ACA Executive Director Richard Yep attended the event. Yep was also asked to serve as an awards presenter in the radio category.

"The Voice Awards are a significant event in that we acknowledge those in the media and entertainment industries who have portrayed mental illness in a realistic way," Yep said. "We want to continue to support this event every year because it not only draws more attention to the plight of those who have mental illnesses but also shows how the media can be advocates for the positive treatment of mental health."

"We are proud to recognize those in the entertainment field who are helping to change misconceptions about people with mental health problems," said Assistant Surgeon General and SAMHSA Acting Deputy Administrator Eric Broderick. "Because the entertainment field has the capacity to influence how the public views important social issues, it is critical that we acknowledge those who portray issues related to mental health and mental illness accurately and encourage them to continue to do so."

Winners in the television category were the crime dramas Law & Order: SVU (NBC) for the episode "Ripped," and Sue Thomas: F.B.Eye (PAX) for the episode "Mind Games." "Ripped" highlights the role an engaging therapist can play for a person seeking help for personal problems. One story line in "Mind Games" focused on how a psychiatrist helped educate and change the mistaken assumptions of police investigators about a person with mental health problems.

Proof and Jellysmoke won in the film category. Proof, the daughter of a brilliant mathematician affected by mental illness, comes face-to-face with her fears about her possible predisposition to mental illness. Jellysmoke explores the adjustment to life outside a psychiatric hospital by a young man with bipolar disorder.

Winners in the documentary category included Legacy of the Harp; the Emmy-nominated I Have Tourette’s, But Tourette’s Doesn’t Have Me, and Shadow Voices: Finding Hope in Mental Illness, Legacy of the Harp, a six-part documentary, profiles people with mental illness who have reclaimed their lives and are helping others recover. I Have Tourette’s, But Tourette’s Doesn’t Have Me provides insight into how children with the disorder live with their illness. Shadow Voices confronts the stigma associated with mental illness and explores both recovery and hope. In the radio category, winners were Morning Edition (National Public Radio) for "Katrina and Recovery" and One in Five (Radio New Zealand) for "Crazy for Life." The former focuses on mental health in the aftermath of Hurricane Katrina; the latter tells the story of actress Victoria Maxwell’s experiences with bipolar disease.

David Hoberman, co-creator and executive producer of Monk (USA), received a Career Achievement Award for his years of mental health advocacy. The TV series stars Tony Shaloub as Adrian Monk, a former police detective who solves crimes while simultaneously working to recover from his mental health problems, which include obsessive-compulsive disorder and multiple phobias. Hoberman, a member of the ACA Executive Director Richard Yep presented a Voice Award to Mariel Hemingway, who was accepting on behalf of National Public Radio. NPR’s Morning Edition was recognized for its series on Hurricane Katrina and the resulting mental health issues.
board of the Anxiety Disorders
Association of America, is one
of today's leading producers,
with more than 100 movies to his
credit, including Raising Helen,
The Shaggy Dog and The Other
Sister.

In addition, SAMHSA pre-
sented Special Recognition
Awards to both Patty Duke and
Ruta Lee for their long-standing
commitment to mental health
advocacy. Duke is an Academy
Award-winning actress, a best-
selling author and a lifelong
advocate on the topic of mental
illness. Her Oscar-winning por-
trayal of Helen Keller in The
Miracle Worker launched a pro-
lific career on stage and screen.
Her work has been recognized
with three Emmy Awards, two
Golden Globe awards, a Peo-
ple's Choice Award and many
community service awards.

Lee's resume includes major
motion pictures such as Funny
Face, Sergeant 3 and Witness
for the Prosecution, as well as
more than 2,000 appearances on
TV shows such as Perry Mason,
Hogan's Heroes and Murder,
She Wrote. Lee co-founded the
Thalians, which raises aware-
ness of and funding for mental
health services. She also estab-
lished the Thalians Mental
Health Center at the Cedars-
Sinai Medical Center, which
provides mental health services
for people of all ages.

Hemingway, host of this
year's Voice Awards, is an out-
spoken advocate for suicide pre-
vention and mental health. Her
latest book, Finding My Bal-
ance, details her quest for a bal-
anced life in a family well
known for its history of mental
illness. An actress, mother and
wife, Hemingway has worked in
more than 30 TV and film pro-
jects. She has been able to
explore mental health and other
challenging issues in many of
her roles.

The Voice Awards bestowed
its Consumer Leadership Award
on five mental health advocates
for raising awareness of mental
health and expanding under-
standing that mental health
problems exist in every commu-
nity and affect almost every
family in the United States. A
Lifet ime Achievement Award
was presented to Carmen Lee, a
mental health advocate and
founder and executive director
of Stamp Out Stigma, a non-
profit organization dedicated to
changing public perception of
people living with mental
illnesses.

SAMHSA received more than
35 nominations for the 2006
Voice Awards. Individuals
whose original television, film
and radio productions were first
released during calendar year
2005 were eligible for nomina-
tion. The nine award winners
were selected by a panel of
judges that included mental
health advocates and profes-
sionals, as well as represent-
vatives from the U.S. Department
of Health and Human Services,
the communications and enter-
tainment industries and people
who have experienced mental
illnesses. ACA was among
those groups and individuals
asked by SAMHSA to serve as
a final round judge.

ACA joined 11 other national
health and public service organi-
zations in sponsoring the second
annual awards program. The
Voice Awards are part of the
National Anti-Stigma Cam-
paign, a program sponsored by
SAMHSA with the Ad Council
to reduce the stigma and
discrimination faced by people
with mental health problems.
Understanding passive aggression

By Loriann Hoff Oberlin

Ben complained that he was passed over for promotions. His boss said, “You don’t seem to be able to handle the responsibility.” But Ben complained more, and the boss finally gave him a small project to work on as a chance to show his abilities.

This project, unbeknownst to Ben as the test case, sat on his desk collecting dust. When the boss complained that he didn’t have it on time, Ben replied, “You didn’t tell me when it was due. And besides, I had to finish my other work, too.”

Inside, Ben was pleased he got back at the boss by making him unprepared for a meeting; but guess who still didn’t get a promotion? Well, of course, Ben, who attributed this to his boss’s incompetence rather than his own.

With lack of action, Ben created a problem, felt like a victim and got back at his boss. Rejection, resentment and revenge all stemmed from doing nothing.


In many offices, schools, homes or other settings across the country, people who don’t fulfill ordinary expectations or obligations in their given roles annoy us to no end. Very often, they have a handy alibi, the proverbial excuse, which causes many of us to offer them “free passes.” We tend to accept, smooth over or excuse their behavior as they shirk responsibility for their actions and often for their covert anger. Only over time do we catch on to the pattern of indirect, incongruent, subtly manipulative behavior. We fall into this unproductive pattern — often called passive aggression — because we may misunderstand the core needs, irrational fears or things avoided, and at the same time fail to recognize how we (and others) enable people to hide anger.

If you come into regular contact with someone who fits this profile, particularly if you are trying to work with or help this individual, the first indication that something has gone amiss is that you feel stalled, blocked or even controlled. You feel the other person’s frustration vicariously. Unlike explorers, whom we recognize easily, anger concealers disguise their true feelings because they have so often been programmed to keep frustration and anger at a distance or project it onto someone else. When they were growing up, they may not have been allowed to say “I’m mad” or they may have been chastised for asserting themselves, even with “I statements.” Most likely, they were blamed and learned to do likewise.

With no constructive outlet for unsettling emotions, feelings go underground, emerging only when the build-up becomes too intense. Still, the angry person cannot embrace anger but discharges it through:

- Sarcasm, criticism and blame
- Chronic irritability and entitlement
- Negative nonverbals (sighs, angry looks)
- Self-destructive or addictive behavior (eating disorders, substance abuse)
- Ambivalent, oppositional stances (mixed messages, defiance, “getting back”)

To a certain extent, we have all acted in a passive-aggressive way at one time or another. However, the persistent pattern of inactivity and shying away from active problem solving leads to larger problems in relationships, academic success, career progression or personal happiness. When passive aggression moves from being a temporary state to a permanent or semipermanent trait, it’s time to really understand how the behavior became rooted and how to help eliminate it.

Touching upon one’s childhood memories of anger leads to the pivotal awareness needed to turn around passive aggression. The people our clients grew up with were their first relationship lab — installers of their buttons. How was anger managed or mismanaged? What was the result when family members showed anger? Did it solve problems or make matters worse? Were there healthy outlets for expressing anger?

In many families where anger secretly lurks, children never grow beyond sugar-coating negative emotions. Thus, they remain vulnerable to reactivity in adult relationships because they lack an assertive skill set to help them cope against stressors. They protect themselves from anger by using any number of defense mechanisms, most notably blaming, denial and projection.

As “negativistic” was added to the literature, Theodore Millon and Roger D. Davis wrote in Disorders of Personality: DSM-IV and Beyond (1996) that many passive aggressors felt they had been “replaced” by a younger sibling and robbed of their due, thus acknowledging strong feelings of jealousy and resentment.

But these individuals couldn’t risk being direct with mom or dad and possibly losing favor, so their new sibling became an easier anger target. Throughout life, these individuals may seek approval, yearn for independence yet feel dependent, avoid responsibility and feel powerless, fearing they’ll never get it right. In short, they remain rather childlike — one of the types of passive aggression my co-author Rep. Tim Murphy (R-Pa.) and I identified in Overcoming Passive-Aggression.
Other types we identified may look more controlling or manipulative, with a core need to have the upper hand, push people’s buttons and still manage to keep responsibility at bay. They also fear and avoid cooperation, competition or risks and confrontation. They may be the first to claim, “I’m not angry,” yet their behavior sends the powerful and incongruent message that they indeed are very angry.

Two other anger-concealing types include the depressed/walking wounded and the self-absorbed. Both struggle with self-esteem. Each type drives others away in a distinct way: one by whining and seeing life as half-empty and the other by becoming a legend to themselves, ingratiating, acting like the superstar and displaying little to no empathy for others.

Passive aggressors quickly see others as authority figures to resist. So respond carefully, and teach clients who experience passive aggression to do likewise. If you take away an angry person’s freedom of choice, you might cement the unproductive behavior even more. Anger concealers are masters of the double-bind and placing others in no-win situations. And they are much more skilled at all of this than the average person. If anyone accepts and holds their anger for them, concealers will be happy (even relieved) because they have escaped frustration, even while getting it churning in someone else. With anger concealers:

- Listen without argument
- Reflect what they say while avoiding interpretation
- Offer empathy informed by the core needs
- Model assertiveness with “I statements” and show respect
- Don’t talk to the person’s anger; instead talk to the resolution of any problem at hand.

More specifically, with controlling or manipulative anger, show that you are trying to get on their side, Channel the vain person’s strengths for everyone’s benefit (trying to ignore ingratiating, annoying behavior), and reinforce responsible steps that the depressed and/or childlike type may take. Remember, these individuals vacillate between the polarities of independence and dependence as well as activity and passivity, as Millon and Davis explained. Shift from problem-focused to solution-focused thinking.

The term passive-aggressive has grown into everyday use since its earliest inception during World War II. Many well-regarded clinicians and researchers such as Scott Wetzler, Leslie Morey and Lorna Smith Benjamin believe it was a mistake to relegate passive-aggressive personality disorder to the DSM-IV-TR appendix. Remain informed about the diagnostic criteria and traits because you may see this behavior often in clinical practice, schools, offices, homes and relationships. Recognizing passive aggression and understanding how not to enable it are key pieces that help all of us lead more direct, congruent and happier lives.

Letters to the editor: ct@counseling.org
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AMERICAN COUNSELING ASSOCIATION
NBCC-I counseling congress in India to address global mental health needs

By Angela Kennedy

On Oct. 23-24, the National Board for Certified Counselors International will hold the first Global Mental Health Congress in New Delhi, India, with the theme “Focus on the Never Served.” The invitation-only congress will provide a forum for international representatives of mental health organizations and ministries of health and education, as well as leading mental health researchers and policymakers, to exchange information about NBCC-I collaborations with the World Health Organization.

Of those joint ventures, the conference will spotlight the launch of the worldwide Mental Health Facilitator certification as well as the publication of two resources — ATLAS: Country Resources for Counselling 2007 and Preventing Suicide: A Resource for Counsellors.

Benedetto Saraceno, director of WHO’s Department of Mental Health and Substance Dependence, and Harriett Mayor Fulbright, chair of the Fulbright International Center, will serve as keynote speakers for the Global Mental Health Congress.

Other distinguished speakers will include Sonia Chehil, assistant professor, Dalhousie University Department of Psychiatry, International Section, Child and Adolescent Section, Nova Scotia; Stan Kutcher, professor of psychiatry, director of the WHO Collaborating Center in Mental Health Training and Policy and associate dean of International Medical Development and Research at Dalhousie University; and Srinivasa Murthy, who works in the Mental Health Eastern Mediterranean Regional Office of WHO in Cairo, Egypt.

Mental Health Facilitator

NBCC-I and WHO are developing an elaborate system to increase access to trained mental health professionals around the world. First responders in communities will receive a training curriculum, including identification of and referral for information about mental health needs in local populations.

“If someone working in a disaster area can spot signs of depression and that kind of mental health problem and be able to help direct that person or arrange for that person to get help, that’s the idea here,” says NBCC-I Executive Vice President Ted Illif. “There might be opportunities for this training in the workplace, medical field, schools — all kinds of places. We aren’t talking about professional counselors but someone who is the first responder or first aid for this sort of thing. This would be people who work with emergency response organizations, EMTs (emergency medical technicians), anybody who is in contact with the public.”

The Mental Health Facilitator curriculum will be developed as an international training mechanism that balances quality assurances with cultural sensitivity. Modeled after the Global Career Development Facilitator curriculum, this program will contain universal training modules as well as others that are culture-specific.

Saraceno developed the idea for the training in response to WHO identifying 450 million people with “unserved” mental health needs. Saraceno subsequently surveyed more than 40 mental health leaders worldwide to garner feedback about the need and viability of such a system.

In March, these mental health experts joined NBCC-I staff in France to continue constructing the curriculum, which was adapted and edited based on the feedback of the group. Currently, the Mental Health Facilitator curriculum is in the final stages of development with a scaled pilot program based in three developing countries. The first stage began in August, and initial data will be presented at the congress.

ATLAS: Country Resources for Counselling 2007

The ATLAS series of WHO publications are the result of surveys to gather extensive data about particular professions in more than 190 countries around the world. Previously, WHO has released ATLAS publications for professions such as psychology and psychiatric nursing. This is the first ATLAS for the counseling profession and will result in a systematic mapping of counseling as a separate mental health profession.

“WHO created the concept about 14 years ago of mapping mental health needs and mental health practitioners,” explains Tom Clawson, president and CEO of NBCC and NBCC-I. “The first round looked at psychiatrists, how many psychiatrists there were, where the training was and what the psychiatric needs were.” In 2004, WHO asked NBCC if it would participate in researching and creating the first world ATLAS for counselors. “We think this is a landmark step for counselors,” Clawson says, adding that it shows great progress for WHO to consider counselors on par with other world mental health providers.

Preventing Suicide: A Resource for Counsellors

The 24-page booklet Preventing Suicide: A Resource for Counsellors is a collaborative publication effort between NBCC-I and WHO. Part of the Preventing Suicide series of prevention guides, the guide is written specifically with counselors in mind.

Other guides have provided suicide prevention information for professional groups such as primary care physicians, teachers and prison officers. The counselors edition of this publication, which includes information on prevalence, risk factors and general intervention recommendations, will be printed in WHO’s six official languages (English, French, Spanish, Russian, Arabic and Chinese).

“Suicide is one of the leading mental health issues around the world,” Clawson says, noting that the resource will soon be available as a free PDF download from the NBCC-I website (www.nbccinternational.org).

NBCC-I was created in 2003 as a division of NBCC. NBCC-I promotes the strengthening of the counseling profession worldwide and advocates for:

- Quality assurance in counseling practice
- The value of culturally sensitive counseling
- Public awareness of quality
- Professionalism in counseling
- Leadership in credentialing

For more information, go to www.nbccinternational.org.

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

Letters to the editor:

Counseling Today October 2006

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CACREP standards: Applause and concern

All American Counseling Association members have the opportunity and responsibility to visit the Council for Accreditation of Counseling and Related Educational Programs website at www.cacrep.org/StandardsRevisionText.html. CACREP is to be congratulated for providing provocative new standards that will eventually affect every counselor and counselor educator in our profession. We urge you to participate in this process of standards review and make your beliefs known on several important issues. Visiting this site and writing comments about the standards is as important as voting in elections, on local tax issues and on school bonds.

Wording in the CACREP standards for clinical counseling offers several excellent models for the future. Among them are increased awareness of multicultural issues, social justice and advocacy, wellness, a brief discussion of innovative neurobiology and dual diagnosis issues.

