The graying of the baby boomers

Inside:
- Meet ACA’s candidates for president-elect
- Getting educated on psychopharmaceuticals
- Discussing the benefits of therapeutic humor

ACA 2009 Conference & Exposition • March 19–23 • Charlotte, NC
Now Available Online…
The Arthur-Brende Scenario Simulator

Visit: counselorexams.com
or Call 888-326-9229

Call and ask about our MONEY BACK PASS GUARANTEE!
Cover Story

The graying of the baby boomers
By Jonathan Rollins
Some experts predict that as the baby boomers continue to age, they will create an unprecedented demand for counseling services. The question: Are counselors really in position to meet this looming need?

Features

Getting to know the candidates
The four individuals vying to become ACA’s next president-elect offer their perspective on issues of importance to the counseling profession.

Getting educated on psychopharmaceuticals
By Kathryn Foxhall
Counselors may not have prescription privileges, but they have valid reason to learn more about the various drugs being used to treat emotional disorders.

Funny business
By Angela Kennedy
ACA members aren’t joking when they extol the many virtues of therapeutic humor.

Reader Viewpoint: Every counselor is a researcher
By Ray McKinnis
Outcomes research can help counselors better determine what they’re doing to help clients improve and what they may be doing to hinder growth.

A mother’s love
By Angela Kennedy
ACA keynote speaker Judy Shepard’s mission is to help make schools and communities safer for everyone, regardless of their race, gender, religious background or sexual orientation.

Silent service in the soldier’s shadow
By Vanessa L. Dahn
Military wives are an often overlooked population when it comes to the provision of counseling services.

Detecting prevalent mental health, alcohol problems among students
By Ariela Edelson
Using educational materials and screening tools that promote prevention, early detection and treatment on college campuses.
Substance abuse among youth

The National Survey on Drug Use and Health, funded by the Substance Abuse and Mental Health Services Administration, is a scientifically conducted annual survey of approximately 67,500 individuals. Among the 2007 survey findings for youth ages 12 to 17:

- There was a significant decline in overall past month illicit drug use, from 11.6 percent in 2002 to 9.5 percent in 2007. Reductions in drug use occurred for nearly every type of illicit drug, including marijuana, cocaine, hallucinogens, LSD, Ecstasy, prescription-type drugs used nonmedically, pain relievers, stimulants and methamphetamine.

- Current marijuana use declined from 8.2 percent in 2002 to 6.7 percent in 2007.

- The level of alcohol use dropped from 17.6 percent in 2002 to 15.9 percent in 2007.

- The rate of cigarette use diminished from 13 percent in 2002 to 9.8 percent in 2007.

Complete survey findings are available on the SAMHSA website at oas.samhsa.gov/NSDUH/latest.htm.
Seeking hope and change

“You must be the change you wish to see in the world.” — Mohandas Gandhi

Fall is arriving filled with the electric anticipation of enormous change — change seemingly emanating from our two primary political parties, the Republicans and the Democrats. For the first time, one of these parties has chosen an African American, Sen. Barack Obama, to be its nominee as president of the United States, while Sen. Hillary Rodham Clinton won more primaries and delegates than any other female presidential candidate in U.S. history. For the first time, a female, Gov. Sarah Palin, is the Republican nominee for vice president of the United States. Also, it is the first time that two sitting senators will run against each other for the office of president. Even more amazing, both candidates were born outside the continental United States — Sen. Obama in Hawaii and Sen. John McCain in Panama. And speaking of firsts, think of it this way. For the first time in U.S. history, we will have either an African American serving as president or a woman serving as vice president. Times they are a-changing.

While watching both the Democratic and Republican conventions, I was struck by both parties’ references to folks sitting around the table with one another and talking. One point of consensus between the parties is that most people are anxious about the future, how they are going to pay the bills, high fuel costs, health care, loss of employment and national security. It reminded me of what I’ve said before, both in my column and publicly: that, at least in terms of these observations, there are more similarities than differences between the two primary parties. And both parties seem to understand that people are hurting and scared and that most folks are desperately seeking hope and change.

Sounds familiar doesn’t it? As professional counselors, we know all too well and understand these kitchen table conversations. Our clients and their significant others come to us for help with these very issues. They come to us in despair over dire financial circumstances and about sick loved ones who are ineligible for health care while medical bills continue to stack up. They come to us for help when there’s an empty chair at the table because a loved one is dispatched to serve in the military. They come to us to enlist our help with the healing if that very same loved one returns physically or emotionally broken, unable to fully participate in the kitchen gatherings anymore.

To be clear, I am not supporting one candidate over another or even one party over another; I am calling on you to be part of the change you wish to see in our global society. Step up, advocate, participate — be part of bringing newfound hope and healing to our broken world. It is not only our job but also our professional responsibility to help bring about positive change and assist others.

I would be remiss if I didn’t mention the recent spate of hurricanes. Thankfully, Hurricane Gustav did not, as predicted, crush New Orleans while the city is still in the process of rebuilding and renewing itself. Gustav did, however, wreak havoc on parts of the Caribbean, as well as other parts of Louisiana, particularly Baton Rouge. Please remember our colleagues, friends, clients and their significant others as they struggle to overcome a devastating natural event that suddenly upended everything that had been in place for them the day, the morning or the night before. It is during these times of helplessness, fear, frustration and distrust that we as counseling professionals can reach out to one another — and to others — and help. It’s what we do every day and what we do well — helping everyday people with everyday problems, and sometimes even helping ordinary people with extraordinary problems.

With pride,
Colleen •
ACA 2009 Conference & Exposition
Co-sponsored by the North Carolina Counseling Association
Charlotte, NC • March 19-23, 2009

TWO DYNAMIC KEYNOTE SPEAKERS

Judy Shepard
Ms. Shepard will share her powerful personal story and her advice on how counselors can help to make our communities and our schools safer for everyone, regardless of their race, sex, religion, or sexual orientation.

C. Adolfo Bermeo
Developing a climate of access, equity, and excellence in education for all students is the topic of keynote speaker C. Adolfo Bermeo, PhD, who is a Senior Scholar for The Pell Institute for the Study of Opportunity in Higher Education.

Join us for a comprehensive program including:
• More than 500 Education Sessions
• Thirty-six intensive pre-conference Learning Institutes
• Networking opportunities
• Job interviews and career assistance
• Free consultations on ethics and private practice issues
• Collaboration across more than a dozen specialties within counseling

NEW!
Earn 20 CE credits at no additional cost!
Need more than 20? Register for pre-conference LIs and add 18 more CEs.

REGISTER NOW!
www.counseling.org
or call
800-347-6647, x222

Register by November 30 and save!

<table>
<thead>
<tr>
<th></th>
<th>Super Saver Rate</th>
<th>Advance Rate</th>
<th>Onsite Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA Members Professional/Regular</td>
<td>$295</td>
<td>$350</td>
<td>$395</td>
</tr>
<tr>
<td>New Professional/Student/Retiree</td>
<td>$195</td>
<td>$240</td>
<td>$265</td>
</tr>
<tr>
<td>Non-Members General Attendees</td>
<td>$480</td>
<td>$530</td>
<td>$560</td>
</tr>
<tr>
<td>Non-Member Student</td>
<td>$310</td>
<td>$440</td>
<td>$460</td>
</tr>
</tbody>
</table>
Exercising our rights

Next month, more than 120 million voters will cast a ballot for president of the United States. In addition to those who have voted in several previous elections, there will be a large number who will be casting a ballot for the very first time. Call me an optimist, but I think that when you vote, you are empowered. So, regardless of who you vote for, I hope you will exercise the right to do so, keeping in mind that many people living outside of the United States do not have the same rights and privileges.

You might agree with me that many public policy makers and other government officials just don’t have a very clear idea about what professional counselors actually do, nor do they understand the extensive training, expertise and background that counselors possess. I am hoping we will continue working toward ensuring that those who serve as public officials will indeed know what you do, and that is why I am challenging you to get involved.

To make things a little more “real” for those outside the profession, I ask you to make sure that all elected officials know about the great work performed by counselors. Whether you work in schools, private practice, community agencies, rehabilitation facilities, hospitals, corporations or other settings, you can do much to empower your profession, and do much for your clients, by letting those involved in public policy know about the good work professional counselors do.

I also encourage you to “get involved” with what we here at the American Counseling Association are doing to advocate for the profession. You can help educate public policy decision makers about the importance of counseling services, including those being provided each and every day to members of the military, to the public at large, to those who can afford such services and to those who cannot. Advocating for your profession and for those whom you serve is critical to moving our agenda forward.

We also need to look at how to form coalitions with those who will advocate with us on issues of common concern. Sometimes, pairing professional organizations with consumer groups can create a very strong voice for the advocacy of counseling services. If you need more information about the issues on which ACA is working or guidance on how to improve your advocacy skills on behalf of the profession, go to counseling.org/publicpolicy or call our highly trained public policy staff at 800.347.6647 ext. 354.

Speaking of elections, in just another month or so, you will also be asked to cast a ballot for the next ACA president-elect. You have some highly qualified and dedicated members running for that office this year. There are also a number of open seats in divisions and regions. Please take a moment to read through the questions and answers from the president-elect candidates (see p. 38), and make sure you follow the directions on how to cast your ballot. Remember, voting is empowerment, so why not take advantage of the opportunity?

ACA has been fortunate to have some wonderful leaders over the years. During my time with the association, I have been honored to work with more than 20 men and women who have served as ACA president. I want you to know that one of our “stars,” Dr. Ken Hoyt, who served as ACA president in 1966-67, passed away at the end of August. Our deepest condolences went to his family. I know that many in the profession have noted the incredible contributions that Ken made to the improvement of counseling. In next month’s issue of Counseling Today, we will be profiling the life and work of Ken Hoyt.

As always, I hope you will contact me with any comments, questions or suggestions that you might have. Please contact me via e-mail at ryep@counseling.org or by phone at 800.347.6647 ext. 231. Thanks and be well ♦
Readers continue debate over same-sex marriage

Mr. (Dixon) Duval’s opinions in his letter to the editor in Counseling Today’s August edition advocating against “same-sex marriage” were deeply insulting to me both as a counselor and as a lesbian in a loving and committed relationship with my partner for the past 32 years.

Duval reasons that gays and lesbians are really asking for “additional rights” because they, like heterosexuals, can get married as long as they marry a person of the opposite sex. Why would a gay man or lesbian want to marry someone of the opposite sex any more than a heterosexual man or woman would want to marry a person of the same sex?

That a counselor would suggest that a lesbian or a gay man should deny their sexual orientation and live in a way that is not true to who they are to get the “same rights as heterosexuals” comes dangerously close to advocating that gays and lesbians just stop being gay, go back in the closet and stop trying to assert their right to equality.

A heterosexual couple is granted more than 1,600 rights and protections on a state and federal level on their wedding day. We are not asking for “additional rights”; we are asking for the same rights and the respect and dignity for our relationships that marriage provides.

Imagine how it might feel to be denied access to the hospital room of the person you love, be denied the ability to put your partner on your health insurance policy or to worry about losing your home or your life savings if you or your partner got sick or died. My partner and I have encountered these and many other experiences because we are denied the right to marry.

And imagine how it might feel not to be able to marry the love of your life after 32 years. It was long ago established in the mental health community that being gay or lesbian is not a mental illness but rather an orientation for some individuals — in the same way that a heterosexual orientation is for others.

But to Duval, if a counselor advocates for equal rights for a gay man or a lesbian who wants to marry his or her partner, that counselor is in danger of supporting the “normalization of our client’s issues throughout society” and “lending our support to normalizing dysfunctional behavior.” What client issue and which part is dysfunctional to Duval — being gay or lesbian or the desire to marry? I see both as healthy and wholesome and find his words and opinions deeply insulting and disturbing.

