Silent sorrow
Helping couples cope with early pregnancy loss

BY ANGELA KENNEDY

“You’re young — it will happen eventually.”
“Misconceptions aren’t uncommon. Don’t worry.”
“It wasn’t really a baby yet.”
“Maybe you should consider adopting.”

Even when spoken sincerely, these “words of wisdom” are not necessarily the most appropriate or comforting to a couple who has experienced an early pregnancy loss. According to counseling experts working with this population, having a miscarriage during the first 20 weeks of pregnancy is just as traumatic as any other loss and should be recognized and validated by the couple, their family and friends.

“With early pregnancy loss, or during the first trimester, there is really nothing tangible, so as a result, society tends to make comments downplaying the loss. It’s a sorrow that often goes unacknowledged, and, many times, couples feel that they don’t have a right to grieve or feel the way that they feel,” says American Counseling Association member Valerie Thomas, a Licensed Marriage and Family Therapist and Mental Health Counselor in Florida.

Thomas knows this silent sorrow firsthand. Of her nine pregnancies, she was able to carry only one child full term. Now she draws from her own struggles to have children to help other couples longing for a family.

Addictions don’t have age preference

Many counselors contend that the public, the media, family members and even other helping professionals tend to overlook addictive behaviors in older adults

BY JONATHAN ROLLINS

Sex, drugs and rock ‘n roll. Live fast and die young. According to a recent study published in the Journal of Epidemiology and Community Health, there’s plenty of truth to those familiar phrases. Researchers at Liverpool John Moores University studied the lives of more than 1,000 North American and British rock, rap and pop stars and determined that musical artists in these and similar genres are more than twice as likely to die prematurely than the general population. More than one quarter of the premature deaths studied were attributed to drug or alcohol abuse.

Given the pop culture tie-in, the news media gobbled up the report, and the findings, which were hardly surprising to many, grabbed headlines all over the Internet, on television and in print.

Not nearly as well publicized, yet infinitely more startling, is the prevalence of addictive disorders among another group whose members are unlikely to find themselves gracing the cover of Rolling Stone — elderly Americans. Evidence suggests that addictions to drugs (particularly over-the-counter and prescription drugs), alcohol and gambling are all on the rise among senior adults.

“In this country, the main concern with addictions is focused on the adolescent and young adult. In fact, one of the recognized ‘rites of passage’ of adulthood is reaching the legal age to drink alcohol,” says Carolyn Greer, president of the Association for Adult Development and Aging, a division of the American Counseling Association.

“Excessive drinking or using illegal drugs gets much publicity from the media when it comes to describing the rich, the famous, movie stars and athletes. However, our society tends to not recognize the increasing rate of alcoholism and excessive use of prescription drugs by adults, particularly those over age 60.”

Gay McAlister, a counselor educator at Southern Methodist University, terms the use of drugs and alcohol among the elderly an “invisible epidemic,” largely overlooked or ignored not only by the media and society at large but, oftentimes, even
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Senate passes landmark mental and addictive disorder parity bill

On the evening of Sept. 18, the Senate passed far-reaching legislation to require most private-sector health plans to provide parity of coverage for mental and addictive disorder treatments. The legislation, the Mental Health Parity Act of 2007 (S. 558), was passed by unanimous consent.

For decades, health plans have restricted their coverage of such treatments by requiring higher deductibles and copayments, providing treatment coverage for only a short list of mental disorders and placing arbitrary limits on service use. Current federal law prohibits treatment parity in Medicare and Medicaid programs.

Following months of behind-the-scenes negotiations between mental-health and employer groups, spearheaded by Sens. Edward Kennedy (D-Mass.), Mike Enzi (R-Wyo.) and Pete Domenici (R-N.M.), an agreement on broad parity legislation was reached earlier this year. The Senate Health, Education, Labor and Pensions Committee approved the legislation in February, and it has continued to be refined since that time.

The legislation will affect an estimated 113 million Americans enrolled in group health plans, specifying that treatment limitations and financial requirements applicable to mental health benefits — including for treatment of addictive disorders — are “no more restrictive” than the limitations and requirements placed on substantially all medical and surgical benefits. In one notable change from earlier versions of the bill, the legislation does not pre-empt stronger state laws. The bill does not apply to small employer health plans and allows health plans to seek an exemption from parity requirements if they can demonstrate significant cost increases associated with implementing parity.

The American Counseling Association applauds Kennedy, Domenici and Enzi, along with the rest of their colleagues in the Senate, on this historic step forward for individuals with mental and addictive disorders. ACA is working in coalition with other mental health advocacy organizations to gain swift House passage of similar legislation (H.R. 1424, the Paul Wellstone Mental and Addictions Equity Act of 2007) so that a final version of parity legislation may be enacted this year. ■

By the Numbers: Bipolar Diagnosis

By the Numbers: Bipolar Diagnosis

YOUTH, 19 AND UNDER
1994-1995: Out of every 100,000 visits to a doctor’s office by children or adolescents, 25 resulted in a diagnosis of bipolar disorder.

2002-2003: Out of every 100,000 visits to a doctor’s office by children or adolescents, 1,003 resulted in a diagnosis of bipolar disorder.

ADULTS, 20 AND OLDER
1994-1995: Out of every 100,000 visits to a doctor’s office by adults, 905 resulted in a diagnosis of bipolar disorder.

2002-2003: Out of every 100,000 visits to a doctor’s office by adults, 1,679 resulted in a diagnosis of bipolar disorder.

Statistics courtesy of a recent study funded in part by the National Institutes of Health.

Ross Trust competition open to students

The American Counseling Association is pleased to announce the fourth annual Ross Trust Scholarship competition, designed to reward excellence among counselor education students who have also engaged in volunteer service in schools and communities. Member counselor educators can nominate high-achieving student members who aspire to work in educational environments.

Fifteen scholarships of $1,000 each, plus a complimentary one-year ACA membership and conference registration (total value of $1,255) will be awarded in early 2008 to 10 master’s-level students and five doctoral-level students. Beginning Oct. 4, nominating professors and students can visit www.counseling.org and access the electronic nomination/application form for submission. The electronic nomination/application process will be available on the website.

Forms must be filed electronically and supporting materials received at ACA by Nov. 16. A panel of ACA, American School Counselor Association and Association for Counselor Education and Supervision members will serve as judges for the competition.

Questions about the Ross Trust Scholarship program should be directed to Janice Macdonald at jm.macdonald@counseling.org. Please provide a return e-mail address and telephone number for response.

ACA National Awards around the corner

The ACA Awards Committee announces the beginning of the nominations process for the 2008 ACA National Awards, which will be presented at the ACA Annual Conference in Honolulu next March.

ACA members can nominate one or more ACA members who have made a noteworthy contribution to the counseling profession at the local or state level. ACA divisions, branches, chapters, regions or committees can also submit nominations. Complete information, including criteria for each of the 19 awards, is available on the ACA website at www.counseling.org in the “Resources” section.

Request a 2008 National Awards Packet by calling ACA Member Services at 800.347.6647 ext. 222. Nominations should be submitted via mail to ACA 2008 National Awards, c/o Janice Macdonald, 5999 Stevenson Ave., Alexandria, VA 22304-3300. All nominations must be postmarked by Oct. 31.

Enter the student ethics competition

Attention graduate students and counselor educators: Win prizes and bring glory to your graduate program! Have your name seen by more than 40,000 ACA members! Sharpen your ethical decision-making skills!

The ACA Ethics Committee will begin accepting registrations for the Fourth Annual Case Study Competition on Oct. 15. The competition is open to teams of students in counselor education programs. Participants must be ACA members.

The registration deadline is noon on Nov. 15, and teams will be able to submit responses to the case studies from Nov. 1-Dec. 14. For more information, visit the ACA website at www.counseling.org.

ACA to exhibit at ACES Conference

ACA will exhibit at the 2007 ACES Conference in Columbus, Ohio, Oct. 10-14. The ACA booth will offer the newest textbooks in the field, including Counseling for Social Justice (Courtland Lee), The Counselor and the Law (Anne Marie “Nancy” Wheeler and Burt Bertram), Tough Kids, Cool Counseling (John Sommers-Flanagan and Rita Sommers-Flanagan), Multicultural Issues in Counseling (Courtland Lee), ACA Ethical Standards Casebook (Barbara Herlihy and Gerald Corey), Youth at Risk (David Capuzzi and Douglas Gross) and Assessing in Counseling (Albert Hood and Richard Johnson). Membership materials and the latest information on the ACA Conference in Hawaii will also be available. ■
It’s time to stop being silent about inadequate counselor compensation

Counselors and other mental health professionals are insulted, yet we passively remain indifferent. ACA News recently published the average salary of counselors. The numbers show what we already knew: We are grossly undervalued and, consequently, grossly underpaid.

Counselors provide an invaluable service to our communities. Our work benefits and improves society and leads individuals to achieve greater potential. Because of our work, lives are restored and relationships mend. We ameliorate suffering, improve functionality and increase productivity. Far from being glorious, our work is a slow, often laborious and frequently thankless profession that requires dedication and commitment. Our work is hard, and we labor to earn our livelihood.

Counselors are some of the brightest and most talented citizens. A counselor must be intelligent, innovative and consumer-driven. Counselors have often picked many other professions. Instead, we picked a career that requires, on average, a master’s degree, the pursuit of licensure and continuous professional development. Our career demands a significant investment of time, energy and money. Sadly, we remain inadequately compensated and see little return on our investment.

The Bureau of Labor Statistics, as cited in ACA News, reported the average earnings for counselors to be $43,500. In stark contrast, other sources (such as www.census.gov) report the average earnings for people with a master’s degree to be close to $68,000. On average, our profession is paid $24,500 less than our education deserves.

I know a counselor with a master’s degree in California who gets paid $15 an hour. Her daughter, still in college, gets paid $11.50 an hour to assist with gymnastics lessons. Another counselor in New Jersey does not know how long she can remain in the profession because the pay is not enough to support her family.

I find it ironic that, though we are taught to advocate boldly for our clients, we are timid about advocating for ourselves. There seems to be a helpless indifference about this among counselors. We know we are not paid fairly, but we somehow refuse to be outraged. We may talk about this with our colleagues but only with passing recognition. It is as if we cannot allow ourselves to see this inequity.

I recognize the inherent roots of this phenomenon and believe that as counselors resolve their identity, attack stigma, improve licensure and become more vocal in the mental health arena, compensation will improve. However, I do not see this as a “counselor-only” issue. I see this pertaining to all mental health professionals. From counselors to social workers to psychologists, we are inadequately compensated as it relates to our education and labor. For this reason, all providers of mental health services must speak out on this matter. However, if counselors are serious about taking leadership in our field, then we must lead the conversation.

We must recognize this problem and become vocal about this inequity. Our dialogue must be audible, inclusive, direct and specific. Much work must be done to improve parity in compensation. We must come together and find solutions. Everyone must participate.

Christopher Freeman Hamilton, N.J.
Freeman7@tnj.edu

Relationship violence article draws both criticism, praise

While I very much enjoyed reading the article headlined “Students lacking education on healthy relationships” in the September 2007 issue of Counseling Today, I was disappointed that it was written exclusively from a heterosexual perspective. At no point were gay, lesbian, bisexual-transgender (GLBT) students referenced, thereby missing a huge demographic group on campus.

Unfortunately, heterosexism renders GLBT students (and the challenges they face) invisible. Relationship violence is probably no more prevalent in this group, but naivety may drive relationship violence further underground for GLBT students. As an ACA member and a counselor on a college campus with a large GLBT population, I expected a more inclusive perspective from ACA’s publication.

Jeffrey A. Klug
Baltimore

I enjoyed reading the article “Students lacking education on healthy relationships.” During the past several semesters, we have attempted to educate our students on healthy relationships. However, this semester we are beginning to see an increase in counseling visits regarding unhealthy relationships. I would like to think that this is because of the education being provided and that students are beginning to feel more comfortable with seeking our services. I hope to enhance our training by including some of the research from this article.

Linda Colbert
Texas A&M University at Galveston

Perceived double standard leads to questioning of diversity movement

In their August 2007 Dignity, Development & Diversity column, Michael D’Andrea and Judy Daniels comment that “many” white persons minimize the complete problem of racism in our society. In my experience, it is not that white persons do not acknowledge the problem of racism, but rather that they are more at odds with current models of how to address the issue. Many of the methods relied upon by multiculturalists to, ostensibly, bring people together seem designed only to create a sense of victimization among members of minority groups and a sense of guilt among whites.

In the August piece, the reader is given the address where one may write to express support for the “Jena Six.” These six individuals were allegedly involved in beating a white student unconscious after nooses were hung from a tree on the school campus. If a racist prosecutor is in fact targeting these young people, it should be brought to light and spoken against.

But nowhere in the column is there any denunciation of the violence that these same six are alleged to have committed. Also missing is any address by which one might express support for apparently, the only victim of physical violence associated with the case. I have nowhere read that this student was involved with the abhorrent hanging of the nooses at the school.

If the authors wish to understand why “some” whites do not trust the so-called diversity movement, they perhaps need look no further than their own column. Double standards always lead to mistrust, as they rightfully should.

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Many uniting into one

The Great Seal of the United States of America bears the Latin motto “E Pluribus Unum.” The motto’s literal translation, “Out of many, one,” originally referred to the union between the 13 original states and the federal government. However, the motto holds multiple meanings. It also underscores our country’s identity as a nation of immigrants, with each group’s unique traditions and culture enriching the unified whole. It also refers to the culturally pluralistic and multietnic nature of modern American society. It’s a great motto that reminds us there is strength in our numbers and diversity. For me, this motto also holds meaning for the future of the counseling profession.

Many changes have taken place in the field of counseling and within the American Counseling Association during the past 50 years. We have grown from a confederation of four organizations in 1952 to an organization that today represents 19 divisions. During this period, counseling has grown from a mere idea to a “bona fide” profession with more than 100,000 Licensed Professional Counselors in 49 States. I recently reread a column in a 1993 edition of the ACA Guidepost (forerunner of Counseling Today) in which Ted Remley, then ACA’s executive director, wrote of the risks of “specialization” within the field of counseling and extolled the need for counseling to be a “single and unified profession.” While notable advances have been made toward the establishment of a common counselor identity (e.g., licensure), there remains a trend toward increased professional diversification and specialization rather than greater professional homogeneity. In many respects, counseling remains a disconnect field characterized by partisan social and political interests and competing factions — real or imagined.

I must confess that I remain a big fan of diversity and specialization within the counseling profession. However, I appreciate that if counseling is ever to fulfill its potential as a “helping profession,” we must find better ways to incorporate our diversities into a unified professional identity.

Several years back, ACA discarded a long-standing policy that combined division membership and general ACA membership. This policy change resulted in some unintended consequences, not the least of which was a precipitous drop in overall division membership numbers and, at least correlationally, a notable decline in general ACA membership over the past decade.

Two of our largest and most important divisions, the American School Counselor Association and the American Mental Health Counselors Association, while still part of ACA, elected some years back to take paths of greater operational autonomy. Similarly, two organizations conceived and nurtured by ACA, the National Board for Certified Counselors and the Council for Accreditation of Counseling and Related Educational Programs, have evolved into independent bodies, albeit maintaining close collaboration with ACA.

Currently, many counselors are active members of their state branch but are not members of ACA. Some counselors are members of an ACA division but choose not to join ACA or their state branch. And many ACA members do not join their state branch or any division. This needs to change through professional education, membership incentives and the adoption of more enlightened policies.

I believe it important that we not dwell on either the successes or the missteps of the past. Rather, I hope we can marshal our collective efforts to build a more responsive and effective ACA for the future. A single professional association with 100,000 members will play a much more meaningful role in society than 20 professional associations with 5,000 members each. Respecting and embracing the professional diversity that exists, and has always existed, within the counseling field is not mutually exclusive to building a unified profession.

ACA plays a critical leadership role within the field of counseling. While many of our divisions and affiliate groups engage in uniquely important work, only ACA is in a position to serve as the common and unifying voice for the entire counseling profession.

All counseling professionals should view membership in ACA, along with membership in an ACA division and branch, as a professional responsibility and an investment not only in their personal future, but in the collective future of our profession. To assist in this process, the ACA Governing Council will be working to establish collaborative membership options to expand membership in ACA, its divisions and branches.

“Many uniting into one” — together we can make a difference!

From the President – BY BRIAN S. CANFIELD
Nearly 30 years ago, the American Counseling Association formed a foundation that was originally funded from the proceeds of the sale of the association’s headquarters building in Washington, D.C. During the past three decades, many changes have occurred in the profession, the association and society at large. To keep pace with such changes, the entity known as the ACA Foundation has found it necessary to evolve to continue its relevance to its major constituencies, namely the counseling profession and ACA.

Last month, the Board of Trustees of the ACA Foundation met and engaged in long-range and strategic planning that will help position the organization to meet the needs of today’s, as well as tomorrow’s, professional counselor. With the addition of Skip Hansen, the Foundation’s full-time director of development, the staffing needed to help implement the strategic plan is now in place.

The ACA Foundation continues to need one key ingredient, however. That ingredient is you. We all need to do what we can to support the ACA Foundation because, together, we really can make a difference. Our impact on the issues facing professional counselors and emerging counselors is even more significant when we work collectively — and, yes, that means when we make donations of time and money to the Foundation. The ACA Foundation is the only organization dedicated to supporting ACA and the myriad issues facing many special areas of the profession.

I am pleased to say that every board member of the ACA Foundation has made a financial commitment. Many members of ACA’s Governing Council and our ACA past presidents continue to support the Foundation every year as well. In fact, two ACA past presidents, Courtland Lee and Sam Gladding, have committed to donate the royalties from some of their books to the Foundation. These generous actions, along with many more, demonstrate to me the special bond that the Foundation has forged with the counseling profession and ACA. Other examples showing your colleagues’ generosity would take up this entire column. Needless to say, we are all very appreciative of such generous efforts.

Among its accomplishments during the past year, the ACA Foundation Board of Trustees undertook the task of redesigning the Foundation website. The updated site can be viewed at www.acafoundation.org. I hope you will take a moment to check it out and then visit it again from time to time to learn about the Foundation’s latest activities and how ongoing projects are progressing.

In case you aren’t familiar with the ACA Foundation’s efforts to encourage “counselors helping counselors” through its Counselors Can Fund, this fund was established to aid counselors who were directly affected by the hurricanes that hit the Gulf Coast region of the United States two years ago. For every dollar you donated, the Foundation committed to match the donation. To date, several thousand dollars in grants have been made to your colleagues impacted by the hurricanes.

One of the Foundation’s signature projects is the Growing Happy and Confident Kids program. Each elementary school counselor who wins a Growing Happy and Confident Kids grant is provided with as many as 20 books, each carefully selected because it deals with an issue or topic that impacts kids, such as bullying, divorce, diversity or family relationships. The ACA Foundation has awarded more than 50 grants, and it hopes to increase that number significantly during the next few years. For more information on applying for a Growing Happy and Confident Kids grant, visit www.acafoundation.org.

As always, please feel free to contact me with your questions, comments or suggestions by e-mailing ryep@counseling.org or calling 800.347.6647 ext. 231.

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ACA delegates experience culture, counseling practices in China and Mongolia

BY ANGELA KENNEDY

This summer, 53 mental health professionals representing several American Counseling Association divisions traveled to Beijing, China, and Ulaanbaatar, Mongolia, on a 10-day People to People counseling delegation.

People to People Citizen Ambassador Programs, developed under former President Dwight D. Eisenhower, offer foreign educational travel experiences for professionals. Through meetings, seminars and cultural activities, participants connect with individuals in similar professions overseas. Approximately 200 ACA members have participated in past counseling delegations to destinations such as South Africa and Russia. Another delegation previously visited China to learn more about the country’s school counseling programs.

The most recent ACA-sponsored delegation met with various Chinese mental health professionals from the China Mental Health Association, Beijing Mental Health Association, Tongren Hospital, Anzhen Hospital, Chaoyang Hospital, Renmin Hospital, Huilongguan Hospital and Beijing Research Institute of Pediatrics, as well as with students from Capital Normal University.

In addition to attending general discussions, seminars and luncheons, the delegates learned more about the following topics:

■ Current challenges and future directions of mental health and counseling in China
■ Professional counseling organizations in China
■ Use of traditional mental health treatments in China, including rituals and spiritual practices, especially in some rural areas
■ The influence of Chinese philosophy on mental health, wellness and prevention of mental illness
■ The effect of the one-child/one-family policy and the rising needs for counseling and psychotherapy for the children and elderly
■ Use of traditional Chinese medicine in treating mental and physical disorders
■ Efforts to promote mental health in China

In Mongolia, delegates met with psychiatrists, professors, counselors and students from the National University of Mongolia as well as professionals from the Institute of Strategic Studies; the Institute of Philosophy, Sociology and Law at the Mongolian Academy of Sciences; and the Mongolian-American Society for Cooperation; and the Setgeliin Toli Psychological Center.

While in Mongolia, Patricia Arredondo, A. Michael Hutchins, Gisela Lin and Samuel Shaffer presented information on the methodologies and contemporary approaches of psychotherapy in the United States. Additionally, they participated in a simulated group counseling session that included several Mongolian professionals.

Reciprocating, the Mongolian mental health professionals and advocates presented information to the U.S. delegates on the development of psychological science, counseling types and contemporary methodology used with the country’s nomadic population.