Most important among the new issues is the term “clinical counseling.” Accrediting agencies have the power to lead our field in new directions, and we are both impressed with the hard work and innovation shown by CACREP. We personally believe that clinical counseling is a highly useful concept, but we are also concerned about its many implications. Following are some of the critical issues that we have noted.

**Clinical counseling**

This is a new term for most of us, and it has profound implications. Our first reaction was a mixture of surprise and puzzle-ment. Counselors have a long history of a positive approach to human development, and the word “clinical” implies a deficit and pathological model. Clearly, this term represents a radical shift for our field.

However, upon further review, we came to the realization that the concept “clinical counseling” is a realistic term and can move ACA forward. First, consider the likely public reception to the term — clinical counseling will likely be more understandable than counseling psychology or clinical psychology. It is another positive step away from that sometimes unfairly malign term “guidance counselor.” We believe that the public and state legislators will immediately understand what clinical counseling is about. As just one example, the term could strengthen counseling in the current struggles in some states between school counselors and school adjustment counselors.

Allen, years ago, wrote the lead article for the Journal of Counseling & Development in which he proposed that the then-American Personnel and Guidance Association become the Association for Counseling and Development. This came to pass but finally was discarded in favor of the American Counseling Association, as the word “development” proved difficult to interpret to the public. Each wording change endangers loss of our positive developmental roots. But the gain may be clarifying our role with the public.

Another question is, do we want a pathological view of the human condition? As counselors, we have long been committed to a positive view of the client. Since Frank Parsons, we have stressed the importance of person/environmental interaction. The proposed standards tend to provide a DSM-IV-TR view of the client with insufficient attention to the uniqueness and power of counseling.

While we agree that counselors need to know more about the pathological view taken by psychiatry and clinical psychology, this needs to be balanced by our traditional positive view of the human condition. For example, in the lead article of the latest Journal of Counseling & Development, Shane Lope and colleagues provide specifics for ACA and counseling to take a more proactive wellness view as we work with DSM-IV-TR. A few years back, we presented similar ideas in a JCD article where we specified treatment approaches for personality style (not a “disorder”), depression and post-traumatic stress (again, not a disorder, but a logical reaction to an insane world).

The positive approach to extreme stress works, and it is a powerful answer to the medical and psychopathological system. Let’s use clinical counseling to lead the mental health field rather than following it. But let us define the term in a way more consonant with our developmental history and our modern reframing of positive approaches to working with severe human stressors.

Another consideration is the American Mental Health Counselors Association and clinical counseling. What is the relationship between clinical counseling and mental health counseling? The present CACREP definition of the two overlaps, with clinical counseling having the more psychopathological orientation despite lower course requirements. It seems that CACREP is not only developing a new concept for our field but has failed to consider how it relates to mental health counseling. This cannot continue and possibly could result in the valuable concept of “clinical counseling” being rejected.

A change of this magnitude needs extensive discussion. What are the implications of this term for mental health counseling? School counseling? Career counseling? Community counseling? What does this term say about how accreditation procedures might need to be reorganized and reconceptualized for various fields? What are the implications for existing programs and state licensing and accreditation standards? At the moment, CACREP focuses on replacing the term “community counseling” with “clinical counseling”. How do community counselors feel about that? More time is needed for all of us to review and think through the important implications.

**Multicultural issues**

We commend CACREP for the increased awareness of multicultural issues, but the multicultural competencies are not discussed (to our knowledge). We believe that diversity and multicultural issues need still more clarity and operational definitions such as those provided by Patricia Arredondo and her group for the Association for Multicultural Counseling and Development.

We have spoken to these issues before, and our comments can be viewed on the CACREP website near the link to the new standards. While we appreciate the several additions that recognize diversity, we continue to urge CACREP to help our field increase awareness and multicultural action. Let’s make ACA the national leader in this area.

**Summary**

Accreditation bodies shape the field. All too often they become regressive and slow progress. The new standards proposed by CACREP provide the possibility for major change and growth, but there is need for wide participation in this discussion.

Visit www.cacrep.org/StandardsRevisionText.html and print out the 65 pages of text. You will find a clear reference guide to direct you as you visit the site and make comments.

Plan for a minimum of one hour as you provide your thoughts on the standards. We found ourselves taking three hours, and we still were not able to respond to all the standards and ideas.

Vote for the future of our field through your thoughtful and important reactions to what you read. Instruct your students for preparing your ideas are clear. We are not suggesting that you agree with us, but we do hope that you will actively participate.

Given the complexity of the issues, we urge CACREP to consult with ACA governance and with leaders of ACA’s divisions. Accredited counseling programs can review the site together and present a coordinated response. Individual reactions to CACREP standards via comments on the website are important, but these issues need to be considered widely in groups as well. We recommend that a national leadership conference be held as soon as possible. We hope that CACREP will attend but, regardless, ACA needs to respond to these issues as a whole.

We think CACREP has done us all a favor by raising these issues. At the same time, we urge more time before final decisions are made. Here’s hoping for a bigger, better and more influential and inclusive ACA. ■

Allen E. Ivey is distinguished university professor (emeritus) at the University of Massachusetts-Amherst, professor of counselor education (courtesy appointment) at the University of South Florida-Tampa and president of Microtraining Associates Inc. Mary Bradford Ivey is vice president of Microtraining Associates and professor of counselor education (courtesy appointment) at the University of South Florida-Tampa. 

Letters to the editor: cst@counseling.org
Counseling Today Quiz—October 2006

As you are reading the following articles, you should be able to answer the questions below. This is an "open-book" exam. Use the page or reference book, answers, or other notes. Extend the page for complete writing and completely filling in the one blank per question. Then mail it with a $10 payment to the address below. Please do not send cash.

"Border culture counseling"

1. The clinic operates a safe, hospitable feel through all of the following except:
   a. art and wallpaper
   b. welcoming diets, families, and connections
   c. staff and patients
   d. all communications in Spanish

2. The chief activity at the clinic is:
   a. finding enough graduate counseling students to staff the clinic
   b. getting enough doctors to come to the clinic
   c. finding permanent faculty
   d. all of the above

"Counseling Congress to Address Global Mental Health Needs"

3. All of the following statements about the Mental Health Association are true except:
   a. It is an international training institution.
   b. It is designed for all levels of mental health professionals.
   c. It is an international professional association.
   d. It is the final stages of development.
   e. It is a local public health program.
   f. All of the above

"Practicing in Counseling"

4. Numerous insurance problems could be solved by:
   a. having the client and the insurance manager communicate directly with the insurance company
   b. employing the role of the role of a case manager
   c. having an open line of communication
   d. all of the above

5. Managed care can sometimes allow balance billing:
   a. True
   b. False

"Securing Your Practice in a Shared Office Setting"

6. The leader suggests all of the following as protective steps against malpractice problems:
   a. Have a formal agreement and put it in writing.
   b. Require the landlord to carry their own professional liability coverage.
   c. Educate your direct upper management in medical office.
   d. All of the above

"Understanding Passive Aggression"

7. Most passive-aggressive people:
   a. sheet
   b. deny being hurtful
   c. fail to communicate
   d. all of the above

8. Which of the following is NOT one of the three most critical demands for "Technology Applications?"
   a. creating jurisdictional lines
   b. informed consent
   c. verifying identity
   d. access

9. All of the above

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This month's column is a bit of a potpourri: a wrap-up of the series on web resources and some announcements about new resources and upcoming programs.

Online applications
For the last two months, this column has examined some of the online tools available for job searches, including strategies for identifying appropriate counseling jobs. After you have found positions in which you're interested, here are some reminders for your application:

- Follow the directions outlined in the advertisement for applying for the job. Think of this as your first real test with this employer.
- Proofread submitted materials carefully. Spelling, punctuation and grammar always count — even if you're submitting an application online. Double-check to make certain your e-mail address and phone number are correct.
- Make your materials scannable. The easier it is for an employer to find the information he or she is looking for on your resume, the more likely it is that you'll be screened into the pile of finalists.
- Use key words. Many organizations now use scanning software to review applications. If specific terms and words are used in the advertisement to which you are responding, make certain that those words show up in your cover letter and resume. Employers who use such software are likely to use a "key word" category in the body of their resumes, listing every term (theory, technique, etc.) imaginably. This can be particularly helpful to candidates who post their resumes on a job board, because they can be picked up in key word searches by employers using the site.
- Cut and paste your resume for online applications. Make certain to use the correct formatting codes when you create your resume, or you could have a real mess on your hands when you paste.
- Follow up. Check the status of your application. Showing interest in the position can yield interest in you on the part of the employer.

ACA partners with CareerBuilder.com
The American Counseling Association is pleased to announce a new partnership with CareerBuilder.com to bring you the ACA Job Center, an enhancement to our Career Center page. The ACA Job Center has been designed to help counselors find nationally advertised, (mostly) nonacademic positions more easily. ACA staff members Martha McIntosh and Don Kenneally have spent numerous hours designing the site and refining search parameters that appropriately capture professional counseling positions for several practice areas. We will continue to tweak the system as we receive feedback from users, so don’t hesitate to send us your suggestions. This is your job search tool, and we want to make it work for you. To access the ACA Job Center, go to our website at www.counseling.org and click on “Career Center.” Look for the ACA Job Center logo on the left-hand column of the page.

‘ACA Preferred’ still a top resource
When you’re checking out the new ACA Job Center, don’t forget to check the “ACA Preferred” listings. These are positions that are advertised in Counseling Today; they’re available online at the top, left-hand corner of the Career Center page as “Opportunities.” These listings are still one of the top resources for academic positions in counseling and counselor education.

- Just remember, as we have discussed over the last several months, while the Internet is an excellent tool in your job search, it should never be used to the exclusion of other resources, particularly networking and direct contact.

Looking ahead to the convention
Believe it or not, the 2007 ACA Convention in Detroit is less than six months away. As in the past, the Career Center will be available as an onsite resource in the Exhibit Hall. This is a value-added program available to all registered attendees of the convention. Of particular interest to both job candidates and employers is the interview program. If you think you might participate as either an employer or a candidate, e-mail acacareers@counseling.org and indicate your name, institution (if you are an employer), position and contact information. It costs nothing to register and helps us in our advance planning.

Searching for supervision success
On a related note, this year’s convention will feature a special series targeting graduate students and new professionals. One of the programs will address supervision in a unique way, we want to hear about your approach! Please e-mail acacareers@counseling.org.

Amy Reece Connelly is ACA’s manager of Career Services. Contact her via e-mail at acacareers@counseling.org. Telephone consultation is available to ACA members on request.

Letters to the editor: ctc@counseling.org

Tired of playing the same old games?

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For the largest collection of resources for child and play therapists available, check out our products at www.childtherapytoys.com!

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In addition to the counselor-centered search engine, the site also offers career tools, additional web resources and employment tips, while the CareerBuilder.com site provides job alerts, networking pointers and salary reports.

“I want membership to know that this is a great service,” says ACA President Marie Wakefield. “Job seeking can be very challenging. CareerBuilder.com and the ACA Job Center can provide members with the resources to make job hunting less complicated.”

Coming soon
The ACA Job Center project team is currently working to add local governmental employment postings to the site. Specifically, the site will include links to education department employment sites in individual states for school counselors and vocational rehabilitation department employment sites in individual states for rehabilitation counselors.

“We realized that there were some limitations with using CareerBuilder alone, so we are going to try and fill in those gaps by adding some additional features to the Job Center website,” McIntosh says. “Basically, we are looking to become a clearinghouse for sites that will be most useful in counseling job searches.”

Also in the works is an online forum for counselors who are looking for employment. The hope is that job seekers will communicate with one another, share information and brainstorm.

Amy Reece Connelly, ACA manager of Career Services, says CareerBuilder.com and other similar Internet resources provide excellent information, particularly when it comes to leads on hiring organizations. However, she advises counselors not to rely solely on Internet sites in their job search. “CareerBuilder is an established name with a lot of positions, and I think it is a good tool to use,” she says. “It’s a good place to start. However, nothing is going to be the answer for a job search.”

Even with advances in job searching over the Internet, she adds, networking and personal contact remain critical elements of career development.

Connelly also reminds members not to overlook the “ACA Preferred” listings when checking on job openings. These positions are advertised in Counseling Today but are also available online by clicking on “Opportunities” in the top left-hand corner of the Career Center page. These listings remain one of the best resources for uncovering academic positions in both counseling and counselor education.

“Long term, we want to be able to provide information that will make it easier for our members to conduct job searches,” Connelly says. “We want to make the Career Center page an excellent tool for our members, but we can only do that if our members communicate to us what they want to see on the webpage and what will be most helpful to them.”

The Job Center service is free to ACA members in good standing. Members can access the resource by going to www.counseling.org and clicking on “Career Center.” From there, look for the ACA Job Center logo on the left-hand side of the page.

Connelly says the ACA Career Center will continue to tweak the system as site users provide feedback. ACA members should send all comments and suggestions specific to the Job Center site to Martha McIntosh at mmcintosh@counseling.org or call 800.347.6647 ext. 230. Those with career-related inquiries can contact Connelly at acacareers@counseling.org. E-mails should include the member’s name, home state and a contact phone number.

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

Letters to the editor: ct@counseling.org

AMERICAN COUNSELING ASSOCIATION
VISTAS ONLINE!
VISTAS, the publication produced by ACA as a means of capturing innovative ideas, information, and experiences generated by the annual ACA conventions, is now online under the Resources tab at www.counseling.org. This is the first piece of a larger online resources effort from ACA, and another way ACA helps keep you on the cutting edge of practitioners’ information. With over 200 articles and more to come, VISTAS online is available for the years 2004–2006 and is indexed by article title.
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Walter F. Johnson
Past president of APGA and adviser to hundreds of graduate students

Walter F. Johnson, president of the American Personnel and Guidance Association (now the American Counseling Association) in 1958-59, passed away on July 18, 2006, at the age of 91.

A life member of ACA, Johnson remained active in the association even after he retired. “He enjoyed reading the journals and staying current in the field,” said his daughter, Katie Johnson. “Three days before he died, he had received a journal in the mail, and I found him reading it. He was a professor and a professional to the end.”

After serving in the U.S. Navy during World War II, Johnson finished his doctorate at the University of Minnesota (where he also earned his bachelor’s and master’s degrees) and joined the faculty at Michigan State University. During his distinguished career at MSU, Johnson became internationally recognized for his work in the fields of counseling and personnel services and in higher education administration. He held several administrative positions within MSU’s College of Education, including director of faculty development, director of graduate student affairs and department chair of higher education administration. He is given much of the credit for developing the nationally recognized graduate programs in counseling and personnel services and higher education administration at MSU.

Despite his many personal accomplishments, friends and family say Johnson’s greatest satisfaction derived from serving as major adviser to more than 170 doctoral candidates and more than 350 master’s degree candidates. “He had an almost unbelievable number of advisees. Some professional people would say, ‘That can’t be.’ But it’s true,” said James W. Costar, who was one of Johnson’s doctoral advisers, as well as his colleague at MSU for 35 years and a close friend for 52 years. “Walter often said he thought his most significant contribution to the counseling profession would become apparent in the hard work and dedication of the hundreds of graduate students who were his advisees at Michigan State University. If this is so, it certainly is due in no small part to the attention, love and encouragement each received from him. His unique ability to inspire others is the hallmark of Walter Johnson.”

Gail F. Farwell is another living testament to Johnson’s influence and guidance. The two met in 1950, when Farwell, “not really knowing anybody,” came to MSU to pursue his doctorate. Johnson advised Farwell on his dissertation and continued to impact his life both professionally and personally from that point forward. “He was my mentor, my academic father and my lifelong role model,” Farwell said.

Among the things Johnson did was to get Farwell involved with various APGA activities. Farwell went on to serve as the association’s last elected treasurer and was then appointed treasurer for five years. In 1968-69, he followed in Johnson’s footsteps when he was elected to serve as APGA president. Johnson also played a large role in Farwell returning to MSU to teach as a visiting professor.

Farwell said he was always impressed by Johnson’s values and the way he treated others. In particular, he admired the way that Johnson showed a personal interest in his students while still upholding the highest professional standards. “I’m so much a disciple of the way he handled me and dealt with me — it was such an influence — that that’s how I chose to deal with my own students,” Farwell said. “He was able to mix the professional and the personal together.”

After more than five decades, their bond remained strong enough that Farwell, who was at the International Trombone Festival in New Orleans earlier this year, detoured to East Lansing, Mich., to spend time with Johnson before heading home to Hawaii.

Johnson was the author, co-author and editor of numerous textbooks and professional journals. He had a keen interest in international education, which took him to more than 40 countries, where he served as a consultant, lecturer and researcher. He also served as a consultant to many colleges and universities and as an advisor to numerous state and federal offices. He was a member of the boards of trustees of three colleges in Michigan: Davenport University, Sienna Heights College and Owosso (John Wesley) College. He received numerous awards for outstanding service or achievement during his career, including MSU’s Distinguished Faculty Award, the University of Minnesota’s Outstanding Achievement Award and the Award for Outstanding Contribution to Higher Education from the National Association of Student Personnel Administrators.