Duval also states “there is a limit to the amount of negative or dysfunctional behavior any community can afford to recognize.” By this, I assume he means that if we legalize same-sex marriage (which, in his mind, would be “recognizing the negative and dysfunctional behavior” of gays and lesbians), we will somehow weaken our society. It seems more likely that when we allow and support all people to live their lives being true to themselves and support their attempts to create loving and committed relationships through marriage, we will strengthen society overall.

If Duval believes that an important role for a counselor can be accomplished by “support and advocacy for moral values,” as counselors, the morally just thing to do would be to support and advocate for marriage for same-sex couples as a way to enhance their lives, their emotional well-being and the moral values of our nation.

Janet F. Peck
Colchester, CT
jflpc@cs.com

Article draws much-needed attention to ADD/ADHD

I was glad to see that attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) were mentioned in the feature article “What’s up — really?” (August 2008) by Jim Patterson. ADD/ADHD is a significant, if underappreciated issue in our teens. It often presages anxiety disorders and depression, which many times are the presenting issues when a young person comes for treatment.

According to the Centers for Disease Control and Prevention, 7.8 percent of our children are already diagnosed with ADD/ADHD, and perhaps 10 percent of children are affected. Of these, we know that as many as one-half will experience clinically significant anxiety and depression at some point in their young lives.

ADD/ADHD can be tricky to diagnose because (1) in some sense, it is an extreme form of normal behavior, (2) many other conditions can lead to the signature characteristics of inattentiveness, impulsiveness and hyperactivity, and (3) it is so frustratingly, consistently, inconsistent. However, a huge red flag is if parents or teachers think the child is not living up to his or her potential. If this is how adults describe the teen, then a screening for ADD/ADHD could be in order.

When the issue is ADD/ADHD, a growing number of experts advocate for working with a specially trained coach to address the executive functioning deficits that are part of the disorder. There is a small but growing body of work that tests to the efficacy of coaching as part of a multimodal intervention for ADD/ADHD. Coaches help clients learn how to plan, prioritize and manage time, paperwork and other aspects of their lives. When teens work with a coach, it can improve their grades and reduce the home front battles that often arise when parents try to help their children with those skills.

When adults work with a coach, it can mean the difference between being successful in life and losing yet another job or relationship.

Coaches can be found through ADD.org, ADHDCoaches.org, CHADD.org and EdgeFoundation.org.
Sarah D. Wright
President
ADHD Coaches Organization Inc.
adhdcoaches.org

An EAP perspective on extending client coverage

I read with great interest the August Private Practice in Counseling column on “Helping to extend a client’s coverage,” especially because I work for an employee assistance program (EAP). Although, I’m sure the columnists were well intentioned in recommending that practitioners refer clients to their EAPs for additional appointments, please be advised that EAP and insurance networks have different credentialing providers.

There’s no guarantee that (1) the EAP will be able to authorize appointments with the same clinician in the client’s insurance network and (2) the purpose of the EAP appointments are for “assessment and referral.” We’re coached to screen for
Getting a website has never been so affordable.

TherapySites gives all the online tools you’ll ever need - for one low monthly price.
Launch a professional, easy-to-edit website and enjoy all these features and much more ABSOLUTELY FREE!

- Credit Card Processing
- Client Organizational Tools
- Unlimited Design Changes
- Email Accounts
- Monthly Website Hosting
- Domain Registration
- Toll-Free Technical Support
- Psychology Today Directory Listing

See TherapySites.com for details

30 Day Money-Back Guarantee

Therapysites.com
Websites for Therapists. Made Simple.
THERAPYSITES.COM | 866.597.2674

Build your website for FREE at www.TherapySites.com
Or call us at 866.597.2674 to learn how to make your website work for YOU with our online tools.

Only $59 per mo
All-Inclusive
No extra charges
No hidden fees

STEP 1: Select design
STEP 2: Customize
STEP 3: Preview, Edit
STEP 4: Launch Site
risk and to refer employees to our affiliates if “face-to-face evaluations” are necessary to further determine if there’s a need for counseling. After one to three appointments or so (depending on the generosity of the corporate clients we serve), our affiliates are instructed to refer employees on to their insurance if it’s determined that “short-term problem resolution” just won’t be sufficient in addressing the presenting issue.

We get calls every day from employees seeking “free or additional counseling sessions” with someone after they have already been seen for “long-term treatment.” Sometimes, the call comes right from the practitioner’s office during the last covered visit! This is awkward and a disservice to the employee or client, as we have to educate them on the parameters or scope of their EAP service, and much too often, we can’t authorize the appointments. Believe me, if it were up to the EAP consultants, every employee would get “free counseling,” but like the private practice clinicians, we have to work within the confines of the service or benefits being offered.

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

Editor’s note: For a follow-up on this topic, turn to the Private Practice in Counseling column that begins on p. 22.

Counselors should be wary: Guardianship abuse of the elderly

An issue that I urgently need to speak of is guardianship abuse of elderly individuals who are challenged with mild to moderate dementia. As a Licensed Professional Counselor in Illinois, I’ve observed a member of the mental health profession — a social worker — submitting false documentation to a court. This social worker believes that it is ethically appropriate to do so, stating to me that in her capacity as a court-appointed guardian, her social worker status doesn’t apply. I encouraged the social worker to consult with her peers while reminding her of the National Association of Social Workers ethical standards. And I attempted to educate and inform the social worker, bystander social workers and the probate court with scholarly articles.

In response to my attempts to act professionally, the social worker retaliated by restricting my visits with my 93-year-old mother, who is moderately challenged with dementia. You see, I am able to recognize the strengths and abilities that my mother retains. I recognize my mother’s desire to enjoy life to the fullest against the efforts of the politically initiated guardianship by two of my siblings.

The same social worker guardian, in response to my later requests to discuss quality-of-life issues, denied me the right to observe my mother’s activities and therapies. I realized I had become a target of suspicion based on implied accusations initiated by the social worker guardian. My crime is that I love and care about my mother.

I’ve thought of the many implications this case has for the counseling profession — the ethics exchange with and duty to report another mental health professional, adult sibling conflict (similar to a divorce) — but in this case, the players are blood relatives, quality-of-life issues for individuals challenged by dementia and the harm caused by individuals who are supposed to be protecting, yet themselves are the abusers. Because the court protects the social worker, how do I report this person? The public, the nursing home staff and many of my fellow mental health professionals trust that the court will protect. Yet as we speak, the rich grow richer — approximately $2.5 million dollars legally exploited from my living mother’s estate by lawyers, a social worker and others. Any approach toward collaboration is immediately quashed. My mother’s level of dementia is exaggerated to protect the mother institutionalized regardless of her ability levels. Challengers are silenced by threats of restriction through defamation. Yet, I persist.

So, how can counselors help? The first step is to recognize that financial guardianship abuse of elderly individuals challenged by dementia is a real and current problem. It’s happening across the nation. The psychological effects of this type of bullying can be serious. The main complication is that the court protects those who are themselves wealthy and seeking to exploit the elderly. Try to advocate, and the lesson learned will be to remain silent or fear for your parent’s well-being. When mild to moderate dementia is misrepresented as severe dementia to a court for the purpose of confining an elderly person, who will step in to assert the truth? We, as counselors, must step in. It is our responsibility. It is our obligation.

Stephanie S. Germack
Cincinnati
stephgermack@hotmail.com

Column provides healthy view of science in counseling

I commend John C. Carey on his CSCOR Perspective piece, “What’s the evidence?” in the July issue of Counseling Today. In my semiretirement, I have had better opportunity to follow developments in science more closely. I especially enjoy reading Carey making the case for the scientific method and evidence-based approach to counseling.

As he points out, these methods have limitations, but they are also the fundamental basis of professional counseling practice. And through research, they also give us the opportunity to grow and develop the science of counseling, psychology and human development.

Lawrence K. Jones
President
Career Key Inc.
Hood River, Ore.

Letters policy

Counseling Today welcomes letters to the editor. Individuals may submit letters as often as they like, but Counseling Today will print only one letter per person per topic in each 365-day period. Letters are subject to editing for both length and clarity. When submitting a letter to be considered for publication, please provide your name and town. If you wish to have your e-mail address listed with your published letter, please note that in the body of your e-mail.

Opinions expressed in letters do not necessarily reflect the views of ACA or the Counseling Today staff.

E-mail letters to ct@counseling.org or write to: Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
Nancy Musarra, who earned her Walden Ph.D. in Psychology, identified a connection between working memory and the social isolation of children with Asperger’s Disorder. Now she’s applying her dissertation research to a new treatment option that targets remedial working memory skills. While it’s too soon to quantify outcomes, early test scores—and the enthusiasm of her patients—indicate she’s helping children with Asperger’s take a vital first step in leading more normal lives.

Walden University’s School of Psychology offers a comprehensive range of online programs—bachelor’s, master’s and Ph.D.—in more than 15 specializations. Walden is accredited with 38 years of experience in distance education. However you define success—for your patients and for yourself—Walden can help you achieve it. Just as Dr. Musarra finds success with every child and parent she helps.

For more of Dr. Musarra’s story, go to WaldenStories.com.
Before adjourning for its August recess, Congress passed H.R. 4137, legislation to reauthorize programs under the Higher Education Act. President George W. Bush then signed the Higher Education Opportunity Act of 2008 into law Aug. 14. The measure is the first comprehensive, long-term overhaul of the Higher Education Act in a decade and includes language establishing a loan forgiveness program for individuals—including school counselors—who work in high-need areas.

When implemented, the new law will provide loan assistance for individuals employed as school counselors or in one of more than a dozen other areas of national need. To be eligible for assistance under the program, school counselors will need to be employed full time in a school at which more than 30 percent of the enrollment consists of children from low-income families. To find out if the school that employs you is classified as a low-income school, check tcli.ed.gov/CBSWebApp/tcli/TCLIPubSchoolSearch.jsp.

The program will not be implemented for some time. First, the U.S. Department of Education must issue regulations to implement the law. Following that, Congress must appropriate money for the program. The American Counseling Association will provide more details as they become available from the Department of Education in the months ahead.

ACA has long pushed for federal support to increase the number of counselors in our schools and communities and is pleased that these efforts have helped lead to passage of this legislation. ACA has developed a fact sheet titled “Student Loan Forgiveness Programs for Counselors” that is now available on the members-only section of our website at counseling.org/PublicPolicy/TP/ResourcesAndReports/CT2.aspx.

ACA laying groundwork for future success on Medicare

The mental health advocacy community in Washington, D.C., looks poised to end the year with two big wins. As described in last month’s Washington Update, Congress enacted legislation in July that will gradually lower Medicare’s copayment rate for outpatient psychotherapy from 50 percent to the same 20 percent charged for all other outpatient services. ACA supported reducing the Medicare copayment rate for outpatient mental health services and is working alongside other organizations in pushing for enactment of private sector parity legislation before Congress adjourns. However, this still leaves a major piece of unfinished business for ACA and the counseling profession: independent reimbursement under Medicare.

Congress is not expected to consider a second Medicare bill this year, but it is virtually certain that the new Congress and new presidential administration will take up Medicare legislation again next year. Medicare reimbursement rates for physicians are now scheduled to be cut by 20 percent on Jan. 1, 2010, unless Congress acts before then. Physicians groups lobbied furiously to keep a 10 percent cut from happening and will be working even harder to forestall a much deeper payment cut.

Many policymakers considered elimination of the 50 percent copayment requirement for outpatient mental health services to be the primary mental health policy improvement needed for Medicare.

Did you Know?

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

Visit counseling.org, click on “Publications,” then click on “Counseling Today.”
Now that this issue has been addressed, it should be easier to focus attention on expanding Medicare’s pool of mental health service providers. However, fixing the physician payment system will be very costly, and Congress will once again be hard-pressed to make room for even inexpensive benefit improvements such as covering counselors.