Experience of a lifetime

Leading the delegation was Patricia Arredondo, an ACA former president. Known for her dedication to multicultural counseling and education, it was no surprise that she volunteered to spearhead the journey abroad.

“I’ve always been fascinated with Mongolia, reading about Genghis Khan and so forth, so when I was told that Mongolia was part of the trip, I immediately said I would go. It’s one thing to read about it in a book, but to be able to go there and be involved with those who are teaching, conducting research or ‘doing the work’, it puts it in a whole other realm of engagement,” she says. “That was very compelling to me. We had some very powerful cross-cultural exchanges — so much so that...
the sutras (scriptural narratives) to read from, and that is supposed to provide the guidance needed to help with the issue. So in a way, it’s a form of counseling, and yet it’s a very historic practice of problem solving.”

It is interesting, Arredondo says, to see how religious and spiritual figures fit into the counseling world and how people of different cultures rely on that guidance. She notes that the issue of stress is a universal phenomenon, and she was eager to learn how other societies address the issue.

“How people manage stress may have a cultural aspect, and that is important to learn. There are other practices that help with healing and responding to stress,” Arredondo says. “How people balance life and prevention approaches are big within the Chinese mental health organizations. They have community and media presentations emphasizing the holistic approach of well-being.”

While visiting a hospital in Beijing, the delegates were introduced to traditional Chinese medical practices such as acupuncture and moxibustion. “One patient was treated by cupping to relieve back pain and stress, while another had Chinese herbs burning in a container on the patient’s back to treat menopause,” she says. She explains that cupping is the practice of placing small cups on a portion of the body, usually the back, and creating a vacuum to draw toxins toward the skin surface.

As was the case with many of the other counseling delegates, Arredondo was very interested in finding out more about China’s changing family dynamic. For example, she says, although senior citizens are still revered and respected in China, many are being forced to continue working.

Continued on page 23
Before you know it

It was shortly after I started graduate school that I began to really embrace the idea of self-care. Having worked in the business world for 15 years, self-care definitely was not something I had known much about or practiced as part of being a better employee. In business, my understanding was that the more your life was consumed by your job the better, and all should be sacrificed for the company. In joining the counseling profession, how refreshing it was to be encouraged to take care of myself, not only for my own betterment, but also for my clients' welfare. I truly took the idea to heart.

Balance has always been important to me. Ever since I was little, I have explored many different interests and activities. As I got older, I always had various projects going on at home and outside of work. I have never been one to sit still. So self-care was easy for me to embrace and promote to others as a way not to get burned out in any one area of life.

Self-care was a concept that was especially important to me while attending graduate school. At that time, I was in my mid-30s, attending classes, teaching kindergarten part time, interning and being a single mom to a preadolescent daughter. I knew if I wasn’t careful, I would quickly become overstressed. So I was deliberate about scheduling tasks and activities well, being as present as I could. I put the academic texts by surprise. I have never been a "workaholic," nor have I limited myself to a bare minimum. During the next several weeks, I made many calls to my brother and his wife to offer advice, education and support. I made more calls to my parents to help them better understand what was happening, how to respond to the situation and how to help my brother and his family. I had late-night talks with my daughter, who was scared for her step-cousin because she had been hospitalized and scared for herself, wondering if the same thing could happen to her. I also wanted to offer my support and understanding to my step-niece so she wouldn’t feel shunned and alone. After school, work or my internship, I made a few visits to the hospital, which was 45 minutes away.

By the end of the week, I realized my whole world now consisted of mental health issues. I was learning about them in school, observing and managing behaviors in kindergarten, counseling children at my internship and assisting my family to provide help for my niece. One night, I looked over to my bedside table and realized that even my “leisurely reading” was about psychotic behavior. Without meaning to, I had completely surrounded myself with mental health. I was no longer “balanced.”

This revelation truly took me by surprise. I have never been a “workaholic,” nor have I limited myself to a bare minimum of interests and activities. How could I have become, unconsciously, so preoccupied solely with mental health? I knew better than this. I knew it was a quick way to wear myself down and burn myself out. This was just not my personality. As I thought more about it, I realized I had immersed myself all in the name of “becoming a better counselor.” I had been helping everyone and trying to learn all that I could, as fast as I could, and all at once. Patience has never been one of my virtues. I quickly changed what I could. I put the academic texts away and replaced them with mystery novels. After my niece was released, I remained available to my family when needed, but otherwise became less involved with the situation. There was nothing I could do about the other factors.

Without meaning to, I had surrounded myself with mental health. I was no longer “balanced.”

Six months went by and summer arrived. My daughter was off to a sleepaway camp for two weeks. I thought to myself, “Now I can be a really good counselor. I can be available for my clients at any time.”

Continued on page 36

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CaringBridge: Keeping families, friends connected during medical crises

A friend’s high-risk pregnancy inspires the creation of an online tool now providing support and encouragement to thousands of families.

The brief life of Baby Brighid, who died nine days after being born premature, led to the creation and eventual expansion of the CaringBridge website.

BY ANGELA KENNEDY

In most hospitals, cell phones are prohibited. This seemingly insignificant rule doesn’t affect most people until they have a loved one in a medical crisis. Then — not being able to call, stay in touch, report progress — it can become an additional burden during an already stressful situation.

It’s not uncommon to see families lined up outside waiting rooms and intensive care units to use either a local phone line or a worn out pay phone down the hall. They are often torn between staying near their loved one’s bedside or leaving temporarily to call and update concerned friends and family at home.

This was the challenge Sona Mehring faced 10 years ago when a close friend was struggling with a high-risk pregnancy. Mehring took the initiative to become the point of contact as the couple fought for their newborn’s life. Instead of making call after call or asking family members to relay messages to each other, Mehring created a weblog to update everyone about Baby Brighid’s progress simultaneously.

“My two good friends had a very premature baby, and they asked me to let everybody know what was going on,” Mehring explains. “Instead of making phone calls, I made a website. It certainly made it instantly easier to let everyone know what was going on. But it also became this connecting point bringing all their friends and family together to help them in this situation.”

The website made it possible for the couple to post daily news, updates and photos for a wide circle of family and friends without placing additional demands on hospital staff or interfering with the mother’s need to rest. Mehring also attached an online guestbook that allowed visitors to respond to the posts and send the family messages of support and encouragement.

Sadly, Brighid passed away after nine days at Children’s Hospital in St. Paul, Minn. At that point, the website became the medium for Joann and Darrin (last names intentionally omitted) to convey their heartbreaking loss without having to rehash the events over and over again.

On the basis of the overwhelming response, both Mehring and the grieving couple realized similar websites could benefit other parents of critically ill children or even adults facing a medical crisis.

Today, through the help of a memorial fund created in Brighid’s memory, Children’s Hospital in St. Paul provides computer and Internet access for patients and families wishing to create their own online communities.

“The night their baby was born, so was the first CaringBridge site,” Mehring recalls. “That first experience was so amazing — not only letting people know what was going on, but being able to use technology to connect people. We knew that this was something that anyone in a serious health condition could use. Joann and Darrin were instrumental in saying that this was a service that was so helpful that it needed to be available to others. It was one of those life events that we knew could be used to help other people.”

Now, 10 years later, CaringBridge.org is a nonprofit web service that connects family and friends during periods of critical illness, treatment or recovery. The service is free, private and available 24 hours a day, seven days a week. During the last decade, 70,000 families have created personalized websites. The site has logged more than 400 million visits, and more than 10 million messages of support have been entered in CaringBridge guestbooks. Individuals from more than 40 countries have used the online communication tool.

“Even though we are connecting 250,000 people a day, we are still only at the tip of the iceberg. Most people only know about CaringBridge by word of mouth. It’s been very grassroots, but what we are striving to do is make sure that everyone that is in this type of situation knows about the service,” says Mehring, recognized by MSN.com as one of the nation’s leading women working for change. She is a member of the Minnesota Council of Nonprofits and the National Health Council.

Mehring says she designed
the site to allow even the most technologically unsavvy of individuals to build and personalize a weblog (blog). Websites can be completed in three easy steps.

“We hear over and over again people saying thank you for making CaringBridge so easy,” she says. “That is one of our primary core values. CaringBridge is very easy to use, and you don’t have to know a lot about technology — the site does that for you.”

She adds, “I think this service should be prescribed to anyone facing a serious health condition because being connected to your friends and family is that important. It’s not only for the person who is dealing with the illness but also for their caregivers and loved ones.”

One counselor’s firsthand experience
Counseling Today first learned about CaringBridge through Brooke Collison, a former president of the American Counseling Association. He described a wonderful tool that his close friend was using during his fight with an aggressive form of cancer. The website, Collison said, was allowing his longtime colleague, Reese House, to stay in touch with his many friends across the nation.

House, a distinguished leader in the counseling profession, died peacefully in his home on Sept. 10 (see page 44). But several weeks before he passed away, House shared with Counseling Today how CaringBridge had helped him as he faced his illness.

“I was diagnosed with head and neck cancer in February 2006 and began both radiation and chemo treatments a little after that. I had heard about CaringBridge through a friend and checked it out. (I) then decided to create my own site and use it as a way of keeping folks informed,” he said.

At the time of the interview, House was in good spirits, but he knew the toughest times were still ahead. “The drama continues as the process of cancer treatments and care are still with us,” he said. “My partner Ted Guthrie and I decided to do this (CaringBridge) because we have various networks of friends around the U.S. and beyond. This seemed like a good way of getting information out and not having to repeat the same thing over and over. Partially, it is efficiency and, partially, a way of deciding what you want to share with others. Frankly, I am a little surprised that I decided to do this, as I am not a person that particularly likes to let everyone know exactly what is going on all of the time. However, it just seemed to me that transparency was the most important thing here.”

This transparency was also a surprise to some of his closest friends, including Collison, who says the blog allowed House to open up more to friends and family about his condition and medical treatments. “He was a very private person,” Collison says, “but when he started writing on the website, it was like a spider web out into the counseling community. He was very honest about his physical condition, and he could draw support from all the people leaving messages of encouragement to him.”

One of the website’s most beneficial aspects, Collison adds, is that individuals who are going through a medical crisis can provide updates on their condition in a single post instead of having to repeat themselves. From a counselor’s point of view, he notes, this lessens some of the emotional burden of sharing bad news.

“CaringBridge provides an electronic means of being open about your condition and then permitting caring people to be responsive or supportive — much like what good counseling enables,” Collison says. “In this electronic age, it’s a way to be in touch and to be in support for people in personally difficult times. Counselors can take a lesson from CaringBridge and should look for ways to use the same mechanisms in other human service areas.”

“No one has complained to us about this website,” House said during his interview. “Everyone seems to love it, use it and appreciate it. I am sure there are those who have different opinions, but if so, they have kept that to themselves. You know it is there; people use it if they want to. And I must tell you, there are those who cannot say enough times how important it is to them. One feature is that you can be

Continued on page 45
ARE YOU READY TO ROAR?
ACA'S NEW MEMBERSHIP RECRUITMENT CAMPAIGN:
REACH OUT AND RECRUIT!
counseling.org/ROAR

What Is ROAR?
A membership building initiatives for 2007 based on the inherent power in
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colleagues, but now we want to encourage you to reach out even more,
and we will reward you for your extra effort!

What are the rewards?
If you recruit between now and March 15, 2008:

2 new members .......................One free book from ACA Catalog (you choose)
5 new members ......................$50 ACA Bucks*
10 new members .....................$100 ACA Bucks and free ACA logo polo shirt
15 or more new members ........One year ACA membership fee, one full
conference registration and $100 Gift Certificate
to Amazon.com (a $500+ value!)

Grand Prize:
All recruiters who recruit 5 or more members are eligible for the grand prize
drawing for a new laptop computer.

The above prizes will be awarded in March 2008. More surprise prizes will
be awarded throughout the year for which all active recruiters are eligible!

How Do I Participate?
Ask your colleague to join ACA online and put your name
on the line that asks: Who referred you to ACA? We will do
the rest!

Visit counseling.org/ROAR for updates, rules
and ideas on how to recruit new members. Fill out
the pledge form and you will be eligible for even
more prizes!

Start recruiting and earning
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*ACA Bucks can be
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AMERICAN COUNSELING
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House Education and Labor Committee releases draft bill for NCLB

The No Child Left Behind Act (NCLB) is five and a half years old and due for an update. As the first session of the 110th Congress enters the home-stretch, the House Education and Labor Committee has released a preliminary proposal to reauthorize NCLB. Following release of the draft language, the American Counseling Association joined other education groups in submitting comments.

Both House and Senate members are trying to revamp the NCLB accountability system and increase support for struggling schools. The House Education and Labor Committee’s draft legislation would maintain requirements that states assess students in reading and math in grades 3-8 as well as in high school but would authorize states to use new methods to track progress toward subject proficiency goals that must be met by the end of the 2013-14 school year.

ACA is pleased to report that committee staff included the term “specialized instructional support personnel” in Title I of the draft bill. As part of its NCLB recommendations, ACA and other pupil services groups urged Congress to adopt “specialized instructional support personnel” as the single term to be used in all education laws that reference these personnel. Services provided by these personnel are currently titled “pupil services” in the Elementary and Secondary Education Act and “related services” in the Individuals with Disabilities Education Act.

Establishing one common statutory term would ease confusion and more accurately reflect the nature and purpose of the services that these professionals provide to students in schools. The draft legislation’s definition of “specialized instructional support personnel” includes school counselors, school social workers, school nurses, librarians and school psychologists. The definition does not include non-school-based mental health care specialists.

Unfortunately, the draft legislation’s Title II section, which deals with professional development for school personnel, does not include a mention of specialized instructional support personnel. ACA and other groups had recommended that the term be included throughout Title II to better coordinate training and professional development of these personnel with teachers and principals/administrators. ACA is encouraging the committee to address this issue in the next iteration of the legislation.

The House Education and Labor Committee was scheduled to mark up a bill to renew NCLB the week of Sept. 24, with a vote on the House floor later in the fall. In the Senate, lawmakers worked on an NCLB bill throughout the August recess and are aiming to have their bill win the Senate’s approval by the end of the year.

For more information about this issue, contact Chris Campbell, ACA’s assistant director of public policy and legislation, by calling 800.347.6647 ext. 241 or e-mailing ccampbell@counseling.org.

Sweeping student aid bill passed by Congress

Congress gave final approval Sept. 7 to legislation providing the largest increase in federal student aid since the GI Bill. The College Cost Reduction and Access Act (H.R. 2669) slashes government subsidies to student-loan companies and uses the savings to bolster student aid programs. President George W. Bush is expected to sign the bill into law shortly.

Specifically, the College Cost Reduction and Access Act will:

- Increase the maximum Pell grant, which goes to the poorest college students, from $4,310 a year to $5,400 a year by 2012
- Cut interest rates on federally backed student loans from 6.8 percent to 3.4 percent by the end of the next four years
- Create a new loan-forgiveness program for direct loan borrowers who work for 10 years in public service professions

Unfortunately, the bill does not include a provision contained in the original House version that would have added school counselors to a list of individuals eligible for federal student loan forgiveness under the Higher Education Act.

However, the bill does create a new loan-forgiveness program for eligible federal direct loan borrowers who meet both of the following requirements:

1. Made 120 monthly payments (i.e., 10 years) on a direct loan taken out after Oct. 1, 2007
2. Are employed in a “public service job” and have been employed in a public service job during the 120-payment period

Included in the bill’s definition of a public sector job is full-time work in public health, safety or education fields; emergency management; government; military service and law enforcement; public child care; service for individuals with disabilities or the elderly; and service for 501(c)(3) nonprofit organizations.

For information on the new loan-forgiveness program, borrowers should visit the U.S. Department of Education’s Direct Loan Servicing website at www.dissonline.com/borrower/BorrowerWelcome.jsp or call 800.848.0979; TDD: 800.848.0983.
Silent Sorrow
Continued from page 1

“Many couples feel that they need permission to grieve. I just really wanted to help other women and couples to go through the grieving process,” she says. Using therapeutic rituals, Thomas guides couples as they grieve not only for the baby they lost, but also for their dreams of what they thought their future would be like with that child.

“Couples experiencing one or more miscarriage often have the same emotional experience as those couples that have difficulty conceiving — the same sense of loss of control, helplessness and desperation,” she says. “It’s a biological, psychological, social and spiritual crisis that affects all aspects of an individual and couple’s functioning.”

**Individual, shared reactions**

Most counselors know that men and women experience and cope with death differently, but Thomas says these reactions must be explained and presented to the couple as normal. Reactions to the loss may also differ because of personal coping styles, initial levels of desire to have a child and cultural beliefs.

Some common reactions among women include:

- Depression
- Higher levels of distress
- A sense of loss of control
- Guilt/blaming themselves
- Talking constantly about the loss
- Reaching out for social support from friends or family

Common reactions among men include:

- Buffering themselves against feelings of powerlessness and uncertainty
- Tending not to speak of the loss
- Rationalizing
- Pursuing action or wanting to try again too soon

She notes that an early pregnancy loss changes the relationship permanently. If one or both of the individuals avoid the grieving process, she cautions that this can paralyze the couple’s ability to communicate and problem solve effectively. It also may hinder sexual intimacy and enjoyment.

“They often find themselves stuck and unable to move on. They need to recognize and validate their loss and find a way to say goodbye to their dream of having this particular baby,” Thomas says. “Once a woman finds out that she is pregnant, that emotional attachment begins. They start thinking about what their baby will be like, the child’s future and how the baby will interact within the family.”

Helping couples grieve

To help couples move through the grieving process, Thomas suggests marking the loss of the child with a “life-cycle ritual,” a planned set of actions acknowledging the passing of the baby. The ritual provides couples the chance to collaborate and construct a symbolic experience to reflect on their loss and share their vulnerabilities with each other. The process of designing the ritual can foster communication, understanding and a sense of peace within the couple, Thomas says.

“When creating a ritual experience, it is important to ask the couple if this is something they desire to do,” she says. “You can suggest that it has been helpful to other couples who have experienced an early loss. This discussion can then lead to determining what the couple needs most from the experience.”

The counselor’s role in this process is to listen to each partner’s story about his or her loss and identify individual and relational strengths and coping skills, Thomas says. These strengths can then be used to help the couple create their own ritual.

She suggests having each partner consider these questions:

- What are three of your strongest assets as a couple that have helped you cope with losses in the past?
- What individual strengths have helped you cope with losses in the past?
- What individual strengths do you possess that get you through difficult times?
- What are three of your strongest assets as a couple that have helped you through life challenges?

Thomas offers suggestions for each step of the creation process if couples are receptive to the idea of creating a ritual.
Step 1: Purpose of the ritual
What does the ritual mean to you both?

- Validates the existence of their baby
- Marks the pregnancy as real
- Marks the passing of the child
- Allows the couple to move on
- Allows the couple to come to terms with their early pregnancy loss

What do you hope to gain from the experience?

- Closure
- A forum to grieve the loss of the child
- Recognition that the baby’s spirit has passed on to another place
- Taking a step toward accepting the loss

Step 2: Identifying symbolic articles relevant to the loss
What are some special articles that you want to include in your ritual? What does each symbolize?

- Appointment card
- Sonogram photo
- Mother’s journal
- Candle
- Baby blanket, toy or clothing
- A family article, photo or cultural item
- Religious jewelry or trinket

Step 3: Creating the symbolic action or gesture to be carried out during the ritual
What actions speak to you as a couple as a form of recognizing the loss? (Through this action, Thomas says, a couple can connect themselves, their partner, and their family and friends to their baby.)

- Lighting a candle
- Playing a song
- Reading a letter composed by the parents to the baby
- Reading a poem
- Planting a tree or flower

Step 4: Creating a specific plan
The counselor should ask the following questions to help the couple prepare logistically for the ritual.

- What do you think your baby would say to you now that you have honored and remembered him or her?

They are in therapy to move forward, so it will happen when they are ready. They are in therapy to move forward, so just allow them to evolve. It’s important not to push them.

After the ritual
After the ritual experience, Thomas says it is important for counselors to explore how things may have changed for the couple. She suggests asking the following questions:

- What has changed between the two of you as a result of creating this ritual together?
- What have you learned about yourself and the way you grieve?
- What have you learned about your partner?
- What strengths have you become aware of in yourself and in your partner as a result of this experience?

Considering family and friends
American Counseling Association member Valorie Thomas provides the following suggestions to help couples communicate with family and friends after a pregnancy loss.

- Friends and family usually respond well to a specific request when they otherwise wouldn’t know what to say or do. Let others know that you need help.
- Respect your need to talk and be heard, and choose good listeners who care about you. It is vital that you reach out to others during this sad time.
- Plan how you will phrase your loss to colleagues and acquaintances in a simple, brief manner. Respect your need to decline discussing details you don’t want to share.
- Consider telling those close to you who are pregnant or have small children that it will be difficult for you to socialize with them for a while. If you feel it is too difficult to attend celebrations, send your regrets. Relatives and friends who care for you will probably understand.

In addition, the following suggestions can be offered to the couple’s family and friends:

What do you think your baby would say to you now that you have honored and remembered him or her?

“This is usually a pretty powerful session,” she says. “This experience has helped them create or rewrite their story as a couple. They came in with one story, not knowing what to do with this loss, and they leave with an understanding of how this event fits into their story. It has a special place within their lives and relationship.”