Johnson was born in Black Brook Township, Was., in 1914. He taught in Turtle Lake, Was., where he met his wife, Mary Jane Larson. They were married for 63 years.

He was a captain in the Naval Reserve and served his country during World War II. He continued to serve in the Naval Reserves until his retirement in 1974.

Johnson is survived by three children, Katie Johnson; eight grandchildren and one great-grandchild.

A memorial service was held at Faith Lutheran Church in Okemos, Mich., on Aug. 28. Contributions in memory of Johnson can be made to either the Michigan State University College of Education Walter F. and Mary Jane Johnson Dissertation Award Fund or to Faith Lutheran Church, 4515 Dobe Road, Okemos, MI 48864.

Mary L. Roark
Professor emeritus and longtime ACA member

Mary L. Roark, professor emeritus of counselor education at the State University of New York at Plattsburgh, died in Naples, Fla., on May 30, 2006. A celebration of her life will be held on Saturday, Oct. 7, at 3 p.m. in the Alumni Conference Room, Angell Center at SUNY Plattsburgh. All are welcome to attend.

Roark retired as professor emeritus at SUNY Plattsburgh after a variety of positions as an educator. During her long academic career, she published many professional articles, gave lectures and presented papers at professional meetings. Her dedication to teaching was recognized with the Chancellor’s Award for Excellence in Teaching in 1997 at SUNY Plattsburgh. She held numerous positions in learned and professional societies, and was a longtime member of the American Counseling Association.

A scholarship in her name has been established with the Research Foundation at SUNY Plattsburgh.

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Counseling Today October 2006
of their story is being displaced, of not being able to find the right spot, because they still have family in Mexico. I like to use the metaphor of these people being stuck in the river. They have difficulty putting down roots in either Mexico or the United States.”

But something remarkable is happening along the border in Brownsville, where the struggles of immigration — both legal and illegal — play themselves out every day. The Community Counseling Clinic operated by the UT-B Counseling and Guidance Program is successfully reaching across barriers and impacting a population not known for its openness to the counseling process. The clinic began tracking client outcome with the Outcome Questionnaire and the Youth Outcome Questionnaire in 2005. “After one year, results indicate that 55 percent of our clients, including adults and minors, showed reliable change,” says Manuel Xavier Zamarripa, an assistant professor with the Counseling and Guidance Program in the university’s Department of School Specialties. “It seems like we’re achieving higher than average numbers for a population that is often described as more difficult to serve. … Given that the field of counseling emphasizes the need to provide culturally responsive services, our work with a largely Latino clientele — mostly immigrant — and our positive outcomes are important because the Latino population continues to grow in the United States.”

Overcoming challenges

The clinic offers free counseling services for up to 12 sessions to community members. In the process, the clinic serves as the primary training ground for master’s counseling students at UT-B. In August, the clinic moved into a state-of-the-art facility that features two group counseling rooms, two rooms for individual counseling, a playroom, an observation room with one-way mirrors and closed circuit video, administrative offices, a waiting room and a kitchen. But much like the clientele it serves, the clinic had very humble beginnings.

The UT-B Counseling and Guidance Program opened the clinic in 2002 in preparation for CACREP accreditation. Up until that time, the university’s community counseling truck wasn’t very strong, and the Counseling and Guidance Program had no control over supervision. Yznaga, who had been a school counselor herself and had no experience with community counseling, was hired by the university at that time. “We really did start from the ground up,” says Yznaga, now coordinator of the community counseling training lab.

In its first year, the clinic consisted of two rooms for counseling and a waiting room. It was open two nights a week for four hours each night. After a year, the clinic was allotted two additional rooms, but not without opposition from within. The university already had a student counseling center, and the thought from many in the school community was that the two clinics would be in competition. Yznaga and Zamarripa are quick to point out that “border culture” differs greatly from typical Hispanic culture in the United States. “We overwhelmingly serve a local population about mental health services. “The concept of mental health wellness in the Hispanic community is not very strong,” Yznaga says. “In Mexico, there are strong systems of psychology and psychiatry. It’s the medical model — ‘Something is wrong, and a doctor can fix it’ — instead of a wellness model.” This conceptualization of behavioral or emotional problems as an “illness” contributes to the stigma attached to seeking professional help, Yznaga says. In an ongoing effort to educate the community and destigmatize counseling services, the clinic continues to hold an open house each semester.

To make inroads in the Hispanic community, Yznaga says, the clinic has to appeal to the community’s sense of family. It’s not uncommon for Hispanic clients to bring their entire family with them to counseling sessions, she says. “In our culture, the inclusion of family in any kind of treatment is common,” she says, “so we try to make the clinic as homey as possible and try to destigmatize it.” All the rooms in the clinic are designed to look and feel like salas or living rooms, she explains, and clients are offered chamomile tea and Mexican pastries soon after they arrive to further put them at ease.

The clinic’s new facility adds to the family-friendly environment with an intimate courtyard just outside the entrance. “People really like to sit in the courtyard so their kids can run around,” Yznaga says.

The community clinic also utilizes these family bonds in treating clients. Because Hispanic families are more familiar with medical models than wellness models, Yznaga says, “they want to bring their kids to us and say, ‘Fix them.’” Instead, the clinic takes an approach that educates and helps both parent and child. Parents who bring their children to the clinic for mental health services are asked to enroll with one of the counselors as well. “We tell the parents that we want to teach them how to be counselors with their kids for the rest of the week,” Yznaga says. “They really warm up to that.”

A whole different culture

Roughly 86 percent of the population of Cameron County, where Brownsville is located, is Latino in origin. But both Yznaga and Zamarripa are quick to point out that “border culture” differs greatly from typical Hispanic culture in the United States. “We overwhelmingly serve a first-generation immigrant population,” Zamarripa says. “This population is further marginalized and may not trust the counseling process as much. Part of the cultural fabric here is undocumented workers and people spending time across both borders. The cultural identities are very fluid.”

“A lot of husbands will keep their wives or kids from seeking counseling by saying that we’re going to deport them,”
Yznaga adds, “Part of our outreach is going into the community and saying, ‘No, we don’t report or have anything to do with INS (the Immigration and Naturalization Service).’ Convincing them takes time, especially since the clinic parking lot is bound by the levee of the Rio Grande, which is patrolled by mounted Border Patrol agents.

Another major difference, Yznaga says, is that the newly arrived immigrants “are at the beginning of the continuum. They have a much lower rate of acculturation and, because this is their first stop, there is a lot of poverty.” According to Yznaga, Cameron County is second in the nation in terms of poverty for all counties with populations of 250,000 or more. Zamarripa points out that one of the Counseling and Guidance Program’s major motivations in opening the community clinic was the lack of available and affordable mental health services in the area.

Depression/anxiety and marriage and family problems are the most prevalent issues among the clients who come to the clinic, according to Yznaga. “Part of the depression comes from realizing that the milk and honey don’t flow freely here,” she says.

“The majority of the problems we see are related to living in poverty — a lack of medical care, a lack of housing, poor living conditions, a lack of education,” she continues. “The poverty permeates everything. Most of these clients don’t understand that a lot of their problems arise from their circumstances and not from an inability to resolve their own problems. It’s a big relief to most of them when we explain that.”

Many of the presenting problems are related to the stress of immigration, Yznaga says, adding that post-traumatic stress disorder is not uncommon among members of this population. “A lot of people have very traumatic stories,” she says. “Many of the stories involve rape and robbery and loss along the way.” That loss also extends to social support systems, she points out, especially among women, who in many cases are simply honoring their husbands’ decisions to cross into the United States.

Despite facing incredible hardship, many newly arrived immigrants don’t feel justified in seeking counseling or other help, Yznaga says. “Initially, they feel really, really lucky to be here in the United States,” she explains. “So complaining about their current situation seems wrong to them. Because these people are fleeing terrible conditions, they are more willing to accept standard conditions of services here or to wait in a line forever.”

“Another theme with our population is isolation,” Yznaga continues. “They don’t know where to go (for services), and they don’t know who to ask. They don’t know where to go (for services),” she says. “It also helps them become aware of the clients’ autonomy and individuality. I think that really hits home here, even if (the counselors and the clients) come from the same background. We get clients who give you very different ideas about immigration. It’s a great training ground for the counselors.”

The counseling students are first trained to examine their own values and to find their place on the immigration continuum, Yznaga says. “We have to remind them that we all have immigration stories,” she says. “It’s really eye-opening for the students.”

Re-engaging with their family’s immigration experience provides the counselors-in-training with some cultural empathy for their clients, Yznaga says. “It also helps them become aware of their biases,” she says. “The mentality of, ‘Hey, pull yourself up by the bootstraps! We did it!’ But the other reaction is that they identify too much and can’t separate themselves enough from the client to help.”

Students are also taught to pay attention to the cultural and social resources brought to the table by their clients and to solicit each client’s coping skills, strengths and personal stories. For example, Zamarripa says, many people view the risks that immigrants take in coming to America in a negative light. “The part of that risk-taking that’s an asset is usually overlooked,” he says. “There is an extreme willingness to do what they have to do for the well-being of their families. So we might tie that in by commenting to the client that coming to counseling is an important and brave step.”

The community counseling clinic stresses a strength-based approach. “This is a community of significant personal resources, which includes being grateful for what they have here because it’s so much more than what they had in Mexico, their belief in family and their faith that they can and will succeed, even if it might take a few generations,” Zamarripa points out. “The spirit of perseverance is demonstrated in their ability to cope with a multitude of hardships while they continue to attempt to be accepted and successful.”

Clients are made to feel safe by speaking to them in the language they want to use, Zamarripa says, while also respecting their cultural language, including coping mechanisms. For example, many immigrant clients cope with life’s difficulties by relying on some type of faith system, which often incorporates folk elements or remedies such as lighting candles. “They feel comfortable with that and they draw strength from that,” Zamarripa says. “We just ask them, ‘How does that help?’ and accept it, even if it’s not mainstream. … Our clients are relieved that they’re not going to be placed into some type of category and pathologized.”

In fact, an element of the counseling program that Yznaga takes particular pride in is training of students to recognize folk remedies in the assessment phase. For example, some clients believe their problems are the result of ill will being wished on them by someone who is envious. Yznaga says this is a relatively common belief in poor communities; members of the community come to think they don’t deserve anything good, and even if they receive something, it will ultimately be taken away.

Another common mindset among the clients who visit the community clinic is that “this is their lot,” Yznaga says, “and if they try to change it, that is going against the will of God.” For instance, a female client might say that if God put an abusive husband in her life, she can do nothing to change it. “We have to be very careful and respectful of not taking that away from them,” Yznaga says. “Instead, we would talk to them about their personal strengths, some of the resources God has given them, including anger, to help them get out of the situation and the people God has put in their path to help them feel less pain. We want to help them reframe the problem without demeaning their approach.”

While the community counseling clinic still receives a significant number of referrals from area schools and social service agencies, more and more individuals are coming because of referrals from former clients. “They’re saying, ‘You can go to this place, and they’ll take care of you,’” Zamarripa comments.

“Based on our referrals and the outcome data, we’re doing something right,” Yznaga adds. “Trust is such a huge part of this community, and it’s so fragile.”

The Community Counseling Clinic is now open four nights a week. The goal is eventually to be open eight hours a day, five days a week, Yznaga says. Identifying grants and external funding to increase services is a top priority. An additional challenge at the moment is finding enough graduate counseling students whose schedules aren’t already tied up to staff the clinic. Getting enough clients to come to the clinic is no longer a problem.
The power of the mind is limitless at Argosy University.

BY PAUL NELSON

Over the years, group practices have been structured through more traditional arrangements such as partnerships, corporations, or the like. As a counselor or human development professional participating in one of these traditional business structures, you can protect yourself by sharing in professional liability coverage under a group policy. A group policy protects the business owner as well as employees and independent contractors working on behalf of the group. But what do you do about professional liability protection if you are part of the growing trend of counseling professionals who choose less formal business relationships? Many practitioners are now sharing office space and aligning themselves with other professionals to increase their ability to attract and serve clients while at the same time reduce costs. Although there are many positive aspects to these arrangements, you need to be aware that this type of business setting can increase your risk of liability.

Creating a shared office space arrangement and sharing a location name such as “Valley Counseling Center” can give the appearance that you work in a group practice and, as a result, should share in the responsibility for any negligent acts performed by the counseling professionals in that space. To protect yourself in the event that you are named in a lawsuit, purchase an individual professional liability policy. An individual policy not only protects you for the services you offer but also gives you peace of mind that your insurance carrier will provide legal defense if you are brought into a lawsuit because of the actions of others.

How can you be sure that purchasing an individual policy is the right answer? If you do not have a formal agreement with the counselors who share your office space, answer the following questions to determine if you should purchase an individual policy:

- Do you share clients?
- Do you conduct group sessions with one or more counseling professionals?
- Do you share office staff?
- Do you store client records in a common area?
- Do you share fees with other practitioners?
- Do you post a sign on the office door with a name that leads the public to think you are a group practice?
- Do you consult with other counseling professionals about their clients?
- Do you share clients?

If you answered yes to any of these questions, then you need to purchase an individual professional liability policy.

In addition to the protection an individual policy affords, you can take additional steps to reduce your risk of malpractice lawsuits if you share office space:

- Consider establishing an office share agreement that details the expectations of the other counseling professionals sharing office space. Make certain that the other counseling professionals agree that they will share the office space to maintain their own professional liability coverage.
- Consider adding phone lines with separate numbers for each of the counseling professionals sharing office space.
- Make certain that the office staff answers your phone line using your practice name and not the shared space name. This will make it clearer to the public that you are not part of a group practice. Also, protect client privacy by not using client names during peer consultation sessions. Use the term “peer consultation” rather than “peer supervision.” As the word “supervision” implies that you have a level of responsibility for the actions of others, that perception of responsibility could bring you into a lawsuit.

- Establish and document office procedures so there is objective documentation of your office practices in the event of a lawsuit. Require the other counselors to do the same.
- Establish a shared office setting to make certain they are qualified to practice makes you vulnerable in someone who may not be qualified to practice services under your state’s practice act. Bring in someone who may not be qualified to practice makes you vulnerable to a lawsuit.

- Educate your clients on their relationship with the other counselors. You may want to provide them with a statement about your practice, making it clear that you are an individual practitioner and not part of a group practice. Make sure that the other counseling professionals follow the same procedure.

- Keep client records separate. If others have access to your clients’ records, you could be subject to a lawsuit for not safeguarding your clients’ privacy.

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- Establish and document office procedures so there is objective documentation of your office practices in the event of a lawsuit. Require the other counselors to do the same.
- Establish a shared office setting to make certain they are qualified to practice makes you vulnerable to a lawsuit.

- Always check the references of new professionals joining the shared office setting to make certain they are qualified to provide counseling services under your state’s practice act. Bring in someone who may not be qualified to practice makes you vulnerable to a lawsuit.

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- Establish a shared office setting to make certain they are qualified to practice makes you vulnerable to a lawsuit.
I will always have the image etched in my mind: the backs of the heads of three generations of my family staring into three different computer screens. I chose to be amused rather than hurt. Years later, when a virus attacked our relatively new computer, two Indian gentlemen about 30 years apart in age came to our house to resolve the difficulty upon our urgent request. I later peeked around the corner to see three faces (including my husband’s) staring at the computer screen. The faces exhibited deep, silent concentration as the computer “performed.” Finally, after gracious acknowledgment of my existence, they left. This episode brought back memories of those days, years before, when I found myself staring at the backs of the heads of my family members. I was convulsed with frustration and horror, but fortunately, these emotions were also accompanied by amusement.

Another adventure became quite wild and dicey. We were in a rental car on the way to the airport with our computer expert serving as chauffeur. Weaving around traffic with one hand on the steering wheel, he listened in on his earphones while punching at the BlackBerry in his free hand, his eyes darting from the road to the handheld implement and its screen. Indeed, he saved us time by getting us our airline and gate information. He also talked to his wife again, called his office and made hotel reservations for his upcoming business trip. All these tasks were accomplished with impressive efficiency—despite endangering our lives as he careened around curves in heavy, high-speed traffic. We arrived at the right spot at the perfect time, breathless, shaking and not feeling relaxed!

As a psychotherapist, I once had a client, a brilliant student, who arrived at her appointment with her cell phone. Constantly interrupted by both incoming and outgoing calls, I commented that the cell phone was dominating her life and our sessions. The presenting problem we were dealing with was actually minor in comparison. I identified her personal attachment to the cell phone, which had nothing to do with business or emergencies, as an addiction. The more I heard, the more convinced I became that I was correct. Despite her brains and academic successes, the client’s need for contact with others was constant. It was actually destroying some relationships, but still she couldn’t help herself. We who are “retired” are besieged by e-mails having to deal with work and current events.
Fourth quarter ACA fiscal report

BY JANE GOODMAN

In an effort to keep the American Counseling Association membership fully informed and simultaneously comply with Governing Council policy, quarterly fiscal reports are issued in Counseling Today. This quarterly report (summarizing April 30-June 30) represents the fourth report for the fiscal year that ended June 30, 2006.