ACA is working hard on two fronts to create momentum for counselor coverage, even as this Congress comes to an end. One part of the effort involves meeting with every House and Senate office to discuss the importance of counselor coverage under Medicare. While most of our attention has been focused on mental health policy leaders and members of the committees with jurisdiction over Medicare, we are working to broaden support for counselor coverage legislation. During the past two months, we have met with nearly 150 House and Senate offices to ask them to cosponsor legislation to establish Medicare coverage of Licensed Professional Counselors. Once the new version of the legislation has been reintroduced in the next Congress, we’ll go back to these offices and ask them to re-sign on as supporters.

The second part of our effort is to increase grassroots support from counselors for Medicare coverage. Quite simply, if senators and representatives don’t hear from their constituents on this issue, they won’t support it. ACA has been holding conference calls with leaders of state counseling organizations to coordinate grassroots development efforts. We are hoping to hold calls with leaders in all 50 states during the next few months to maximize the quantity and quality of counselor contacts with their members of Congress in support of Medicare coverage.

With your help, we can make Medicare coverage of counselors a reality next year. For more information, visit counseling.org/publicpolicy and capwiz.com/counseling or contact Peter Atlee with ACA at 800.347.6647 ext. 242 or via e-mail at patlee@counseling.org.
Getting the most out of a graduate program

During the fall of 2006, I attended the Rocky Mountain Association for Counselor Education and Supervision Conference in Jackson, Wyo. On the first evening, Gerald “Jerry” Corey delivered a keynote address detailing five strategies counselors can use to keep our field healthy and vital. Upon reflection, I realized that Jerry was doing “top fives” before this column even existed! Naturally, I thought he would be an ideal voice for this column.

Currently, Jerry is professor emeritus of human services at California State University at Fullerton. A prodigious writer, he is the author or coauthor of 15 counseling textbooks used across the nation. He may be best known for his skill and wisdom in the area of group work.

Jerry’s generous nature and passion for mentoring students were most evident in my conversations with him. He had a very clear idea of what he wanted to share with our readers. In particular, he hoped to offer some advice to current or future graduate students in our field. His article appears below.

Gerald “Jerry” Corey

At times, graduate students wonder if they will find a meaningful life after they complete their program. The message of this article is that there is hope that you can create a meaningful professional life if you are willing to create a personal vision and then design a way to implement that vision. What follows are a few key recommendations for your reflection.

1. Create a vision. Dare to dream. Allow yourself to be guided by your interests and passions. If you are striving to fulfill your dreams, there is a good chance you can inspire your clients to do so as well. Envision what you love doing and think of ways of translating your vision into reality. Rather than limiting yourself primarily to pursuing current trends, discover your interests and be guided by what you find most exciting and meaningful. It is essential to be consistent and diligent in doing what is necessary to achieve your personal and professional goals. Never let discouragement get the best of you. Look at obstacles as challenges to be overcome and the building blocks you can use to get where you want to be. Find a group of supportive people to offer you encouragement when you may be tempted to give up.

2. Answer the question “What kind of person can make a difference?”

Girls’ and Women’s Wellness: Contemporary Counseling Issues and Interventions

“In this exciting resource for addressing girls’ and women’s issues from a strength-based, holistic perspective that highlights resilience and coping. It will help women discover and actualize their inherent potential for positive change.”

—Jane E. Myers, PhD
The University of North Carolina at Greensboro

In this empowering resource, mental health counselors, counselor educators, and school counselors will find an abundance of practical strategies that can be used immediately in their daily practice. Each chapter includes assessment and intervention strategies, client handouts, workshop outlines, self-exploration activities, case studies with discussion questions, and recommended resources. Topics addressed include women’s development and mental health, self-esteem, body image, relational aggression in girls, sexual assault and intimate partner violence, college women’s experiences, life-work balance, spirituality, and the concerns of mid-life and older women. 2008 300 pages.

Order #72876 ISBN 978-1-55620-270-4 List Price: $55.95 ACA Member Price: $39.95

Please include $6.75 for shipping of the first book and $1.00 for each additional book.

AMERICAN COUNSELING ASSOCIATION • 800-422-2648 x222 • counseling.org
Reflect on the ways you can make a difference in the lives of others, and identify the special talents you have that can be used to serve others. Who you are as a person will greatly influence your effectiveness as a professional. The best way to become a competent professional is to work on yourself as a person and to develop the personal characteristics that will help you establish solid relationships with your clients. A few of these traits include openness, acceptance, courage, willingness to take risks, respect and compassion for others, awareness of limitations, developing strengths and resources, and curiosity.

What is important is that you remain open to self-exploration, whether this entails personal therapy or some other form of regular personal reflection. As you engage in critical self-examination and questioning of life, you can gain increased clarity on what will give your life meaning, purpose and direction. The more self-awareness and clarity you have, the more you will be able to assist your clients in making full use of their resources.

3. Take care of yourself. If you hope to successfully meet the challenges of your professional work, it is essential that you take care of yourself physically, psychologically, intellectually, socially and spiritually. Strive to take care of yourself in a way that you would want to take care of others. Realize that self-care is not a luxury but an ethical mandate. Some may say they do not have time to take care of themselves, yet I am convinced you cannot afford to neglect self-care.

If you neglect yourself, you will have little to give to those whom you counsel. If you expect to have the vitality and stamina required for staying focused on your professional goals, you will need to be in good shape psychologically and physically. This entails learning how to recognize and manage stress in your daily life. While you won’t be able to eliminate stress, you can learn ways of coping with it more effectively. Either you control stress or it will control you. Make time to reflect on your priorities and do not allow yourself to be sidetracked from pursuing your goals. Be alert to the subtle signs of burnout and make a commitment to doing whatever is necessary to maintain your vitality. Ask yourself how you are modeling self-care for your clients. Ask yourself,
“Am I doing in my life what I encourage my clients to do for themselves?”

4. Challenge your fear of making mistakes. Realize that making a mistake is not the same as being a failure. Don’t let yourself be immobilized by the fear of making mistakes. Although you will want to strive to be the best you can be, both personally and professionally, do not let perfectionism dominate your behavior. You can be imperfect and still accomplish a great deal in your personal and professional life. Have the courage to live with being imperfect, and try to learn what you can from any mistakes.

Perhaps the greatest mistake you can make is not experimenting or taking risks, lest you fail. Your learning will be highly restricted if you are not open to making a mistake. In your supervision, talk about your self-doubts and questions about your effectiveness in working with clients. I find that students often do a great deal of internal rehearsing so that they will appear competent. I encourage my students to think out loud so we can process what is going on silently. You might experiment with saying what you are thinking and feeling when you become aware that you are being overly cautious in how you present yourself to a supervisor. Learning to rehearse and think out loud can free you to apply your intuitions as you work.

5. Find a mentor. Seek out at least one mentor, and do not be afraid of asking any questions about designing your professional path. Find out how to get involved in the projects of your professors and mentors. Volunteer your time and talents. Perhaps you can present at a professional conference with your mentor or professors. Be willing to persist and keep asking for what you want and need.

Ask your mentors about how they have created a satisfying professional life. Be willing to do more than is merely required of you. Realize that you have certain gifts and unique talents that you can use in the service of others. Not only can you learn a great deal from your mentors, but you can assist them in many important ways. Talk with them about your professional goals and ask for ideas of steps you can take toward reaching your dreams.

I hope you take time to reflect on what you are doing that has worked for you in the past and is currently working for you, and then continue building on your strengths. Trust yourself to come up with your own plan for creating the kind of professional life that you want — and then take the steps toward putting your action plan in place. Although being in the counseling profession has many demands, there are also joys in knowing that you are instrumental in helping others to believe in themselves and find their own direction.

Mark Reiser is the column editor for The Top Five and a doctoral student in the University of Wyoming Counselor Education Department. Contact him at reiser@uwyo.edu to comment on this column or to recommend other counseling professionals to feature in future editions.

Letters to the editor: ct@counseling.org
Developing Clinical Skills in Suicide Assessment, Prevention, and Treatment
Jason M. McGlothlin
McGlothlin explains how to conduct assessment interviews and use suicide assessment tools, identify levels of lethality using his SIMPLE STEPS model, create a comprehensive suicide prevention and treatment plan, and work with family members. Case examples, discussion questions, measurable individual and group activities, and skill-building resources throughout the book link theory to practice in a concrete way. The final chapter presents stories from the field to inspire counselor reflection and growth.
Order #72861 | List Price: $47.95
ACA Member Price: $29.95

Solution-Focused Counseling in Schools, Second Edition
John J. Murphy
This book offers a refreshingly positive and practical approach to resolving a diverse range of problems from preschool through high school. Drawing on the most recent research and on his extensive experience as a school practitioner and trainer, Murphy presents a step-by-step guide to solution-focused counseling in today’s schools. This strength-based approach is illustrated through real-world examples and dialogues from actual counseling sessions. User-friendly forms, questionnaires, and handouts are provided for immediate application with students, teachers, and parents.
Order #72873 | List Price: $44.95
ACA Member Price: $33.95

Active Interventions for Kids and Teens: Adding Adventure and Fun to Counseling!
Jeffrey S. Ashby, Terry Kottman, and Don DeGraaf
This book contains 50 action-oriented activities that can be used in groups with children, adolescents, and adults. Combining fun with proven adventure therapy strategies, the activities are designed to stimulate learning, promote social and emotional development, cultivate skills, foster change, and encourage teamwork. For quick and easy use, each activity lists age range, game rules, goals and objectives, materials required, modification suggestions, and post-activity processing and discussion questions. Additionally, helpful matrixes organize the activities by type, goals, objectives, and grade levels to help group leaders find the right activity at the right time.
Order #72875 | List Price: $42.95
ACA Member Price: $29.95

Critical Incidents in Clinical Supervision: Addictions, Community, and School Counseling
edited by Lawrence E. Tyson, John R. Culbreth, and Judith Harrington
Sharpen your skills with this book that goes to the heart of what constitutes good practice. Topics covered include: substance abuse recovery, counter-transference, parallel process, relapse, power differentials, managing conflict, sexuality issues, dual relationships, confidentiality, duty to warn, supervisee evaluation, technology use, cultural competence, supervision contracts, and counselor training. Helpful across all levels of experience, this is a perfect handbook for clinical supervisors, clinical directors, and supervisees, as well as an outstanding teaching tool for master’s or doctoral level courses in supervision.
Order #78071 | List Price: $45.95
ACA Member Price: $29.95

Please include $6.75 for shipping of the first book and $1.00 for each additional book.

American Counseling Association
800-422-2648 x222
counseling.org
Counseling amid rural poverty

The American Counseling Association values the opportunity to honor the career paths of working counselors with the Counselor Career Stories column. In sharing their stories in this space each month, these counselors will discuss the lessons they have learned along the way. The hope is that these lessons will be very helpful to working counselors and students alike as they seek employment and career fulfillment. For additional assistance with career and employment issues, visit the ACA Career Center at counseling.org/CareerCenter/, where you can also view current online job listings.

Julie North’s name simply came across my desk one day. Although her question had nothing to do with this column, I found her story intriguing. Julie is a Licensed Professional Counselor who works for herself in rural Michigan amid poverty and a bad economy. She laughs easily and has an appealing level of confidence. I wanted to learn about her optimism and understand her gift. The lessons Julie has learned may be helpful to you on your career path.

Rebecca Daniel-Burke: What has been your favorite counseling position?
Julie North: My present position is my favorite, because I work for myself. I started my own business. I got a contract with the state to provide in-home counseling to mostly poor families in rural Michigan.