Helping a couple or individual address issues through the use of their “story” is the primary technique used in narrative therapy. Like Thomas, Donna Gibson, president of the Association for Assessment in Counseling and Education, has used narrative therapy in the past when helping couples through the grief of early pregnancy loss.

Several years ago, Gibson moved out of state and, because of the lack of licensure parity, needed to complete an additional internship. She chose to work with a grief counselor specifically assigned to a hospital maternity ward. This position is rare, Gibson says, because most hospitals employ few grief counselors, and those that do usually assign these counselors to the hospital as a whole rather than designating them for one specific area.

“I worked with a counselor who was only seeing couples who had either lost a child preterm, had stillbirths or had made the decision to terminate the pregnancy due to genetic complications. We also worked with couples who were experiencing infertility,” says Gibson, now a counselor educator at the University of South Carolina. “It was a very enlightening experience because I never before had dealt with that level of grief. It was stressful at times because we were considered a frontline person responding to the family.”

Gibson describes narrative therapy as a postmodern form of treatment in which the individual or couple directs the course of counseling and how they interpret the struggles with which they are dealing. Through this storytelling, she says, couples can come to terms with their loss and forge a stronger relationship with each other.

“I have them tell me their dreams they had for this baby — all the details. The humor they first found (when they learned of the pregnancy) and, now, the sadness they are experiencing. They tell me their story and talk about all of these aspects in the dreams that they created,” Gibson says. “Then I help them rewrite or retell the story focusing on the present and how this has changed their lives. It’s important to get them to recognize that their dream has to be modified, not necessarily lost, even though they lost the baby. The dream can still live if it’s modified, and they are the ones to modify it.”

Gibson adds that miscarriages and early pregnancy losses are not that uncommon, but many couples suffer privately because the subject is painful to talk about or because many people consider it taboo to discuss such issues as infertility. “The problem is that we don’t talk about it in our society,” she says. “As counselors, we need to be comfortable talking about this.”

Barb Fehrman has made it her job to get comfortable discussing the subject. After her pregnancy complications, she decided to change careers and become a Licensed Professional Counselor dedicated to helping couples cope with loss and infertility. The private practitioner uses her experiences with fertility drugs, injections, insemination procedures and pregnancy losses, and her eventual successes, to connect with clients.

Coming from a large Roman Catholic family, Fehrman says her pregnancy complications shattered the family portrait she had envisioned. The lack of support she felt during her own grieving process motivated her to become a counselor in this field. She says it’s important for couples to talk about what has happened and decide how they want to mark the loss and significant dates associated with the loss, such as the baby’s original due date and Mother’s Day. She encourages couples to use whatever medium seems natural to them, be it journaling, praising a ritual, painting or any other creative expression, and then helps them follow through with the grieving process.

Angela Kennedy is a senior writer at Counseling Today. Contact her at akennedy@counseling.org.
Getting to know the candidates

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

In an effort to bring American Counseling Association members more complete information about the ACA presidential candidates, Counseling Today is pleased to introduce the four individuals running for the association’s top leadership position.

Each candidate was asked to provide information for four questions. This month, they answer two of those questions. In the November issue, their answers to the remaining questions will be featured.

Complete information for all four candidates, including biographical information and goals statements, will be featured in the December issue of Counseling Today. That issue will also include biographical information and goals statements for those participating in elections for ACA divisions and regions.

Editor’s note: The following information is printed as it was submitted from the candidates. Counseling Today has edited only for spelling and minor style issues.

There are still thousands of counselors who are not members of the American Counseling Association. How would you reach this broad-based, specialty-driven population?

A. Michael Hutchins: Relationships are critical in our profession. Under my leadership, ACA will expand current relationships and use our advocacy/multicultural competencies to provide training for mental health professionals and other stakeholders on local and state levels. We will increase working with our own divisions and regions to build stronger relationships. I will invite colleagues from across disciplines to join us in open discussions of difficult issues exploring a wide range of worldviews. We will collaborate and publish the results of these discussions.

Under my leadership, ACA will become actively associated with a humanitarian cause. I will further develop public policy and legislative training for helping professionals to further ensure parity and the quality of mental health services across all levels. With the assistance of our insurance carrier, the ACA Foundation and other entities, we will publish online and hard copy publications which provide specific skill training and other articles of interest to helping professionals.

Lynn E. Linde: In order to reach professional counselors who are still not members of ACA, the question must first be asked: Why haven’t they joined? We must first look at the needs of this group and determine what resources and services they would find invaluable and then use that information to tailor a membership outreach campaign. ACA must be viewed as being in the forefront of professional counseling and the membership benefits invaluable in one’s practice setting. This may mean changing the way we package membership and offering more of a menu approach to benefits. Members would then be able to select additional services and resources that best meet their needs. ACA needs immediate name recognition; getting there requires a marketing campaign and outreach efforts so both counselors and the public know what ACA is and does.

A second method of reaching nonmembers is through personal contact. Most of us joined the association via commercials. That message, and the messages from countless testimonials confirming that truth, sometimes have to take place on committees and in meetings involving other professional associations and colleagues across disciplines.

Marcheta P. Evans: Over the past several years, the leadership of this association has worked actively to address the issues of declining membership. Through the development of surveys, focus groups and hiring of membership specialists to investigate the cause of this shift, a multitude of reasons has been reported for this decrease. The question posed is, can we realistically be all things to all professional counselors? I believe we must meet the needs of our broad-based, specialty membership by tackling the issue of declining membership through multiple creative approaches. These ideas range from including membership payment options over time, discounts for multiple-year commitments and recruitment of members, and new marketing strategies of the profession via commercials.

We must have a product or experience that our membership finds valuable one that can meet the needs regardless of specialization. We can no longer expect individuals to join just because their professors told them to join. Yes, our counselor education programs are a critical component to our success. These programs instill a value of professional involvement, but we must find ways to keep the counselors once they are a part of our association by giving them a return on their investments of time and resources. ACA can be that one professional voice for all professional counseling, regardless of specialization.

Michael C. Lazarchick: The majority of members join because someone asked them to do so. Those that stay find value. I joined when a professor passed out membership applications. After 30 years of conventions, my network includes thousands of counselors. Conferences are rejuvenating. Attending workshops or presenting or just conversing expands knowledge. Do you not find comfort in the fact that colleagues with varied interests take actions on committees and in divisions to serve? Their work benefits all counselors personally and professionally. ACA provides the forum that brings these people together. Numbers translate into lower group insurance rates and a louder voice with legislators.

That message, and the messages from all the others who find value, needs to be shared. I would further develop our marketing plan and teach members how to recruit. I would seek to expand ROAR, which rewards members for their efforts, because a primary purpose of ACA is to use its resources to serve members. Holding the belief that participation enhances growth and breaks isolation, I have taken the responsibility to recruit new members. In return, I have received countless testimonials confirming that truth. Sometimes we have to take people by the hand to get them on the dance floor.

One of ACA’s strategic priorities is public awareness. What methods would you recommend to reach external constituencies (e.g., members of Congress and identity-related groups such as AARP or the Alliance on Mental Health)?

Lynn E. Linde: ACA has made tremendous progress over the past 15 years in gaining recognition as an association for professional counselors. But there is still much that needs to be done. A multifaceted approach utilizing members as well as the association is necessary to reach ACA’s external constituencies.

ACA needs to continue its marketing campaign until we have visibility and name recognition. Additionally, we need to continue to develop collaborative relationships with the media so that ACA is perceived as an expert resource to be called upon and quoted when

A. Michael Hutchins
Lynn E. Linde
Marcheta P. Evans
Michael C. Lazarchick
events happen or when information is needed. We need to continue to work with our sister organizations on topics of common interest to solidify our position as representing an important constituency. This will require outreach on our part. We also need to continue our efforts at the local and state levels. Members need support in becoming more adept at marketing themselves and their programs and gaining recognition and public awareness for those things they do. ACA must also provide support for coalition building at the local and state levels. And, lastly, members must continue to increase their public policy efforts at the local and national levels.

Marcheta P. Evans: There have been over the past several years wonderful initiatives developed which need to be further explored to examine the long-range impact on public awareness. One such initiative involved the development of a commercial highlighting the importance of counselors as professionals by participating in collaborative efforts across disciplines. By working with our credentialing and training associations, I will encourage cross-discipline training. On a local level, we will actively work with branches to provide relevant training and work with community organizations on local concerns affecting our clients and their communities.

ACA will continue to develop close relationships with the “press” on local, state and national levels. Through our scholarship and leadership, we will become the “go to” organization in specific situations, publicly being acknowledged for our penetration level rise in the media. We will become the “go to” organization in specific situations, publicly being acknowledged for our penetration level rise in the media. We will become the “go to” organization in specific situations, publicly being acknowledged for our penetration level rise in the media. We will become the “go to” organization in specific situations, publicly being acknowledged for our penetration level rise in the media. We will become the “go to” organization in specific situations, publicly being acknowledged for our penetration level rise in the media.

Michael C. Lazarchick: We must share the energy and skills at every opportunity. We are creating our image in public consciousness. As ACA president, I will actively explore our emerging relationships with worldwide colleagues. Some of our entities work collaboratively to train counselors in other parts of the world. We must continue to do so. Working with the International Association for Counselling, I will encourage collaborative visioning, participation and action.

We must share the energy and creativity of our graduate students and emerging professionals by participating in collaborative efforts across disciplines. By working with our credentialing and training associations, I will encourage cross-discipline training. On a local level, we will actively work with branches to provide relevant training and work with community organizations on local concerns affecting our clients and their communities.

ACA will continue to develop close relationships with the “press” on local, state and national levels. Through our scholarship and leadership, we will become the “go to” organization in specific situations, publicly being acknowledged in the media. We will become an NPR sponsor.

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This ambitious text tackles the pernicious and pervasive problems of racism and other forms of oppression in mental health and school settings. Edited by two of the most respected scholars and advocates in the field of multicultural counseling, this thought-provoking and perceptive book will find an appreciative audience among practitioners, students and counselor educators. Given the intractable and deleterious effects of racism and other oppressions in these settings, the contributing authors respond by offering provocative and enlightening depictions of the current state of affairs. They also provide a welcome collection of challenging yet realistic suggestions to work toward the elimination of racism, sexism, classism and heterosexism.

The book is divided into four sections: What Is Known About Racism, Racism in Mental Health Settings, Racism in Educational Settings and Endicating Racism: Future Directions. These titles are a touch misleading; in addition to addressing racism, several of the chapters do an admirable job in discussing the intersections of various forms of oppression. In addition, while six of the chapters are devoted to educational settings, the text seems more rewarding overall for readers working in a counseling context, including school counselors.

The tone throughout the text is forthright. Derald Wing Sue opens the second chapter by stating: “In our society, Whiteness is a default standard … From this color standard, racial/ethnic minorities are evaluated, judged and often identified as lacking in skill, inferior, deviant or abnormal” (p. 15). He then convincingly makes the case that the invisibility of Whiteness is linked to an often unintended support of the racist status quo by Whites. As is the case in each of the 14 well-written chapters that follow, Sue sprinkles in a generous dose of suggestions, insights and potential solutions to the identified concerns and issues. In this case, that consists of outlining steps needed for Whites to effectively engage in the fight against the perpetuation of this insidious form of oppression.

Most of the chapters offer content designed to enhance the reader’s multi-cultural competence in each of three oft-cited domains. The authors include reflection and increased self-awareness of one’s own beliefs and behaviors, offer valuable knowledge on their topic and give suggestions for improved skills and interventions. The overall effect is an eminently worthwhile, readable and relevant contribution to an essential topic.

Handbook for Achieving Gender Equity Through Education, 2nd edition
By Susan Klein (General Editor), Barbara Richardson, Dolores A. Grayson, Lynn H. Fox, Cheryl Kramaric, Diane S. Pollard and Carol Anne Dwyer (editors), 2007. Lawrence Erlbaum Associates, 768 pages, $295 (hard cover), $95 (paperback), ISBN 978-0-8058-5454-1

The first edition of this valuable reference published in 1985 uses the terms “gender equity” and “gender equality” interchangeably. It is organized into six major parts: 1) Facts About the Nature and Value of Gender Equity, 2) Administrative Strategies for Implementing Gender Equity, 3) General Educational Practices for Promoting Gender Equity, 4) Gender Equity Strategies in the Content Areas, 5) Gender Equity Strategies for Diverse Populations and 6) Gender Equity From Early Through Postsecondary Education. A disappointing omission in the new Handbook is its lack of attention to the significant work of counselors and counselor educators in this area during the last 20-plus years; contributions of teachers, administrators and parents are clearly specified.

This second edition includes about 60 authors who write on various gender equity topics. Most have some familiarity with education and have written earlier about the women’s movement and the psychology of gender. Many of the authors are from academia and appear to regard empirical research as the only path to knowledge. Nevertheless, it was surprising to find little in the volume on “other ways of knowing,” such as qualitative research methodology, in a book on this topic.

While the enormous Handbook is not a volume one would sit down with and read cover to cover, it is a well-developed guide to the current state of gender equity, especially in the United States. The foreword is written by Eleanor Smeal, whose Feminist Majority Foundation was a major sponsor of the project. The preface is written jointly by Smeal and general editor Susan Klein. The Handbook is quite expensive for personal purchase, but is appropriate for a library, media center or department.

Klein points out that many societal and contextual changes since 1985 have influenced present writers in this field. Some of these influences include the growth of the field of gender equity education, greater focus on global gender issues, more attention to the intersections of gender and other educational equity areas, increased attention to boys and men, more attention to Title IX and other gender equity laws, more governmental accountability in general (but less for gender equity) and more attention to the gender equity needs of diverse populations.

The volume identifies four major indicators of progress: 1) increased public understanding and media attention related to gender equity in education, 2) the use of U.S. gender equity laws (especially Title IX to protect women and men from sex discrimination in education), 3) decreases in gender gaps in educational achievement tests formerly favoring men and boys and in educational attainment and 4) some indication that women’s internalized barriers to success as low self-esteem or expectations of success to luck, have decreased.

The authors also identify persistent obstacles to achieving gender equity. In a section on “Conundrums,” Klein asks several important questions, including:

What are appropriate and inappropriate strategies to address gender differences?

To what extent can and should government try to change education to eliminate sex stereotyping, discrimination and stratification in a pluralistic society?

How can education change values and rewards in society to promote gender equality?

In the final chapter, a 12-page table summarizes “Key Chapter Recommendations” according to topical headings. This table provides a very convenient and practical tool to use. Kottler and Carlson offer readers several important questions, including:

- What are appropriate and inappropriate strategies to address gender differences?
- To what extent can and should government try to change education to eliminate sex stereotyping, discrimination and stratification in a pluralistic society?
- How can education change values and rewards in society to promote gender equality?

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Fourth quarter ACA fiscal report

By Thelma T. Daley

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 1-June 30) represents the fourth and final report for the fiscal year ended June 30, 2007.

The balance sheet presented with this report is intended to reflect ACA’s financial position at a given point in time. This balance sheet gives a picture of the association’s financial position as of June 30. As of June 30, ACA owned $7,542,401 in assets. Of these assets, $6,606,436 was in cash and investments.

As of June 30, the association’s liabilities included vendor fees of approximately $273,039, staff salaries and benefits of $465,990 and fees collected on behalf of related organizations of $60,890. Member benefits to be fulfilled totaled $3,279,730 and appear as a liability because ACA receives member benefits revenues annually while providing member benefits monthly.

As this balance sheet indicates, ACA’s net worth on June 30 was $3,462,751, indicating that the association remains financially healthy. However, efforts to ensure the association’s long-term stability must continue.

As of June 30, ACA reported $420,839 in excess revenues over expenses. ACA’s revenues are more than $595,345 higher than those reported for Fiscal Year 2006. Expenses incurred for FY 2007 were $251,364 higher than those incurred last year. The ACA Financial Affairs Committee will continue to monitor revenues and expenditures on a monthly basis. ACA will continue its legislative activities and maintain efforts to provide increased programs and benefits to its members.

The ACA Financial Affairs Committee, in collaboration with the staff, convenes monthly to evaluate the financial position of the association and to recommend pertinent action. Quarterly reports are provided to the membership via Counseling Today. If you have questions about this report or need clarification, contact Thelma T. Daley by telephone at 410.542.0176 or via e-mail at ttd_1@msn.com.

Thelma T. Daley served as ACA treasurer for Fiscal Year 2007.
to help support the family because of the one-child policy.

Delegate Gisela Lin noted in her daily journal of the trip that, "(A) main problem is the lack of welfare and rewards for the elderly and senior citizens." She adds that many seniors suffer from depression and do not feel the support of extended families that once played such an important role before China instituted its one-child policy. She also says members of the one-child generation seem to lack persistence and are often irresponsible. At the same time, she notes, the high level of academic pressure put on the sole offspring often leads young people in China to experience stress, addiction, depression and an unbalanced life.

In retrospect

On a personal level, Arredondo found visiting the Great Wall of China the most moving and memorable part of the trip. "You see photos and documentaries on the Great Wall of China, but it's just an incredible structure," she says. "And when you think about the fact that it was built centuries ago, it's really awesome. It leaves you speechless when you see how it winds through the countryside and mountains."

Arredondo says the trip was both professionally and personally rewarding. "It was an excellent journey, and I hope we can do this again," she says. "Both places have so much to offer us. The whole cross-cultural focus really comes to light when you take part in these exchanges. We need to understand that as mental health practitioners, there's always a lot to learn from these cultural exchanges."

Journal entries written by the counseling delegates should soon be added to the People to People website at www.ambassadorprograms.org.

The next ACA-sponsored People to People delegation will visit Vietnam and Cambodia in May 2008. Courtland Lee, a past ACA president, will lead the delegation. For more information on joining the counseling delegation to Vietnam and Cambodia, contact a People to People delegate specialist at 877.787.2000 ext. 8100 or e-mail professionals@citizenambassadors.org.

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

Letters to the editor: ct@counseling.org
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Fighting for a career fit

An instructor asked me to speak on a panel for a group of undergraduate students regarding graduate school. I politely asked if he really wanted me. After all, I had listened to many panels but never spoken on one before. Would my thoughts and experiences be of interest to any group of students?

Indeed, the instructor wanted my community mental health views represented, so one week later, I entered the classroom with six other panel members. Fear and trepidation were my main emotions. Would I single-handedly embarrass the entire community mental health profession by saying something stupid, uninformed or (gasp!) politically incorrect? Setting at the end of the stage with a death grip on the chair, I looked for the quickest path out in the event that I would need to dart from the treacherous room to secluded safety. A football player sat in the middle row, which immediately raised irrational high school insecurities of being a “nerd.”

The instructor calmly asked us to introduce ourselves. The first panelist on the opposite end of the stage breezily described her experiences. Following the other five, I somehow managed to describe my past experiences without vomiting, having no idea of what I actually said. Being the last to introduce myself, it was also my job to ask the members of the class if they had questions. Of course, it had to be the football player who raised his hand and asked perhaps the most important question — one it too often seemed I had left unanswered: “What made you decide to get a Ph.D.?”

I had wrestled with this question for the better part of seven months, both before and after becoming a doctoral student, and it still lingers. The question was there in the morning after spending an hour on the phone with the printer help line. It was there again as I stood over the dumpster looking at the printer, now in pieces. I asked myself the question in the office after the administrative staff and most of the professors had gone home for the evening and again on a Monday after putting in a 12-hour day. It came back on Tuesday after I sacrificed lunch to revise a paper. Wednesday brought the question up at a statistics exam. It arose Thursday way past bedtime as I read articles about the benefits of empirically based research. It returned Friday night as I was writing a term paper.

Rare is the day that I do not ask myself this question. One thing I have definitely discovered: Getting a Ph.D. is hard!

Where answers appear

I know the answer to why I am in a counselor education doctoral program, but I forget too frequently and need to be reminded. The question is silenced when life feels the most fulfilling. It is quieted when I sit in Starbucks surrounded by articles discussing a topic of passion (instructors insist on calling it my research topic). When I am working with my cohort to put together a poster presentation for the American Counseling Association, the question disappears. The overall rigor of the process is not of concern when I’m pondering the next topic to research, sitting in an office with a client, discussing professional matters with students, sitting in supervision or writing about a topic of interest. I thrive in those moments, forgetting about other demands. I am focused on living in that instant. These are the moments I feel most alive.

Clarity about my decision to continue my education comes when I realize that nothing less will satisfy me. A Ph.D. is certainly not the end-all-be-all. Rather, it is a vehicle to help raise and answer questions. My colleagues all have questions. Some want to know why life is unfair; others seek the meaning of life. How to put things together is important to some, while others want to experience raising a family or to see how enlightened-ment feels. I want the experience of being a counselor educator who effectively conducts quality research and thinks scientifically. I want to know how to best invest myself in students, clients, research and the community. Deep down inside, is it possible that I even want to understand statistics?

Finding a passion

How did I discover that a Ph.D. was the path I wanted to take? I can break it down into compartments to explain the process, but in reality, it was a discombobulated mess. Nothing was clear or defined in the process. The decision actually seemed to sneak up on me.

I never had high academic goals. I studied for a bachelor’s degree because my family expected it. I worked with juveniles in a therapeutic residential setting, and I pursued a master’s degree to gain better hours and pay for what I was already doing. The decision to pursue a Ph.D. arrived in a very different way. It didn’t rear its head because of immediate practical pressures but was instead a result of wrestling to understand myself.