The balance sheet presented with this report is intended to reflect ACA’s financial position at a given point in time. The balance sheet gives a picture of the association’s financial position as of June 30. As of June 30, ACA owned $7,239,651 in assets. Of these assets, $6,084,027 was in cash and investments.

On June 30, the association’s liabilities included vendor fees of approximately $258,309, staff salaries and benefits of $440,775 and fees collected on behalf of related organizations of $63,791. Member benefits to be fulfilled totaled $3,432,731 and appear as a liability because ACA receives membership revenue annually while providing member benefits monthly.

As this balance sheet indicates, ACA’s net worth on June 30 was $3,044,045. This indicates that the association remains financially positive. However, efforts must continue to be made to ensure the association’s long-term stability.

ACA was financially sound at the end of the fourth quarter of Fiscal Year 2006. On June 30, the association reported $76,858 in excess revenues over expenses. This represents the second time in the last three years that ACA has improved its financial health at year end. As we proceed in the new fiscal year, ACA intends to continue developing more programs, pursuing its legislative activities and providing established programs and benefits to its members.

The ACA Financial Affairs Committee, in collaboration with the administrative staff and Governing Council, convenes monthly to evaluate the financial position of the association and to recommend pertinent action. Quarterly reports are provided to membership via Counseling Today.

Jane Goodman completed her term as ACA treasurer on June 30, 2006.

AMERICAN COUNSELING ASSOCIATION

BALANCE SHEET

DECEMBER 31, 2005

ASSETS

Cash & Cash Equivalents $6,084,027
Accounts Receivable (net of allowance for doubtful accounts of $40,773) 307,133
Accrued Salaries, Annual Leave & Payroll Taxes 440,775
Deferred Revenues 3,432,731
Total Liabilities & Fund Balance (Deficit) $ 7,239,651

LIABILITIES

Due to related organizations 63,791
Accounts Payable 258,309
Deferred Revenues 3,432,731
Total Liabilities 4,195,606

FUND BALANCES

Unrestricted Fund Balances (169,952)
Designated Fund Balances 3,137,139
Prior Period Adjustment 0
Total Fund Balance (Deficit) 3,044,045

Total Liabilities & Fund Balance (Deficit) $ 7,239,651
do both with activities and friendships even in the middle of the night. Digital pictures and messages and jokes are sent to us, and there are endless references to websites. This requires that I stand, stooping down behind my husband, as we wait for the pictures and messages to rise from mysterious depths and materialize before us.

We know that drivers whose attention (and at least one of their hands) has been partially preoccupied by their cell phones have caused accidents. Conversations (either business or personal), reading, caring for children and other tasks are constantly interrupted, compromising our concentration and quality of thought. Even theaters now have to plead with their patrons to turn off all cell phones so as not to distract others and interrupt performances.

There is another side to this story with which we are all well acquainted. As someone who has moved far away from several old friends, or they from me, to be closer to our children or to retreat to warmer climates, I understand that e-mails are indeed lifelines. I still write letters to friends and family, but my husband sends them through e-mail instead of snail mail for me. This wonderful man — who is, I'm convinced, addicted to the computer and all of its "2,000 parts" — types and e-mails articles for me (including the one you are currently reading), gleans items and information, and orders gifts from the Internet for me. This saves me multiple hours and much aggravation. He loves doing it. I hate it and refuse to spend precious hours learning the intricacies of machines that, as soon as I begin to count on their performance, shut down, crash or otherwise gurgle strange noises. I realize I belong in an era prior to my own. So be it.

I also understand that this new computer age, with its ever new and wonderful appendages, broadens and hastens information access, exchange and flow as well as communications. This is helpful in so many fields in so many ways that it would take a separate piece to applaud them all. One example, of course, is the cell phone, which is a special blessing to a woman alone at night in a car when something goes wrong with the vehicle, a medical emergency occurs or she needs directions.

These inventions are marvelous tools when used in moderation or when really needed. But like so many other gadgets and aspects of life, we seldom heed Aristotle's ancient wisdom: "Moderation in all things." We forget that even our best traits and talents, individually and collectively, can become negative or even destructive. We Americans have a penchant, I believe, for heading out full force to a new "territory." This is our history and both our strength and weakness.

So I raise the question: What price are we paying as we lose ourselves in this widespread computer culture that touches everything? Are we losing the art of communication and conversation in letter and essay writing or even in therapy, as some is now being done on the computer? I believe a therapist can provide much educational information online, but nothing replaces that sacred and confidential therapeutic relationship. We seem to be losing the ability to think or express ourselves in complete sentences, whether personally or professionally, even on television. We have lost patience: We send half thoughts by e-mail, surf television channels, watch the clock while friends are talking, duck in and out of traffic lanes, multitask even as we’re driving our cars. This all breeds rudeness, shallow reasoning, nervousness, incomplete thoughts, a rushed mentality, abruptness and inadequate listening, which all contribute to misunderstandings.

It strikes me that we seem like nervous mice dashing hither and yon. Where is our pleasure in savoring life, beauty, spirituality, poetry, art, the starry sky, the petals of a rose? Do we know how to use our senses? We have lost our balance. We are losing our way at the expense of civilization, of wonder and awe.

Carolyn Brastow Pledger is a licensed professional counselor and a licensed marriage and family therapist, recently retired after 17 years in private practice and 25 years in the counseling field. She now writes, acts in amateur theater, participates in discussion groups and leads a liberal interfaith fellowship.

Letters to the editor: ct@counseling.org

Carolyn Brastow Pledger
AMCD interest groups report on most recent collaborative efforts

Submitted by Janet Wind-Walker Jones  
grandmold@juno.com

The 2006-2007 agenda for the Association for Multicultural Counseling and Development

ethnic interest groups promotes advocacy and an inclusive membership, is collaborative and promotes culture as a fundamental mirror through which all persons are viewed, understood, addressed and provided counseling support.

Each interest group is reaching out to AMCD members as they advocate for the interests and concerns of culturally diverse populations and help the association provide global leadership for communities to work together to ensure that the needs of ethnically diverse groups are met.

The AMCD Town Hall Meeting will be held on Saturday, March 24, 2007, from 10:30 a.m.-12 at the American Counseling Association Convention in Detroit. This is an opportunity for members to help shape a strategic plan to guide AMCD’s future.

Members who cannot attend are encouraged to get involved by e-mailing the ethnic vice presidents. Initiative themes include:

- Strategic planning to support AMCD goals and objectives that serve all members
- Mentoring as a critical component in leadership and learning/sharing cultural paths
- Outreach and advocacy in working with one another’s communities
- Multicultural competencies as they relate to each ethnic group and how they are being infused into our work to guide us in understanding those who are different from us.

On Friday, March 23, another bold initiative will be implemented in Detroit: the first jointly held Cultural Issues Day of Learning. This innovative and exciting initiative will run from 7 a.m.-7:30 p.m. Members and nonmembers alike are urged to participate.

Work continues on development of ethnic-specific competencies using the model developed in the Operationalization of the Multicultural Counseling Competencies. Adding these to the growing body of multicultural competency tools already available will contribute significantly to the profession. Each ethnic group is seeking member input in a joint effort to develop these new competencies. The goal is to discuss their operationalization at the 2007 Town Hall.

Member input is also welcomed in how best to deploy these competencies, provide training on them to all ACA divisions, infuse them into counselor education curriculum and certification programs, etc. The AMCD ethnic interest network listservs are excellent forums for dialogue on these issues and can help move the competencies to the next level. Interconnectivity encourages the involvement of all members in the affairs of the association, provides a forum for discussion and collaboration and empowers AMCD to advance counseling as a profession that promotes multicultural wellness, health and whole healing in society at large.

Affiliation with an ethnic interest group gets members

In Brief

Dismissed student accused of trying to kill ACA leader

An expelled graduate student from Loyola College of Maryland has been charged with attempted homicide and arson after he allegedly set fire to his former professor’s home. According to an affidavit of probable cause, Garrett M. Adler drove to Bradley Erford’s home on Aug. 23 with the intent of burning the counselor educator’s house down and then committing suicide by drug overdose. Erford, director of Loyola’s school counseling program, is the past president of the Association for Assessment in Counseling and Education, a division of the American Counseling Association. He currently serves as AACE’s representative to Governing Council.

Fortunately, Erford and his family members escaped unharmed and there was minimal damage to the home before rescue teams extinguished the fire. Authorities apprehended Adler in the woods behind Erford’s home.

In a letter titled “Last Days of Garrett Adler” that was found in the suspect’s home in East Hampton, Conn., he wrote, “I’m very excited about getting an ‘eye for an eye’ with Erford. He ruined my life and future and now he is going to get an awakening.”

According to police, Adler was dismissed from Loyola last year because of disciplinary problems. Adler remains in jail with bail set at $1 million. He has a preliminary hearing scheduled for Oct. 24.

ASGW Peg Carroll Scholarship currently accepting applications

The Association for Specialists in Group Work Awards Committee invites applicants for the $2,000 scholarship given annually to honor Marguerite “Peg” Carroll, former ASGW president and pioneer in group work. The purpose of the award is to support the study of group work and further the understanding of group dynamics. Any student interested in the field of group work is eligible for consideration.

Applicants should respond to the following questions:

- There are many types of group experiences, such as therapeutic and/or counseling, decision-making, task-oriented, psychoanalysis, quality circles, classroom meetings, etc. What area interests you the most and why?
- Where would you obtain training in your area of interest? Be specific in respect to trainers, institutions, workshops, sponsors, etc.
- In addition, describe your intended degree program, if it applies.
- How do you plan to assess if you and your groups are making progress? Have you had any experience with these evaluation tools?
- Explain fully.
- List the types of groups in which you have participated. Describe their duration and the positive and negative aspects of each experience and your role (participant, leader, intern, etc.).
- Describe your participation in professional organizations related to group work.
- The application should include a cover sheet with name, address, home and work phone numbers, e-mail address, Social Security number and the names and contact information of those writing letters of recommendation.

Letters of recommendation should be solicited from three professionals in the field who are familiar with the applicant’s work. These letters may be from supervisors, mentors, major professors or other individuals who are knowledgeable about the applicant’s work with groups. These letters should be forwarded directly from the recommendation source to the address listed below and must be received by Jan. 31, 2007. Recommendations should address topics such as group counseling skills of the applicant, evidence of ethical behavior and evidence of professional commitment and potential.

Electronic submissions are preferred and may be submitted via e-mail (attachment) to kelly.mcgonnell@wmich.edu. Submissions via regular mail should include three typed and double-spaced copies of the application. Send them to Kelly McDonnell, Ph.D., Western Michigan University, Department of Counselor Education and Counseling Psychology, 3102 Sangren Hall, Kalamazoo, MI 49008. Applications must be received by Jan. 31, 2007. The scholarship winner will be announced at the ASGW Luncheon at the ACA Convention in Detroit. Recipients must be (or become) members of ASGW.

AMCD president-elect creates partnership for disaster relief

Association for Multicultural Counseling and Development President-Elect Createe West-Olatunji recently returned after an eight-day disaster relief trip to New Orleans. The trip was a pilot for the disaster relief partnership created by West-Olatunji, assistant professor at the University of Florida’s Department of Counselor Education and former program coordinator at Xavier University of Louisiana. The partnership includes Zarus Watson, founder of the Research Center for Multiculturalism and Counseling and associate professor at the University of New Orleans counseling program, as well as Gargi Roysircar-Sodosky, professor at Antioch University New England’s clinical psychology program and founding director of the Antioch New England Multicultural Center.

West-Olatunji was accompanied by a group of seven graduate students from the University of Florida’s College of Education. Two graduate students also accompanied Roysircar-Sodosky from her department. During their eight-day visit to New Orleans, the team provided disaster relief counseling services to teachers, staff, administrators and parents at the Nelson Charter School. The group also provided follow-up services at a local New Orleans hotel and learned firsthand about the current state of the city. Additionally, the team presented at the annual conference of the American Psychological Association, which was held in New Orleans during the same period.

This outreach activity was the first in a series of interactions planned for this partnership, which is co-sponsored by AMCD and Counselors for Social Justice; two divisions of ACA. The group delivered school supply donations collected at the University of Florida and Antioch University New England to students at the Nelson Charter School.
involved in their association. Multicultural individuals can belong to more than one group. Advising ACA of your current e-mail address is an important step in staying connected. Another is sending an e-mail to one or more of the ethnic vice presidents stating your interest in being involved, as well as your feedback, questions and ideas:

- Native American/American Indian — Janet Jones (grandmold@juno.com)
- African-American — William Conwill (wconwill@ufl.edu)

NCDA holds inaugural Leadership Academy
Submitted by Deneen Pennington dpennington@ncda.org

The National Career Development Association’s inaugural Leadership Academy class convened at the annual Global Leadership Academy class conference held in Chicago in July. Eighteen NCDA members were selected to join this hands-on, highly experiential leadership development opportunity that is designed specifically to identify and nurture future national and state career development association leaders.

The class met with the NCDA Board of Directors and other state leaders to learn more about the association. As part of the academy, each participant will participate in a one-year Action Learning Project and present his or her work at next year’s NCDA conference in Seattle. Members of this year’s class will become mentors to participants in the 2007-2008 NCDA Leadership Academy.

NCDA is now seeking applicants for the next academy. Any NCDA member, new or seasoned, may apply. We encourage everyone to consider this dynamic opportunity! Each selected academy participant will receive scholarship funding to offset some of the costs of attending the annual NCDA conference.

For more information, visit the NCDA website at www.ncda.org or contact NCDA Executive Director Deneen Pennington at dpennington@ncda.org for more information.

Congratulations to the 2006-07 Leadership Academy class. Members include:

- Janis Ashkin, Ashkin Counseling & Training
- Diana Bailey, Maryland State Department of Education
- Pamela Brott, Virginia Tech-Northern Virginia Center
- Rodney Bullock, Joliet Junior College
- Sally Gelardin, The Job Juggler
- Kevin Glavin, Kent State University
- Marjorie Hendrickson, Dutchess Works
- Jeanette James, Sachem Central Schools
- Lynda Kemp, Colorado State University
- Sarah Lopienski, Kent State University
- Julia Panke Makela, University of Illinois at Urbana-Champaign
- Sarah Moore Brookshire, Phieffer University
- Thomas Phillips, Oregon State University
- Rebecca Ross, Princeton University
- Lisa Severy, University of Colorado-Boulder

ACCA launches new online CEU course
Submitted by Melissa Spriggs mspriggs@gwu.edu

The American College Counseling Association is pleased to announce the addition of yet another timely and informative online continuing education course coming soon via the ACCA website at www.collegecounseling.org.

The new course is on psychopharmacology, and the course objective is to increase the participant’s knowledge and understanding of psychiatric medications, especially those that have recently become available. This update will provide the participant with information on new medications available for various conditions, including sleep disorders, depression, bipolar disorder, schizophrenia and anxiety.

The course was developed by Beth M. Hall, assistant professor in the Department of Pharmacy Practice at South University School of Pharmacy & Georgia Regional Hospital-Savannah. ACCA members who have attended Hall’s workshops in the past say that she does a thorough job of describing pharmaceuticals, their efficacy with different disorders and the latest research on them. She delivers this information without being boring or sounding like a textbook.

The new psychopharmacology course joins ACCA’s other online continuing education courses:

- “A Creative and Collaborative Approach to Test Anxiety”
- “Ethics and Policy When Dealing With Suicidal Behavior on the College Campus”
- “Dream Interpretation: Successful Techniques”

These courses provide from two to three CEU contacts each and range in price from $25 to $45, with discounts for members of ACCA. Individuals may also earn CEU credits by reading the Journal of College Counseling and completing an online test.

To learn more about these great online continuing education opportunities, log on to www.collegecounseling.org or www.professionalceu.com.

ACCA is also proud to be utilizing the latest research on issues impacting our youth is important for anyone who works with them. Unfortunately, in today’s fast-paced world, finding the time to stay informed can be difficult. That is why more counselors and youth serving professionals are turning to The Prevention Researcher.

The Prevention Researcher provides evidenced-based research and resources in a timely and concise manner. Visit us at www.TPRonline.org/CST and see how we can help you make a difference.

We now offer APA approved Continuing Education credits, visit www.TPRonline.org/CE for more details.

Continued on page 36
NECA, GMU collaborate to present Workforce Development Institute

Submitted by Kay Brawley
kbrawley@mindspring.com

The National Employment Counseling Association and George Mason University have teamed up to present an innovative Workforce Development Institute at the Fairfax, Va., campus on Nov. 16. “Navigating the Passages to Employability in the Global Marketplace” is a premier solutions-focused institute for career/employment counselors and workforce development professionals.