RDB: What led you down that career path?
JN: I used to work for an agency that provided in-home counseling. Eventually, I called someone who works for the state in the contracts division. Because they liked my work, I asked, “If I were to provide these counseling services on my own, would you use me?” The answer was yes. I did not need an office, because my office is basically in my car. I had my cards and my cell phone, and I was in business!

RDB: What are your clients’ presenting problems for the most part?
JN: The presenting problem is always initially abuse and/or neglect. Typically, someone has reported the parents, children or family. The state has conducted an investigation, and one finding is that counseling is needed. That is when they call me.

RDB: Are you ever afraid when you arrive for an initial assessment? Are you ever worried about your safety?
JN: I am always grateful for a little fear. It helps me to be cautious. On the initial visit, I never go too deeply into the house. I try to orchestrate things so I am close to the entryway. Someone gave me mace once, but I don’t carry it with me. Someone also suggested I get a gun. If I felt I needed a gun, I wouldn’t do the work. Most people aren’t mad at me; they are mad at the system or the state or someone else. I believe that most people are good.

RDB: Where do you begin, after your presenting problem is identified?
JN: I begin peeling layers away, finding out what is under the presenting problem. Usually, the client lacks basic coping skills. They need to figure out how to cope with their short fuse and improve their coping skills.

RDB: What part of this job is difficult?
JN: The state only allows me 12 sessions with each client. Once in awhile, they make an exception. But that is the difficult part for me, knowing that our time together is so limited.

RDB: What mistakes have you made as you started down this particular career path with these clients?
JN: Sometimes I get so caught up in solving problems that I enable people instead of teaching them how to solve their problems. Also, once when I was working with an adolescent girl, I became like a parent, telling her what to do. And, of course, it backfired, and she did exactly what I told her not to do.

RDB: What lessons did you learn from these mistakes?
JN: From that adolescent girl I learned to be less preachy. Maybe if I had spent some time helping her look at her future, she would not have reacted as she did. From my tendency to solve people’s problems, I learned I was robbing them of the opportunity to solve their own problems.

RDB: That is a very important lesson for all counselors, believing that most people are strong enough and intuitive enough to solve their own problems with a little skill building.
JN: Yes, my clients have taught me that lesson.

RDB: And it is tempting to get preachy with adolescents.
JN: Yes it is, but I think about that girl, and I realize she didn’t need another parent.

RDB: Is there a counseling theory or theorist who has inspired you?
JN: I use cognitive-behavioral and reality therapy. My clients need to change their thinking. I want the clients to get out of their rut and retrain their brain. I also needed to understand rural poverty. I read Ruby Payne’s A Framework for Understanding Poverty. She talks about a breadwinner quitting their job “because the boss was a jerk.” I want to talk to that person about what they would do next time. I want to retrain their brain to consider rent and food and make a plan to eventually quit their job — after they have another job — even if the boss is
a jerk. It’s very practical, the work I do with clients.

RDB: Has it been difficult seeing this kind of poverty?

JN: I had to see things as they were. Sometimes there were no cushions on the couch, and I would sink almost to the floor as I sat down. There are dirt roads and storms. Sometimes a dog or a kid tries to jump in my car. Sometimes a mother can’t think because a kid is crying, so I say, “Go ahead and feed them. I really don’t expect you to stop your life when I come for a visit.” Sometimes I hand them a baby bottle that has fallen on the floor or give a crying child a toy.

Sometimes they ask me if I am with the state, as they often think the state is persecuting them. I say, “No, I don’t work for the state. I don’t drive their fancy car or get their big paycheck.” That seems to help with some of my more suspicious clients. I came out of one house and there was a goat standing on top of my car, and I thought, “OK, this is a rural farmhouse and goats come with it!” I was happy I didn’t have a fancy car, so it really didn’t matter.

RDB: What you are saying is directly from Carl Rogers: Meet the client where they are. In this case, where they are is in a farmhouse with goats and babies and bottles and dirt roads.

JN: Yes, exactly.

RDB: You are so resourceful and so accepting. How did you become so non-judgmental and so resourceful?

JN: My father was a high school graduate who worked 42 years at a steel mill. My mother wasn’t a high school graduate when they got married, but went back to school later. She took us to plays and to operas. She even wrote her own play. They took us on family vacations to Maine and to Washington, D.C. Even though my father was a blue collar man, they provided us with many advantages. They even put all of their kids through college with no loans. They were just hardworking, naturally intelligent people.

Also, after I got married, I saw my husband going to graduate school. I was working at Head Start at the time. I said to myself, “Hey, I want to go to graduate school too!” Counseling seemed like a natural fit.
Notes from the trenches

Being a student or new professional in counseling may sometimes seem similar to heading into battle. To succeed in either, you need sound strategy, evolving skill, constant awareness and enduring persistence. Hence, this special edition of New Perspectives, which will appear on a semi-regular basis, is called “Notes from the trenches.” It will allow new professionals and students to share their developmental experiences in their own words.

To kick off this special section, recent counseling graduate Sanda Gibson shares her personal encounter with crisis.

Counselor, welcome to your crisis
BY SANDA GIBSON

Counselors don’t get a pass on crisis like a get-out-of-jail-free card in Monopoly. Sitting on a rigid chair in the long hallway outside the catheterization lab, I stared at the gray-green linoleum floor. Chest pain had brought my husband to the hospital, but previous cardiac tests indicated negative results. The catheterization was just a precautionary measure—no worry. The cardiologist said, “I’m sure we’ll find nothing. You’ll be going home shortly.”

But minutes later, he emerged from the lab and quickly said, “We were surprised. There is an 80 percent blockage in the left main artery. We’re preparing your husband for transport to another hospital for open-heart surgery.”

My body tensed. I felt shock, fear and disbelief. The cardiologist offered to show me the computerized images of the blockages. As I limply followed him into the room, I had the distinct feeling I was walking over an imaginary line, out of a safe place and over a cliff. I thought to myself, “Counselor, welcome to your crisis.”

Surprisingly, my crisis training kicked in. I knew my coping mechanisms would be challenged. Mentally, I started giving myself directives. In their book Crisis Intervention Strategies, Richard K. James and the late Burl E. Gilliland wrote about the need for directive counseling when a person is in extreme stress. The counselor uses “I” statements such as “I want you to do …” rather than counseling the client to explore his/her decision options. The counselor takes charge to assist the client. In a weird way, I became counselor and client all at the same time.

Obviously, my husband was the patient requiring care. But the patient’s supporters also need to be intentional about self-care throughout the crisis. I created my own list of self-care directives. As a trained counselor, I told myself, “I want you to…”

**Slow down and think.** The doctor asked if I wanted to follow the ambulance to the hospital. The situation felt so fast and dramatic. Another counselor once told me that she received startling medical news, jumped in her car and drove right through a red light. I thought I probably shouldn’t be closely following an ambulance at high speed down the interstate. I reasoned that the medical professionals were in charge. I got directions to the hospital and told them I’d catch up.

**Use behavioral techniques.** I pulled into a gas station and parked in an empty space. I did deep diaphragmatic breathing for several minutes until I felt calm. Then I made the important phone calls to family members. I was delivering shocking news and I wanted to do so in a composed, reassuring manner. They would take their cue from me on how to react.
Pay attention to physical well-being. I stayed at the hospital for two long stretches of time. I packed lunch boxes with healthy food so I could avoid hospital food and vending machines. I used over-the-counter sleep aids at night so I would get rest. I took short walks around the front of the hospital. I avoided multitasking and never got on my phone when I was driving.

Take care emotionally. Particularly as a mental health professional, I think I should be a pillar of emotional strength for others. But I’m a human being, not an architectural fixture. I talked to close friends, asked people to pray and allowed myself to be afraid and sad. One night when I was feeling ragged around the edges, I sat in a corner of the waiting room, did some yoga stretches and had a good cry. In addition to the current crisis, two close friends had died a month previously. I had to release my accumulated grief.

Employ your tools. I assembled a backpack with my Bible, poetry books, anthology of inspiring stories and a notebook. In her book Deep Play, Diane Ackerman writes that a poem knows, a notebook. In her book Deep Play, Diane Ackerman writes that a poem knows the handrails a mind clings to in times of stress. She writes, “Words are small shapes in the gorgeous chaos of the

My Life, My Story

Each month, “My Life, My Story” profiles an individual new to the counseling field who is proving to be exceptional. If you would like to nominate a student or new professional to be featured, e-mail dfletche@westga.edu.

Introducing … Allison Buller, a member of the American Counseling Association’s Graduate Student Committee and a doctoral student at Western Michigan University

Age: 29

Hometown: Jeanerette, La.

Current school/program status: Third-year doctoral student in counselor education at Western Michigan University; anticipated date of graduation: Fall 2010

Prior education: Bachelor’s degree in psychology and master’s degree in counselor education from University of Louisiana at Lafayette

Counseling or internship employment spots: Previous doctoral assistant for Department of Counselor Education and Counseling Psychology; prior doctoral associate in Office of Student Conduct; current doctoral associate working on a suicide prevention grant

Greatest accomplishments: I feel accomplished at the end of every semester when my parents tell me how proud they are and when I can pay all my bills and still have a little left in the bank.

Keys to success: The support of family and friends and the sheer endurance it takes to pursue a degree in higher education. It is a testament to your self-confidence, openness to change, willingness to accept help and dedication to your craft.

When you grow up, you want to: Travel to the places I’ve only ever read about in books.

Donjanea L. Fletcher is the column editor for New Perspectives and a student affairs counselor at the University of West Georgia. If you are a student or new counseling professional and would like to submit a question to be addressed in this column, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org
Baby boomer demographic ushers in opportunities to sell, buy a practice

Q: I am a 48-year-old licensed marriage and family therapist in private practice in California. I have been in practice for 20 years and have a solid reputation in the community. I average 35 to 43 patients per week with a payor mix that includes managed care patients as well as cash-pay patients. I am on virtually every managed care panel and get a steady stream of referrals from those contracts. My reputation in the community often leads to cash-pay referrals.

I envision myself working another 20 to 25 years and would like to prepare myself now for retirement. I am looking for help in establishing a practice that will be sellable when I retire. At this point, all I have to sell is my name and reputation. I realize that this is not feasible.

I know you encourage people to consider expanding to a group practice, but the liability of what others may be doing behind closed doors concerns me. I currently lease an office and have a couple of therapists whom I trust and sublease to, which helps defray my overhead. I am open to listening to different ideas and feel a need to do something now to prepare myself for the future.

A: Mental health clinicians have succeeded in establishing thriving practices. In most states, counselors have licensure and good working relationships with managed care and insurance companies. The hard work of counseling organizations at the state and national levels has put the licensed counselor on equal footing with other mental health professionals, and the American public is more likely to seek counseling today than ever before.

Many counselors have enjoyed helping clients and reaping the economic benefits for a number of years. Now the baby boomer demographic is bringing the reality of retirement to many private practice clinicians. They are ready to enjoy the fruits of their work and, in many cases, are starting to look at the possibility of selling their practices.

Another interesting trend is the emergence of the baby boomers’ children. As private practice consultants, we have found that hundreds — even thousands — of these younger licensed counselors are very interested in private practice. As such, we can see the potential for a mutually beneficial partnership if retiring clinicians and beginning clinicians work together.

The parallels to the real estate market are obvious. Retiring homeowners and young families have partnered in much the same way. Just as an individual must plan ahead when selling or buying real estate, a counselor must plan well ahead when thinking about selling or buying a practice. It would not be to the seller’s advantage to attempt to sell a home within a time frame of one or two months. Likewise, trying to buy a home in two or three weeks’ time would, at best, not get the buyer the best deal and might lead to disappointment or even disaster down the road.

Taking time and planning well ahead is the ticket for selling a private practice too. In this month’s column, we want to help both the therapist wishing to sell a practice and the therapist hoping to buy a good practice.