I once held hopes of being a deep, profound, hard-to-understand individual. In reality, I am a pretty simple human being who needs a passion to fire me up. What did I enjoy doing? When did I get lost in work? What topics did I speak up about with emotion and eloquence? What articles was I drawn to in Counseling Today? These were the questions I needed to answer.

Giving demonstrations, conducting role-plays and making presentations in my master’s program was great. I love to teach and come by it naturally — my mother taught eighth-grade history for 39 years! I feel more alive in front of a group of people or working in groups than when working alone.

Sitting in one class, the instructor began discussing the elements of com-
by family members, physicians, counselors and other helping professionals. “Both family members and practitioners tend to look the other way or won’t press the issues with older people,” says McAlister, a Licensed Professional Counselor and member of ACA. “The thinking goes, ‘If mother needs a little nip out of the bottle, so be it.’ … Stereotypes (about the elderly) may make caregivers, family or friends reluctant to upset a loved one or generally accept some indicators (of addiction) as normal behavior. Falls, confusion and excessive sleeping might be viewed as typical of the elderly when the real cause could be alcohol or misuse of drugs.”

According to statistics cited by McAlister, between 12 and 17 percent of acute hospitalizations among the elderly are due to adverse drug reactions; another 11 to 20 percent are alcohol related. And those numbers are likely to rise as the baby boomers age. There is speculation, McAlister says, that because of past familiarity, many baby boomers will turn to alcohol and drugs, whether prescription, over-the-counter or illegal, to help themselves cope with the aging process.

“The baby boomers who led social upheaval in the sixties will begin to turn 65 in 2011, and the result will be 22 million individuals over the age of 65,” she says. “With increased age, there is also increased vulnerability due to lifestyle choices. This is a generation that has grown up — and grown old — with greater awareness and exposure to drugs, media advertisements (‘Ask your doctor if _______ is right for you’) and acceptance of drug use.” In addition, older adults are more vulnerable to the effects of alcohol than their younger counterparts.

Greer, also an LPC in Texas, concurs with that assessment. “The baby boomers have always tended to push the envelope on alcohol and drugs, and, as they age, this is just a way of life. These behaviors tend to be more accepted by family members because that is just how Dad, Mom, Uncle Joe and Aunt Mary are, and no one confronts the behaviors. But as we age, our bodies react differently to various foreign substances, and although the person may have used alcohol and/or drugs during their life, through the aging process and, often, a greater intake of these substances, it becomes a substance abuse issue.”

Getting a handle on the problem

“There is an increase of senior clients having difficulty with substance abuse and other process addictions,” confirms Simone Lambert, president of the International Association of Addictions and Offender Counselors, a division of ACA. “Thus, counselors really need to be aware of how prevalent addictions are with the elderly population and broach topics such as substance usage and gambling patterns with their senior clients. As with many populations, substance abuse in the elderly may be initially masked by a co-occurring disorder, such as depression, or even misdiagnosed. It is imperative that we explore the role of alcohol or drugs in the client’s daily functioning. For instance, poor appetite or sleep difficulties may be the cause of substance intake.”

While remaining tactful, counselors should be vigilant to the possibility of older adults struggling with addiction. Greer says. This starts by genuinely getting to know the client and asking how he or she copes with physical health problems or traumatic events, she adds. “The elderly may be self-medicating with alcohol or prescription drugs to combat depression, loneliness or a sense of despair,” Greer says. “What may have started as a prescription for dealing with the loss of a spouse or other traumatic event becomes a crutch, but one that is not readily recognized by others, including the family doctor. As we age, doctors readily prescribe medications to make the pain go away. The elderly often increase the dosage to ensure the pain goes away, whether it is physical or emotional.”

McAlister says counselors should remain particularly alert for specific risk factors that increase senior clients’ likelihood of engaging in addictive behaviors. These risk factors include:

- Prior history of alcohol or drug abuse
- Family history of substance abuse
- New onset of medical problems
- Loss of a spouse
- Recent retirement
- Social isolation
- Chronic pain coupled with inadequate treatment

In addition, McAlister says, counselors should educate clients’ family members about red flags that may indicate the need to screen for addiction. She cautions that family members, friends and even helping professionals may be tempted to simply chalk these warning signs up as natural effects of the aging process. Among the red flags:

- Poor self-care
- Neglect of usual routines
- Shaky hands
- Symptoms of depression, anxiety or insomnia
- Balance problems
- Erratic driving
- Loss of memory
- Repeated falls
- Unexplained bruises or burns
- Confusion or disorientation
- Money worries
- Financial problems

“When determining the need for assistance, the elderly will respond best when asked about the recent past,” McAlister says. “Embedded alcohol-use questions in the context of other health behaviors, such as exercise, weight loss and diet. Pay attention to nonverbal cues that suggest the client is minimizing use. For example, blushing, turning away, fidgeting, looking at the floor or a change in breathing pattern.”

Offering treatment

Sometimes, senior clients’ problems with prescription or over-the-counter drugs are related to a lack of organization or information, and counselors can play an important role in teaching them to advocate for themselves and develop a safe routine for taking medications (see sidebar on page 27). In other instances, counselors must help older adults get to the root problem of an addiction.

“For some clients, there will be a need to enter a rehabilitation facility and detox before other interventions can be used,” Greer says. “Some recent research shows that the number of those with addictions over age 60 are increasing but, likewise, they tend to respond quickly to recovery. Also, for some elderly clients, it is important for them to recognize it and their accomplishments as opposed to what they are not — to do away with the deficit model.”

“We must always treat all clients with respect, but this becomes increasingly important with the senior client,” she continues. “For so many seniors, life becomes about loss — loss of hair, teeth, eyesight, loved ones, friends — and the counselor can help the senior client retain or gain a sense of belonging and being needed by others. To help combat alcoholism, drug addiction and other addictive behaviors, seniors need an emotional retirement plan so they feel worth, dignity and a reason to be.”

ACA member Merry Evenson, professor emeritus at Texas Woman’s University, lists several tasks for treatment in working with elderly clients who are confronting an addiction. These include:

- Instilling a sense of accountability
- Instilling a sense of responsibility
- Helping them develop alternative ways of self-motivating and delaying gratification
- Helping them develop an ability to self-soothe in healthier ways (such as taking the dog for a walk, taking a bath, listening to music)
- Helping them identify cognitive distortions

Evenson explains that casinos use a variety of marketing techniques to entice the elderly, including hiring performers from the “Golden Oldies” era and offering perks such as free drinks, cheap meals and coupons for popular medications. Many of the promotions coincide with dates when Social Security or pension checks arrive, she says, and casinos sometimes offer kickbacks to retirement center employees who organize bus trips for senior citizens to these gambling meccas. The casinos also do whatever they can to make themselves readily accessible to those with limited mobility, she says.

**Colliding trends**

Of course, the catch-22 is that some social outings tailored specifically for seniors can likewise encourage addictive behaviors. As examples, McAlister points to wine-tasting nights at assisted living communities, retirement seminars that offer free drinks and bus trips that take senior adults to casinos.

The example, in particular, has grabbed Evenson’s attention. “It’s the colliding of two big trends — graying and gambling,” she says. While the overall popularity of gambling has exploded in the past three decades, Evenson cites statistics that show retirees now account for 34 percent of all casino gamblers. According to stats provided by the American Gambling Association in 2001, she says the number of casino visits by senior citizens has doubled since 1975, a rate that far surpasses any other age group.

And Evenson contends those numbers didn’t happen merely by chance. The gambling industry recognized that older adults were a growing segment of the U.S. population, she says, and set out to capitalize on that trend.

Evenson explains that casinos use a variety of marketing techniques to entice the elderly, including hiring performers from the “Golden Oldies” era and offering perks such as free drinks, cheap meals and coupons for popular medications. Many of the promotions coincide with dates when Social Security or pension checks arrive, she says, and casinos sometimes offer kickbacks to retirement center employees who organize bus trips for senior citizens to these gambling meccas. The casinos also do whatever they can to make themselves readily accessible to those with limited mobility, she says.
Concerns other than addiction

In conducting research, Licensed Professional Counselor Gay McAlister has found that the elderly consume 25 to 30 percent of all prescription drugs in the United States. Approximately 85 percent of elderly Americans take at least one prescription daily, and separate studies have indicated that, on average, those 65 and older take 9 or more medications, where from five to 11 different prescription medications daily.

Likewise, 87 percent of elderly Americans use at least one over-the-counter remedy daily, with almost 6 percent saying that they use five or more over-the-counter drugs. According to McAlister, a counselor educator at Southern Methodist University, among the drugs most frequently abused by the elderly are analgesics, cardiovascular medications, laxatives, vitamins and antidepressants.

While McAlister tries to draw attention to the increasing numbers of older adults becoming addicted to prescription and over-the-counter drugs, that is not her only concern. As she points out, 90 percent of elderly individuals experience adverse effects from taking drugs, often because they’re mixing and matching medications or trying to self-medicate to save money. “This also means they’re self-diagnosing,” she says. “And (mixing drugs) often cancels out the good effects of their other medications.”

Many older adults are at risk of misusing over-the-counter and prescription drugs for a number of reasons, McAlister says, including:
- Seeking multiple specialists
- Hoarding expired medications
- Sharing medications with a spouse or loved one
- Mixing medications
- Incorrectly following directions for taking the drugs
- Forgetting that they’ve already taken their daily dosage (or have yet to take it)
- Being misdiagnosed by medical professionals
- Adverse reactions related to misuse (or abuse) of drugs not go unnoticed by family members or be wrongly attributed to the aging process, McAlister adds.

On the surface, organized bus trips to casinos seem like a “safe way to be bad” for many senior citizens, but if you dig deeper, Evenson says, the truth is often more sinister. “These look like great trips that provide a social outlet and free meals,” she says, “but they can lead to gambling and alcohol additions and can cost these individuals their nest eggs. … Counselors need to be aware of this information, and they need to actually advocate for the elderly. Just as no one wants the elderly to be taken advantage of by magazine salespersons or telephone solicitors or offers of false sweepstakes winnings, no one wants the elderly to be lured into settings that appear harmless — are even referred to as the ‘day cares for the elderly’ — but eventually lead to losses of their life savings and full-blown addictions.”

Men are more likely to get addicted to gambling, says Evenson, who points out that a gambling addiction is determined by not the frequency or the amount of money wagered but rather the continuance of the behavior despite repeated negative consequences. At the same time, she says, “Gambling is one of the most highly addictive of the activities or substances because it offers intermittent reinforcement. The thing that makes gambling exciting is the money involved and the player’s hope for gain. One of the secrets of gambling is that it combines chance with risk.” On top of this, she says, many elderly persons are lonely and view gambling as “cheap” and safe entertainment that provides a social outlet, making them particularly vulnerable to addiction.

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tyng such as watching the evening news)

Stress the need for pill organizers (organized by day or by week) with clients and their families

Encourage more family support for these clients

Obtain a thorough medical history and assessment of these clients

Show genuine care and interest and listen carefully to pick up on issues that may push these clients to engage in addictive behavior

Counselors should also raise overall awareness about drug misuse and addictions among the elderly by educating the general public, caregivers, other mental health professionals and physicians, McAlister says. “Awareness, communication and a team approach is critical,” she emphasizes.

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Attendees of the 2008 American Counseling Association Annual Conference & Exposition, taking place March 26-30 in Honolulu, will have the opportunity to earn as many as 35 hours of continuing education (CE) credits by attending both days of the preconference Learning Institutes and all three days of the main part of the conference.

How does this work? The preconference Learning Institutes are offered during daytime sessions as well as in the evenings, allowing attendees to earn nine hours of CE credits daily. For example, if you attend one daytime Learning Institute (which will run from 8 a.m.-3:30 p.m.) and then go to another one that evening (from 4:30-7:45 p.m.) you would earn nine hours for the day. Daytime Learning Institutes offer six hours of CE credit, while the evening sessions offer three hours. With two full days of Learning Institutes March 26-27, you can earn 18 hours of CE credits before the conference even begins.

Then, if you attend Education Sessions throughout the day on each day of the main part of the conference (March 28-30), you can earn as many as 17 hours of additional CE credits. In less than one week’s time, you may be able to earn all or most of the credits you need for licensure renewal, depending on your state’s requirements. Of course, many counseling professionals who do not need CE credits enroll in Learning Institutes simply for the professional development and skills building that these intensive, in-depth sessions offer.

The complete schedule for Learning Institutes is posted on the ACA website and included in the Advance Registration Brochure, which members will receive in early October. Attendees can choose from 39 Learning Institutes at two levels — Introductory and Advanced — and from more than 500 Education Sessions.

ACA offers the preconference Learning Institutes to enable attendees to earn additional CE credits while gaining in-depth knowledge in a particular area. ACA advises prospective registrants to register early because sessions do fill up and sometimes get closed out.

A separate registration fee for the preconference Learning Institutes ranges from $70 to $135 for ACA members who register before Nov. 30. Nonmember general attendees pay $185 for daytime sessions and $145 for evening sessions. Reduced rates apply for students, new professionals and retirees. All Learning Institute fees, as well as regular conference registration rates, will increase Dec. 1.

To view the complete list of preconference Learning Institutes, visit www.counseling.org/convention and click on “About Conference.” Inquiries about preconference Learning Institutes should be directed to ACA Professional Learning at 800.347.6647 ext. 306.

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CounselingToday Quiz – October 2007

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 a photocopy of your answers by passing them in and completely filling in one circle per question. Then mail it with a $18 payment to the address below. Please do not send cash.

“Silent Sorrow”

1. According to Thompson, couples experiencing one or more miscarriage often have the same emotional experience as those who have difficulty conceiving. a. that have difficulty conceiving. b. whose living loved ones are dead. c. who have survived an accident. d. All of the above.

2. Givens describes ______ as a premeditated form of treatment in which the individual or couple directs the course of counseling and how they interpret the struggles with which they are dealing. a. dual creation and interpretation. b. gestalt counseling. c. process model therapy. d. All of the above.

3. Addiction doesn’t have age preference. a. According to Olds, when determining the need for assistance, the elderly will respond best when asked about. b. social circumstances. c. the recent past. d. general lifestyle choices.

4. Eleanor, a client stating that she has now accounted for ______ percent of all her gambling. a. 20 b. 50 c. 42 d. 56.

5. “ACA Journal Spotlight”

5. Fewer career study showed that ______ attended more client sessions than any of the other types of counseling. a. Latin American English. b. Latins speaking English. c. European Americans speaking both Spanish and English. d. None of the above.

6. Steger concludes that the life quality index indicates ______. a. reflect a lessened negative drives. b. illustrate more enduring resilience. c. can offer insights similar to the Thomas-Bridge typology. d. are underestimating exact meaning.

7. “Behind the Book”

7. Assessment in Counseling is meant to be: a. a textbook for counseling studies. b. a practical handbook for practicing counselors. c. Both and b. d. None of the above.

8. The authors updated and put additional emphasis on the use of assessment procedures for special populations, including all of the following EXCEPT: a. miniority. b. clients with disabilities. c. young adults. d. older adults.

9. “Private Practice in Counseling”

9. The authors have received almost 100 requests to date for examples of their spreadsheet. a. in free. b. for sale. c. d.


Submit your completed quiz along with a $18 payment to:
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Dressing for success:
Some rules never change

Is there anyone who doesn’t face each new season by opening the closet door and trying to determine what they have to wear for the impending changing weather? Similarly, is there anyone who has never stressed out—even a little bit—about what they’re going to wear?

Take a couple of minutes to assess your current wardrobe. At this very moment, do you have in your closet an outfit that would be appropriate for:

- A job interview
- Lunch or dinner with a business associate
- A funeral
- A cocktail party
- A sports outing (either as a participant or a spectator)

Stacy and Clinton, Trinny and Susannah, and Mr. Blackwell all have their opinions about what will get you on the best-dressed list. Thanks to cable television, there are entire networks—such as Teen Vogue, In Style, and O, the Oprah Magazine—with accompanying websites—that provide hourly input on the latest trends in Paris, Milan, New York and L.A. In this era of information overload, often-conflicting fashion advice can be overwhelming and leave those who are seeking direction feeling confused instead.

Dressing for success is less about fashion and more about dressing appropriately for your role and setting. In many settings, those in positions of authority came of age when the “old rules” regarding appropriate business attire were still in place. Many of those in charge are still scratching their heads and wondering how “business attire” became “business casual.” And this was before the “casual” side evolved into outfits that wouldn’t have been worn outside the comfort of the home in previous generations.

Thankfully, because of today’s more relaxed rules, dressing for success no longer means wearing a navy blue uniform with a starched white shirt and a silk tie or bow at the neck. Some rules never change:

1. Dress for the position to which you aspire. John Molloy, who is often credited with coining the phrase “dress for success,” advised his followers to pattern their wardrobes after those worn by supervisors two or more levels up. Although his best-selling publication is no longer in the mainstream, it’s still good advice. Professional appearance invites professional treatment.

2. Dress for your audience. It is a given that counselors need to relate to their clients on many levels. So it follows that it would be insensitive to dress in $1,000 suits for sessions if your clients are struggling to hover above the poverty line. But neither does that mean you should wear torn jeans, rocker T-shirts and flip-flops to relate to your teenage clientele. Projecting a subtle air of authority through your appearance can enhance the success you achieve with clients because it reinforces your credibility.

3. Dress the body you have now, not the one you had in high school. Shapes and sizes change over time (as do jacket cut, tie width, skirt length and pant rise). If you are legitimately wearing the same size you did when you walked across the stage in your cap and gown, congratulations. But the rest of us are better off wearing clothing that genuinely fits. If you fall into that latter category, take comfort in knowing that you’ll be more comfortable, and you’ll look better too.

4. Avoid the “toos.” If it’s “too” anything, adjust. Too much color or pattern, too many accessories, too tight, too short or too much cleavage (some would say any visible cleavage is too much) can distract from an otherwise professional ensemble. And unless your job is modeling for the Sports Illustrated swimsuit edition, too much skin — a bare midriff, for example — is a no-no in the workplace.

5. Invest in the classics and update with trendier pieces.

Some clothing, such as wool trousers, blazers and A-line skirts in neutral colors (black, gray, tan or navy), withstands the test of time. The navy suit (gray, tan or navy), gray, tan or navy suit pattern, the little black dress remain reliable wardrobe workhorses. High-quality pieces such as these that will endure for several seasons are at the center of a flexible, professional wardrobe. Buy seasonal accents to complete your look.

A little attention to detail goes a long way. You don’t have to spend a small fortune to present a professional appearance. Maintaining a neat hairstyle, keeping nails groomed and making certain your clothing is in good repair will provide the polish expected of professionals.

Finally, if you want to know whether your casual ensemble is too casual for the office, try adding a navy blazer. If it doesn’t look out of place, you’re probably OK.

Amy Reece Connelly is the manager of ACA Career Services. E-mail questions to her at acacareers@counseling.org.

Letters to the editor: cl@counseling.org

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Today’s counseling professional has a wide range of psychological assessment tools to use in working with clients. Indeed, most schools and many businesses have become highly dependent on academic achievement and psychological testing for a variety of uses.

Assessment in Counseling is a practical handbook that provides information not only on many of the latest and most used assessment tools but also on the procedures that will enable counselors to make the most effective use of them.

Albert Hood is emeritus professor of education and former chair of the University of Iowa Division of Counselor Education. He is the author of more than 100 books, monographs and articles concerning counselor education, psychological assessment and related fields. He has won numerous awards, including the American Counseling Association Extended Research Award and the University of Iowa Alumni Association’s Distinguished Faculty Award.

Co-author Richard Johnson is the former director of training for Counseling and Consultation Services, a unit of University Health Service at the University of Wisconsin-Madison, where he also served as adjunct professor of counseling psychology. He has also taught and counseled at the University of Massachusetts-Amherst and the University of North Dakota. He has contributed to numerous journals in the field of counseling psychology and served on the editorial boards for three ACA journals.

Counseling Today: Is Assessment in Counseling meant to be a textbook for counseling students or a practical handbook for practicing counselors?

Albert Hood: We’ve tried to write the book so that it fulfills both purposes. It serves as the principal text in a number of graduate counseling courses, providing students with the basic knowledge and skills necessary to make effective use of many assessment instruments.

Richard Johnson: But we also know it is a valuable part of the working library for many counseling professionals. It’s a handbook that can help them in the communication of test results in an interview or case report. It also provides specific information about the more popular tests and other assessment procedures used by counselors.

CT: What are the major changes in the fourth edition of this popular handbook?

RJ: There have been changes and new developments in many areas of assessment that counseling professionals need to be aware of. Recently, there have been a number of changes in the SAT and ACT academic aptitude tests, as well as in school achievement tests, especially in view of the No Child Left Behind legislation. The Stanford-Binet, Wechsler and other intelligence tests have also undergone numerous revisions. There have been updatings of the Strong, Kuder and Department of Labor’s O*NET vocational inventories, as well as changes in personality instruments, such as the Minnesota Multiphasic Personality Inventory (MMPI) and the California Psychological Inventory.

AH: We’ve also updated and put additional emphasis on a number of sections, including the assessment of counseling outcomes, high-stakes testing and the use of assessment procedures for special populations, including minorities, clients with disabilities and older adults.

CT: Do counselors sometimes rely on the various types of testing available to them?