Three prominent keynote speakers will present topics of relevance to workforce professionals:

- Edward Montgomery, associate at the National Bureau of Economic Research and dean of the College of Behavioral Social Sciences at the University of Maryland will present on “Preparing the New and Upcoming Workforce to Meet the Challenges of the Global Economy.”
- Emily DeRocco, U.S. Department of Labor secretary of employment and training will speak on “Best Practices, High-Growth Job Training Initiatives.”
- Trenton Hightower, assistant vice chancellor of workforce development, Virginia Community College System, will speak on “Community Colleges: Essential Link in the Workforce Supply Chain — Impact of TANF & WIA Reauthorization on Work Programs.”

Between the keynotes, attendees may choose to attend three of six 45-minute concurrent sessions.

- 10 a.m. — “Interactive Webtools for Military Members in Transition,” Janet Wall, president, Sage Solutions or “Success Navigating the Federal Employment Career Journey,” Margaret Robinson, formerly D.C. Department of Labor
- 11 a.m. — “Marketing Job Training Services to Employers,” Deborah Robinson, director of business training, Ocean City College, N.J., or “Implications of BRAC on the Metropolitan Economy,” Regional Economic Studies Institute, Towson University
- 1:30 p.m. — “Promising Strategies for Employment of Inmates and Ex-offenders,” Eric Seleznon, executive director, Montgomery County, Md., Workforce Investment Board or “Leadership, Planning and Implementation Strategies to Get the Job Done,” Cheryl West, United Planning Organization, Washington, D.C.

The purpose of the institute is to address the unique employment issues of the Washington, D.C., metropolitan region and clients of all ages, from youth to older adults. This includes employers and businesses employing ex-offenders and military personnel transitioning to civilian employment. The institute will expand the leadership development of participants and their awareness of the latest career building tools, resources and certification programs. It is aimed at helping clients navigate life transitions and devise strategies for employment and life satisfaction.

Sponsors and exhibitors for the institute include:

- International Postsecondary Development Office at George Mason University
- National Employment Counseling Association
- Northern Virginia Workforce Investment Board
- United Planning Organization, District of Columbia
- Workforce Development Academy at the University of Virginia

Applicants may register online at the NECA website (www.employmentcounseling.org) by Nov. 10. The registration fee of $75 includes a recognition luncheon, refreshment breaks and parking vouchers. CEUs for attendance will be available through NECA.

Questions regarding the institute may be directed to Conference Coordinator Kay Brawley at 410.459.6282 or by e-mailing kbrawley@mindspring.com.

EB-ACA fall conference to explore counseling in a global community

Submitted by Rebecca Brickwedde
bb4963@yahoo.com

The European Branch of the American Counseling Association will hold its 47th Annual Fall Conference in Bad Herrenalb, Germany, Nov. 9-12. EB-ACA will be offering a wide variety of two-hour minisessions as well as several 15-hour Learning Institutes.

The conference theme is “Counseling in a Global Community.” David Jolliff and Arthur Horne will deliver the keynote address, “Surviving and Thriving in a Time of Global Change,” at the evening banquet on Nov. 9.

The conference will be held at the Treff Hotel in Bad Herrenalb. This delightful and comfortable hotel offers first-class accommodations and is surrounded by the beautiful Black Forest region of hills and mountains. Bad Herrenalb is set between Baden Baden and Karlsruhe and is easily reached by train from Frankfurt via Karlsruhe. More information about this lovely hotel is available at www. treffhotel-badherrenalb.de.

For complete information about the conference program, as well as hotel and conference registration forms, visit the EB-ACA website at www.online-infos.de/eb-aca/main.htm. Direct additional questions to EB-ACA President and 2006 Conference Chair Frankie Nielsen at Frankie.Nielsen@eu.dodea.edu.
A foundation has two main functions—to spend money and to raise money. The American Counseling Association Foundation is no exception to that rule. Our vision statement says that “we seek to promote and strengthen the well-being of counseling professionals and the constituents we serve.” How do we do this?

Obviously, there are many needs and many calls on the foundation’s resources. To enable the ACA Foundation Board to make wise decisions, we have established four strategic priorities. These are:

- A signature project
- The Counselors Care Fund
- Support for ACA activities
- Development

Growing Happy and Confident Kids, our signature project, is off and running. The project provides books related to children’s emotional literacy to elementary school counselors in inner city, rural or other areas of need. The ACA Foundation aims to expand this program over the next several years. So check the ACA Foundation website at www.counseling.org/foundation, and if you meet the guidelines, please apply.

The week I wrote this column, I had the privilege of visiting the Tenement Museum in New York City. This nontraditional museum doesn’t have standard displays; rather, it takes you on a tour of the typical living quarters of immigrants in the 19th and early 20th centuries. In every case, the aim of so many of our forefathers was to secure a better life for their children, even when it involved considerable sacrifice and loneliness. I was again inspired to help the ACA Foundation do its part to help parents in similar circumstances today — those who need just a little extra assistance to provide a better world for their children. So if this way of helping touches your heart, please donate to Growing Happy and Confident Kids.

The Counselors Care Fund was established in the aftermath of the hurricanes that devastated the Gulf Coast in 2005, but it has been expanded so that we are ready to help in other crises. The ACA Foundation has promised to match funds of up to $50,000. Thus far, we have raised more than $34,000. Please help us put this fund over the top. For more information, visit www.counseling.org/foundation.

Support for ACA activities is an ongoing role of the foundation. The focus is usually on leadership development, particularly of students, but other ACA activities have received support over the years. This year, that includes sponsorship of “Counseling Corner,” a column written for the public that reaches more than 1 million people weekly. We are delighted that we could fund the re-establishment of this activity. Again, we refer you to the website to see sample columns.

We are delighted to be able to give money to these worthy activities. But, of course, we need your support to do so. I have been touched by the gifts I have had the privilege of receiving this year on behalf of the ACA Foundation. But we need lots more. Please check the ACA Foundation website and donate — right now while you are thinking about it. Or send a check made out to ACAF c/o Theresa Holmes at ACA headquarters: 5999 Stevenson Avenue, Alexandria, VA 22304.

I hope your fall has started out well, and I look forward to hearing from you. I can be contacted at Goodman@oakland.edu.

Jane Goodman is chair of the ACA Foundation.
Learning and growing together

We are seven students who began our first year of doctoral study in counselor education together. Each of us knew the first year in particular would be wrought with emotion, stress, anxiety and issues of confidence. Add to this the challenges of learning to navigate a new environment, overcoming feelings of isolation and maintaining multiple commitments such as school, work and family.

We expected that negotiating these challenges would require a strong sense of self and independence. What we did not know was that success would also require a healthy balance of interdependence. Our experiences have taught us that the cohort has been especially instrumental not only in surviving doctoral study but also in increasing our potential as scholars, researchers and counselor educators.

The early stages

Each of us searched for a university that would offer a quality doctoral education after completion of master’s degree programs. We heard frightening stories concerning the admissions process and the intense commitment required of students. We were warned that “Only crazy people pursue Ph.D.s,” and the necessity of pursuing another degree was questioned. Still another remark: “Why waste time applying for a program that will take you years to complete?” These types of comments made us extremely cautious and challenged our thoughts as far as pursuing this level of education.

We also hosted questions and doubts of our own. Is this the right decision for both my family and me? Am I smart enough to earn a Ph.D.? Can I afford to stay in school any longer? Is this what God has planned for my life? The support of family, close friends and even faculty members provided us with the comfort and courage to stand by our decisions.

One male and one female African-American faculty member were particularly helpful during this decision-making process. They were highly visible and outspoken at conferences and in recruitment efforts in ways that made the program very attractive. They also eased the application phase of the process by providing detailed information concerning program goals and objectives and assisted us in determining if these goals would be a match for our own career objectives.

One member of our cohort had a particularly difficult time making the final decision to enroll. Only after a faculty member reviewed his application package was the final decision made. The instructor looked directly into the potential student’s questioning eyes and in an affirming tone said, “Patrick, you can do it.” They were simple yet powerful words, delivered by a person who knew the system and had Patrick’s confidence. That final confidence boost continues to be a strong motivator. You need that kind of confident person behind you from the very beginning.

The first few weeks of classes were thrilling as we learned new information, established new relationships and strove to increase life and career satisfaction. On the other hand, these first weeks were also daunting; our discovery of the vast world of academia was accompanied by what seemed to be ever-present uncertainties and self-doubts. That we were engaged in these experiences together and pursuing a common goal promoted the development of a bond that became an unexpected blessing. Spending hours together in the graduate assistants’ office and elsewhere working, thinking, supporting and laughing transformed us from hardworking individuals into a productive team. This unanticipated collaboration led to many advantages that we never would have experienced on our own. A few deserve special mention.

Experiencing growth and self-development

Like most students naturally do, we initially relied on professors and supervisors to be our primary sources of knowledge and direction. This made sense initially, but the process began to change as we realized the unique reservoirs of experience and knowledge that each member of our cohort possessed. We were not only students seeking knowledge and information but also professionals who understood firsthand the issues present in public school systems, social work, pastoral counseling and the military.

Learning about each other led to collective ownership of our development, making us less reliant on professors as our only source of knowledge. We began making use of this new perspective by submitting manuscripts for publication and presenting at conferences with other members of our cohort. These events were particularly helpful in increasing our potential as scholars, researchers and counselor educators.

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Relieving third-party payment headaches

Q: I have had difficulty collecting third-party payments from a certain insurance company. My claims either get denied or I have to bill multiple times for the same sessions. I have tried dealing directly with the insurance company with little or no success. Do I have to hire an attorney?

A: Hiring an attorney is the last resort. Dealing with insurance/managed care companies can be frustrating, although, by large, we have had a positive experience with third-party payers. The major frustration is the time it takes to follow up on a claim that is denied or not paid. Making multiple phone calls, wasting time on “hold,” writing letters, sending e-mails, etc., all take the counselor’s time — time that is better spent treating clients or marketing the practice.

Your informed consent document needs to address the collection of fees, not only from the client but also from third-party payers. The major frustration is the time it takes to follow up on a claim that is denied or not paid. Making multiple phone calls, wasting time on “hold,” writing letters, sending e-mails, etc., all take the counselor’s time — time that is better spent treating clients or marketing the practice.

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Typically, an appeal letter is sent from the client, after a signed release, to the managed care or insurance company. A copy is sent to the company’s benefits manager. The client also sends an appeal to both the client’s benefits manager and managed care or insurance company outlining the clinician’s credentials and stating the reason the claim was referred to him/her.

The clinician should also ask his or her state organization to develop a response to denials. The state organization’s written response to denials should outline the training and extent of practitioners involved in the clinician’s licensure. This response should be sent to the client’s employer with a copy to the insurance company.

For more information on consistent contracting with third-party payers and examples of denial letters, go to the American Counseling Association website at www.counseling.org. Another option is to go to the “Private Practice Pointers” section. From there, click on “Working with managed care.” “Managed care response templates” or “Implementing informed consent.”

Q: I am a provider with a certain insurance company that referred a client to me. My usual fee is $80. They paid me only $63 per session. Is there anything I can do legally? I know I cannot legally bill the client for the extra $17 per session. She says she cannot afford it. Any help or insight would be greatly appreciated.

A: Sorry, there is nothing to be done, and managed care does not allow balance billing. Just as airlines sign up with Travelocity, Orbitz or other discount agencies to fill extra seats, we sign up with managed care companies and take a reduction for the opportunity to get their referrals. Most of us accept this as part of “doing business.”

If your practice really takes off, you can opt out of some of the lower paying managed care companies and focus your practice on the “better paying” ones. A comprehensive list of fee schedules for 56 managed care companies, insurance companies and employee assistance programs has recently been updated and can be downloaded from the “Private Practice Pointers” section of ACA’s website (www.counseling.org). Good luck!

Note: We hope to see many of our readers in March 2007 at the ACA Convention in Detroit. Attend our Private Practice Learning Institute or our mini-sessions at the Career Center. Or simply stop by the Walsh and Dasenbrook Consulting booth in the exhibit hall and give us your feedback on our column.

Robert J. Walsh and Norman C. Dasenbrook are co-authors of The Complete Guide to Private Practice for Licensed Mental Health Professionals (www.counselingprivatepractice.com). ACA members can e-mail their questions to walshgasp@aol.com and access a series of bulletins on various private practice topics on the ACA website at www.counseling.org.

Letters to the editor: cct@counseling.org
Dealing with cancer from a multicultural perspective

Cancer is a nondiscriminatory disease. It impacts persons from all cultural, ethnic and racial groups and backgrounds. The American Cancer Society reports that the leading cause of death in the United States, cancer is projected to affect more than 1.4 million Americans by the end of 2006. Of those individuals who are diagnosed with one or more forms of cancer, 564,830 will die as the result of their illness by the end of this year.

Counselors routinely come in contact with persons who either suffer from cancer themselves or are psychologically impacted by a family member or friend with cancer. Because this illness affects so many people in our nation, it is important for counselors to understand some of the central psychological and multicultural issues that are linked to the complex problem of cancer in our society.

From a multicultural perspective, counselors are encouraged to keep four particular points in mind when working with persons who either have cancer themselves or are adversely affected by someone close to them who does.

■ Become aware of your attitudes and biases regarding cancer.

■ Recognize the disproportionate numbers of persons from different cultural-racial-ethnic groups who are diagnosed with cancer in the United States.

■ Develop an understanding of the cultural-racial disparities that impede many persons from accessing the quality health care services designed to address cancer.

■ Make a commitment to implement a broad range of helping services that are both culturally responsive and respectful when working with persons directly or indirectly affected by cancer.

We hope the information presented here will help you become more aware of the counselor’s role in dealing with persons affected by cancer. We also hope to stimulate your thinking about the types of multicultural counseling competencies that you either already possess or need to develop to work more effectively, respectfully and ethically with culturally different persons who are affected by cancer.

Developing a greater awareness

The multicultural counseling competencies developed by the Association for Multicultural Counseling and Development in 1992 and formally endorsed by the American Counseling Association in 2003 fall within three main domains: multicultural counseling awareness, knowledge and skills. A number of these competencies are particularly relevant because they relate to counselors’ work with persons affected by the high incidence of cancer in our society.

Multicultural Counseling Competency #1: Culturally competent counselors are able to recognize the limits of their competencies and expertise. This competency complements the previously mentioned points in several ways. First, culturally competent counselors are aware that their attitudes and biases about cancer may be affected by their lack of experiences with persons who have cancer, their lack of personal experience as a cancer patient or the types of experiences they have had with a family member or friend who developed the disease. By reflecting on these issues, counselors can become aware of how their experience or inexperience with cancer may limit their effectiveness in professional practice. In doing so, counselors are better able to seek consultation and training to increase their level of competence and expertise when working with clients whose presenting problems are linked to cancer in some way.

Becoming knowledgeable

Culturally competent counselors also demonstrate a willingness to acquire new knowledge about the problem from a multicultural perspective. It is indeed important to embrace a broad definition of the terms “culture” and “cultural groups” that includes persons with cancer. It is also important for counselors to understand that the attitudes and biases they may have developed as a result of not having any direct or indirect experience with cancer themselves. When left unexamined, such attitudes and biases may be subconsciously or unconsciously generalized to clients who are encountering psychological and emotional distress because of their own experience with cancer.

Multicultural Counseling Competency #2: Culturally competent counselors are aware of how their own cultural background and experiences, attitudes, values and biases influence psychological processes. An expansive definition of the term “cultural background and experiences” includes individuals from diverse religious/spiritual and socioeconomic backgrounds as well as persons in vulnerable at-risk groups. Mary and Allen Ivey, leading proponents of the multicultural counseling movement, have commented on the need for counselors to embrace a broad definition of culturally different groups. That definition is inclusive of the millions of persons whose unique physical, ethnic, racial, sexual, socioeconomic and residential characteristics and identities not only distinguish them from persons in other groups but often place them at high risk for future psychological problems.

Commenting further, the Iveys state that “Counselors and psychologists are frequently called upon to work with persons in various vulnerable at-risk cultural groups, including poor, homeless and unemployed people, adults and children in families undergoing divorce, pregnant teenagers, individuals with HIV or AIDS and persons with cancer.”

The following section provides information about cancer from a multicultural perspective. Despite the fact that death rates for all cancer types have declined in recent years and the incidence rates of various cancers have been stable since the mid-1990s, various cancer research groups have consistently reported cultural disparities in the incidence of cancer. In a recent report generated by the National SEER Cancer Statistics Review group, researchers reported that cultural-racial-ethnic group cancer incidence and death rates, from highest to lowest, were as follows: African-American, White, Hispanic, Asian/Pacific Islander and American Indian/Alaska Native. It is also noteworthy that there were consistently greater rates of cancer incidence for males in each subgroup.