Take the following steps to get ready.

**Two years ahead of projected sale date**

- Establish a group name that identifies the group beyond you personally (example: The Counseling Group of Wilton or BB Josephs and Associates).
- Arrange all of your managed care and employee assistance contracts as a group or corporate practice. This makes your practice more attractive because a potential buyer can inherit these contracts rather than having to establish them anew. Many times, managed care and employee assistance programs (EAPs) have closed their panels to new clinicians.

Magellan Behavioral Health, one of the nation’s largest managed care contractors, has been very helpful in providing information on establishing or changing contracts that will be identified as group or corporate contracts. Call Magellan provider relations at 800.788.4005 or 800.430.0535 ext. 4 or visit magellanhealth.com to begin this process.

Many other managed care companies offer this change as well. My practice (Bob Walsh) has several contracts considered group or corporate contracts, including Managed Health Network, Health Maintenance Corporation and Aetna. See the list of managed care companies on the American Counseling Association website (counseling.org) under “Private Practice Pointers” for a comprehensive provider relations contact list.

- Register as a corporation and obtain a corporate tax ID.
- Incorporate by your tax ID or new tax ID. Get W-9 forms for each employee, or do so when you include new employees. Have the potential to pay them as group employees. They will receive a W-2 form for each tax year.
- Send a letter to each of your managed care companies and EAPs changing your status from individual provider to group. Be specific. You can add members later and expand with new partners.
Several considerations:
- Make sure you obtain both group and individual National Provider Identifier numbers.
- Write or obtain employee contracts, and be specific about their relationship to your group and future group if you sell the practice.
- Make sure your equipment is of high quality. Good accounting software and an excellent billing program are essential so a potential purchaser can review your records. Remember to always protect your client’s confidentiality.
- Consult a lawyer and an accountant.
- Consider the use of a valuation professional to appraise your practice. One who has experience with counselors is Mary Warmus (mwarmus@kensingtonconsultants.com).

One year ahead of target sale date
- Test the market and begin to advertise:
  - Place ads in counseling newsletters and newspapers.
  - Market at annual conventions.
  - Direct call to local large groups/psychiatrists.
  - See what’s offered (what will the market bear?).
  - Ask those who’ve bought practices or may want to expand/combine.
- Contract:
  - Once a prospective buyer is serious, present a good contract. Just as with selling or buying real estate, a contract is essential.
  - Make sure some form of noncompeting clause is included.
  - Have payment provisions spelled out.
  - Have a lawyer review the contract.
  - Have an accountant review the contract.
- Other considerations:
  - Write a letter to all clients, current and past, explaining what is about to take place with your practice. Spell out if you intend to stay involved with the practice.
  - Write an introduction of the new owners and include a short résumé. You may want to include the specific practice niches and expertise of the new individuals.
  - Introduce the new owner and members/counselors/employees to all referral sources, either personally or via announcements.
  - It may be prudent for the seller to stay in the group in some capacity. The length of time and the capacity of involvement of the former owner should be negotiated by the buyer and seller.
  - Have the selling price paid in a lump sum or over a specified time period.

We hope this helps potential sellers as well as purchasers of a private practice. This information may be used as a guide for selling or purchasing a practice but is by no means the only information available on the subject.

EAPs and extending client coverage
Our August 2008 column drew a letter from a reader reminding us that some employee assistance programs are not an option for “helping to extend a client’s coverage.”

The letter read in part: “We (an EAP provider) get calls every day from employees seeking ‘free or additional counseling sessions’ with someone after they have already been seen for ‘long-term treatment.’ Sometimes, the call comes right from the practitioner’s office during the last covered visit! This is awkward and a disservice to the employee or client, as we have to educate them on the parameters or scope of their EAP service and much too often, we can’t authorize the appointments.” (Note: For the full text of the letter, turn to page 8.)

We thank this reader for sharing the limitations of some EAPs. However, there are a number of different EAP “models.” The model described in the letter is an “assessment and referral only” type of EAP. This model only offers counseling to evaluate and refer the client to an appropriate provider. Most EAPs offer some type of short-term counseling option, usually four to six sessions. This can be provided by an EAP affiliate (a contracted counselor) or can be authorized to cover EAP sessions by a private practice counselor (single case agreement).

More and more, we are seeing EAP services “bundled” with the employee’s health insurance or managed health care. If the private practice counselor is paneled with the insurance or managed care company, a number of EAP sessions can be authorized at no cost to the client. The client can call his or her insurance and ask if an EAP benefit is available. Value Options and United Behavioral Health, among others, offer the EAP benefit.

Whereas we would agree that a call from the counselor’s office “during the last covered visit” is inappropriate, we believe that advocating on behalf of a client or encouraging clients to advocate for themselves should never be awkward or a disservice.

Find the newly updated ACA Managed Care and Insurance list on the “Private Practice Pointers” page of the ACA website at counseling.org/Counselors/PrivatePracticePointers.aspx.

We will be presenting the workshop “Starting, Building and Maintaining a Private Practice,” sponsored by the Indiana Counseling Association, on Oct. 17. Information is available by calling 812.323.8680 or e-mailing jdonica@indianaounseling.org.

The Illinois Mental Health Counselors Association will be sponsoring the workshop on Dec. 6. Additional information is available at imhca.org or 800.493.4424.

ACA members can e-mail their questions to Robert J. Walsh and Norman C. Dasenbrook at walshgasp@aol.com and access a series of “Private Practice Pointers” on the ACA website at counseling.org.

Letters to the editor: ct@counseling.org
Choosing a Vocation
By Frank Parsons, 1909, Houghton Mifflin; 2008 (reprinted by the National Career Development Association), 166 pages, $15 NCDA members; $25 nonmember, ISBN: 978-1-885333-14-8

In the summer of 1908, Frank Parsons lay dying in a nondescript boarding house room in Boston. The race was on between a workaholic and mortality. After spending his childhood in Mount Holly, N.J., and obtaining an Ivy League education, Parsons embarked on an occupational odyssey that included being an engineer, laborer, schoolteacher, attorney, college professor, economist, political scientist and social reformer. Parsons completed the manuscript for this landmark book just before he passed away; it was published in 1909, a year after his death. Choosing a Vocation became a foundational text for vocational counseling. Years later, E. G. Williamson transformed Parsons’ ideas into one of the first theories for the emerging profession of counseling.

Choosing a Vocation was hardly the first book to talk about the significance of vocational choice. However, Parsons’ ideas arrived at a unique historic moment when genius was accompanied by zeitgeist and scientific method was increasingly valued. This book became a how-to manual for professionals who would eventually staff vocational bureaus in schools nationwide and staffed related settings. It remains fascinating reading today.

The first part of the book provides an overview of what Parsons referred to as his principles and methods for gathering personal information from clients, including detailed interview questions. Parsons explains the intentions behind the questions and how his particular method enables the counselor to assess a client’s interests and aptitudes, as well as his or her readiness or potential for wise decision making. Seven steps are offered for a vocational counselor to use.

The second part of Choosing a Vocation describes vocational information and resources from Parsons’ era. It also lists basic skills or abilities that he believed were necessary for success in various occupations. Parsons provides statistics related to particular lines of employment, classifications of the various kinds of vocations, careers deemed particularly suitable for women in that era, the demand for workers in particular industries or occupations, and how certain vocations were distributed across the country geographically.

The final section of the book is a history of the founding of the Vocation Bureau. Parsons was scheduled to begin training vocational counselors at the YMCA in Boston in October 1908 but died a few days prior to the first class. This part of the book describes the anticipated training process, materials utilized in the work of the Vocation Bureau and case studies of actual clients who utilized the agency’s services.

In the conclusion of Choosing a Vocation, Parsons encourages his readers to capitalize on the period of tremendous growth during youth, seizing upon it for the cultivation and development of the well-rounded individual, prepared to enter the world of work. Parsons believed that when society realized its role in the preparation of future generations, it would more fully tap the talents and resources of young people. When that era of enlightened awareness finally arrives, Parsons envisioned that education would be at the heart of society, with vocation bureaus in schools nationwide and staffed by professionals as thoroughly prepared as attorneys or physicians.

Choosing a Vocation is a classic text and one still worthy of study almost 100 years after its publication. By today’s standards, some questions originally asked by Parsons might be deemed insignificant, irrelevant or intrusive. His interactions with clients were at times quite directive, unlike person-centered methods utilized today. Likewise, the statistical data and occupational information are obviously dated, as are the supplemental materials. However, these materials, along with the case studies, illustrate the significance of both accurate occupational information and case studies in counselor training and career counseling.

At the 100th anniversary of Parsons’ passing (Sept. 26, 1908), today’s counselors realize that we are no longer his students. However, Choosing a Vocation is more than a required text, recommended reading or personal curiosity. Contemporary career counselors are heirs of Parsons’ inspiration and paradigm, as well as what has developed beyond it. The frail bachelor with brow furrowed in thought still represents a most meaningful perspective for our profession. The recent reprinting of this book by the National Career Development Association allows us to rediscover Parsons’ enduring vision for helping the poor, the underserved and the immigrant. It is quite a legacy.

Reviewed by Chris Bridgick, assistant professor of counseling and human resource development, South Dakota State University. A similar version of this review originally appeared in the March 2008 issue of Career Convergence, the web magazine of NCDA (ncda.org), and is reprinted here by permission.

Michael Shahnasarian presents a theory-based approach for developing career strategies. This publication appeals to a broad audience, with targeted information for various populations.

Whether working with less experienced individuals who are searching for a career focus, seasoned individuals who are changing career paths or individuals seeking opportunities for advancement in their current career fields, counselors and career development professionals will find pertinent information and activities in Decision Time: A Guide to Career Enhancement.

The first two chapters create a foundation of career decision-making information and theory. On page 12, Shahnasarian introduces a decision-making model that is revisited throughout the publication. This model identifies a fluid process through which the steps of self-information (options information, decision making, planning and action) guide readers through the career development process. Directional cues in the visual model signify the importance of revisiting previous steps to accommodate personal and professional life changes.

Subsequent chapters guide readers through the important sequence of gathering information, taking action, fine-tuning a career strategy and searching for a job. Emphasizing the importance of gathering accurate information about career options and about self, Shahnasarian urges readers to develop a career identity that incorporates values, skills, interests and life circumstances. A values survey with follow-up activities and an overview of the Holland Hexagon enhance the self-exploration and information collection process. Readers then are inspired to take action by integrating what they have learned about career and self to make an informed decision and to follow through with that choice. This follow-through includes com-
mitting to the career choice, positioning strategically for future career development and navigating the job search process.

The most valuable feature of this book is its multitude of meaningful activities and resources. Discussion questions at the end of each chapter stimulate self-reflection, introduce career development strategies and encourage reflection on strategies employed. Additionally, appendices A through F contain suggested activities and resources designed to support career enhancement.

The third edition of this book offers updated information, including timely job outlook and resource lists. Many added resources are web-based, acknowledging the increased role technology plays in information dissemination. The theory-based approach, positive tone and readability make Decision Time an ideal resource for counselors and career development professionals. Individuals seeking career guidance may find the vast number of activities and the theoretical approach overwhelming and will benefit from working with a professional in conjunction with using this resource.

Reviewed by Jody Owen, instructor and tutoring coordinator, College of General Studies, South Dakota State University.

Also noted:

Compelling Counseling Interventions
Edited by Garry R. Walz, Jeanne C. Bleuer & Richard Y. Yep, 2008, American Counseling Association, $34.95 ACA member; $44.95 nonmember, ISBN 978-0-9795668-1-3

Based on content sessions from the 2008 American Counseling Association Conference, this comprehensive collection includes recent research and writing on counseling issues across the spectrum. This is the fifth time ACA has issued this highly readable and most useful postconference volume.