AH: At times, some counselors undoubtedly do. But it’s also true that sometimes counselors fail to use tests they should be using or dismiss test results that have the potential for giving them useful and important information for decision-making. That’s why we’ve tried to emphasize throughout the book not just basic information about various assessment procedures but also information about how to best interpret and use these procedures within a counseling process.

CT: This book provides counselors with a number of basic assessment procedures. Are counselors usually familiar with such procedures and using them adequately?

RJ: While a solid sequence of graduate courses in assessment certainly should make a counselor familiar with such procedures, the reality is that assessment procedures vary in the amount of training and experience required for them to be used effectively. Our book provides, for example, introductory material on the use of the MMPI and projective techniques, but we also make clear that advanced training is needed before counselors are ready to use these assessment procedures effectively. This book, however, is a good avenue for counselors to be current on the assessment tools and procedures most commonly in use and to identify when more training and experience are needed.

Assessment in Counseling can be ordered directly from ACA (Order #72846). The book is available to ACA members for $44.95 and to nonmembers for $62.95. Order at the ACA online bookstore (www.counseling.org) or by calling the ACA order line at 800.422.2648 ext. 222.

Letters to the editor: ct@counseling.org

John Lough is a communications consultant for ACA. Contact him at behindthebook@counseling.org.
Insurance Trust continues efforts to provide benefits to ACA members

BY PAUL NELSON

What is the ACA Insurance Trust, and how does it relate to the American Counseling Association?

The best way to describe the ACA Insurance Trust, sometimes affectionately referred to simply as “the Trust,” is through its mission statement. The Trust’s mission is to offer the highest quality insurance products that are responsive to the needs of practitioners (counselors). These products are to be offered at competitive rates and with a timely response. To enhance and support the profession, protect the insured and improve effectiveness, the ACA Insurance Trust offers education in risk management, ethical standards and practices, and legal aspects of practice. The Trust provides this support through direct educational efforts as well as through financial support of ACA.

Who makes up the ACA Insurance Trust? The Trust is a separately incorporated entity in partnership with ACA. Separate incorporation was deemed important to shield the association from possible tax and legal liabilities. ACA has a strong voice in the governance of the Trust because four of the five voting trustees are active ACA members. Each year, the ACA president appoints one trustee to replace another trustee who is rotating off the board and also appoints the chair of the Trust. The sitting president has a vote on the Trust. An independent insurance expert fills the remaining seat on the board.

ACA President Brian Canfield has appointed Bernal Baca chair of the Trust for the current fiscal year. “Stability is a key objective for ACAIT in its programs,” Baca says. “There was a significant problem in our recent history with the financial strength of the insurance company for the professional liability program. Our current provider brought in a new insurance company and took care of the related concerns. We now enjoy stability in rates with accompanying good service through Healthcare Providers Service Organization (HPSO).”

The ACA Insurance Trust also aggressively pursues other types of insurance appropriate for ACA members and asks those providers to offer discounts that apply only to ACA members. To date, we have established discounted term life insurance and are working with medical providers to offer better rates and features for dental and disability policies written through the ACA Insurance Trust sponsorship. Discounts also apply to ACA members who buy auto and homeowners insurance. The savings can be especially significant when ACA members apply for auto and homeowners insurance together through the same company.

The ACA Insurance Trust also provides collateral benefits to ACA members. For example, ACA members who participate in the sponsored professional liability insurance program also receive access to the risk management helpline. The helpline offers members the opportunity to discuss potential claims, receive advice and decrease the possibility of lawsuits. The risk management helpline is staffed by attorneys who are experienced in the mental health field. The service provides not only peace of mind but also practical information that protects counselors.

The ACA Insurance Trust has a long history of committed support to ACA and its members. Recent examples of this support include workshops in risk management, a free CD titled Risk Management Strategies for Professional Counselors (2007) and the new ACA publication The Counselor and the Law: A Guide to Legal and Ethical Practice, which ACA Insurance Trust staff collaborated on with authors Anne Marie “Nancy” Wheeler and Burt Bertram.

The effectiveness of the professional liability insurance program and other sponsored programs enables the Trust to provide payments to ACA and participate in branch, division and leadership conferences as exhibitors. In addition, the ACA Insurance Trust has been able to provide assistance to the counselor licensing efforts in California.

The Trust’s efforts to foster a good working relationship with the insurance administrators have also provided access to professionals who are potential ACA members. In addition, because of this relationship, HPSO offers ACA free ads in its risk management newsletters.

The ACA Insurance Trust has two licensed professional staff members available to assist you at any time with issues concerning insurance or to discuss your particular situation. Additional information about the insurance products is available on the Trust website at www.acait.com. Comments or questions are always welcome. Call 800.347.6647 ext. 342 or contact the ACA Insurance Trust executive director by e-mailing pnelson.acait@counseling.org.

Paul Nelson is the executive director of the ACA Insurance Trust. Contact him at pnelson.acait@counseling.org.
Join ARCA in Tampa for 50th anniversary educational conference
Submitted by Patty Nunez
Patricia.Nunez@cra.com

The American Rehabilitation Counseling Association will hold its 50th anniversary educational conference, “Counseling and Crisis Interventions for Individuals With Disabilities in Critical Times,” in Tampa, Fla., Nov. 8-10.

The ARCA conference agenda promises unique, innovative sessions designed to address critical issues pertaining to crisis intervention. We will also be recognizing ARCA’s 50th anniversary. Join us for outstanding educational sessions and great networking opportunities!

We are also offering a six-hour preconference workshop on the “Foundations of Disaster Mental Health” free to all conference registrants. Licensed counselors will be eligible for Red Cross certification upon completing this workshop.

In addition, a unique panel at the conference will address counseling and disability internationally. Speaking on “The Status of Rehabilitation Counseling Services Across the Globe” will be Nicholas Buyx, Griffith University-Australia; Kane Hattori, Kobe City College of Nursing-Japan; Qiu Zhuying, China Rehabilitation Research Center-Beijing; Li Jian Jun, China Rehabilitation Research Center-Beijing; Hal Cain, Canadian Rehabilitation Counseling Association-Canada; Gail Kovacs, vice chair, Vocational Rehabilitation Association-United Kingdom; Ming Hung Wang, president, Taiwan Rehabilitation Counseling Association and National Kaohsiung Normal University-Taiwan; Jun Yaeda, University of Tsukuba-Japan; and Dal Yob Lee, Taegu University-Korea.

Our conference strands are disaster relief, crime and individuals with disabilities, grief counseling, forensic rehabilitation, ethical issues in critical times, multicultural issues and related counseling issues.

General session topics will include “Disaster Relief for People With Disabilities: Preparing Counselors for Response and Stress,” “Differences in Law Enforcement Officer Agreement With Bias Categorization of Crimes Committed Against Persons With Disabilities,” “Emergency Communication Systems for People With Disabilities,” “Service and Leadership on a Disaster Action Team,” “Special Issues in Rehabilitation Counselor Ethics in Disasters,” “Displaced With a Disability: One Person, Two Perspectives,” “Current Treatment Interventions for Offenders With Disabilities,” “Abuse of Women With Disabilities,” “Applying Medical Crisis Counseling to Group Counseling for Crime Victims Diagnosed With Mental Illness,” “A Study of Factors That Affect Rehabilitation Counselors’ Willingness to Discuss Sexuality With Consumers,” “The Danger of Disaster Myths,” “Trauma, Post-traumatic Growth and Spirituality,” “A Cross-cultural Study of Employers’ Concerns About Hiring People With Mental Illness,” “Critical Connections: Research Findings, Ethical Awareness and Rehabilitation Counselor Preparation” and “Prototypical Views About Individuals With Disabilities in the U.S. and Russia.”

Additional topics will include “Multicultural Crisis Intervention,” “A Framework for Planning: Moving From Inmate to Citizen,” “Preparedness for First Preventers and Next Responders: A Framework of Minimum Competencies for Rehabilitation and Related Service Providers,” “Dealing With Long-Term Aftermath of a Disaster: Personal and Professional Reflections on Life Since the Katrina Floods,” “An Examination of Sexual Abuse of 100 Women,” “Crisis-Resolution Problem-Solving Training for Persons With Psychiatric Disabilities” and “Effective Strategies to Implement When Working With an Individual With Disabilities in Crisis.”

Contact Conference Chair Michelle Pointer at mppointer@coppin.edu or ARCA President Patty Nunez at patricia.nunez@cra.com

Visit ARCA’s website at www.arcaweb.org for detailed information on the conference agenda and registration.

ASGW now accepting applicants for annual Peg Carroll Scholarship
Submitted by Lorraine J. Guth
lguth@iusp.edu

The Association for Specialized and Integrative 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 by the ASGW Awards Committee.

Applicants are requested to respond to each of the following questions:

1. 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?

2. Where would you obtain training in your area of interest? Be specific in respect to trainers, institutions, workshop sponsors, etc. In addition, describe your intended degree program, if it applies.

3. In what setting(s) and with what population do you hope to use your expertise?

4. 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.

5. List the types of groups in which you have participated. Describe their duration and the positive and negative aspects of each experience and role you performed (participant, leader, intern, etc.).

6. 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, 2008. Recommendation letters 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.mcdonnell@wmich.edu. Submissions via regular mail should include three typed and double-spaced copies of the application sent 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. The scholarship winner will be announced at the ASGW Luncheon at the American Counseling Association Conference in Honolulu. Recipients must be (or become) members of ASGW.

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You can also order via mail by sending a check or money order for $11.00 per issue along with issue information and your address to:

Member Services
5909 Stevenson Avenue
Alexandria, Virginia 22304
Make a Difference Grant to students
Submitted by Marjorie Adams
adams.633@osu.edu

The Counseling Association for Humanistic Education and Development is pleased to announce the 2007-2008 Make a Difference Grant. One $500 grant will be awarded to a student in a master's or Ph.D. counseling program. This grant is designed to support research with a humanistic philosophy that will make a difference for the population under study. The awarding of the grant will be based on the humanistic characteristics and quality of the project as described in the application.

Applicants should complete and submit the electronic application along with all supporting documentation by Nov. 15, midnight EST. The recipient of the 2007-2008 grant will be announced by Dec. 30, and the grant will be presented at the 2008 ACA Conference in Honolulu.

To qualify for the grant, individuals must be graduate status in a master's or Ph.D. program in counseling and propose research that:
- Is approved by the applicant's graduate faculty supervisor.
- The application process involves an application, a 1,000-word summary, a proposed budget, a description of how the proposed research promotes humanistic philosophy and will make a difference for the persons represented in the study, and a curriculum vita. For more information, see the C-AHEAD website at www.C-AHEAD.com and go to the “Make a Difference Grant” link.

Applications being accepted for AMCD Mentoring Program
Submitted by Cirecie A. West-Olatunji
cwestolatunji@coe.ufl.edu

The Association for Multicultural Counseling and Development is accepting applications for its 2007-2008 Mentoring Program. Graduate counseling students (master's or doctoral level) and counseling faculty early in their careers (untenured) are encouraged to apply.

Selected applicants will receive free registration for the ACA Conference in Honolulu in 2008 and a ticket to the AMCD Luncheon. Applicants will also be paired with a mentor throughout the current program year. Graduate students will serve as mentors for the various AMCD-sponsored events at the ACA Conference.

For consideration, applicants must:
- Be AMCD members for a year or more
- Forward a letter of support from a current AMCD member
- Submit a 1,000-word essay (double-spaced) outlining how their current research/professional interests fit the mission and goals of AMCD

Applications should include a cover sheet with full name, institutional affiliation and applicant status (either graduate student or early-career faculty member). Graduate students must also submit a letter from their advisor verifying graduate student status. Application materials must be received by midnight (Pacific time) Oct. 31. Send materials to the attention of Dr. Kimberly N. Frazier, chair of the AMCD Mentoring Program, via e-mail at kfrazier@clemson.edu or via ground mail at The Eugene T. Moore School of Education, Counselor Education Department, 318 Tillman Hall, Clemson, SC, 29634.

Check the AMCD website (www.amcaca.org) for updates on this program.

EB-ACA's 48th Annual Conference is just around the corner
Submitted by Rebecca Brickwedde
bb4963@yahoo.com

The European Branch of the American Counseling Association will once again host its Annual Fall Conference at the Trevi Hotel in Bad Herrenalb, Germany, Nov. 1-4. The conference theme is “Advocacy and Professional Counseling: Celebrating the Counseling Profession.”

There is still time to register for this upcoming training event. Participants may fax/e-mail the conference registration form to preregister by Oct. 28 or complete the registration process onsite. Visit the EB-ACA website at www.online-infos.de/eb-aca/main.htm or www.eb-aca.org for details about the annual conference program, as well as registration forms, directions and hotel information. Please also download the August 2007 issue of EB-ACA's award-winning newsletter, Neues Perspektiven for the European Counselor, which contains information about the conference, as well as informative articles for counselors.

Additional questions about EB-ACA and our annual conference can be directed to Zena Bowen, president-elect and 2007 conference chair, at zenabowen@yahoo.com. We hope you will join us in Germany!

NECA presents Life/Work Institute in Florida
Submitted by Kay Brawley
kbrawley@mindspring.com

The National Employment Counseling Association charts its course for Daytona Beach with its upcoming training event, The National Employment Counseling Association (NECA) presents Life/Work Institute in Florida, Oct. 31. The conference program, as well as registration forms, directions and hotel information can be found at www.eb-aca.org.

All courses are designed for working adults, with one NYC & distance learning available. Classes start in September. For more information, see our website.
There were no restrictions on scheduling home visits because all my nights were now free.

Once again, before I knew it, my entire day was filled with mental health. I did not go to the gym. I did not spend time with friends. I came home late most nights after appointments. Again, I had forgotten about my self-care and that when my life is out of balance, I become more stressed. Again, I had forgotten that when I am more stressed, I am not as caring a clinician, which then causes me even more stress. Again, I was truly surprised I had let this happen.

How ridiculous that I continually encouraged my clients to take time for themselves to ensure that they didn’t spread themselves too thin, and, yet, here I was disregarding my own guidance. And how easily it seemed to happen, without me even realizing it.

Sometimes, in the interest of wanting to care for my families and help them in any way that I can, I forget that part of caring for them is to make sure that I care for myself too. I must care for myself so that I can listen, be present and have tolerance, patience and understanding. When I am not balanced, these traits tend to diminish. I am a perfectionist, always wanting to learn more and be better, but part of that necessarily includes making sure I don’t do too much. As I explore this realization in myself, it also helps me to better understand how my clients get to this place. How easy it is to put our needs aside in the name of helping others, giving our all to make things better for the ones we love. I help my clients see that taking some time to help themselves will also help the ones they love — and I truly speak from experience.

I have often counseled my families that trying to do everything sometimes means that nothing gets done well. My suggestions have included scheduling in some time for themselves to balance out their lives and regroup, re-energizing themselves for whatever task/job is at hand. Yet when it comes to following my own advice, I remain dedicated and determined for a period of time, but just like my families, I forget and fall back into the same old routines. I fall into the pattern of putting others ahead of myself.

As I consider these patterns, I realize I am driven by the sense of accomplishment and reward I feel when I make a difference and help others. The allure is so strong that perhaps part of me figures the more I put into my job, the more I can help people and, thus, the more rewarded I will feel. Does that increase my sense of self-worth, I wonder? Do the families I work with feel this too? Do they feel more accomplished and in control with each additional task they try to get done?

The reality, though, is that the more I try to give all of myself, without saving time for other areas of my life, the less I actually help others. My stress increases, which then decreases my active listening, compassion, creative problem solving and understanding. I am giving without being given back to; nothing is replenishing my “giving well.” The same goes for the families with which I work. The more things they try to “take care of,” the less they are able to do anything to their satisfaction, continually leaving them with feelings of disappointment, helplessness, failure — “just not enough.”

Self-care is not an easy lesson for many of us to embrace and embody. I continue to struggle with keeping my life in balance. Despite repeated personal lessons, I still have times when I take on too much, either at work or at home, and find myself trying to do more than I can handle. Luckily, I am learning to recognize the signs of stress more quickly and realize when things are getting off-kilter so I can correct them. I have learned to accept that as my stress level rises, my tolerance for frustration lowers, so it is better for me, all around, to get the balance back. This self-recognition ensures that I can continue to help clients to the best of my ability.

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Take the Right First Step In Your Career As a Mental Health Counselor

AMHCA membership offers unparalleled benefits at a low student rate of $60 per year!

Free liability insurance for one year for first-time student members!

What makes being an AMHCA member valuable?

As you complete your education and begin your career, there are a few resources you shouldn’t go without. One of the very best decisions you can make in the early stages of your professional life is to join the American Mental Health Counselors Association (AMHCA).

Why do students join AMHCA?

1. **You are the future of the profession.** The leaders and most successful mental health counselors belong to AMHCA and use it to form strong professional relationships.
2. **We are your lifelong career partner.** Think back to when you first became a mental health counselor, and all the things you have learned and done since then.
3. **It is the right thing to do for yourself.** What can you gain by being a member of AMHCA?
   - Gain access to our affordable malpractice insurance coverage
   - Professional development
   - Search for positions using our Job Board at [www.amhca.org](http://www.amhca.org)
   - Graduate Student Committee
   - A nationwide network of students and practicing professionals and unique opportunities to meet and interact with peers
   - AMHCA Annual Conference, held in San Diego July 17-19, 2008
   - Online and print resources: research, clinical studies, critical guidance for counseling practice
   - Publications: e-News from Washington, the Advocate newsletter, and *Journal of Mental Health Counseling*

As you enter your career, you will find that your work is challenging. There are so many demands on you. One way to prepare for the “real world” is to join AMHCA. Supplement your curriculum with real-world, applied learning opportunities courtesy of AMHCA!

At AMHCA, we exist to help you address all of your professional challenges. You need the benefits designed exclusively for you and offered only by the AMHCA—the one association dedicated exclusively to the needs of professional mental health counselors.

We hope you will accept our special invitation. Visit [www.amhca.org](http://www.amhca.org) today to learn more and join today!

A division of the American Counseling Association

**Quality for One Full Free Year of Insurance! Special Student Membership Offer**

**YES, I accept your invitation to join AMHCA today at the low student rate of $60 per year!**

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| Address: __________________________ |
| City/State/Zip: ____________________ |
| Phone: ____________________________ |
| Email: ____________________________ |

**AMHCA Code of Ethics**

I certify that I have met all the criteria for my membership category. I pledge to uphold and abide by AMHCA’s Code of Ethics (please review [www.amhca.org/ethics.html](http://www.amhca.org/ethics.html)).

**Signature:** _______________________

**Individuals eligible for Student Membership:** are enrolled at least half-time in a graduate program in counseling or a related discipline. Students (Undergraduate) have graduate work completed in three years or less or currently in first year or practice.

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**Mail your application to:**

AMHCA 40 Wachovia Bank
P.O. Box 758717 Baltimore, MD 21275
Fax to: 703/548-4775
Or call 800/326-2642 ext. 103 or 703/548-6002

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COMING EVENTS

EB-ACA Fall Conference
Nov. 1-4
Bad Herrenalb, Germany

The 48th Annual European Branch-American Counseling Association Conference will carry the theme “Advocacy and Professional Counseling: Celebrating the Counseling Profession.” The conference will be held at the Treff Hotel.

For more information, contact Conference Chair Zena Bowen at zenabowen@yahoo.com or visit the EB-ACA website at www.eb-aca.org or www.online-infos.achts.de/europa/main.html.

FYI

Call for papers, manuscripts

Counseling and Values, the journal of the Association for Spiritual, Ethical and Religious Values in Counseling, which is published by the ACA, is seeking applicants for its editorial board. The term will last from 2008-2011.

All members of ACA who are interested in serving on the editorial board are encouraged to submit application materials by Feb. 15, 2008. Notification of status will occur in late April 2008.

Primary responsibilities include anonymously reviewing manuscripts and submitting the reviews to the editor within 30 days of receipt. Editorial board members should be familiar with the content and aims of Counseling and Values and both ASERVIC, have sound opinions on what is relevant to readers and be able to offer constructive feedback to authors. Typically, editorial board members/reviewers are assigned one manuscript per month. Several openings are available for the three-year term. Those selected must be willing to join ASERVIC. Please send electronic copies of your résumé or vita and cover letter highlighting your qualifications to be a reviewer, including ACA membership, areas of expertise and knowledge level of the journal, to Christopher Sink, Editor, Counseling and Values, Seattle Pacific University, School of Education, 3307 Third Avenue West, Seattle, WA 98119-1997 or via e-mail to csvikn@spu.edu.

The New Jersey Journal of Professional Counseling, an online and limited print, peer-reviewed journal published by the ACA state branch in New Jersey, invites manuscripts addressing research, practice and theoretical constructs related to the practice and training of professional counselors. Submissions must be in electronic form as Word attachments.

The deadline is Dec. 1 for the Spring 2008 edition. For further information about editorial policy, consult the website at www.njjcounseling.org or e-mail the editor, J. Barry Masari, at jmascari@kean.edu.

The Counseling Association for Humanistic Education and Development, a division of the American Counseling Association, invites submissions for its next special issue of The Journal of Humanistic Counseling, Education and Development. This issue will focus on strength-based approaches to counseling across diverse settings, including schools, mental health agencies and colleges and universities. Submissions should focus on one of the following areas: (1) application pieces that include new or innovative strength-based approaches or techniques, (2) research pieces introducing new findings or (3) conceptual pieces that introduce new ideas or perspectives on strength-based counseling practice. The submission deadline is Dec. 31. All submissions should be:

• Prepared according to the Publication Manual of the American Psychological Association
• No more than 26 pages in length
• Sent as an e-mail attachment with an accompanying cover letter identifying the manuscript for use in the “Special Issue on Strength-Based Counseling”

Written in Microsoft Word
Send submissions to Mark Scholl, editor, The Journal of Humanistic Counseling, Education and Development at mark.scholl@liu.edu.