The American Cancer Society further informs us that significant disparities in the incidence of cancer continue to exist among persons in specific racial-cultural-ethnic populations. African-Americans (males in particular) and persons in low socioeconomic groups continue to have the highest rates of new cancer cases and cancer deaths. A more detailed report by the American Cancer Society indicates that African-American men show the highest incidence and death rates for all cancers, followed by White males, African-American females and White females, respectively.

Furthermore, the U.S. Department of Health and Human Services confirms that African-Americans in the United States are 19 percent more likely to die from all types of cancer than Whites. African-American men are 50 percent more likely to die from prostate cancer than their White counterparts. And although breast cancer is diagnosed 24.5 percent less frequently among African-American women than White women, women of African descent are 33 percent more likely to die from this disease.

Other minority groups are also afflicted with severe cancer rates nationwide. The Department of Health and Human Services published a report in 2005 stating that women of Latina descent are 2.2 times more likely to be diagnosed with cervical cancer than non-Hispanic White women. In 2002, American Indian women are 1.9 times more likely to die from cervical cancer than White women. And Asian/Pacific Islander men and women are both found to have higher incidence and mortality rates for liver cancer than White persons in the United States.

Gaining up-to-date knowledge on the rates of cancer among various cultural-ethnic-racial groups may lead mental health professionals to think of the types of culturally sensitive approaches they can use to help persons cope with this disease’s unique challenges. In considering the types of specific interventions counselors can use, it is important to remember that individuals from disadvantaged cultural-racial groups who have received a cancer diagnosis often believe they have little control over the disease or the types of medical, psychological and social support services they can secure.

When faced with the prospect of cancer, people’s coping abilities are often undermined by feeling a lack of control over their medical problems or experiencing difficulties in accessing quality health care services for themselves, family members or friends. Knowledge of these issues can help counselors to better understand their clients’ thought processes and unique coping perspectives. With this knowledge in mind, culturally competent counselors will assess the degree of control that persons in diverse cultural-ethnic-racial groups experience in their lives and work to build on their current coping skills and strengths. When considering issues related to external and internal locus of control, it is also important to assess the role that religion and spirituality play in clients’ belief systems in terms of illness and healing.
Culturally competent counselors also understand the need to extend their professional impact in other ways. This includes advocating for the development and implementation of consistently high-quality health care services for all persons in the United States, especially those from culturally diverse groups, who are affected by cancer. In accepting an advocacy role, culturally competent counselors demonstrate their understanding of the need to move beyond simply providing direct counseling services. We need to implement other types of organizational, community, social and political change strategies that assist culturally different persons affected by cancer to experience a greater sense of control over the types of medical services that complement their cultural worldviews and values.

These efforts represent more comprehensive and respectful ways of promoting the health and well-being of culturally diverse clients who are affected by cancer. By implementing a more comprehensive approach to promoting the empowerment, health and well-being of these individuals, culturally competent counselors demonstrate their understanding of the multiple factors that affect persons impacted by this disease. In so doing, they exhibit a willingness to address the injustices that exist in the availability and delivery of quality health-care services that complement clients’ life experiences, historical backgrounds and cultural-racial-ethnic heritage.

**Multicultural Counseling Competency #13:** Culturally competent counselors understand how race, culture and ethnicity affect help-seeking behaviors and the appropriateness or inappropriateness of various counseling approaches. Race, culture and ethnicity play significant roles in the way a cancer patient views the appropriateness of help-seeking behaviors. Edward Sarafino of the College of New Jersey notes that many African-Americans and individuals with low annual family incomes are less likely than White persons and individuals in higher socioeconomic groups to access outpatient clinics for their health care needs. This is unfortunate because outpatient health care providers can often detect and treat cancer during its early stages. Early detection and treatment often results in the amelioration of many forms of cancer that would otherwise result in more serious and even fatal outcomes.

Counselors need to be particularly sensitive to the differences that exist among people in diverse socioeconomic classes in terms of their utilization of health services. The underutilization of health care services among poor and working-class persons, specifically as it relates to early detection and treatment of cancer, is a major barrier in promoting the health and well-being of people in these cultural groups. In combination with socioeconomic status, other demographic factors such as age are closely related to how willing or successful a person will be in accessing needed mental health counseling services when experiencing cancer. It is useful for counselors to familiarize themselves with research findings that discuss why many poor and working-class individuals tend to perceive that they are less likely to develop cancer than are people from higher socioeconomic classes.

It is also important to be sensitive to the reasons many of these individuals may feel less welcome or less trusting of counselors, particularly if the professional is of another race, not fluent in the client’s native language or communicates in ways that reflect culture-bound biases in his/her helping approaches. Derald Wing Sue, a pioneer in the multicultural counseling movement, stresses that eye contact, vocal tone, hand gestures, body language and other verbal and nonverbal communication gestures are culture-bound. These culture-bound dimensions of communication style can either facilitate or hinder development of a positive relationship in counseling.

Culturally competent counselors implement intervention strategies that foster a trusting relationship and positive counseling outcomes with persons from diverse socioeconomic and racial-ethnic groups who are affected by cancer.

**Acquiring a wider range of multicultural counseling skills**

Considering that many persons in lower socioeconomic and non-White ethnic-racial groups

**Continued on page 47**
North Atlantic Region ACES Conference
Oct. 12-15
Lake George, N.Y.
The theme of the North Atlantic Region Association for Counselor Education and Supervision Conference is “Counselor Educators and Supervisors: Blazing New Trails.” It will be held at the Roaring Brook Ranch. For more information, go to www.naraces.org.

Puerto Rico Counseling Convention
Oct. 18-20
San Juan, Puerto Rico
The Puerto Rico Counseling Association will host its annual convention at the Condado Plaza Hotel & Casino. For complete details, contact Maribel Perez at apsp_asconsejeria@yahoo.es.

Dance/Movement Seminar
Oct. 19
Long Beach, Calif.
This full-day seminar offers mental health professionals the opportunity to learn how to discover and trust their innate ability to “attend” empathically, respond authentically and translate nonverbal experiences into cognitive insights. Experiential body/mind exercises will be used along with didactic presentation to integrate a more embodied approach into traditional psychotherapy theory and practice. For additional information, call the American Dance Therapy Association at 410.997.4040 or Susan Kleinman at 954.696.9222 ext. 2067 or e-mail Sdkm2@bellsouth.net.

North Central Region ACES Conference
Oct. 19-21
Kansas City, Mo.
Held at the Westin Crown Center, the conference of the North Central Regional Association of the Association for Counselor Education and Supervision will focus on “Foundational Passes - Innovative Futures: Continuing the Generative Effort of Social and Professional Advocacy.” For more information, visit http://homepages.uc.edu/~xyergg/naces.htm.

MCA Annual Conference
Oct. 22-24
Grand Rapids, Mich.
The Michigan Counseling Association Annual Conference, “The Power of Counseling,” will be held at the Amway Plaza Hotel. The conference will include three keynote addresses and more than 80 breakout sessions. For more information, contact Christine Larson at cll@prodigy.net or go to www.michigan-counseling.org.

NBCC-I Global Mental Health Congress
Oct. 22-23
New Delhi, India
The National Board for Certified Counselors International is holding the first Global Mental Health Congress: “Focus and Missions.” This invitation-only congress is for professional, academic and government leaders in the counseling and mental health fields. It will feature the introduction of the worldwide Mental Health Facilitator program created by NBCC International in collaboration with the World Health Organization. Benedetto Saraceno, director of WHO’s Department of Mental Health and Substance Abuse, and Harriet Mayor Fulbright, chair of the Fulbright International Center, will serve as keynote speakers. All inquiries should be directed to nbccinternational@nbcc.org.

PCMA Conference
Oct. 27-29
State College, Pa.
The Pennsylvania Counseling Association’s 38th annual conference is organized around the theme “Healing Mind, Body and Spirit.” It will be held at the Penn State Conference Center Hotel in State College. For more information, go to www.pacounseling.org.

COMING EVENTS

International Career Development Conference
Nov. 1-5
Santa Clara, Calif.
The International Career Development Conference theme for 2006 is “Integrating High-Tech Tools in a High Touch Field.” This is the largest conference for career development professionals. The organization expects to attract more than 7,000 attendees from the United States, Canada, Europe, Africa, South America and the Pacific Rim. All conference programs will be held at the Hyatt Regency in Santa Clara. The conference is co-sponsored by the Career Planning and Adult Development Network (NETWORK), California Career Information Systems (EUREKA) and the California Career Development Association (CCDA). Visit www.careerccc.com for information on registration, or call Janet Saundra at 650.359.6911.

WCA Fall Summit
Nov. 4
Stevens Point, Wis.
The Wisconsin Counseling Association will present its fall summit at Mid-State Technical College. Be sure to check out www.wicounseling.org for more details, or e-mail Charles V. Lindsey at lindseyvw@uwosh.edu.

Western Region ACES Conference
Nov. 9-12
Las Vegas
The Western Association for Counselor Education and Supervision will hold its annual conference at the Tuscany Hotel. The theme will be “Counseling & Wellness in a Land of Plenty.” For more information, visit www.westeces.com.

AAATA Conference
Nov. 15-19
New Orleans
The American Art Therapy Association 37th Annual Conference will be held at the Riverside Hilton in New Orleans and feature the theme “Reaching Out & Rebuilding Our Communities.” Bessel A. van der Kolk and Elizabeth Birch will serve as keynote speakers. The conference will also include a special mini-symposium on “Art Therapy and Katri sodium.” For additional details, go to www. arttherapyconference.org.

FYI

Call for applications
A. Scott McGowan, editor of the Journal of Counseling & Development, is seeking applicants for three-year appointments to the JCD Editorial Board. Counselors with editorial experience and a record of scholarship relevant to the domain of JCD are encouraged to apply. Publications in refereed journals are required.

Given the broad scope of the journal, applications are being sought from people who represent all the various speciality areas of counseling. The journal is also looking to increase ethnic and racial diversity and to achieve a geographic balance on the board. Although not required in the letter of application, sharing such information relative to these characteristics is appreciated.

Applicants must be members of the American Counseling Association and must agree to provide high-quality reviews on a timely basis. Applicants interested in reviewing quantitative research manuscripts should identify their areas of expertise in terms of research design and statistics. Reviewers for qualitative research are also needed. Applications must be made electronically, but hard copies must also be sent. Because JCD is moving to a complete electronic manuscript submission and review process, prospective reviewers must have an e-mail address and must be prepared to forward reviews electronically.

To apply, send the following materials electronically as attachments to jcd@iu.edu: a letter of application describing qualifications and areas of expertise, a vita and a list of publications. In addition, send hard copies, along with a recent representative publication of an article the applicant has successfully published in a refereed journal, via regular mail to A. Scott McGowan, Editor, JCD, Department of Counseling & Development, Long Island University/C.W. Post Campus, 720 Northern Blvd., Brookville, NY 11548. Incomplete applications will not be considered.

Call for papers, manuscripts
The University of Alabama at Birmingham Center for Ethics and Values in the Sciences invites submissions for papers for the What Is Addiction? The Third Mind and World Conference to be held May 4-6, 2007 in the Bevill Biomedical Research Building.

The multidisciplinary conference will focus on the ethical, legal and policy questions concerning the nature of addiction. Topics to be examined will include the properties shared by all addictions, clinical implications of the latest addictions research, the impact of neuroscience on scientists’ understanding of addictions, neuropharmacological breakthroughs in addictions treatment and the role of willpower.

Abstracts submitted for consideration must be three to five pages long and explore topics from empirical or conceptual angles or from both angles. The submission deadline is Dec. 15. Authors of accepted presentations should be willing to submit their finished texts for publication following the conference. Send abstracts to Harold Kincad at kincad@uab.edu. For more information, contact the UAB Department of Philosophy at 205.934.4805. For more details about the conference, visit www.uab.edu/philosophy/ethics_center.html.

The 2007 International Association for Educational and Vocational Guidance International Conference will focus on “Diversity in Relation to Guidance.” Within the framework of this topic, attention will be given to theoretical reflection, comparative issues, research models, guidance practice and operative instruments existing in many parts of the world. The main question will be how to integrate and handle diversity in educational and vocational guidance.

Any person interested in enriching the conference has two possibilities: a paper presentation (individual presentation) or posters (only in the official languages of the conference.

Proposals must be sent by Dec. 1 and include a proposed title, the name(s) of the presenter(s) and a 150-word summary. For complete submission details, e-mail larios.tayeg2007@unipvt.it or call 0039-049-827-8464.

Multicultural Learning and Teaching is a new multidisciplinary international journal devoted to the education of people from multicultural backgrounds. Emphasis is placed on the interpretation of research literature and recommendations for the practice of multicultural education. Appropriate topics for articles include identification, assessment, labeling/categorization, placement and instruction of underachieving, at-risk, urban, rural, linguistically different or exceptional children, youth and adults with diverse multicultural life experiences and backgrounds.

Manuscripts on family or community-related services, legislation, litigation and professional preparation are also of interest. Additional information, including guidelines for authors, is available at www.mtonline.org.
disclosure laws that counselors need to know about when they provide technology-assisted counseling to any resident of those two states. The cybercounselor should be aware that most legal authorities believe that counseling takes place where the client is. So if you accept a client from outside your own state, it would be wise to check with the licensing board in that state for the rules and regulations with which you must comply and to determine if you must be licensed in the state in which the client resides.

DK: To help our members do this, a complete list of counselor licensing board websites is currently available on the ACA website at www.counseling.org/Counselors/LicensureAndCert.aspx.

JB: My first priority for rescue from the sinking ship would be the section dealing with informed consent (A.12.g.). If we are conscientious about being ethical, we need to do a good job of clearly defining for clients the pros and cons and the limitations and successes of the use of technology. Also, counselors often fail to realize that when they provide services utilizing technology that they are not just talking about potential clientele from across the hall or across the city, but across the nation and across the world. It is easy to neglect language differences, cultural differences and time zone differences that come with having the world at your cybersdoorstep.

DK: In our sinking ship scenario, what third new ethical statement revolving around technology would you rescue? A great resource for determining the accessibility of an ACA member’s website or other website is WebExact. The web address is Webexact.watch4fire.com.

DK: The new technology subsection on World Wide Web sites (A.12.h.) has many important ethical imperatives, including the need to verify the identity of a cyberclient. Why is that important? CM: For the purposes of confidentiality, it is important to know that the person you are communicating with at any given time is the same person with whom you obtained informed consent and with whom you established a counseling relationship. In other words, you need to know that the individual at the other end of the cybercounseling is your actual client and not a parent, partner, friend or hacker.

DK: A second reason for establishing client identity right from the start revolves around the issues of suicide and homicide. What if a client gives you an alias and then at some point tells you that they are going to kill themselves or someone else? If all you have is an alias and false contact information, the ambulance, police or other responsible party cannot respond to protect a life.

JB: A final reason for establishing client identity is that minors may seek counseling without their parents’ knowledge and therefore may pose as adults. It may be both an ethical and legal violation to provide services to a minor without parental permission, and the responsibility lies with the counselor to ensure that the client is old enough to give informed consent.

DK: How can you verify the identity of clients when you cannot see them? JB: The counselor and client can create and exchange a confidential pass-word at the beginning of a session.

CM: You can also set up a webcam with the client. Most computer stores can get you set up fairly inexpensively.

DK: The technology section in the ethics code talks about the need to use encrypted websites and e-mail communications whenever possible.

JB: We don’t want to break confidentiality by having a hacker break into our cybercounseling and communications with clients. Encryption is not as difficult as it sounds and is cost-effective.

DK: Do you have any resources or websites for counselors to learn how to encrypt? JB: There are many resources available to help educate counselors and counselor educators about incorporating technology into their practice, teaching and supervision. The newly revised ACA Ethical Standards Casebook by Barbara Herlihy and Gerald Corey (available at www.counseling.org/publications or 800.347.6647 ext. 222) gives helpful examples covering each of the points in Standard A.12. NBCC (National Board for Certified Counselors) provides a training program that leads to the credential of distance credentialed counselor (www.cce-global.org/credentials/offered/dcmain). Employee assistance programs are fast becoming experts in Internet counseling and can be excellent resources.

DK: ACA has a number of resources available in addition to the ACA Ethical Standards Casebook. The second edition of Cybercounseling & Cyberlearning: Strategies & Resources (available at www.counseling.org/publications or 800.347.6647 ext. 222) and the online continuing education course “Cybercounseling: Going the Distance for Your Clients” (from www.counseling.org, click on “Resources” and then “Professional Development” for a list of courses) are both excellent guides for online counseling and distance learning.

And of course, Larry Freeman, the ACA manager for Ethics and Professional Standards, provides personal attention to your specific needs and questions at lfreeman@counseling.org or 800.347.6647 ext. 314.
than 1,000 legal relationship protections and benefits under civil marriage laws. We need to realize that gay families, not just “traditional” families, need these protections and supports and remember that nearly one-third of all gay families include children.