Ruth Harper is the column editor for Resource Reviews and a professor of counseling and human resource development at South Dakota State University.

Submit reviews for consideration to Ruth.Harper@sdstate.edu.

Letters to the editor:
ct@counseling.org

Recent books by ACA members

Book announcements are listed here for informational purposes only. Inclusion does not necessarily indicate an endorsement by Counseling Today, Resource Reviews or the American Counseling Association. Book descriptions are provided by the authors or their publishing houses.


This practical book provides a thorough overview of what mental health professionals need to know and be able to do to effectively practice consultation and collaboration. With numerous examples and case studies, it provides a balance of theory and practice and illustrates their interrelationship.


This book contains several cases illustrating consultation and collaboration. It is designed to fill the gap between knowing what consultation and collaboration are and knowing how to conduct them.


This self-help book is designed to allow the reader to get past emotional wounds from childhood by rewiring the brain.

Medical and Psychosocial Aspects of Chronic Illness and Disability, Fourth Edition, by Donna R. Falvo, Jones and Bartlett

This book is designed for practicing counselors and counseling students who don’t possess a medical background but who work with individuals with chronic illness or disability. The book provides clear, easily understood information about a wide range of medical conditions and the impact these have on individuals and their families physically, psychologically, socially and vocationally.

Helping Teens Handle Tough Experiences: Strategies to Foster Resilience by Jill R. Nelson and Sarah Kjos, Search Institute Press

Counselors and other youth-serving professionals will find the tools they need to help young people with personal, familial, social or cultural adversities in this resource. Specific issues are addressed, including youths who physically harm themselves, parents who are chemically dependent, abusive dating relationships, depression and homelessness, and solutions are offered for managing them. Includes reproducible handouts and topics for group discussion.

Lifestyle Changes: A Clinician’s Guide to Common Events, Challenges and Options by Vera Sonja Maass, Routledge/Taylor & Francis Group

A comprehensive view of the literature and a solid research base are the foundations of this book that assists therapists in guiding clients through struggles associated with adjusting to fundamentally new lifestyles brought on by life’s unpredictable challenges. The focus is on the many options that can bestow new and meaningful contexts to changed life circumstances.

If you are an ACA member and have had a book published within the last six months, send an e-mail to Jonathan Rollins (jrollins@counseling.org) with the following information: author’s/editor’s name, ACA membership number, title of the book, publisher (no self-published titles please), date published and a one- to two-sentence description of the book’s focus, purpose or intended audience.

Each book will be listed only once. However, books listed in this section are still eligible for a full review in Resource Reviews if a copy is provided to column editor Ruth Harper. Due to the volume of books received, a full published review is not guaranteed.
CounselingToday Quiz – October 2008

As you are reading the following articles you should be able to answer the questions below. This is an “open-book” exam. Use this page or a photocopy. Mark your answers by pressing down hard and completely filling in one circle per question. Then mail it with a $18 payment to the address below. Please do not send cash.

“Irreverent Musings”
1. When asked why baby boomers might be more open to counseling, Greer theorizes that it might have something to do with the ____ climate(s) as the generation came of age.
   ○ a. job
   ○ b. political
   ○ c. social
   ○ d. All of the above

2. When teaching in Guatemala, Maples found her baby boomer students and their clients spoke of being ____ in their lives.
   ○ a. rootless and purposeless
   ○ b. in a hurry
   ○ c. driven by creativity
   ○ d. unique individuals

“Behind the Book”
3. Lee believes that counselor training in most institutions does little to train students as advocates for social justice.
   ○ a. True
   ○ b. False

“Counselor Career Stories”
4. Julie North says she is “always ____ for a little fear” when she arrives for an initial assessment.
   ○ a. ready
   ○ b. looking
   ○ c. grateful
   ○ d. feeling

5. All of the following are true of Julie North’s women’s group EXCEPT:
   ○ a. It is comprised of 20 women.
   ○ b. All the women are in similar lines of work.
   ○ c. The women discuss their personal lives.
   ○ d. The women are between the ages of 37 and 71.

“Getting Educated on Psychopharmaceuticals”
7. King finds doctors are often happy to coordinate with a counselor.
   ○ a. True
   ○ b. False

8. When considering information about psychopharmaceuticals, Ingersoll tells counselors to, “Be prepared to dwell in ____.”
   ○ a. uncertainty
   ○ b. inquiry
   ○ c. complexity
   ○ d. the unknown

“Reader Viewpoint”
9. The most important aspect of outcomes research is to be ____ about what data you collect.
   ○ a. intentional
   ○ b. consistent
   ○ c. specific
   ○ d. curious

“The Top Five”
10. According to Corey, perhaps the greatest mistake you can make is:
   ○ a. not experimenting or taking risks.
   ○ b. neglecting self-care.
   ○ c. ignoring signs of stress.
   ○ d. not asking for what you want or need.
Interviews with the authors of books for counseling professionals


Counselors have long had a reputation for confronting social inequalities and promoting social justice within the profession and their practices. The aim of Counseling for Social Justice is to provide professional counselors with guidance for becoming agents of social change and promoters of social justice not only with their clients, but in the world around them as well.

This book gives counselors guidance in directing their counseling skills toward the significant social, cultural and economic issues that so often affect their clients’ lives. Its goal is to encourage counselors willing to take stands on social issues and to aid them in helping change systems and ideologies that foster discrimination and disregard human rights.

Courtland C. Lee is professor and director of the counselor education program at the University of Maryland, College Park. He has written, edited or coedited four books on multicultural counseling, has authored numerous articles and book chapters on counseling across cultures and is the author of three books on counseling African American male youth. He is the former editor of the Journal of Multicultural Counseling and Development, a past president of the American Counseling Association and the Association for Multicultural Counseling and Development, and current chair of the ACA Foundation.

Counseling Today: Why does this book argue so strongly that a counselor’s responsibilities include confronting social inequalities and promoting social justice?

Courtland Lee: I feel that counselors, as professionals and human beings, have a moral and ethical responsibility to confront social injustices that impact negatively on the lives of the students and clients who come to us for counseling. In many instances, these social injustices are the root of their problems. When we don’t challenge these issues, it means that our students and clients will not have their lives improved.

CT: Can school counselors, for example, make a difference in addressing educational inequalities?

CL: Definitely, but school counselors must first get beyond the old “guidance” traditions of their profession. They must become true advocates for all of their students, not just those who have the obvious resources to go to college. They must become true leaders in their schools, working to ensure that all students, regardless of race, ethnic background or socioeconomic status, have an equal opportunity for a quality education.

CT: Does current counselor training adequately prepare counselors to be more active in addressing social and economic inequalities?

CL: Frankly, no. Counselor training in most institutions does little to train students as advocates for social justice. There is a great deal of noise coming out of the counselor education community about social justice but very little real substance when it comes to a training curriculum that truly addresses the concept of the counselor as a social change agent.

CT: Who is the primary audience for this book?

CL: We developed it to provide guidance for professional counselors in all stages of development. While it certainly should be used by students just beginning their careers, it is also structured to help seasoned professionals who are frustrated with how clients and students are victimized by social systems. We hope this book is a manifesto for social change within the counseling profession.

CT: What is the biggest issue in relation to social or economic inequality that the counseling profession is currently not addressing?

CL: For me, there are two big issues. The first is the achievement gap in American education. It is a moral outrage that student academic success is still defined in terms of race/ethnicity and/or socioeconomic status. The second issue is the disparity in the health care system. It is a crime that in the richest, most powerful country in human history, people do not have equal access to quality health care.

CT: How practical is it for counselors to integrate social justice issues as part of their counseling practice?

CL: These really are issues that go far beyond practically. Counselors are ethically bound to integrate issues of access, equity and social justice into their counseling practice. The “what’s in it for me” issue for any counseling professional is that a counselor’s commitment to social justice is part of ethical practice.

CT: What currently keeps the counseling profession from being more aware, and from taking action, with regard to combating social injustices?

CL: I think the inward looking psycho-dynamic traditions of the profession continue to be a major roadblock to a commitment to social justice among many counselors. Many counselors still believe that they have no business going beyond the interior realities of the clients and students they work with — this while the world around these clients/students is crumbling.

Counseling for Social Justice (Order #72841) can be ordered directly through the American Counseling Association online bookstore at counseling.org or by calling the ACA order line at 800.422.2648 ext. 222. The price is $32.95 for ACA members and $47.95 for nonmembers.

John Lough is a communications consultant for ACA. Contact him at behindthebook@counseling.org.

Letters to the editor: ct@counseling.org
American Counseling Association MasterCard® Credit Card with WorldPoints® Rewards

You don’t need another card. You need a better one.

Our members deserve the very best. That’s why we’re pleased to present the American Counseling Association Platinum Plus® MasterCard® credit card with WorldPoints® rewards from Bank of America. This No-Annual-Fee card delivers premium service, unsurpassed rewards, a money-saving Introductory Annual Percentage Rate (APR), and the attention to security our members expect.*

Convenient help for that rainy day.

Whether you’re facing an expensive car repair or need cash for an emergency, the American Counseling Association MasterCard® credit card makes it easy to handle. Generous credit lines give you the spending power you need.

An APR that gives you options.

The American Counseling Association credit card features a low introductory Annual Percentage Rate (APR)* you can use to pay off high-rate debts, take a vacation, make home improvements, or simply give yourself some extra cash.

24/7 service and security.

You can count on representatives being available all day, every day, to delight you with their service. You can also check your balance, pay your bills, change your address, and more through a secure, state-of-the-art online banking system. Plus, you can relax, knowing that you’re covered by around-the-clock fraud protection, with no liability for fraudulent charges.

Don’t wait—call today.

We think you’ll be delighted by everything this card has to offer. To learn more—with no obligation to apply—just call toll-free and refer to Priority Code FAALHN.

1.866.438.6262

*For information about the rates, fees, other costs, and benefits associated with the use of this card, or to apply, please call the toll-free number above.

This credit card program is issued and administered by FIA Card Services, N.A. The WorldPoints program is managed in part by independent third parties, including a travel agency registered to do business in California (Reg. No. 203669-50); Ohio (Reg. No. 87890286); Washington (6011237430) and other states, as required; MasterCard is a federally registered service mark of MasterCard International Incorporated, and is used by the issuer pursuant to license. MyConcierge is a service of Les Concierges, Inc., and is used by the issuer pursuant to license. WorldPoints, the WorldPoints design and Platinum Plus are registered trademarks of FIA Card Services, N.A. Bank of America and the Bank of America logo are registered trademarks of Bank of America Corporation. All other company and product names and logos are the property of others and their use does not imply endorsement of, or an association with, the WorldPoints program.

© 2008 Bank of America Corporation  T-708430-091707  AR33375-09172007  MISC-04-07-0028
Counseling Today’s July 2008 cover story focused on what members of the counseling profession see as emerging client issues. High on that list was client Internet addiction: an online-related compulsive behavior that interferes with normal living and relationships. The Internet provides counselors with a contemporary means for disseminating and acquiring vast amounts of information. There is an easily reinforcing aspect to the point-and-click world. As a counselor educator (and a chronic stage gadget addict) with an interest in technology, I have to admit, at times even I wonder about my ability to be “off the grid.”

In an editorial in the March 2008 issue of The American Journal of Psychiatry, Jerald J. Block suggested that Internet addiction has risen to the level where it merits inclusion in the Diagnostic and Statistical Manual of Mental Disorders. He suggests that any variation of Internet addiction includes four fundamental aspects: excessive use, withdrawal, tolerance and negative repercussions for the client and others. Brock also presented analysis of research related to comorbidity of Internet addiction with other disorders.