All special issue submissions will be reviewed and will be confirmed on a first-come basis. Please respond as soon as possible to the above e-mail address and within the deadline for review.

All manuscripts should be submitted via e-mail in Microsoft Word or WordPerfect. Please include your name, affiliation, e-mail address and telephone number.

Send to: Dr. Mark Scholl, Editor, The Journal of Humanistic Counseling, Education and Development, The Smith Library, 250 1st Avenue South, Long Island University, Brookdale Campus, P.O. Box 1200, Brookdale Station, Brooklyn, NY 11215.
Giving more than lip service to multiculturalism

A revealing study concerning counselors’ language use and their clients’ emotional expressiveness is reported in the July 2007 Journal of Multicultural Counseling and Development.

Researcher Lucila Ramos-Sanchez paired 65 Mexican American bilingual college students with counselors for one 45-minute session to discuss stressors for Mexican American students on campus. The counselors, who were European Americans and Latino Americans, were instructed to conduct the session either entirely in English or in mixed Spanish and English (40 to 50 percent Spanish overall). Students were randomly assigned to European American counselors speaking English, European American counselors speaking both Spanish and English, Latinas speaking English or Latinas speaking both Spanish and English. Judges watched videotapes of all the sessions, rating the level of emotional expression they saw.

European American bilingual counseling elicited more client expressiveness than any of the other types of counseling. Ramos-Sanchez speculates that the use of Spanish by the European American counselors was a pleasant surprise and bolstered the therapeutic alliance.

Potentially, counselor trainees can enhance their effectiveness with a large segment of the U.S. population by learning Spanish. Two training programs in the United States have already added Spanish. Two training programs in the United States have already added Spanish.

What does it all mean?

The Life Regard Index (LRI) is a frequently used measure of meaning of life, a construct of great current interest that has blossomed with the positive psychology movement. The creators of the scale, John Battista and Richard Almond, built the instrument with two subscales in mind: “Framework,” meaning knowledge of one’s purpose in life, and “Fulfillment,” the sense of realizing this purpose.

Often, the Framework subscale is considered the cognitive part of meaning in life, and the Fulfillment subscale is considered the affective part. However, the construct of meaning in life easily overlaps with other constructs such as passion, energy, happiness and clarity of goals, and researchers have had difficulty untangling these concepts. In the July 2007 issue of Measurement and Evaluation in Counseling and Development, Michael F. Steger takes on confirmatory and exploratory factor analyses of the LRI. Researchers using the LRI and other well-being measures can benefit from his efforts. Steger did not find evidence for distinct Framework and Fulfillment factors, for a model separating positively worded and negatively worded items or for a unidimensional conceptualization of meaning in life.

From exploratory factor analysis, three LRI factors emerged. One factor reflected a conglomeration of content pertaining to meaning in life, passion and general contentment. The second reflected people’s lack of clarity about their own values. The third factor reflected people’s lack of clarity about their own goals.

Factor No. 1 mostly captured the positive items, while factors No. 2 and No. 3 captured negatively phrased items. Steger concludes that the subscales are unclear in their exact meaning. He advises caution in interpreting LRI scores for research or psychotherapy.

Training for a job change

A longitudinal study of people who became unemployed when their company closed provides important insights for career counselors and workers. Researchers Mary A. Gowan and David Lepak (September 2007 Journal of Employment Counseling) analyzed pre-job-loss compensation and post-job-loss compensation to investigate what factors affected the workers’ new situations two years after the closing of their company (an airline).

Salary at the end of the previous job, managerial training and administrative training significantly raised the level of salary on the workers’ new jobs. However, school education level, nonspecific training (such as time or stress management) and technical training did not raise starting salary at the new job. The authors suggest that workers who want to enhance marketability seek out general and portable types of training, such as management, clerical skills and administration.

In their study, individuals with job- or firm-specific technical skills were least likely to be re-employed two years after job loss, indicating that these skills may be less transferable, more quickly outdated or not required on the current market with the reduced number of tech jobs. Seeking out general, transferable training and certification is the best protection in an unstable job environment.

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- CONCISE
- CONTENT SPECIFIC
- CLEAR
- COST EFFECTIVE

The DVDs contain an entire day’s workshop of over six hours. This is an actual workshop, conducted by Dr. Andrew Helwig who has conducted over 215 workshops in 17 states. Although all eight content areas are addressed, focus is given to four areas: Appraisal, Research, Professional Orientation, and Career Development. Test-taking strategies and study tips are also reviewed.

The workshop is organized around the very successful Study Guide for the National Counselor Examination (350 pages) authored by Dr. Helwig. The cost of the workshop DVDs is $150 which includes $90 for the Study Guide. For more information, go to website: www.counselorexam-prep.com.

To order the DVDs and Study Guide, send $160 to Andrew Helwig, 4180 Red Deer Trail, Broomfield, CO 80020. Visa and MC are accepted. E-mail: AHELWIG@SPRINTMAIL.COM.
New Education Bills Introduced

In August, members of Congress introduced several bills seeking to increase the federal investment in school counseling and related school-based mental health services and supports. Rep. Linda Sanchez (D-Calif.) has introduced H.R. 3439, the Put School Counselors Where They’re Needed Act, to create a $12 million demonstration project to fund additional secondary school counselors in troubled Title I schools to help reduce dropout rates. Rep. David Loebbeck (D-Iowa) has introduced H.R. 3419, the Reducing Barriers to Learning Act of 2007, which would establish an office of specialized instructional support services in the U.S. Department of Education and provide grants to state educational agencies to reduce barriers to learning and clarify conflicting terminology, definitions and roles of pupil services personnel. The American Counseling Association supports both of these bills and is working to gain their incorporation into legislation to reauthorize the No Child Left Behind Act.

Who to Contact
Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Who to Contact
Your Representative
Capitol Switchboard
202.224.3121
www.house.gov

Suggested Message

“I am calling to ask the representative to support letting licensed TRICARE mental health counselors practice independently under the program, just like other master’s-level mental health professionals. The House defense authorization bill would do this, but, unfortunately, the Senate version does not. A RAND study has shown that granting independent practice to counselors is a no-cost way of increasing the access to and quality of mental health care for our troops. Please work to support independent practice authority for licensed TRICARE mental health counselors in the conference report on the defense authorization bill.”

ACA Resource
Chris Campbell
800.347.6647 ext. 241
cccampbell@counseling.org
Internet briefing paper:
www.counseling.org/publicpolicy
Capwiz “Contact Congress!” site:
http://capwiz.com/counseling

Independent Practice Authority for TRICARE Mental Health Counselors

Service members and their families are experiencing high levels of mental and emotional problems and disorders as a result of the ongoing wars in Iraq and Afghanistan, and all too often, their mental health treatment needs are not being adequately addressed. One factor exacerbating this problem is TRICARE’s policy of requiring physician referral and supervision of services provided by licensed TRICARE mental health counselors. Licensed TRICARE mental health counselors are the only master’s-level providers required to operate under physician referral and supervision. Although the House of Representatives twice has approved legislation to allow counselors to practice independently — just like all other covered providers — Senate Armed Services Committee staff members continue to believe that physicians know best. Please contact your senators and let them know how important this issue is to you and to our troops.

Who to Contact
Your Senators
Capitol Switchboard
202.224.3121
www.senate.gov

Who to Contact
Your Representative
Capitol Switchboard
202.224.3121
www.house.gov

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ACA Resource
Peter Atlee
800.347.6647 ext. 242
patlee@counseling.org
Internet briefing paper:
www.counseling.org/publicpolicy
Capwiz “Contact Congress!” site:
http://capwiz.com/counseling

Parity of Insurance Coverage for Mental Health and Substance Abuse Treatment

The House of Representatives is soon expected to vote on legislation to require health plans to cover mental health and substance abuse treatments on the same terms and conditions as other types of care. Health plans routinely use discriminatory copayment requirements and arbitrary limits on inpatient and outpatient coverage to restrict access to mental health care. Although most states have enacted mental health parity laws, these laws vary from state to state and don’t apply to self-insured health plans. Separate bills are pending in both the House and the Senate to establish federal parity protections.

Although the House Education and Labor Committee has approved the legislation — H.R. 1424, the Paul Wellstone Mental Health and Addictions Equity Act, introduced by Reps. Patrick Kennedy (D-R.I.) and Jim Ramstad (R-Minn.) — two other committees need to endorse the legislation, and it then must be passed on the House floor. ACA is joining a wide array of other mental health advocacy organizations in pushing for swift House approval of the parity legislation to increase its chances for enactment within the next year.

Please call or write your representatives to ask them to vote for the Paul Wellstone Mental Health and Addictions Equity Act when it comes before them and to vote against amendments to weaken the bill.

Who to Contact
Your Representative
Capitol Switchboard
202.224.3121
www.house.gov

Suggested Message

“I am calling to ask the representative to vote for H.R. 1424, the Paul Wellstone Mental Health and Addictions Equity Act. For far too long, mental health and substance abuse insurance coverage has been limited through the use of arbitrary and discriminatory copayment requirements and coverage limits. I’d like the representative to vote for H.R. 1424 and to vote against any amendments to weaken the bill’s requirements.”

ACA Resource
Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org
Internet briefing paper:
www.counseling.org/publicpolicy
Capwiz “Contact Congress!” site:
http://capwiz.com/counseling
Superbill gets super response

We were surprised and gratified by readers’ response to the information about using a superbill in our August 2007 column and have received almost 100 requests to date for examples of our superbill.

With the superbill option, the counselor can collect the fee at the time of the session. The client then sends the superbill directly to his/her managed care or insurance company to be reimbursed. Many insurance companies accept the superbill for reimbursement, but some may not.

Q: I have a question about a certain managed care company. I recently got on their panel, but they keep referring EAP clients to me. I don’t really understand the difference between an EAP client and a regular counseling client, other than the fact that I don’t get paid nearly as much to see the EAP clients. Is this sort of a scam, or should I question my EAP billing? Is it a type of marketing? I have been referred a couple of managed care companies due to their horrible EAP rates (their regular fees are not much better) and the extensive paperwork involved. Contracts for getting on managed care panels can include participation in both the EAP and regular insurance program. Read the contract before you sign it. You can choose not to participate in the EAP and still be a provider. If you decide not to accept EAP clients, look at your contract and see how to terminate participation. Don’t, however, just refuse to accept EAP clients, because you have a signed agreement, and they could come back and hold you to the letter of the law.

Q: I am a therapist in private practice. What is the appropriate time frame for sending a termination letter to a client who has dropped out of therapy but has not officially notified the therapist that they do not wish to continue?

A: We don’t know of any standard procedure that addresses what to do should a client “drop out” of therapy. The 2005 ACA Code of Ethics addresses termination and referral issues in Standard A.11. However, there is no exact reference either to method of contact or time frame should a client discontinue therapy without notifying the counselor. Still, while there are no hard and fast rules, there are other considerations. In the Health Insurance Portability and Accountability Act documentation (or in the informed consent document), clients should have indicated how they wish to be contacted. If they did not give you permission to contact them at home, then no letter can be sent.

If clients have granted you permission to contact them at home, then a phone call or letter advising them of the missed or canceled appointment and inquiring if they wish to reschedule would be appropriate. If, in your clinical judgment, the client needs ongoing counseling or you think a referral to another professional is appropriate, then you can send a certified letter outlining your concerns (again, if HIPAA compliant).

We will be presenting our workshop “Starting, Maintaining and Expanding a Successful Private Practice” on Dec. 1 in Illinois. The Illinois Mental Health Counselors Association is sponsoring the workshop. For more information, contact IMHCA at 800.493.4424 or visit www.imhca.org.

Assessment of Client Core Issues

RICHARD W. HALSTEAD

“This book offers a welcome alternative to the medical diagnostic and treatment model and provides a map for intervention and strategies for truly understanding clients and their needs.”

—Dela-Elizabeth Palucone, EdD
Oregon State University
2006-2007 WACES President

Halstead instructs counselors on how to better recognize, understand, and treat clients' underlying problems, or deeper issues, in order to provide the most effective counseling services possible. The model presented in this book helps uncover the origins of these core concerns, provide a reason to address them by deconstructing the client’s living story, and challenges counselors to move beyond the diagnostic limitations of the DSM-IV-TR. The framework will assist counselors in developing more targeted treatment plans to help clients establish lasting meaningful change.

2007 128 pages
List Price: $25.95
ACA Member Price: $22.95

Register by October 15th and save 25%
Beach for its first Life/Work Institute in collaboration with the Florida Counseling Association Conference, Nov. 28-30. The institute features tracks for counselors dealing with marriage/family plus career issues. NECA’s focus stems from a belief that “the most significant issues in people’s lives have to do with work, work-related involvement or relationships.” Participants attending the personal and career counseling competency-based sessions may receive a Life/Work Institute certificate. The certification process will be available at the conference.

Sue Pressman will present “Thriving Among the Sharks: Counselor as Business Owner.” Pressman’s story about “clients as customers” will be shared, along with tools and techniques for combining counseling competencies with basic business skills to prosper in family counseling or a career management business in public/private sectors. Skills transferability will be demonstrated to help participants broaden their knowledge of establishing capabilities statements, teaming, partnering, contracting, developing technical and cost proposals and understanding the importance of knowing your bottom line. These are basics for thriving among the sharks.

NECA President Carolyn Kalil will present “What Color Is Missing on Your Team or Relationship?” Without the contributions of all personality types, the team, whether it’s family or work, is incomplete and usually not as successful as it could be. Kalil utilizes the True Colors Personality System to teach how to identify the characteristics of a successful team and what role each personality plays in that effort. Working together, these personalities can create the ideal team and accomplish collective goals, whether in an organization or a personal relationship. Kalil is the author of Follow Your True Colors to the Work You Love.

Robert Chope, chair of the counseling program at San Francisco State University, will present “Multicultural Family Influence in Career Counseling and Employment Decisions.” The ways in which families influence employment decisions are often related to culturally specific factors. Families are immersed in a cultural context that shapes aspirations and choices. Exploring the relationships between cultural diversity and family influence helps counselors understand their clients’ uniqueness. In an era of increased immigration, legal and otherwise, this topic is of great importance to everyone. Chope is the author of Dancing Naked: Breaking Through the Emotional Limits That Keep You From the Job You Want and Family Matters: The Influence of the Family in Career Decision-Making.

Michael Lazarchick, director of the Burlington, N.J., One Stop Career Center, will present “A Nation at Work 2007: The Latest, Best Facts on Change in the Workforce, Workplace and Family Systems.” He will also lead participants in an exercise on the beach. Each person will explore the concept of our universe composed of interactive forms of energy. The exercise is designed to help balance the stresses of life-work issues.

Registration for the FCA Conference, including the Life/Work Institute, is available at www.fcauscounseling.org. After the FCA Conference, an NECA Leadership Retreat will be held at the Harbour Village Beach Club, Nov. 30, 1-5 p.m., and include a sailing experience.

The American College Counseling Association has announced two research award opportunities for 2007-2008. The Funded Research Award provides a cash award of as much as $5,000. This award is designed to recognize and honor individuals who are seeking to complete a comprehensive research study. The purpose is to fund research efforts supporting outcome research that highlights the effects of college counseling practices on college student retention.

Additionally, ACCA will award two $500 grants for research in the area of college counseling. Research could focus on counseling at community, vocational and technical institutions as well as four-year colleges and universities. The purpose of the grants is to support research that increases understanding of professional counseling as it relates to college student populations and the professionals who serve those populations.

The submission deadline for research proposals and supporting material is Dec. 15. For additional information, contact Roxane L. Dunfrie at 504.280.7434 or rdunfrie@uno.edu or Dr. Deborah L. Jackson at 330.941.7273 or djackson.01@ysu.edu. ACCA is also seeking input for the selection of officers for the 2009-2010 ACA/ACCA elections. We will be voting for president-elect, treasurer and member-at-large. We strongly encourage you to nominate a colleague whom you know would be an asset to our exciting organization. You may also nominate yourself, and we encourage you to consider doing exactly that. So if you or one of your colleagues has the dedication and determination to roll up your sleeves and help make our outstanding association even stronger that it already is, then let us hear from you!

Contact Paul Fornell, immediate past president of ACCA, for more information and elections process. E-mail p.fornell@leadershipl.org or call 562.997.9194.

Addiction or post-traumatic stress disorder: Which do we treat first?

More than ever, the world is in crisis. Anyone with the courage and integrity to look will observe an abundance of pain, suffering and widespread victimization in many quarters of human life, with some tragically close to home. While traumatic events happen on multiple levels, most of us can view these kinds of experiences as being part of life’s journey. We use these experiences for personal growth.

However, other individuals — those who seek treatment — have difficulty making that meaning and coping with traumatic events of a societal or personal nature. In these cases, these individuals, women in particular, may turn to substance abuse as a form of maladaptive coping. Research studies suggest that upward of 75 percent of women in substance abuse programs report a history of trauma. Therefore, clinicians in the field of addiction cannot neglect treating this prominent underlying issue in substance-abusing women.

We no longer live in a society in which counselors are present with only one condition or another. Rather, we now see more complex blends of addiction, psychological disorders and invalidation. Therefore, if counselors assume that the medical model is the predominant explanation for addiction, we fail to acknowledge the importance of the environment and the impact of trauma on the psyche. As a result of this failure, counselors will be busy treating trauma but will neglect the core issue.

Women suffering from substance abuse and post-traumatic stress disorder are at higher risk of being repeatedly victimized by relying on substances to “ numb” their emotional experiencing (Covington, 2003). Counselors should not label these women “treatment failures” because they continually relapse. Rather, it would be beneficial to acknowledge that substance abuse does not have to occur in isolation. Instead, there may be a cause, such as trauma, that leads an individual to maladaptively cope with unbearable stressors and symptoms.

Addiction counselors may believe that by medically treating the symptoms of addiction, PTSD symptoms will subside. However, in many cases the reverse occurs and these clients self-medicate to desensitize themselves from traumatic events. Ultimately, through validation and teaching effective coping skills, counselors help to eliminate or drastically reduce the need for substance abuse by attacking the events that trigger the clients’ perceived need to embrace the escape mechanism that substance abuse provides.

Counselors should acknowledge the strong association between trauma and substance use and prioritize treatment accordingly so clients and women in particular do not have to experience the repeated invalidation of relapse. As counselors, we adhere to the five underlying ethical principles to guide our behavior. If addiction counselors fail to acknowledge the strong association between PTSD and substance abuse, and we fail to treat PTSD symptoms promptly and effectively, we are failing our clients.

Elizabeth Ventura, Pittsburgh

Letters Policy

Counseling Today welcomes letters to the editor. Only letters from individuals will be published. Individuals may write as often as they like, but Counseling Today will print only one letter per person per topic in each 365-day period. Counseling Today will publish letters anticipated to be of interest to readers. Because of time and space limitations, letters cannot be acknowledged or returned, and Counseling Today reserves the right to edit letters.

Include your home and e-mail addresses for contact purposes. If you wish to have your e-mail address listed with your published letter, please specifically note that in the body of your letter.

Opinions expressed in letters do not necessarily reflect the views of ACA or the Counseling Today staff. Send letters and comments to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304-3300 Fax: 703.823.0252 E-mail: c6@counseling.org

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Division, Region & Branch News

Colors to the Work You Love

Sharon L. Lockridge, professor of human resource management at San Francisco State University, will present "Colors to the Work You Love." The exercise is designed to help balance the stresses of life-work issues.

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Elizabeth Ventura, Pittsburgh
community counseling, such as educating the public, advocating for clients outside the classroom and potentially giving presentations to educate institutions. I remember sitting up straighter, opening my eyes wider and directing all my attention to the professor. He was describing my dream job! Afterward, a number of my classmates grumbled about what they perceived as extra work, while I listened in disbelief. The instructor had described my passion so clearly that I had a hard time understanding why anyone would not be excited by what was said in class. I understood then that finding a way to incorporate both counseling and teaching would be the culmination of a dream I had not previously known existed.

Energy level was another key to my career equation. In a profession with such a high burnout rate, to continually become better with experience rather than exhausted without the energy to help clients effectively, people need to preserve themselves. Where would I be able to keep my passion for counseling by working with clients full time? I know that continuing to work with sex offenders, sexually reactive youth, inmates and clients with addiction issues would burn me out quickly. It is ironic that the very clients I find the most rewarding to work with also tend to be the ones who eat away at my energy level. I wished for the strength and endurance to remain just as energetic after 10 years of counseling as in the beginning, but deep down I knew I would be the best potential counselor over the long term only if I diversified my energies early in my career.

Another critical career development piece was how others perceived me. The dean of my master’s program thought I was a leader and asked me to reactivate the school’s Chi Sigma Iota chapter. He encouraged me to present at conferences and mention my name when speaking of individuals who might enjoy giving large-scale presentations. Peers came to talk with me about my presentations, which they sometimes found fascinating despite knowing little about the topics beforehand. I also found classmates who wanted to work with me on class presentations because they thought my teaching methods were interesting and entertaining. I needed this feedback to understand myself as an educator, and it created in me a desire to build on these strengths.