Against all odds, families such as mine are created. My partner of 14 years and I remain committed and willing to engage in regular relationship maintenance activities. This story also includes the real understanding that when my 6-year-old niece looks at my partner and me, sees us interacting in loving ways and asks “Are you all committed? Do you love one another? Are you linked?” I hope someday to be able to say to her, “No, we are married.”

As counselors, this dialogue on what makes a healthy family is valuable, but at the same time, let’s include the stories of all families rather than reinforce the view that nontraditional families don’t count or are dangerous.

Dana Elmendorf
Pittsburgh
delmendorf@msn.com

Ethics of helping are often lost in efforts to establish moral positions

I enjoy counseling. It is a privilege to walk beside individuals in their journeys of life and listen to their heart. Everyone, it seems, has a story to tell. Not all clients face debilitating circumstances but rather look for someone to listen, understand and validate, as best we are able, the direction of life they chose.

In this vein of thinking, I would like to respond to the July 2006 issue of Counseling Today, which included an article on the ethics of reparative therapy for individuals who, as homosexuals, seek counseling to move to a heterosexual lifestyle. As a counselor, I become concerned when organizationally we define ourselves in such a way that we cannot help a person in distress. When is it unethical to help? It seems we have used ethics to define and defend a position in a cultural moral argument.

Note in particular the circular reasoning used to defend the ethical stance in the article. In essence, the argument runs, since there are no peer-review journal articles on reparative therapy, it lacks a valid scientific base. However, it should be obvious that no peer-review journal would print such an article since homosexuality is not defined as a disorder. I fear that when we get into arguments such as this, the issue has little to do with the ethics of helping and more to do with establishing a moral position.

The American Psychological Association has adjudged that homosexuality is not a disorder and nothing is wrong with a person who is homosexual, thus we work overtime in our codes to defend the moral issue. The bottom line is that homosexuality is not considered a disorder. Nor, might I add, is heterosexuality. This is the point. The APA acknowledges that both are normal human behavior. So why doesn’t our ethics code acknowledge that?

Available to all counselors are programs, books, literature and other resources to help people who are struggling with their sexual identity. All of this literature is unidirectional — accepting one’s self as homosexual. In other words, a client can come into your office as a distressed heterosexual and leave as a homosexual, and that is considered ethical. Yet somehow, the reverse order is not. Some would probably argue with me, saying that the reason heterosexual is distressed is because he/she really is a homosexual and needs direction to discover his/her true sexual identity. That is my argument exactly; the homosexual comes into the office distressed and seeking direction because he/she really is a heterosexual.

It’s time for ACA to get out of the moral argument business and simply help people again. To do otherwise is to, in fact, make a moral judgment. If neither homosexuality nor heterosexuality is a disorder, then to ethically define counselors out of helping either person is unethical.

C. Nolan Thomas
Oklahoma

‘Evidence’ isn’t everything

I have just finished reading the rationale for evidence-based practice/empirically supported treatment modalities. By extension, what is the scientific evidence for God? Does this mean counselors should point out to clients that their thinking about God is irrational since there is no scientific evidence of his/her existence?

For more than 2,000 years, Eastern practices have included healing modalities that involve biofields and energy. But currently, there is little biophysical evidence.

In the 1840s, physician Ignaz Semmelweis tried to convince his medical colleagues that washing their hands of invisible germs would reduce the number of cases of puerperal fever. He was scoffed at and denounced. With the invention of the microscope, we finally confirmed the existence of germs. But proving that germs exist did not mean that they did not exist before.

Quantum theory showed us particles acting in strange ways that contradicted “constant” law. I wonder if this standard is one that will reduce our effectiveness. For example, on what basis would we then incorporate things such as spirituality into practice? ACA may need to eliminate divisions accordingly.

Sharon Stirling
Bedford, N.H.

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bers of the cohort. Instead of relying solely on the professors’ initiatives, we started combining past experiences with new insights to develop our own ideas for sharing with other professionals. Our initial lack of confidence that we could accomplish these tasks on our own was overcome with group faith and support, through which we found the courage to try. Once we took the first step and found success, we realized just how powerful utilizing everyone’s life experiences and strengths could be.

Many of our most important discussions took place after observing each other’s counseling sessions. These observations were major catalysts for discussions about our counseling and supervision styles. Seeing and hearing about the strengths and weaknesses of our colleagues helped us become more aware of our own individual characteristics and what we needed to develop further. This has been especially important in crystallizing our perspectives on the process of psychological development and refining our personal theories of counseling and supervision.

The cohort has instinctively contributed to and taken responsibility for each member’s success. We regularly create study groups and share notes, references and journal articles that are pertinent to one another’s areas of study. Then there are those simple yet important acts, such as when one cohort member told another about printing on both sides of the paper to conserve a little cash or when one individual taught another how to use an unfamiliar database. At other times, we have printed materials for a member who was having trouble locating the necessary resources. These examples of support may seem insignificant to some, but in reality, they saved enough time, money, energy or stress to make a huge difference. It was a difference that made us better people, students, counselors and researchers.

Learning and scholarship

The cohort experience has resulted in many new ideas about classroom learning. Past experiences saw classmates as competitors who rarely worked together. But this shared learning experience was different; the effort to draw from one another’s life experiences and knowledge to learn cooperatively added a new dimension to seeking academic achievement.

Rather than focusing on finding the “right” answer for the professor, our emphasis has moved to developing problem-solving and critical thinking skills. Sharing research ideas has helped reconceptualize our visions and how they could impact the profession. The experience has also taught us both how to give and accept critical feedback, which is no easy task for students who feel personally and professionally vulnerable when having their ideas, skills or knowledge questioned.

The desire to see each other succeed has decreased competition among group members. We also try to hold each other accountable to a standard of excellence in all our contributions to work, ideas, discussions and service. Critiques have shown us that excellence requires expansion of ideas and skills through thought, insight and dedication. We quickly learned that scholarship is more than simply being able to regurgitate facts and statistics. Instead, it is the ability to utilize knowledge from various perspectives and philosophies to construct theoretical propositions to create and answer important questions. The task takes time and devotion, but the

Continued on page 46
Doctoral experience. Sharing cultural experiences has helped us feel less isolated and encourages us to further develop our multicultural counseling competence. It also increases our desire to research, publish and advocate for these and related issues, both now and after graduation.

Not just a group

One might misread our system of survival as overdependence, but that is not the case. There is healthy competition that inspires everyone to push harder. We have disagreements, including ones that surfaced both in beginning and completing this article. But whatever the disagreements, we always keep in mind our desire to see one another succeed. We have learned the importance of knowing our individual limitations and try our best to consider each difficulty as an opportunity to learn from others.

Cohort provides a supportive environment that allows us to explore beliefs and ideas by having them actively challenged in discussions of competing perspectives, but always with a sense of caring, support and camaraderie. We have come to have great faith in our ability to work together, while at the same time maintaining a respect for our individuality and distinct perspectives.

Feelings of uncertainty, stress, anxiety and overwhelming responsibility are common for all graduate students. Everyone processes these feelings in different ways so that students may mistrust each other on different levels and for a variety of reasons. A close cohort has facilitated our transition from students to professionals by making the learning experience more collaborative and meaningful for everyone involved. We hope other students will stretch to meet their peers on this different level so that they can gain some of the benefits we have found in these connections to each other.

Expanding diversity in counselor education

Multicultural ideals are more often realized than expressed in counselor education, where culturally biased admissions processes and racially disproportionate faculty representation continue to be concerns. A 2002 study by Bradley and Holcomb-McCoy showed us that people who identify as ethnic minorities represent only 3 percent of the total population of faculty at Research I and II institutions and that minority counselor educators tend to hold lower ranks. In contrast to the current national composition of counselor education faculty, our cohort is a diverse group that includes African-American, one Peruvian and one Kenyan. This diversity has brought multiple views of life and the profession to our group and a glimpse of the multicultural benefits hoped for within counselor education.

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groups view counseling as a White, middle-class profession, it is important for counselors to address these negative views and suspicions. Counselor education programs would do well to direct increased attention to these issues by implementing new training initiatives that foster a greater level of cultural sensitivity, knowledge and skills among students.

We believe it is particularly important for counselor education programs to provide training that enables students to develop and integrate an expanded skill set. This approach will assist future counselors in fostering mental, physical, spiritual and cultural wellness among persons in minority communities where cancer rates are known to be high. One of the fundamental ways counselor education programs can increase students' multicultural counseling skill sets is to address the issue of linguistic differences. Many multicultural counseling situations involve clients who speak a language different from that of the counselor.

**Multicultural Counseling Competency #29:** Culturally competent counselors take responsibility for interacting in the language requested by the client. This may necessitate securing translation services when working with persons from linguistically diverse populations. Linguistic differences and language barriers can pose an enormous challenge in counseling in general and when counseling individuals impacted by cancer in particular. Many cancer clients who are in need of mental health counseling services come from backgrounds in which English is the second language. It is obvious that poor counseling outcomes depend largely on the degree to which both the counselor and the client understand the verbal interactions that occur in the helping process. Yet the language bias that exists in the United States results in most counselors being limited in their multicultural communication abilities. Consequently, individuals who have limited ability communicating in English may suffer from the imposition of monolingualism in many counseling situations.

The dramatic increase in the number of persons of Latino/Latina descent living in the United States has resulted in counselors more frequently encountering clients whose primary or preferred language is Spanish. Commenting on this issue, Sue notes that the need for bilingual counselors and health care practitioners has never been greater. Thus, becoming competent in a second language is another important multicultural counseling skill that professional training programs are being challenged to address in our pluralistic society. While this issue should be addressed as part of the counseling profession's ongoing commitment to greater multicultural competence in professional training programs, counselors need to implement strategies to effectively confront the challenges associated with language differences now. Consequently, counselors are strongly encouraged to utilize the services of translators when they are not thoroughly fluent in the client's preferred language.

Caution must be taken, however, to ensure accurate translation of the verbal interactions that occur between the counselor and client. Be constantly vigilant of the confusion that often emerges when counselors and clients use slang terms that make it difficult for professionals to accurately translate in multilingual counseling settings.

We hope the various issues presented in this month's column will stimulate new thinking about the role counselors can play in addressing the needs of persons who are affected by cancer in our pluralistic society. We particularly hope our readers will consider both the strengths they currently possess as well as those areas they need to improve upon to work effectively and respectfully with persons from diverse cultural groups. By using the multicultural counseling competencies as described above, we can promote the dignity, development and well-being of persons from diverse groups and backgrounds who are struggling with cancer in our country.
Bullying From Both Sides: Strategic Interventions for Working With Bullies & Victims


Early on in his valuable and important book, Walter Roberts Jr. observes that the conventional adult wisdom about bullying — ignore it and it will go away — is faulty advice that sends a dangerous message to children. His book provides a very useful resource for school counselors who wish to counter that dangerous message in strategic, workable ways.

Bullying is a problem that has been studied in other developed countries for a long time. Americans have come to a slower recognition of bullying’s profound impact on children, but that recognition has grown significantly during the last two decades. National and regional studies in this country continue to describe alarmingly high statistics concerning the prevalence and severity of bullying among children. On average, more than three-quarters of students surveyed have experienced some form of harassment. More than half of those surveyed have been physically harassed and/or targets of sexual comments and gestures. More than 60 percent of students have experienced harassment in school hallways.

Roberts is a professor of counselor education at Minnesota State University in Mankato. He has been a teacher, school counselor, licensed professional counselor and university faculty member. His book is informed by the breadth and depth of this experience. It begins with a case study about bullying drawn from his years as a junior high school counselor — an account that describes what he calls “The Year of the Terrible Two” (the “terrible two” being a pair of clever, manipulative seventh-grade bullies). The account continues throughout the book and offers an interesting personal counterweight to the author’s discussion of the problem’s scope and his recommendations for addressing it. The powerful anecdote is “the beginning of a lifelong journey to try to prevent and reduce the cycle of violence emerging from the likes of the Terrible Twos … and their targets.”

The first part of Roberts’ book gives helpful, concrete information about understanding the magnitude, definition-related, and social effects of bullying. One chapter defines bullying, taunting, teasing and other negative actions; it provides clear examples of what bullying and these other actions are and what they are not. Another chapter about victims shows who they are and why they are chosen.

One valuable feature is a fascinating description of the vicarious learning that affects those who, while not targets themselves, witness the targeting of others. These students represent collateral damage and are seldom given the consideration they deserve.

Another chapter about the connections between victimization and retaliation offers insight into the psychology of vicarious victimization. It also provides advice for the acts of revenge sometimes engaged in by students who have not received help from adults. The final chapter of the first part of the book explains how bullies use their power and control to be abusive while using aggression to resolve their own insecurities. Bullies are often victims of their own choices (and the choices of those who raise them). Roberts summarizes what the literature says about the characteristics of bullies and poses four markers (based on his and Allan Morotti’s research) that clarify when aggressive behavior should be considered outside the range of normal development.

Part two of Bullying From Both Sides contains a four-point intervention plan that is detailed and useful. Roberts provides educators and parents with ways to proactively rather than reactively confront bullying. The first intervention is the school survey. Properly constructed, such surveys can identify the degree and conditions of bullying within particular schools. Roberts stresses that survey construction must be relevant to specific situations and settings. The rules are clear: Safeguard anonymity, use appropriate language, keep surveys short and focused, survey enough students, ask the right questions and act on collected information.

The second intervention requires the safeguarding of victims. Roberts emphasizes that to ignore the need for protection is to violate trust as well as to possibly incur liability for neglect under state and federal laws. He fully realizes protection is not a simple matter. What happens, for instance, when physical assault occurs at the elementary school level or when intimidation takes the form of behaviors that fly “under the radar” at school? The discussion of what happens when school personnel fail to respond is sobering.

The third and fourth interventions are the most difficult to achieve: engaging victims and bullies in constructive, supportive interactions. The interplay between the two chapters, like the interplay between victims and bullies themselves, places us at the heart of the problem. Roberts notes that many adults who work with victims may need to relearn the art of listening. It is at this point in the book that the case study of the Terrible Two is most meaningful, and Roberts provides well-grounded advice about dealing with the cycle of bullying.

Roberts ends his excellent book with an annotated list of recommended resources and suggestions for how they may best be used. The book concludes by challenging adults to be courageous on behalf of children. Roberts has given us the tools to do just that. Reviewed by Larry Rogers, professor of teacher education at South Dakota State University.

Ethnicity Matters: Rethinking How Black, Hispanic and Indian Students Prepare for and Succeed in College


Fifty years after Brown v. Board of Education, serious issues of educational inclusion and equality remain. Black, Hispanic and American Indian students still complete high school and college at rates much lower than White and Asian students. Inadequate academic preparation, trends away from needs-based financial aid and the weakening of affirmatively action and related measures deny many students of color the chance to succeed in college.

While many bemoan these circumstances, MaryJo Benton Lee rolls up her sleeves and works even harder to increase access for all students. Ethnicity Matters is based on a conference Lee coordinated that brought together some of the most creative and successful strategies for supporting minority students.

Theoretically grounded (Trueba, Tierney, et al.), Lee’s approach is reflected in the book’s title, a play on Cornel West’s Race Matters (1993, 2001). To her and her writing associates, ethnicity matters. Not only does it matter, but to these practitioners, ethnic identity is central to student success.

For professionals — the University of Southern California’s Neighborhood Academic Initiative, South Dakota State’s 2+2+2 program with tribal colleges, University of La Verne’s First Generation Student Success Program and the University of Nebraska’s Critical Moments project — provide examples that work. In contrast to prevailing “wisdom” that requires assimilation, these programs put ethnicity at the core of student identity and achievement. Linking academic achievement to a strong cultural identity can produce resilient, motivated students, according to Lee.

High school counselors and student affairs professionals, especially as they work together, can take a great deal from the ideas and programs described in this book. The notion of cultural wealth, with which most counselors are familiar, gains power when seen as a means of conceptualizing and developing programs for minority students.

This book is a rare gem. It combines the height of scholarly thinking, the depth of heartfelt personal commitment and the accessibility of a most well-written endeavor. Ethnicity Matters offers hope, encouragement and, even better, new ways of thinking about and working toward the goal of greater inclusion in education — inclusion that does not require the sacrifice of self.

For those unable to attend the annual convention of the American Counseling Association, this book is the next best thing to being there. More than 50 content session presenters share overviews of their sessions as well as excellent reference lists. In addition, VISTAS is available online via the ACA website at www.counseling.org (follow the “Resources” link).

The scope of this anthology is impressive. Topics range from overarching counseling issues, such as ethical practice, to the very particular, such as working with “strong-minded Asian parents.” The writing of current graduate students rubs elbows with that of those already very well known in the field (Corey, Gysbers, Smith, et al.). Signs of the times are reflected in topics such as, “When a Parent Gets Deployed,” as well as three articles on disaster-related themes.