- “Issues for DSM-V: Internet Addiction” — ajp.psychiatryonline.org/cgi/content/full/165/3/306.
- “Internet Addiction Guide” — psychcentral.com/netaddiction/
- “What Is ‘Normal’ Internet Use?” — mentalhealth.about.com/ch/exaddict/a/normalinet.htm

Psychologists such as John M. Grohol are cautionary about defining Internet addiction disorder. Early research in Internet addiction was based on faulty conclusions drawn through surveys that assumed a causal relationship between the subject mood and technology use. Grohol suggests that the Internet provides an enticing tool that enables people to avoid other problems in their lives, some of which may be diagnosable mental disorders.

- “Internet Addiction Guide” — psychcentral.com/netaddiction/
- “What Is ‘Normal’ Internet Use?” — mentalhealth.about.com/ch/exaddict/a/normalinet.htm

Globally, Internet addiction is being seen as a public mental health problem. South Korea is the third most Internet-connected nation and has seen a spike in compulsive Internet use by its youth. South Korea has begun to address the problem by training more than 1,000 counselors in the treatment of Internet addiction and even developing boot camps/rehab centers for Internet-addicted youth.


China also faces concerns about its youth’s compulsive use of the Internet and involvement with online gaming. Reports vary in stating that 2 million and 10 million Chinese adolescents are addicted to the Internet, with as many as 13 percent of the adolescent Internet users meeting the Internet addiction diagnosis criteria. The Chinese government has laws that discourage more than three hours daily of Internet gaming time. Internet cafe operators are required to install software that puts limits on use beyond three hours.

- “My Kid Is an Internet Addict” — china.org.cn/english/Chinal/222358.htm

With more people getting caught up in the Net, what resources are available if you are faced with a client who is struggling with compulsive Internet use? It is perhaps ironic to turn to the Internet for information on compulsive Internet use, but there are some easily accessed resources that can help you learn about Internet addiction, which comes in a variety of forms, including online gaming or virtual world, online gambling, cybersex/affairs and online auction addition.

General information links

- AllPsych Journal “Internet Addiction Disorder” article — allpsych.com/journal/internetaddiction.html
- Illinois Institute for Addiction Recovery Internet addiction information — addictionrecovery.org/internet.htm
- Internet addiction test — netaddiction.com/resources/internet_addiction_test.htm
- MentalHelp.net Internet addiction treatment — mentalhelp.net/po/view_doc.php?type=doc&id=3832&cn=66
- Center for Internet Addiction Recovery — netaddiction.com/default.aspx
- Symptoms, self-help and tips for parents — helpguide.org/mentall/internet_cybersex_addiction.htm
- Journal of Technology in Counseling, “The Consequences of Internet Addiction” — jtc.colstate.edu/vol2_1/Addiction.htm

Online gaming/virtual worlds

Every parent has to answer the question of how to manage their child’s exposure to video games. However, gaming is not just for kids anymore. Previously limited by the “click speed” of their opposable thumbs, adults now find refuge from real-world anxiety in virtual worlds such as Second Life. Video games have been available for years, but they have advanced far past Pong. Gaming formats have become more visually enticing and much more stimulating to the mind. Virtual world experiences such as Second Life offer people a break from the real-world workday and

30 | Counseling Today | October 2008
respite in a simulated character world. In the past few years, Second Life has gained popularity in teaching institutions as a way for students to simulate environments. The research supporting the pedagogical value of virtual world education lags behind its prolific use in teaching.

- “Video Game Addiction No Fun” — webmd.com/content/article/124/115554
- VideoGameAddiction.net — videogameaddiction.net
- “Is SL Conducive to Mental Health?” — shrm.com/index.php?SCREEN=article&about=mental-health-conf-3-08&page=1
- Second Life addiction — secondlifeinsider.com/2006/12/19/addiction-lost-loved-ones/

**Online gambling**

When searching for credible sources on the Internet about online gambling, you also risk bringing up sources that have a political or financial agenda and that are not in the best interest of your client’s recovery. Be cautious when looking for information in this area. Websites that claim informative myths about online gambling have links to casinos and gaming commissions with an alternate agenda.

- National Council on Problem Gambling — ncpgambling.org
- Online Poker Addiction Forum — ocf.berkeley.edu/~brianz/index.html
- Sleep deprivation from online poker — addiction.lovetoknow.com/wiki/Sleep_Deprivation_from_Online_Gambling_Addiction
- Gamblers Anonymous — gamblersanonymous.org/

**Cybersex/affairs**

The Internet provides the straying heart with an imaginary world in which an infinite number of people appear to be both interesting and interested in you. Infidelity via the Internet has a devastating impact on the unsuspecting partner. Treatment and recovery is particularly difficult with the availability of the Internet reinforcing the nature of the affair. Other forms of cybersex distort expectations in clients’ views of nonvirtual relationships, leaving them feeling out of control.

- “Understanding Addictive Cybersex” — sexualrecovery.com/resources/articles/understanding.php
- Cybersex addiction - virtual-addiction.com/cybersex.htm
- FAQs about cybersex addiction — sexualrecovery.com/resources/articles/cyberfaq.php
- American Association for Marriage and Family Therapy online infidelity information — aamft.org/families/Consumer_Updates/OnlineInfidelity.asp

**Online auction addiction**

Online auctions, once thought of as a nifty way to get rid of some of your basement overstock, have now developed into new challenges for those with addictions. Online auction houses such as eBay can satisfy the compulsive behavior of shopping addicts and hoarders while providing an emotional release to the client when they get that winning bid. Because most consumers use online auctions occasionally and without problem, when clients speak about online selling, it is hard to determine if they have addictive patterns. Compulsive users will wake early or stay up all night, often without noticing the loss of time, to register and follow that winning bid.

- eBay obsession - wired.com/wired/archive/7.01/ebay.html
- HealthyPlace Addictions Community, “Bidding Till You’re Broke” — healthyplace.com/Communities/Addictions/netaddiction/articles/zdnet_bidding_broke.htm
- Online auction addiction quiz — netaddiction.com/resources/auction_houses.htm
- “Ebay.com: Warning, This Website May Contain Addiction-Causing Services” — journalisms.nyu.edu/pubzone/ReadMe/past/3.0/lepinosa_3.html

The Internet provides so much value to both clients and counselors in terms of information and communication. Still, technology alone can be addicting and when paired with the thrill of gaming, shopping, gambling or sex, it can be a dangerous combination for clients.

Did we miss something? Perhaps you have something to add to our suggested links? Extend the discussion and contribute your Digital Psyway links via the web blog at digitalpsyway.typepad.com.

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

Letters to the editor: ct@counseling.org

October 2008 | Counseling Today | 31
The graying of the baby boomers

Experts contend that the counseling profession could position itself as an indispensable provider of expert services to aging baby boomers — or find itself virtually shut off from this unique generation in the not-too-distant future.

By Jonathan Rollins

The graying of the baby boom generation is a good news-bad news proposition for the counseling profession.

The good news? Numerous mental health experts believe baby boomers have largely come to disregard the stigma that their parents once so strongly attached to mental health services. As a result, many professionals anticipate that baby boomers will readily partake of counseling services as they deal with issues of aging.

That should make counselors stand up and take notice, especially considering that the 78 million members of the baby boom generation will begin turning 65 in 2011. According to statistics from the Institute of Medicine (IOM), the number of adults age 65 and older in the United States will almost double between 2005 and 2030 to more than 70 million, constituting almost 20 percent of the population.

American Counseling Association member Chris Johnson, a professor of gerontology and sociology at the University of Louisiana-Monroe (ULM) Institute of Gerontology, believes aging baby boomers could do much in the coming years to move counseling — and particularly gerontological counseling — even more securely into the mainstream.

The bad news? Johnson and other counselors worry the profession isn’t truly prepared to fully seize this opportunity.

“Are we ready for the number of Americans age 65 and older to almost double?” asks Johnson. “Are counselors readily equipped to handle that? Do they understand the biology of aging and the multiple changes that seniors go through? The baby boomers present us with a demographic imperative, but when you look at the sheer numbers, it’s amazing that many counselor education programs ignore gerontology courses — especially gerontology counseling courses. The baby boomers are going to be more willing to see counselors than their parents, and I think gerontological counselors are going to be in high demand.”

Carolyn Greer, president of the Association for Adult Development and Aging, a division of ACA, agrees with that assessment. “Anytime you’re looking at such a large segment of the population, you better be paying attention. More and more counselors are going to be faced with this person who is older and who is confronting concerns about aging,” she says. “But from the AADA perspective, there are not as many gerontological counselors as there need to be, and gerontology has not been given as much attention in counselor education programs as perhaps it should.”

The newly revised standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP), which were officially adopted last July and will go into effect July 2009, reflect this seeming lack of enthusiasm for gerontology among counselor education programs. In a column for the August 2008 issue of Counseling Today, CACREP Executive Director Carol L. Bobby and CACREP Director of Accreditation Robert I. Urofsky noted, “The 2009 Standards delete the program area for Gerontological Counseling because few counselor education departments have sought accreditation for this specialization.”

While the 2008 IOM report Retooling for an Aging America: Building the Health Care Workforce doesn’t focus on counseling, it predicts that as baby boomers age, “they will face a health care workforce that is too small and critically
unprepared to meet their health needs.” The report urges initiatives to boost recruitment and retention of geriatric specialists and emphasizes that more health care providers need to be trained in the basics of geriatric care. The same report says about 4 percent of social workers specialize in gerontology — roughly one-third of the estimated need.

Mary Finn Maples, a past president of ACA who has written and presented extensively on baby boomers and gerontological counseling, says counselors across the spectrum — from mental health and couples counselors to career and addictions counselors — should anticipate that aging baby boomers will impact their work. “But gerontological counselors who are prepared to work with the aging and their special needs will be of optimum necessity,” says Maples, professor emerita of counseling and educational psychology at the University of Nevada, Reno. She adds that she wants “potential gero-counselors to understand the urgency that exists in helping this ‘silver tsunami’ that is headed our way. … I would like to encourage skilled and experienced counselors to consider receiving training and preparation in working with this unique and very special population.”

In that vein, Johnson invites interested counselors to learn about the 18-hour online gerontology certificate offered through the ULM Institute of Gerontology by calling him at 318.342.1467 or visiting ulm.edu/~gero.

**Climbing the Medicare mountain**

Beyond questions of whether most counselors are properly prepared to help baby boomers address issues of aging is the problem of Medicare reimbursement. “Medicare is the nation’s largest health insurance program, covering more than 40 million beneficiaries — mostly senior citizens. Obviously, with the graying of the baby boom generation, there are going to be millions more Medicare beneficiaries over the coming years,” explains ACA Director of Public Policy and Legislation Scott Barstow. “Medicare covers the services of psychologists and clinical social workers, in addition to psychiatrists and other physicians, but it doesn’t cover counselors. Consequently, with the graying of the baby boomers, this is going to mean there are millions and millions of people counselors can’t get reimbursed for seeing. That’s a big problem.”

If the situation remains status quo, Barstow says, when baby boomers turn 65, they will have the following choice: paying out of their own pockets to see a Licensed Professional Counselor or having their visits to psychologists, psychiatrists or social workers covered by Medicare. For counselors in group practice, there are some ways around the Medicare reimbursement lockout, he says, “but if you’re in private practice, that’s a huge segment of the population that you’re going to be missing out on at some point.”

Barstow is optimistic that LPCs can achieve Medicare reimbursement, but not until they grasp the seriousness of the situation and start to consistently and energetically advocate for themselves in large numbers. ACA is currently lobbying congressional offices and urging all state counseling branches to get their members engaged in grassroots work in support of Medicare reimbursement of counselors (see **Washington Update**, p. 12).

“We’re very, very close, and I think...
we’ve got a good chance of getting in next year,” Barstow says, “but it’s not going to happen if counselors don’t get upset about it and take action. Other people — related professions — aren’t going to do the work for us.”