I was very anxious about my professional weaknesses, including understanding research and statistics. Only as my confidence grew that I was on the right path did my fear of these weaknesses transform into a challenge. I realized that stagnating—either strengths or weaknesses—was not an option, so I used one of my strengths (facing uncomfortable situations head on) to challenge my weaknesses. I started by applying to research-focused institutions. Perhaps the most elemental answer to how I decided to pursue a Ph.D. is this: I took stock of myself and decided to pursue a Ph.D. as this: I took stock of myself and decided to pursue a Ph.D. is this: I took stock of myself and decided to pursue a Ph.D. is this: I took stock of myself and decided to pursue a Ph.D.

Today I am giddy when I’m able to follow the statistics instructor’s lectures, and I find myself gleeful when all six people with whom I share an office are there in the room at the same time. There is camaraderie in this academic experience that I can only hope readers will also experience.

When I still became paralyzed with the question of why I am in a Ph.D. program, colleagues helped me mobilize the answer once again. If I have learned one thing these last eight months, it is that the delicate balance in academia can be steadied only by friendships. The question of why I am in a doctoral program is absent when sliding down a hill on a snow day with my cohort. The question seems ridiculous when being driven to the doctor by a colleague or eating supper with fellow conference presenters. I can call friends when I experience academic desperation or when I question my sanity. And they listen as if I were sane. Over the phone, I can ask old friends why I am in a doctoral program. They answer simply, “Because you were meant to be.”

I feel incredibly fortunate to have found a career that will enable me to use my strengths and improve on my weaknesses while also providing a calling that drives my efforts. I hope you too can identify your calling—one that is worth fighting for. When others ask about your professional path, I hope you are able to answer confidently that you have a calling that will get you through both the best and the most difficult of times.

I am forever indebted to the football player in the middle of the front row who asked, “What made you decide to get a Ph.D.?” He was the one who challenged me to simplify my thoughts. I did it because I was meant to do it.
Reese M. House, retired director of the National Center for Educational Trust, a nonprofit counseling at the Education Trust, died from head and neck cancer at his Washington, D.C., home Sept. 10, 2007, at the age of 69. House was a professor emeritus at Oregon State University (OSU) and, prior to the program consolidation at OSU, taught counseling at Western Oregon University for 19 years. Along with his colleagues at OSU, House developed a counselor education degree program centered on the principles of social justice advocacy. He was also the author of numerous counseling-related textbooks, book chapters and professional journal articles.

In the late 1990s, House retired from OSU to work with the Education Trust, which transformed school counseling and the transformation of school counseling had a major impact on counselors in all settings. Most importantly though, he will be remembered for his personal communication style, his wonderful sense of humor, his ability to stay focused on the most important things in life and the caring and supportive way he extended his friendship to others. Reese’s death creates a void that will be difficult to fill.” House served as the master’s degree graduate adviser for Donna Ford, who went on to become ACA president in 1999-2000. “It was through his influence that I became actively involved in ACA,” she said. “I’m very proud to have been one of his graduate students. He has always been an excellent role model and leader in the field of counseling. His ongoing support was a very positive part of my life. Sometimes we don’t know that we are being supported when, in fact, we are. He has always been a rock for a lot of us. His commitment and support to his students over the years really makes him an outstanding individual.”

Stuart Chen-Hayes was a doctoral student at Kent State University when he first met House at an ACA conference in the early 1990s. “I was amazed to find a gay counselor educator comfortable with himself and out of the closet. I hadn’t met any gay counselor educators prior, and his sense of humor was most engaging,” recalled Chen-Hayes, past president of Counselors for Social Justice and associate professor of counselor education/school counseling at Lehman College of the City University of New York. “(His) wisdom, humor, grace in the midst of drama, advocacy and playfulness have been an extraordinary gift to me and countless others, professionally and personally. . . . I know that (his) spirit and words and gentle laughter will be advocating and dancing with all of us for many generations to come.”

House received his bachelor’s of science degree in 1960 and his master’s in 1961, both from Ball State University. He went on to earn a doctorate of education from OSU in 1970. House worked to transform school counseling in 23 states and Washington, D.C. He had the broadest impact through his efforts at the National Center for Transforming School Counsel- ing. His actions were vital in the evolution of the role, function and role of school counselors, both in supporting changes to the nature and practice of school counseling and to state-level rules and regulations related to the profession. He is acknowled- ged for developing the Na- tional School Counseling Train- ing Initiative and for school counselors from every state in the country, and worked closely with the American School Counseling Association in designing its national model for school counseling programs. His ability to work effectively with schools, school counselors, counselor educators, university administrators and state depart- ments of education resulted in exceptional contributions to the profession.

“Reese House was the best professional colleague I ever had in the 43 years I spent in the education profession,” said Brooke Collison, another former president of ACA. “He was also the kind of friend that every person would be fortu- nate to have.”

The past House exhibited the professional life was matched by his enthusiasm for spending time with friends and family, gardening, traveling, pie making and playing bridge. He attained Bronze Life Master sta- tus with the American Contract Bridge League, traveling to duplicate bridge tournaments across the country. “Whether colleague, teacher, mentor, model or friend, there are countless persons who mourn his death,” Collison said. “If he were here, we would like- ly hear one of his well-known phrases — ‘Just get over it.’ Sorry, Reese, we choose to not ‘get over it’ so fast. You were too important in our lives for that. You will be missed, and, to change some Shakespearean words from Julius Caesar, the good you have done will live after you — for a long, long time.”

House is survived by his part- ner, Ted Guthrie; his daughter Kelly House and son-in-law Bill Dunn; grandchildren Joseph and Elizabeth Dunn; brother and sis- ter-in-law, Wendell and Yvonne House; sister, Annabel Moore; and his former spouse, Sally House. He was predeceased by his daughter Karen House.

Plans are being made for memorial gatherings in both Washington, D.C., and Portland. A scholarship fund is also being established to honor House’s dedication to the transformation of school counseling. Contributions can be made to the Reese House Scholarship Account at any branch of Bank of America.

Robert L. Betz
Longtime educator at WMU and counseling leader in Michigan

Robert L. Betz, professor emeritus of the Western Michi- gan University Department of Counselor Education and Coun- seling Psychology, died Aug. 16, 2007, at the age of 75.

Betz was born and raised in Youngstown, Ohio, and gradu- ated from South High School in 1949. He graduated from Albion College in Michigan in 1953 after having lettered for four years in two sports: base- ball and basketball. He comple- ted his master’s degree in 1956 from the University of Illinois and earned a doctorate in counsel- ing in 1963 from Michigan State University. He married Diane Tanas in 1960.

Betz was employed as a teacher, counselor and adminis- trator in the Battle Creek Lake- view, Mich., schools before tak- ing a position as an assistant professor at Western Michigan University in 1963. He spent his entire career in higher education at the university.

During his tenure at Western Michigan University, he directed three National Defense Educa- tion Acts Institutes, two Educa- tion and Professional Develop- ment Act Institutes, several Michigan Judicial Institute pro- grams and other workshops and programs sponsored by the U.S. Department of Education. He was also the first director of the Center for Counseling and Psychologi- cal Services at Western Michigan University.

He was cofounder (and first president) of the Kalamazoo Counseling Association, past president of the Michigan Counseling Association, past president of the Michigan Association for Counselor Education and Supervision, editor of the Michigan Counseling Association journal and Midwest sena- tor for the American Counseling Association.

Betz authored 26 articles and 20 technical reports and invited papers during his career. He was a consultant to 12 businesses and organizations and the chair- person for 57 doctoral gradu- ates, including the first person to receive a doctoral degree from Western Michigan University.

He received several awards during his career, including the Michigan Counseling Association’s Distinguished Profession- al Services Award, the Western Michigan University-State of Michigan Teaching Excellence Award, the Western Michigan Psychological Association’s Psychologist of the Year Award and the Michigan Psychological Association’s Master Lecturer Award.

Betz was acknowledged by his friends and colleagues as an outstanding teacher, mentor, leader and visionary and a man of unquestioned integrity and character.

He was a veteran of the U.S. Army and also served as presi- dent of the Phi Kappa Phi Honor Society.

Betz was preceded in death by his wife, Diane, in June 2006. He is survived by his daughter, Caroline Betz, and his grand- son, Nicholas Betz-Thorn.

Betz was interred with mili- tary honors in Fort Custer National Cemetery. Memorial contributions may be sent to the Western Michigan University Foundation-Betz Scholarship Endowment Fund in care of the Development Office, Walwood Union, WMU, Kalamazoo, MI 49008, or to Gryphon Place, 1104 S. Westnedge Ave., Kala- mazoo, MI 49008.
Guthrie added one of the final posts to the website on Sept. 11, shortly after midnight: “Quietly, gently and unexpectedly, Reese left us … as the day turned toward evening. It was a day of restful sleep, without apparent pain. Though there was nothing we could do but stroke his arm, his shoulder, his brow, he needed nothing more from us … just to be there with him, witnesses to his calm departure. “Over the last four hours I watched him, his brow would occasionally furrow. Once, he gave his best ‘pleased’ smile. But my mind’s eye will forever picture his look of serenity. His work was done. No more appointments, duties or items to be checked off the list. He could rest. “It was a fitting end to a most fitting and accomplished life. We will all carry a piece of him along our own journeys and travel far better for it.”

Not all of House’s CaringBridge entries were about medical reports or test results. Many of the entries were peppered with House’s sense of humor or mentioned weekend plans. Often his friends replied, wishing him a happy birthday or teasing him about attending his 50th high school reunion. Aside from the many well wishes and prayers, several messages from friends and colleagues conveyed gratitude, thanked him for being an inspiration and even expressed hopes of future happy hour gatherings.

“I think the tool has helped in many ways, but the opportunity for people to know what is going on, to respond to what they want to and to be able to hear from folks in so many different places is quite amazing,” House said. “Somehow, there is some peace of mind for me that I am able to put the information out to folks and let them decide how to process, what to do, how to respond.”

When asked how the CaringBridge website might be viewed as beneficial from a counselor’s perspective, House replied, “This is an interesting question and takes me different places. But I think what the blog does is allow people to use the site in ways that they never thought of, to go in new directions, to think in ways perhaps that haven’t been explored before."

The intentional act of writing about one’s experiences can cause a person to reevaluate and rethink their perceptions and viewpoints when they see their words on paper or, in this case, on the computer screen, House noted.

When House wasn’t feeling well enough to write the posts, his daughter, Kelly, or his life partner, Guthrie, would update the blog. They also shared their gratitude for all those reading and replying to the entries. The blog also allowed House and his daughter to spend some special time together in his final days, when she would print out the words of comfort from friends and share them with her father. In closing, House said of CaringBridge, with a hint of his well-known and somewhat dry sense of humor, “I do really believe this is an effective tool, and I’m promoting it, or something similar.”

Guthrie is a senior writer at Counseling Today. Contact her at akennedy@counseling.org.
The Committee for Education Funding (CEF) held its 38th Annual Legislative Conference and Gala on Sept. 20 in Washington, D.C. CEF is a coalition of 104 organizations, including the American Counseling Association, working together to increase support for the federal government’s investment in all areas of education. The CEF Gala is the education community’s premier event and brings together hundreds of education professionals and members of Congress, staff and the presidential administration to celebrate the benefits and accomplishments of federal education investment.

This year’s Legislative Conference was held on Capitol Hill and featured several members of Congress, including Rep. Lucille Roybal-Allard (D-Calif.), Rep. Mike Castle (R-Del.), Sen. Jack Reed (D-R.I.) and Sen. Tom Harkin (D-Iowa).

During the conference, Reps. David Obey (D-Wis.) and Jim Walsh (R-N.Y.), the chair and ranking member, respectively, of the House Appropriations Committee, were awarded the William H. Natcher Distinguished Service Award for their efforts this year to “elevate the priority for education funding to ensure better opportunities for our nation’s citizens.”

At this year’s gala dinner, former presidents Bill Clinton and George H.W. Bush were honored with the Charles Wilson Lee Citizen Service Award for their efforts to help students and families in the states affected by Hurricane Katrina in 2005. In addition, Rep. John Yarmuth (D-Ky.) was presented with the Outstanding New Member Award.

Among the 500 guests at this year’s CEF gala dinner were ACA President Brian Canfield, ACA Chief Professional Officer David Kaplan, ACA Assistant Director of Public Policy and Legislation Chris Campbell and ACA lobbyist Peter Atlee.

Among those attending the CEF Gala were, from left, Ted Feinberg (National Association of School Psychologists), David Kaplan (ACA), Brian Canfield (ACA), Susan Gorin (NASP) and Chris Campbell (ACA).
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Nominations now open for ACA committees in 2008

American Counseling Association President-Elect Colleen Logan is seeking nominations for ACA committee appointments. She will be appointing regular members to each committee to serve a three-year term and a student representative to each committee for a one-year term.


ACA members may nominate themselves or other ACA members. Nominations are due Dec. 1 and must be sent to ACA headquarters, c/o Holly Clubb, 5999 Stevenson Ave., Alexandria, VA 22304-3300. Nominations packets are available from ACA. To receive a packet or for more information about the nominations process, call Holly Clubb at 800.347.6647 ext. 212 or e-mail hclubb@counseling.org. Be sure to indicate whether you are requesting an application as a regular committee member or as a student representative. The packets are also available on the ACA website at www.counseling.org.

Survey says world’s mental health needs largely unmet

According to the Global Burden of Disease and Risk Factors published in 2006, mental disorders rank among the top 10 illnesses causing disability worldwide, with depression the leading illness. But based on results from the World Health Organization’s Global Assessment of Mental Health Survey Initiative, the world’s mental health care needs are going largely unmet. That is especially true in less developed countries, but high-income nations are far from immune to the problem. Results of the initiative, partially funded by the National Institutes of Health’s National Institute of Mental Health, were published in the September 2007 issue of The Lancet.

“Good treatments are available for many mental disorders,” said NIMH Director Thomas R. Insel. “Yet the world continues to struggle with the very real challenge of providing these services to the people who most need them. The WHO survey unmistakably reinforces the urgency that we must do better.”

Philip S. Wang, director of the NIMH Division of Services and Intervention Research, and his colleagues analyzed data from face-to-face interviews on mental health service use with 84,846 adults across all economic spectrums in countries around the world. Respondents were asked about anxiety, post-traumatic stress, mood and substance abuse disorders. They were also asked if they had received any services in the past year for mental disorders and, if so, what types of services they had used, such as general medical professionals, mental health professionals, religious counselors or traditional healers.

Overall, fewer people with mental disorders in less developed countries sought services in comparison with those in developed countries. In addition, the survey found that people in countries spending more of their gross national product on health care used services more often. The U.S. population used services more than any other country, at 18 percent. By comparison, 11 percent of France’s population used services, whereas Nigeria (a country using services at lowest rate) was 1.6 percent.

In all countries surveyed, women were more likely than men to seek mental health services. Among other findings:

- Middle-aged people were more likely to seek mental health services than those younger or older
- People with more education were more likely to seek services for mental problems
- Married people were less likely to use mental health services than unmarried people.

Most of those who sought care for mental disorders received help from the general medical sector (primary care doctors, nurses) rather than specialized mental health services (psychiatrists, psychologists), religious and community counselors or complementary and alternative medicine providers (services of traditional healers). Among those receiving services, a substantial number of survey respondents reported that they did not receive minimally adequate services. The survey defined minimally adequate services as at least eight visits to any service sector, or being in ongoing treatment at the time of the interview, or receiving a medication for at least one month with four or more visits to a medical professional over a 12-month period.

Inadequate services were most commonly found in low-income countries, but even in some high-income countries, people received inadequate services. For example, in the United States, only 18 percent received minimally adequate services — much lower than any other high-income country. The next lowest level of minimally adequate services in a high-income country was 32 percent, in Japan. France and Germany had the highest levels of adequate services at 43 percent each.

“Although people sought and used services more in the United States, most did not receive adequate care — evidence of a striking disconnect in the U.S. mental health care system,” Wang said. “We need to help developing countries implement more effective mental health care services, but we also need to do a better job at home. The global mental health care situation appears grim.” For more information on the survey results, visit www.nimh.nih.gov/science-news/index.shtml.

ACA attends U.N. conference on global warming, mental health

ACA Chief Professional Officer David Kaplan represented the association at the 60th Annual United Nations Department of Public Information/Nongovernmental Organization Conference, “Climate Change: How It Impacts Us All,” Sept. 5-7 at U.N. headquarters in New York City.

The conference, attended by approximately 3,000 delegates, marked ACA’s first official U.N. action since being designated a nongovernmental organization (NGO) of the United Nations last December. The United Nations selects certain nonprofit organizations for NGO status based on their involvement in U.N.-related work and because they have been deemed to have effective information programs in place. NGO status allows ACA to have greater recognition in speaking out on the needs of counseling around the world.

Kaplan, along with delegates from mental health-related NGOs from around the world, discussed the mental health aspects of global warming. He learned that drought is the most common global natural disaster, surpassing tornados, floods, hurricanes and fires, which in turn receive greater attention.

“Unlike floods and storms, droughts are long, ongoing and chronic,” Kaplan said, adding that families and communities continue to struggle to find clean drinking water worldwide. Furthermore, he added, many are forced to relocate because there are no crops to be sold or eaten.

“There are significant emotional and psychological issues not being addressed,” he said, “one being the continuous stress of not being able to meet the basic needs of living. In agricultural societies, farmers are facing dying crops, who may be being displaced because of financial stress.”

Among the presentations that reflect mental health concerns at the U.N. conference on global warming:

- “Climate Change and the Mind-Body-Spirit Connection: Challenges for Holistic Health and Education,” sponsored by the Armenian International Women’s Association. The session highlighted the interdependent relationship between individuals and the environment. Panel members, many of which were from Africa, Armenia and Indonesia, addressed the physical, emotional, mental and spiritual effects of climate change. Speakers illustrated how taking care of oneself takes care of the earth.

- “Partnerships to Mobilize Community Health and Mental Health Resources for Recovery, Resilience and Risk Reduction of Climate-Related Disasters,” sponsored by the International Association of Applied Psychology. Panelists described practical ways NGOs can form partnerships with other community agencies for risk reduction and psychosocial responses to climate-related disasters.

- “Climate Crisis — Fighting to Survive,” sponsored by the U.N. Association of Finland. The presentation was given from a social justice standpoint and directed attention to marginalized voices from around the world. The goal was to enhance dialogue about building a global coalition on the climate crisis.

“This was really a new take on disaster mental health for me and I think for ACA,” Kaplan said. “I’ve been to several workshops and conferences on the subject of disaster mental health, and no one is talking about the mental health issues of those living in drought-affected areas, including those in the United States. Global warming is only going to exacerbate current drought-stricken areas, so this is something counselors really need to consider. We need to address the mental health issues of not only citizens of the U.S., but also citizens of the world.”

Said ACA Executive Director Richard Yep, “NGOs are often the most effective voices for the concerns of ordinary people in the international arena. NGOs include the most outspoken advocates of human rights, the environment, social programs and women’s rights. NGOs may also address broader or related issues such as poverty, hunger and humanitarian aid.”

Time to prepare for National Family Caregivers month

ACA is proud to join the National Family Caregivers Association in naming November as National Family Caregivers month. NFCA speaks for more than 50 million Americans who care for loved ones with a chronic illness or disability or struggling with the frailties of old age. The organization addresses the common needs and concerns of all family caregivers.

To learn how counselors can participate in this public awareness program, visit www.thefamilycaregiver.org or call 800.896.3650.
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San Diego State University
Assistant-Associate Professor of School Counseling
SDSU is seeking a colleague to join us in the School Counseling Program to contribute to our vision of preparing school counselors to implement the ASCA National Model and serve as leaders, advocates and systems change agents with our diverse schools and communities. Review of candidates will be conducted until September 30, 2007. Applicants will be considered on a continuing basis. The Counseling Department at Sonoma State University invites applications (deadline: Dec. 19, 2007) for up to two faculty positions at the Assistant Professor level, beginning mid-August 2008. We are seeking applicants who have primary identification in either community counseling and/or school counseling. Master's level graduate courses to be taught will require a breadth of counseling/clinical knowledge, including counseling interventions for diverse populations, theoretical perspectives on effective delivery of counseling services, evidence-based counseling skills, and supervision, consultation, and evaluation skills. In addition to teaching, advising and scholarship, all faculty are expected to assist with program assessment and administrative tasks. The Department is CACREP-accredited in Community Counseling and in School Counseling and further accredited by the Board of Behavioral Science for graduate training leading to Marriage and Family Therapy (MFT) licensure in California and by NCATE and the California Teacher Commission for the Pupil Personnel Services Credential. Candidates must have an earned doctorate in Counseling Psychology/Counselor Education or a closely related clinical field. Candidates should have strong teaching and supervision skills as well as significant counseling experience; for the Community Counseling/MFT position, eligibility for California licensure is preferred, and for the School Counseling position, experience in school counseling is necessary. For a complete job description, including salary range and application process, see http://www.sonomastate.edu/aaf/tenure_track.html#socsci. SSU, situated 50 miles north of San Francisco, is an Affirmative Action/Equal Opportunity Employer, encouraging excellence through diversity.