ACA is to be commended for disseminating recent research and practice in both book and online formats. The issues and perspectives represented in this volume give readers not only a good idea of what was presented at the ACA Convention but also an introduction to current and emerging issues in the profession.

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

Letters to the editor: ct@counseling.org
Humor in counseling? Just kidding!

Five leaders in the counseling field describe their points of view on the use of humor in counseling in the Fall 2006 Journal of Counseling & Development (pages 397-404). Daniel Araoz thinks that humor helps us look beneath the surface to another level of reality, which is a healthy habit. He writes that he waits until the client shows a humorous side before he allows himself to use humor in counseling. He also says it is risky to use humor with clients who are already inclined to sarcasm.

Sam Gladding relates a humorous anecdote about coming to funny wrong conclusions about one of his clients. David Kaplan has a different perspective: When he finds himself joking with a client, it is a sign that the client is improving. John Krumboltz believes that a good laugh at the crazy world helps clients realize that some craziness comes from outside.

Arnold Lazarus points out that knowing what a client thinks is funny helps us diagnosis. He quotes Mark Twain: "Humor is the good-natured side of truth." Off the beaten path for journal articles, this piece will put a smile on your face.

Location, location, location
Can a geographical area define a distinct ethnic group within the United States? Kathleen Salyers and Martin Ritchie answer affirmatively in the July 2006 Journal of Multicultural Counseling and Development (pages 130-142). They assert that counselors need to acquire multicultural competency in serving clients who are from Appalachia.

These clients, they reveal, tend to be very fond of nature, enjoy their regional music, value modesty and humility, love their families, vary in their religious beliefs and are attached to the area where they grew up. They may be quite reluctant to leave, even when moving would relieve their poverty. They value pride and self-reliance.

The authors provide a case study of counseling a client from Appalachia to exemplify the process of working with this unique population.

Federal court case helps decide complex counseling question
In the Fall 2006 Journal of Counseling & Development (pages 414-418), a 2001 court decision is explained and explored by Mary Herman and Barbara Harlby. In this case, an employee assistance program fired a counselor for refusing to discuss a lesbian client's relationship concerns. The counselor asserted that homosexuality was against her religious beliefs. These beliefs also precluded her from talking with clients about their sexual relationships outside of marriage.

After refusing alternative placements, the counselor sued the program based on Title VII of the Civil Rights Act of 1964/1972, saying that she had been fired because of her religion. The federal appeals court decided that Title VII did not extend to this situation, partly because case precedent said that the counselor's two colleagues, in taking on all the clients she rejected, would be unfairly burdened. They also noted that she did not mention her limitations when she interviewed for the job and that the contract she signed did not allow her to exclude certain types of individuals as clients.

The authors explain what this case means in terms of several ethical guidelines for the counseling profession.

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Textbook author Susan X Day teaches research methods and advises graduate students in counseling education at the University of Houston. Contact her at sxday@houston.rr.com.

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School Counseling Faculty Position Tenured/ Tenure-Track (Assistant/Associate)
Department of Counseling and School Psychology
SDSU’s Department of Counseling & School Psychology seeks a colleague in the School Counseling Program to contribute to our vision of educational equity through the preparation of school counselors as educational leaders and agents of change within our diverse schools and communities. We seek a person with skills/specializations in some combination of the following areas: counseling skills; multicultural issues in counseling; career development and technology; school-based intervention and prevention programs (e.g., academic and personal/social, teacher consultation, substance abuse, and violence prevention); supervision of school-based practice; child and adolescent development; law and ethics; qualitative and/or quantitative research; knowledge and ability to implement the ASCA National Model. Candidates must have (a) a doctoral degree in counseling, counselor education, or a related field with a school emphasis at appointment; (b) an articulated research agenda; (c) a strong conceptual framework for service delivery; and experience with and/or commitment to: (d) work in field-based, collaborative, multicultural programs; (e) using technology as a tool for teaching and learning, course development, and instructional delivery; and (f) working culturally, ethnically and linguistically diverse populations. Candidates must have an articulated research agenda (Assistant) or established research record (Associate). Preferred: A record of successful implementation of results-based counseling programs, university teaching experience, and grant writing skills or successful record. Application: Send a letter of interest (indicating teaching philosophy, experience, and research interests), vita, and three letters of recommendation to Dr. Trish Hatch, Chair, or Dr. Carol Robinson-Zañartu, Co-chair, School Counseling Search Committee, Department of Counseling and School Psychology, San Diego State University, San Diego, CA 92182-1179. FAX: (619) 594-7025; thatch@mail.sdsu.edu; Cell: (951) 312-2508. Review of candidates will begin on or shortly after October 30, 2006 and will continue until the position is filled. SDSU is a large diverse and urban campus, part of the California State University (CSU) system, and designated Doctoral/Research Universities-Intensive by the Carnegie Foundation. Individuals from traditionally under-represented groups are strongly encouraged to apply for additional information about SDSU and the College of Education, visit its websites at http://edweb.sdsu.edu. SDSU is a Title IX, equal opportunity employer and does not discriminate against individuals on the basis of race, religion, national origin, sexual orientation, gender, marital status, age, disability or veteran status, including veterans of the Vietnam era.

ILLINOIS
QUINCY UNIVERSITY
Assistant/Associate Professor School Counseling
Quincy University is seeking qualified candidates for a tenure-track Assistant/Associate Professor in School Counseling. Responsibilities include teaching a wide range of undergraduate and graduate courses in school counseling and educational psychology, advising students, directing practicum and internship placements for MA students. Successful candidates will have an earned doctorate (ABD considered) in School Counseling, Counselor Education, Counseling, Clinical Psychology, or other related field; must be able to show evidence of: experience in school counseling; collegiate teaching experience. Position will begin preferably in January 2007 (August 2007 possible). Send cover letter, curriculum vitae, three letters of professional recommendation and official transcripts from all colleges/universities attended to Dr. David Schachtsiek, VPAA, Quincy University, 1800 College Avenue, Quincy, IL 62301-2699.

KANSAS
EMPORIA STATE UNIVERSITY
REHABILITATION COUNSELOR EDUCATOR
Emporia State University is seeking applications for an Assistant/Associate Professor, tenure-track position in the CORE and CACREP accredited Department of Counselor Education & Rehabilitation Programs. Position emphasizes teaching and development of effective practitioners. Nine-month appointment, beginning January 2007. This position involves full-time appointment in the department with responsibilities to include teaching both undergraduate and graduate level rehabilitation courses as well as core counseling courses, advising, scholarly activities and service. Required qualifications: Earned doctorate in rehabilitation counseling or closely related field; relevant work experience in a rehabilitation setting; demonstrated teaching experience in rehabilitation services or counseling. National certification as a rehabilitation counselor (CRC), LPC or LCPC, leadership skills, experience in program coordination and grant writing is desired. Screening will begin October 23, 2006, and continue until position is filled. To apply, send letter of application, vita, unofficial transcripts, and names, addresses, and phone numbers of three references to Dr. Colleen Etzbach, Chair of Search Committee, Campus Box 4036, Emporia State University, Emporia, KS 66801-5087. An AA/EOE institution, Emporia State University encourages minorities and women to apply. Paid for by ESU.

EASTERN KENTUCKY UNIVERSITY
Assistant/Associate Professor Counseling Psychology
The successful candidate will teach a variety of graduate classes in CACREP accredited program leading to master’s degree in school and mental health counseling. In addition, this person will advise graduate students and be expected to engage in scholarly activity and service to the Department, College of Education, and Psychological Services, Eastern Kentucky University, Richmond, KY 40475-3102 or e-mail: connie.callahan@eku.edu. Applications are now being accepted, review will begin upon receipt and continue until position is filled. Offers of employment are contingent upon satisfactory background check and educational credentials verification.
Kentucky University is an EEO/AA institution that values diversity in its faculty, staff, and student body. In keeping with this commitment, the University welcomes applications from diverse candidates and candidates who support diversity.

WESTERN KENTUCKY UNIVERSITY Counseling and Student Affairs

Western Kentucky University invites applications for a full-time tenure track assistant professor position in Mental Health Counseling. The starting date is August 2007. Responsibilities include teaching master’s counseling courses (offered primarily in the evening and weekends), scholarly activity, and service. Our department offers master’s programs in school counseling, counseling with emphases in either marriage and family, mental health, and student affairs. Requirements include an earned doctorate in counselor education with an emphasis in mental health counseling (preferably from a CACREP-accredited program), eligibility for licensure as a Licensed Professional Clinical Counselor in Kentucky, and evidence of recent scholarly productivity.

Experience with program development, and faculty development. CACREP-accredited master’s program as well as core faculty in this rapidly growing specialization. Capella University is an accredited online university offering bachelors, masters, and doctoral degree programs to more than 15,700 learners annually. The Chair of Counseling Studies position will be responsible for program areas including MS and PhD in Counseling Study including the CACREP accredited programs in Marriage and Family Counseling. The ideal candidate will have a Doctoral degree and experience as a licensed professional counselor in the state of Missouri. We are committed to diversity and social justice. Teaching and advising graduate students in school, community, marriage and family, and mental health. For information contact Dr. Don W. Locke, Dean, School of Education, P.O. Box 4009, Mississippip College, Clinton, MS 39058 or locke@mc.edu. To apply submit a letter of interest and a complete vita including three references with contact data. Review of applicants will begin November 15, 2007 and will continue until position is filled.

MINNESOTA

CAPELLA UNIVERSITY Chair and Faculty Positions The Counseling Program in the School of Human Services at Capella University invites applications for the position of Chair of the Counseling Program as well as core faculty in this rapidly growing specialization. Capella University is an accredited online university offering bachelors, masters, and doctoral degree programs to more than 15,700 learners annually. The Chair of Counseling Studies position will be responsible for program areas including MS and PhD in Counseling Study including the CACREP accredited programs in Marriage and Family Counseling. The ideal candidate will have a Doctoral degree and experience as a licensed professional counselor in the state of Missouri. We are committed to diversity and social justice. Teaching and advising graduate students in school, community, marriage and family, and mental health. For information contact Dr. Don W. Locke, Dean, School of Education, P.O. Box 4009, Mississippip College, Clinton, MS 39058 or locke@mc.edu. To apply submit a letter of interest and a complete vita including three references with contact data. Review of applicants will begin November 15, 2007 and will continue until position is filled.

MARYLAND

LOYOLA COLLEGE IN MARYLAND Assistant or Associate Professor Pastoral Counseling The Pastoral Counseling Program at Loyola College in Maryland is recruiting for a full-time, tenure-track, assistant or associate professor in Pastoral Counseling for the Fall 2007. We are seeking individuals with applied research interests who share our vision for training highly competent and effective professional counselors who are integrating spirituality into their counseling model. Our Master’s and Doctoral programs prepare graduates for academic, clinical, administrative, and/or research careers in the field of professional counseling. For more information and to apply online, go to www.loyola.edu/careers. The electronic application requires a letter of intent outlining potential fit with the program, a CV, and sample publications or preprints. Although the electronic application must be completed for consideration, the sample publications or preprints, and three letters of recommendation may be sent to Dr. LaSure-Bryant, Search Committee Chair, Loyola College in Maryland, Pastoral Counseling Department, 8890 McGaw Road, Suite 380, Columbia, MD 21045. Consideration of applications will begin immediately and will continue until the position is filled.

MISSISSIPPI

MISSISSIPPI COLLEGE Chair, Department of Psychology and Counseling Mississippi College, a private Southern Baptist affiliated university, is seeking a Chair for the Psychology and Counseling Department effective August 15, 2007. The previous Chair, Dr. Bill Wheeler (a Past President of AMHC), has returned to the classroom. The department houses the undergraduate psychology program and three CACREP accredited counseling programs at the graduate level (school, marriage and family, and mental health). For information contact Dr. Don W. Locke, Dean, School of Education, P.O. Box 4009, Mississippip College, Clinton, MS 39058 or locke@mc.edu. To apply submit a letter of interest and a complete vita including three references with contact data. Review of applicants will begin November 15, 2007 and will continue until position is filled.
Questions can be posed to Dr. Plaza, Brooklyn, NY 11201. Island University, 1 University Pratt Bldg., 2nd floor, Long Chair, HDL Personnel Committee. Letter of intent and curriculum development. Candidates should send correspondence and applications for a more detailed position description and application instructions.

LONG ISLAND UNIVERSITY – BROOKLYN CAMPUS
Counseling Faculty Position for Spring 2007 The Department of Human Development and Leadership in the School of Education at Long Island University, Brooklyn Campus is pleased to announce our search for a full-time, tenure-track faculty member in Counseling. The successful candidate will: Teach master’s level courses in school counseling, bilingual school counseling, and mental health counseling. Advise and mentor students. Take a leadership role in the CACREP accreditation application process. Engage in active scholarship in an area related to school and/or mental health counseling. Participate in service to the department, School of Education, and Brooklyn Campus to further the University’s mission of providing quality education to underserved populations in our community. Qualifications: Doctorate in Counseling Psychology, Counselor Education, or related field (ABD considered). Experience in school counseling with urban populations. Bilingual and/or multicultural focus in training and experience. Candidates should send letter of intent and curriculum vitae to: Dr. Linda Jacobs, Chair, HDL Personnel Committee, School of Education, Pratt Bldg., 2nd Floor, Long Island University, 1 University Plaza, Brooklyn, NY 11201. Questions can be posed to Dr. Linda Jacobs at 718-780-4363 or ljacobb@liu.edu.
TENURE-TRACK FACULTY POSITION IN REHABILITATION SERVICES

The Professional Counseling Program at Texas State University-San Marcos is currently seeking to fill a tenure-track faculty position. The position involves teaching, research, service, and program support in a CACREP accredited master’s level Professional Counseling Program in Central Texas. Specific responsibilities will include teaching courses leading to certification/licensure in professional counseling, an active, productive program of research, student advisement, and service to the program, department, and university. The successful candidates may teach courses on university teaching experience (specifically including teaching courses in Assessment and Testing); demonstrable evidence of scholarship or potential for scholarship; and an earned doctorate in Counseling, or related field by fall 2007; experience supervising practicum/internship, and be licensed, or eligible for license, as an LPC, LMFT, and/or Psychologist. Preferred qualifications include: university teaching experience (specifically including teaching courses in Assessment and Testing); demonstrable evidence of scholarship or potential for scholarship; and an earned doctorate in Counseling, or related field by fall 2007. Applications will begin on November 1, 2006 and continue until the position is filled. To apply, send a letter of interest, a university application form, curriculum vita, names and contact information of five references, and reprints of recent publications to Eric A. Schmidt, Ph.D., TxState-EAPS, 601 University Drive, San Marcos, TX 78666. Employment with Texas State University-San Marcos is contingent upon the outcome of a criminal history background check.

UNIVERSITY OF NORTH TEXAS
3 Tenure Track Positions - Denton Campus

2 Non-Tenure Renewable Contract Positions - Dallas Campus

The Counseling Program is seeking applications for 3 tenure track faculty positions for the 2007-08 academic year; two assistant professors and 1 professor. The UNT Dallas campus is also seeking applicants for 2 non-tenure renewable contract positions. Address letter of application to appropriate search chair.

ASSOCIATE PROFESSOR, FULL-TIME, TENURE-TRACK

Ph.D., Counseling, or related field

Send letter of application, curriculum vita, copies or graduate transcripts, and three letters of recommendation to: Dr. Sue Bratton, Assistant Professor of Counseling, or related field. University of Wisconsin-Stout, Menomonie, WI 54751. Phone: 715-232-2125; E-mail: larsonj@uwstout.edu. Applications will be reviewed until the position is filled. Excellent pay and benefits. For information about UNT’s CACREP accredited master’s and doctoral programs in Counseling, or call 940.565.2910. Application review will continue until positions are filled. Pending position approvals.

WISCONSIN

UNIVERSITY OF WISCONSIN-STOUT

Lecturer/Academic Year

Full-time academic year assignment in the Department of Rehabilitation and Counseling at the University of Wisconsin-Stout to begin August 27, 2007. Master’s degree in rehabilitation or related field with a minimum of two years experience serving people with disabilities required. Eligibility for Rehabilitation Counselor (CRC) certification is required. This position will teach primarily undergraduate courses that support the Rehabilitation and Counseling Department programs. Teaching assignment may include areas such as criminal justice, counselor skill development, and vocational rehabilitation employment services. Instruction may also be assigned within the mental health counseling curricular area. Academic staff participate in governance, curriculum development, recruitment, student advisement, and professional service activities. Full position description available. Send letter of application, copies or graduate transcripts, resume, and three letters of recommendation to Search Committee, Attn: Julie Larson, Department of Rehabilitation and Counseling, University of Wisconsin-Stout, Menomonie, WI 54751. Phone: 715-232-2125; E-mail: larsonj@uwstout.edu. Fax: 715-232-2356. Screening begins December 1, 2006. EEO/AA

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A Word to the Wise...

... About Malpractice

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