SONOMA STATE UNIVERSITY
Two Positions
The Counseling Department at Sonoma State University invites applications (deadline: Dec. 19, 2007) for up to two faculty positions at the Assistant Professor level, beginning mid-August 2008. We are seeking applicants who have primary identification in either community counseling and/or school counseling. Master's level graduate courses to be taught will require a breadth of counseling/clinical knowledge, including counseling interventions for diverse populations, theoretical perspectives on effective delivery of counseling services, evidence-based counseling skills, and supervision, consultation, and evaluation skills. In addition to teaching, advising and scholarship, all faculty are expected to assist with program assessment and administrative tasks. The Department is CACREP-accredited in Community Counseling and in School Counseling and further accredited by the Board of Behavioral Science for graduate training leading to Marriage and Family Therapy (MFT) licensure in California and by NCATE and the California Teacher Commission for the Pupil Personnel Services Credential. Candidates must have an earned doctorate in Counseling Psychology/Counselor Education or a closely related clinical field. Candidates should have strong teaching and supervision skills as well as significant counseling experience; for the Community Counseling/MFT position, eligibility for California licensure is preferred, and for the School Counseling position, experience in school counseling is necessary. For a complete job description, including salary range and application process, see http://www.sonomastate.edu/aaf/tenure_track.html#socsci. SSU, situated 50 miles north of San Francisco, is an Affirmative Action/Equal Opportunity Employer, encouraging excellence through diversity.

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Employment Classified Ads: Categories include Positions Available and Positions Wanted. Ads are listed as: International, National, by State, by City. Rates: Standard in-column format: $19 per line based on 30 characters per line. Ten-line ($99) minimum. Display Classified Ads: For ads smaller than 1/8 page, a column inch rate of $80 applies. Employment Classified Ads are not commissionable and are billed at a net rate upon publication.

ACA Members: If you are seeking a position you may place a 45-word ad for $30. This is a one-time insertion only. Please see the online Career Center to place your resume online at no charge.

Deadline: Vary per issue. Contact Kathy Maguire at 317.873.1800 or kmaguire@acacounseling.org for further details.

Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@acacounseling.org. Phone: 317.873.1300. Fax: 317.873.1899.

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UNIVERSITY OF CONNECTICUT
3 Faculty Positions - 2 HDFS & 1 MFT
Department of Human Development & Family Studies
Human Development and Family Studies - Assistant/Associate Professors
The Department of Human Development & Family Studies at the University of Connecticut invites applications for three tenure-track positions at the Assistant or Associate Professor levels for Fall 2008. We anticipate being able to hire at least two, possibly three individuals. Examples of the research focus for the two HDFS positions (Search #2008018, 2008019) include, but are not limited to, adult development and aging, early childhood education, family interaction processes, family policy, life-span development, and parent/hood/parenting, and prevention. Applicants must be able to teach one or more of the following core undergraduate courses: Close Relationships; Individual & Family Development; Diversity Issues; Research Methods; Human Development: Infancy through Adolescence; Human Development: Adulthood and Aging; Family Interaction Processes. The Assistant/Associate Professor’s (Search #2008015) responsibilities for the Department’s COAMFTE-Accredited Master’s and Doctoral programs in marriage and family therapy include, but are not limited to, undergraduate and graduate teaching, scholarship, service, and clinical supervision. For further information including minimum requirements and application details please see our website: www.familystudies.uconn.edu.

DISTRICT OF COLUMBIA
LA CLINICA DEL PUEBLO
Mental Health Therapist – Level II (Full-time) Bilingual
Position Emphasis: Collaborates with the Mental Health & Substance Abuse Department Director in the program development and overall program organization to provide individual, couples, family and group counseling services as needed to a diverse population with issues including HIV and other chronic illnesses, substance abuse and domestic/sexual abuse, among others. To participate in the planning and implementation of the “Mi Familia” program, as well as the facilitation of the adolescent group. Quality patient care, patient satisfaction and teamwork toward the enhancement of the program are the primary goals. Minimum Education Requirement: Masters degree in Social Work, Counseling, or Psychology from accredited university. Minimum Qualifications: Licensed in Social Work, Counseling, or Psychology in the District of Columbia. Two years prior experience in related work. Knowledge of a variety of therapeutic approaches, including, Cognitive Behavioral and Psychodynamic Therapies. Two years prior work providing therapy to Latino immigrants. Fluent in Spanish and English. Excellent writing skills. Computer literate. Salary Range: $43,150 – $47,465 (full-time equivalent), plus benefits. Closing Date: Until Filled. Application Procedure: Interested candidates should send letter of application and resume to: djohnson@LCDP.org or Fax to: (202) 392-0085.

FLORIDA
THE UNIVERSITY OF NORTH FLORIDA
Two Assistant or Associate Positions
UNF, in Jacksonville, Florida near the Atlantic Ocean, has a faculty opening in both the mental health track and school track. Both positions are for an assistant or associate professor in a tenure-track, full-time faculty appointment. The school counseling track is one of six “Transforming School Counseling” programs in the nation. This innovative program prepares school counseling students in courses specifically designed for them. The qualifications for the position include an earned doctorate in counseling education or closely-related field from a regionally accredited institution; strong teaching and research skills; and successful prior experience as a school counselor, supervisor of guidance, and/or state department guidance director. The preferred candidate will be someone who demonstrates a passion for school counseling and social justice with evidence of scholarly productivity and publications. Responsibilities include teaching, research, advising, curriculum development, and professional service. Eligible candidates for the mental health counseling position are expected to provide instruction for Family Therapy courses at both the bachelor’s and master’s levels and advising graduate students in counseling psychology in CACREP core areas. The ideal candidate will have a Ph.D. in Counseling Psychology or related field with post-doctoral training in counseling and experience providing services to Latino immigrants. The preferred candidate will have experience working with Latino families. Licenses in School Counseling and Guidance Counseling are required. Salary range is competitive and commensurate with qualifications and experience. The starting date is open to qualified candidates. Applicants should provide a letter of interest, curriculum vitae; and the names, addresses and telephone numbers of three references to: Thomas McGinley, Ph.D., Professor of Counselor Education, Orientation Director, School Counseling, UNF, Jacksonville, Florida, 32224. Application deadline is December 5, 2008. SALARY RANGE: Competitive; dependent on experience and qualifications.

LOUISIANA
UNIVERSITY OF LOUISIANA AT LAFAYETTE
Assistant Professor of Counselor Education, Tenure Track
JOB DESCRIPTION: Responsibilities: Teach Counselor Education courses in CACREP core areas and area of specialization (program offers three areas of concentration including community counseling, school counseling, and rehabilitation counseling); supervise practicum/internship students; participate in research and grant writing; professional service; involvement in ACES and ACA, and other relevant professional organizations; service on university committees; participation in community service; CACREP liaison. Area of specialization is open; additional summer teaching assignment is possible. QUALIFICATIONS: Required: Doctorate in Counselor Education from a CACREP accredited program OR a Doctorate in Counselor Education or a closely related field AND teaching experience in a CACREP accredited program; NCC credential; Louisiana LPC licensed or eligible; clear indication of experience and interest in participation in ACES and ACA. Preferred: Experience with the preparation of a CACREP self-study; relevant experience in the profession; evidence of teaching effectiveness; clinical supervision; scholarly ability or evidence of potential for the development thereof. UNIVERSITY: UL Lafayette is a state-supported university with approximately 25,000 undergraduate and graduate students, located in Lafayette, Louisiana. It currently offers 79 bachelor’s, 26 masters, and 9 doctoral degree programs with approximately 550 faculty members. Carnegie Status; RU/H (Research university with high research activity).

NEW JERSEY
MONTCLAIR STATE UNIVERSITY
Two positions in a vibrant and growing graduate program in Counselor Education, with a proposed doctorate in Counselor Education to begin in 2008-09. Faculty members participate in department, college, and university committees and activities. We are seeking candidates who demonstrate the ability to work collaboratively in and with socially, culturally, and economically diverse communities; have a commitment to education for social justice. Counselor Education (V-F8). Associate/Full Professor. Teaching and advising doctoral and master’s students in school, community agency, student affairs, addictions counseling, and in LPC and school counseling post-master’s certificate programs. Earned doctorate in Counselor Education (CACREP preferred), established research agenda, and evidence of scholarly accomplishments consistent with faculty rank required. Ongoing affiliation with the American Counseling Association required. Experience teaching and advising in CACREP doctoral and master’s programs, doctoral committee participation as chair and/or committee member, and grant experience preferred. Counselor Education (V-F9). Assistant Professor. Teaching core CACREP courses at master’s and doctoral levels and advising graduate students as stated above. Earned doctorate in Counselor Education (CACREP preferred) required, school counseling concentration and experience preferred. A well-defined research agenda and evidence of scholarly activities/potential required. Graduate teaching experience preferred. Screening begins immediately and continues until position is filled. Send letter of application, current vita, and three letters of reference to: Dr. Tamara Lucas, Associate Dean; College of Education and Human Services; Montclair State University; BOX C316, (indicate position # as either V-F8 OR V-F9); Montclair, NJ 07043.

NEW YORK
JOHN JAY COLLEGE OF CRIMINAL JUSTICE, CUNY
Tenure Track Position
Psychology Department, anticipated for Fall 2008 pending budget approval. ASSISTANT/ASSOCIATE PROFESSOR with strong teaching/research/clinical record in COUNSELING or COUNSELING PSYCHOLOGY, for new M.A. Program in Forensic Mental Health Counseling. Ph.D. in counseling or counseling psychology required. Send cover letter, C.V., statements of teaching & research interests, 3 reference letters to: Dr. Maureen O’Connor, Chair, Psych.
November 2007

OHIO

KENT STATE UNIVERSITY
Graduate Assistantships or Teaching Fellowships

A limited number of graduate assistantships or teaching fellowships for full-time students in a CACREP accredited Ph.D. counselor education and supervision program are anticipated for Fall of 2008. Currently it appears that all positions will pay a stipend of at least $10,500 for nine months in addition to a tuition waiver and require 20 hours a week of work. In part, faculty interests include teaching, supervision, and scholarship as well as family, group, and individual counseling along with school and community counseling. For further information contact: Marty Jencius, Kent State University, College and Graduate School of Education, Health, and Human Services, Counseling and Human Development Services Program – 310 White Hall, Kent, Ohio 44242-0001 (office telephone 330-672-0699, email mjencius@kent.edu).

Ohio required for consideration; at least 3-5 years experience in community mental health, including program management, clinical supervision, and mental health counseling service delivery. Experience in grant writing preferred. Applicants should forward cover letter outlining interest and experience, vita, three letters of reference, evaluations, and transcript. Send application materials to Dr. Penny Bove, Chair – Clinical Director Search, Walsh University, 2020 East Maple, North Canton, OH 44720. Review of applications continues until position is filled.

Assistant Professor (Tenure-track) in Counseling & Human Development Master’s Program to begin as early as January 2008 but no later than August 2008. Teach core and clinical courses in Mental Health Counseling with an emphasis on grant development; active scholarship program. Qualifications: earned Ph.D. in Counselor Education with strong commitment to counselor identity; at least 3 years clinical counseling experience in community mental health; GCCS-C eligible in Ohio; teaching experience in core and clinical courses. Send vita and letter of reference; teaching evaluations; and transcripts to: Penny Bove Ph.D., Chair, Social and Behavioral Sciences Division, Walsh University, 2020 East Maple NW, North Canton, OH 44720.

OREGON

OREGON STATE UNIVERSITY - CASCADES CAMPUS (Bend, OR)
Instructor, Counselor Education

The Department of Teacher and Counseling Education at Oregon State University, Cascades Campus, invites applications for a full-time, 9-month position at the Assistant or Associate Professor level beginning January 1, 2009. The position is filled.

The location is “Bend” and the posting number is 001353. Questions? Please call Susan at 541-322-3106. OSU is an Equal Opportunity/Equal Access/Affirmative Action/Equal Opportunity Employer.

MIDDLE TENNESSEE STATE UNIVERSITY
Mental Health Faculty Position (#12007)

The Department of Psychology, with 45 faculty members and 6 graduate programs (see www.mtsu.edu/~psych), invites applications for a tenure-track position (#120070) Mental Health Counseling - MHC at the Assistant/Associate Professor level beginning January or August, 2008; to join a four-person professional counseling faculty in a CACREP-accredited program. Ph.D. or Ed.D. required. Ph.D. or Ed.D. from a CACREP (counselor education) program preferred. License-eligible in Tennessee also preferred. Graduate teaching opportunities will include MHSc internship with other options including group counseling, multicultural counseling, research, practicum, and/or internship supervision. Undergraduate teaching opportunities include general psychology, developmental psychology, seminar in careers in psychology and others. Teaching excellence (both undergraduate and graduate) and an active research program are expected. Formal training or experience in the supervision of student counselors and experience working in a mental health setting are preferred. Application procedures: To apply for this, go to http://oregonstate.edu/jobs. Follow the instructions on how to complete an application, attach documents, and submit your application online. If you have questions, please contact Academy...
The Department of Psychology, with 45 faculty members and 6 graduate programs (see www.mtsu.edu/~psych), invites applications for a tenure-track position in counselor education for our School Counseling (SCCO) Program at the Assistant/Associate Professor level beginning January or August, 2008; to join a four-person professional counseling faculty in a CACREP-approved program. Ph.D. or Ed.D. required. Ph.D. or Ed.D. from a CACREP (Counselor Education) Program preferred. License-eligible in Tennessee also preferred. Graduate teaching opportunities will include foundations of school counseling and organization and administration of school counseling programs. Group counseling, multicultural counseling, research, practicum, and internship supervision are additional options for the applicant. Undergraduate teaching opportunities include general psychology, developmental psychology, adolescent development, seminar in careers in psychology and others. Teaching excellence (both undergraduate and graduate) and an active research program are expected. Formal training or experience in the supervision of student counselors and experience working in a school setting are preferred. Excellence in teaching, research/creative activity and service is expected for all positions. MTSU seeks candidates committed to using integrative technologies in teaching.

Applications: To apply for this position, go to http://mtsujobs.mtsu.edu and follow the instructions on how to complete an application, attach documents, and submit your application online. You can contact Dr. Jan S. Stennette, Dean, School of Education and Human Development, Dr. Kenneth W. Back, Director of the School Counseling Program, Department of Counseling Psychology, University Campus in San Marcos and at the Round Rock Higher Education Center in Williamson County. The successful candidate will possess a generalist background in program expectations in the areas of program development, scholarship, and service. Selected candidate must successfully pass a background check. Qualifications: Earned doctorate in Counselor Education. ABD candidates may be considered who are in the final stage of their defense. Preference given to candidates with teaching experience at the graduate level. Application review begins immediately and will continue until position is filled. Salary, rank, and tenure track status are commensurate with education and experience. Interested candidates should send a letter of application, current vita, sample of syllabi of courses applicable to position, graduate transcripts, and three letters of references to Dr. Jan S. Stennette, Dean, School of Education and Human Development, Lynchburg College 1501 Lakeside Drive Lynchburg, Virginia 24501-3199. Lynchburg College is an Equal Opportunity Employer.

TEXAS

Texas State University – San Marcos

Tenure-track Faculty Position

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 approved, masters-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 candidate may teach courses on both the main university campus in San Marcos and at the Round Rock Higher Education Center in Williamson County. The successful candidate for this position will have the following: REQUIRED – doctorate in counseling by employment date of fall 2008; demonstrable evidence of scholarship (Associate) or potential for scholarship (Assistant) (as evidenced by publications, presentation, grants, etc.); university teaching experience in a graduate program; and, licensed, or eligible for licensure, as a LMFT in the state of Texas. PREFERRED – demonstrate leadership in program, university and professional service activities (as evidenced by service reflected on vita); experience supervising practicum/internship; experience teaching courses in Marriage/Family (theory and/or technique) and Abnormal Human Behavior; licensed as a professional counselor (LPC) in the state of Texas; clinical experience with diverse populations; and an earned doctorate from a CACREP approved program. Review of applications will begin on November 15, 2007 and continue until the position is filled. You will also need to submit a letter of interest, a completed university application form, curriculum vita, names and contact information of five references, and reprints of recent publications to E. Schmidt, Ph.D., Search Committee Chair, Texas State University, 1601 University Drive, San Marcos, TX 78666. Employment with Texas State University-San Marcos is contingent upon the outcome of a criminal history background check.

Virginia

Lynchburg College

Tenure Track Position

We invite applications for an anticipated full-time, tenure track position in our CACREP accredited Counselor Education master’s program for the 2008-2009 academic year. Appropriate candidates will possess a generalist background preparing them to teach introductory and advanced level Counselor Education courses and to supervise students at the practicum and internship levels. Additional responsibilities include meeting program expectations in the areas of program development, scholarship, and service. Selected candidate must successfully pass a background check. Qualifications: Earned doctorate in Counselor Education. ABD candidates may be considered who are in the final stage of their defense. Preference given to candidates with teaching experience at the graduate level. Application review begins immediately and will continue until position is filled. Salary, rank, and tenure track status are commensurate with education and experience. Interested candidates should send a letter of application, current vita, sample of syllabi of courses applicable to position, graduate transcripts, and three letters of references to Dr. Jan S. Stennette, Dean, School of Education and Human Development, Lynchburg College 1501 Lakeside Drive Lynchburg, Virginia 24501-3199. Lynchburg College is an Equal Opportunity Employer.

Wisconsin

University of Wisconsin – Madison

Department of Counseling Psychology

The Department of Counseling Psychology at the University of Wisconsin-Madison invites applications for a tenure-track Assistant Professor position beginning August 25, 2008. The Department of Counseling Psychology is dedicated to the scientist-practitioner model in which students are trained to effectively serve in academic, clinical, institutional, or policy settings. The successful candidate will have demonstrated a commitment to diversity and multiculturalism as applied to one or both of the following areas: (a) vocational psychology and (b) school counseling. As well, the successful candidate will be expected to contribute as a scholar and teacher to our APA-accredited doctoral program in counseling psychology and our master’s program in counseling, which includes training in school and community counseling. Desirable candidates will be expected to have demonstrated commitment to diversity and multiculturalism as applied to one or both of the following areas: (a) vocational psychology and (b) school counseling. As well, the successful candidate will be expected to contribute as a scholar and teacher to our APA-accredited doctoral program in counseling psychology and our master’s program in counseling, which includes training in school and community counseling. Desirable candidates will (a) have demonstrated...
ed competence in counseling, teaching, and/or clinical supervision with diverse populations in education and/or mental health settings; (b) have completed a doctorate in counseling psychology or a closely related discipline by start date; (c) have evidence of the potential for a significant research program sufficient for tenure at a major research university; and (d) be eligible for licensure in Wisconsin as a psychologist, professional counselor, or school counselor. We are seeking a candidate whose scholarship, teaching, and service in the areas of vocational psychology and/or school counseling will benefit the department, the university, and the community, as well as underserved populations. By January 10, 2008, send a letter of application, vita, and samples of scholarly work. Have three letters of recommendation sent directly to Stephen Quintana, Ph.D., Search Chair, Department of Counseling Psychology, 321 Education Building, 1000 Bascom Mall, University of Wisconsin - Madison, Madison, WI 53706-1398. Direct inquiries to Dr. Stephen Quintana at (608) 262-6987 or Quintana@education.wisc.edu. For general information about The Department of Counseling Psychology, our website is: http://www.education.wisc.edu/cp/. Unless confidentiality is requested in writing, information regarding applicants and nominees must be released upon request. The University of Wisconsin is an Equal Opportunity/Affirmative Action Employer.

WASHTON

WESTERN WASHINGTON UNIVERSITY

Tenure-Track Faculty Position: Counseling/Clinical Psychologist or Counselor Educator for CACREP-Accredited Program

The Department of Psychology, Western Washington University, is seeking candidates for an assistant professor, tenure-track position in the area of Counseling/Clinical Psychology or Counselor Education to begin September of 2008. Applicants must have a doctorate degree by September 2008. Candidates will be expected to teach graduate level courses in School and Mental Health Counseling and undergraduate courses in abnormal psychology and areas specific to the candidate's area of expertise. In addition, candidates will be required to demonstrate a commitment to excellence in teaching at the graduate and undergraduate level, to have an active research program, to be eligible for licensure as a psychologist or mental health counselor or hold current certification as a school counselor. A speciality in one of the following is also required: group counseling, chemical dependency, mental health practice and/or multicultural counseling. Candidates should send a cover letter that addresses all qualifications, a detailed vita, a statement of teaching philosophy for graduate and undergraduate teaching, evidence of skill as a teacher, a statement of research interests that addresses how students may be involved, copies of publications, graduate transcripts mailed by the institution(s), and three letters of recommendation. Review of applications will begin November 1, 2007 and will continue until the position is filled. Send application materials to Dr. Arleen Lewis, Chair, Counseling Search Committee, Department of Psychology, Western Washington University, 516 High Street, Bellingham, WA 98225-9089. For a full position announcement and information about Western Washington University please see the Psychology Department's web page: http://www.ac.wwu.edu/~psych. AA/EOE. For disability accommodation call (360)650-7410 (V) or (360)650-7696 (TTY).
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Take a good look at the “free” policy that may be provided by your employment or coverage that may be included with your professional affiliations. Does it include license protection coverage? Most employers, by and large, do not provide disciplinary defense coverage in their plan. If your employer or a client complains about you to the board responsible for defining the standards of practice for your license, accreditation or certification, it can result in hearings and a trial. Even if the complaint is dismissed, you could be left with hefty attorney fees.

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