To achieve this goal, Barstow urges counselors to call their senators and representatives and ask them to cosponsor S. 921 and H.R. 1588, respectively (both pieces of legislation are known as the Seniors Mental Health Access Improvement Act). For more information, visit the ACA website (counseling.org) and click on “Public Policy,” then “Current Issues” and read the position paper on “Medicare Coverage of Licensed Professional Counselors.”

“I think Medicare reimbursement is a major concern to professional counselors,” says Jim Cook, assistant professor and director of the professional counseling program at McKendree University and a member of ACA, the Association for Specialists in Group Work and the Association for Counselor Education and Supervision. “As an educator, I fear that some very talented students will avoid counseling older adults because of a concern that their interests and skills will not translate into jobs as private practitioners. I also believe that Medicare reimbursement is important to our sense of identity and morale as professional counselors who work with aging populations. For professional counselors who work in situations in which they must bill under other mental health professionals, I think it sends a message that a counseling degree is a less valuable degree. Gaining Medicare coverage would help level the field with our mental health colleagues, while also expanding employment opportunities for counseling graduates.”

“One of the greatest things that could happen would be for counselors to be recognized by Medicare,” Greer confirms. “Counselors are at risk of being shut off from baby boomers, and that’s not a good thing. That’s a fifth of your possible population. But beyond reimbursement, we also ought to look at it from a societal standpoint. What are the implications? What impact might that have on our society if these aging baby boomers can’t readily access counseling?”

While Greer says much of the stigma surrounding mental health services has dissipated during the baby boomers’ lifetime, she thinks some stigma still remains concerning seeing psychiatrists, who are covered under Medicare. More important, she says, counselors are generally more accessible than other mental health professionals currently covered under Medicare, such as psychologists and clinical social workers, especially in rural areas. Greer hopes politicians will give weight to the issue of accessibility when considering legislation that would include counselors under Medicare. “If you have such a large portion of your population that is aging, why wouldn’t you want to ensure that they have some access to mental health care?” she says.

Johnson, who maintains a part-time private practice in which he works with middle aged and older couples and individuals, doesn’t see Medicare reimbursement of counselors as a critical issue. Generally, he says, baby boomers will enter their later years better off financially than previous generations and will likely carry private insurance rather than relying solely on Medicare. In addition, Johnson believes baby boomers are what he terms “better shoppers for health services,” in part because of their generally higher levels of education. Instead of automatically accepting the cheapest alternative, he says, they search for higher quality services that will meet their needs and pay close attention to credentials when choosing service providers. Johnson thinks this generational mind-set will steer many baby boomers toward professional counseling services, even if those services aren’t covered under Medicare.

Still, Johnson is a proponent of counselors and marriage and family therapists attaining coverage under Medicare. “And with the number of counselors and MFTs out there, we have the potential to change the current situation,” he says.

Johnson says many baby boomers have also indicated a preference not to have their mental and emotional issues treated with drugs. This is to the advantage of counselors, he says, not only in earning the trust and business of baby boomers, but also as another justification of why Medicare should cover LPCs. “Many psychiatrists are treating with drugs, not therapy,” he says. “This is costly for the government and also puts this population at risk of overmedication, especially as their metabolism slows down. So you have both a biological argument and a financial argument for including counselors.”

**Opportunity comes knocking**

Despite the obstacles, those who work with baby boomers and older adults are energized by the opportunities this population presents to the counseling profession. “It’s really an exciting time for counselors right now as we transition to this huge demographic change,” Johnson says.

The baby boomers’ sheer numbers, their openness to counseling and the fact that they are entering a new and challenging stage of life have some professionals anticipating that an unprecedented demand for counseling services could be just around the corner. In other words, the opportunity may exist for counselors to make themselves indispensable in helping aging baby boomers confront a wide spectrum of issues — and perhaps increase awareness of counseling as a valuable service for succeeding generations in the process.

---

**The biggest concerns for those turning 60**

According to a U.S. Census Bureau study cited by AADA President Carolyn Greer, those individuals who are turning 60 are most concerned about:

- Losing their health
- Losing their ability to care for themselves
- Losing their mental abilities
- Running out of money
Greer believes the graying of the baby boom generation offers real opportunities for counselors to prove their effectiveness, not only as practitioners, but also as advocates. She points out that numerous studies have forewarned of the burden aging baby boomers will place on the U.S. health system, while mostly ignoring or glossing over the issue of mental health care. “That’s a major place where counselors can come in, looking at and raising awareness of the mental health angle,” she says. “We also need to work with other groups, such as AARP, for example, to make sure they recognize that counselors are a valuable resource for the aging population.”

In addition, while Greer serves as president of AADA, the division is creating downloadable brochures on topics related to aging that counselors, doctors and other service providers can display in their offices for clients. The hope is to reach aging clients while simultaneously educating other service providers about the unique needs of baby boomers and older adults. “We need to get doctors to recognize that healthy aging is not just about the physical, but also the mental and emotional,” Greer says.

Of course, for the counseling profession, awareness needs to be raised on the home front as well. “With this population … there is a need for trained professionals to assist older adults and an opportunity for counselors to expand their current practices,” says ACA member Wendy K. Killam, associate professor and director of the community counseling program at Stephen F. Austin State University. “The opportunities include not only providing mental health counseling services, but also career counseling and consultation services.”

But taking full advantage of these opportunities will require the counseling profession to make some adjustments, according to Maples. “The unique characteristics of this group will cause paradigm shifts in both training and practice of counselors who work with baby boomers,” she says. “Often, counselors do not realize the uniqueness of this population. We will never be effective or successful if we look at counseling as ‘one size fits all.’ Each client or group of clients brings specific characteristics to the counseling relationship.”

“Likewise,” she continues, “as in any counseling relationship, cultural and ethnic considerations must be uppermost in the counselor’s mind — and actions — when working with baby boomers. If counselors do not possess and demonstrate multicultural competencies and applications, they will not be effective with their clientele. All clients come from unique cultures, and it is (incumbent) upon the effective counselor to practice this knowledge in all counseling relationships. As a colleague of mine says to all of his students, ‘All counseling is multicultural!’”

**Major baby boomer issues**

You don’t have to specialize in working with baby boomers to guess that issues surrounding retirement loom large for this age group. Often chief among their concerns is how they will survive financially.

According to a March 2007 United Nations study, life expectancy in the United States is expected to increase from 78.5 years in 2007 to 84.5 years in 2050 (for comparison, U.S. life expectancy was 70.8 years in 1970). “So one issue baby boomers are facing is can they actually afford it financially to live longer,” Greer says. “Some of them are reaching 60, 65 and realizing, ‘Social Security is not even going to begin to pay my bills.’ They may not have prepared for their retirement adequately, particularly for living 20 to 30 years past retirement age. They can really experience a lot of stress from that. They’re saying, ‘Retirement is upon me, but it doesn’t look like the pie in the sky I was expecting.’”

On the basis of the statistics, many baby boomers will either delay retirement or reenter the workforce in some capacity after retiring. According to the U.S. Census Bureau’s 2008 Statistical Abstract of the United States, 5.5 million individuals 65 and older were in the workforce in 2006; that number is projected to reach 10.1 million by 2016. “There are a number of baby boomers who are going through career transitions,” Killam says. “It is not uncommon for a person to retire, only to then return to the workforce in a different position to help supplement retirement income. The reasons for this are multifaceted. Some people need the extra income, while others find that retirement does not provide meaning in their lives.”

“It can be very difficult for an experienced worker to have to take orders from a young person,” she continues. “Counselors can assist older adults in coping with making transitions and with exploring career options in terms of transferability of skills. … This age group has job skills that, even if the job has changed, the skills are transferable to other jobs. The key for the counselor is helping the client to understand how to apply the skills in a new environment.”
In many instances, Johnson says, finances aren’t the only shock to the system baby boomers experience upon retiring. “The question is also how couples prepare for the married part of retirement,” he says. “Are they well prepared to live together 24 hours a day? That can create havoc in a home.”

Many men, in particular, aren’t truly ready to retire, he says. They haven’t developed many hobbies outside of work, and, other than their wife, most of their friendships were based at or around work as well. “So the husband tends to rely on his wife for all of his intimacy and friendship needs,” Johnson says, “and she can become overloaded.”

In addition, he says, retired males often experience a lack of purpose. “The husband may suddenly want to rearrange everything in the kitchen when he has never shown any interest previously,” Johnson says. “Again, this can cause tension and fights.” In his practice, Johnson often sees older male clients who, in the winter when they can’t get out and work in the yard, become depressed, in large part because their level of social engagement is decreased. In some cases, he says, this leads to chronic TV watching or even a dependence on alcohol, gambling addiction or other pathologies.

Cook likewise contends that social interaction is a vital cog in healthy aging. “I think it is important for professional counselors to understand the unique needs of the aging person. For example, physical limitations often affect social functioning and vice versa,” Cook says. As baby boomers age, he explains, they encounter a number of social transitions (the death of a spouse, retirement) and physical transitions (problems with walking, hearing loss, vision difficulties) that make life more challenging. “Subsequently, our world sometimes gets smaller and smaller,” he says. “For example, after a man’s spouse dies, he may no longer think it is important to walk downstairs to watch TV or visit the local park on weekends, physically limiting his world. Or a woman stops having dinner with her family because she cannot hear the conversations around her, socially limiting her world. Interventions that examine the interplay of the aging person’s physical/social world are needed to fully understand and treat the problems of the aging person. From our research (conducted by Cook and his colleagues), we believe that counseling groups are such an intervention.”

Depression is another common problem for older adults, and Greer wonders whether baby boomers might struggle with this even more. “This group never thought they were going to grow old,” she says. “They picked up on the concept of exercise and fought to stay young, as evidenced by the rise in plastic surgery. They said to themselves, 'I am just not going to get old like my parents.' But now, they’re having to accept that reality.” Counselors will need to take a different approach with the baby boom generation, she adds. “Counselors should recognize that this is a different stage of depression than they have seen in younger clients,” she explains. “It’s related to the baby boomers’ acceptance of their own mortality and the aging process.”

But counselors also need to look for other issues that may be triggering depression and stress among baby boomers. In many instances, Greer says, this involves evaluating what is happening in the rest of the baby boomers’ family system. For example, she says, many baby boomers are helping to raise their grandchildren because their adult children have either returned home or are not responsible parents. In the years ahead, Greer also suspects that counselors will see many baby boomers trying to serve as caregivers for their spouses who have Alzheimer’s. Maples adds that some baby boomers feel the squeeze on both sides, not only trying to assist their adult children or grandchildren, but also trying to provide care to their own elderly parents.

Then there are issues that might not readily spring to mind. For instance, Maples says, because of growing health problems as they age and the ease of obtaining prescription drugs, many baby boomers struggle with alcohol and drug abuse.

“And believe it or not,” Johnson says, “many baby boomers need some sex education.” As a cohort, he says, baby boomers have been more sexually active than their parents and desire to remain sexually active in their later years. With drugs such as Viagra helping to make this desire a reality, health professionals

---

**Touching a chord with baby boomers**

As is the case with almost any client population, employing effective counseling skills with baby boomers is only part of the equation. A significant number of baby boomers aren’t likely to waltz into any counselor’s office unless that counselor first uses effective outreach strategies.

“How do you meet them?” asks Chris Johnson, who came to the University of Louisiana-Monroe to start the school’s gerontology program and who, as a private practitioner, specializes in working with clients who are middle age and older. “First and foremost, you possess a specialization in gerio counseling that you can market to senior populations. Then you give talks at churches where the young-old and middle-old are more likely to hang out. You give talks at the local chamber of commerce and clubs. You go to the Council on Aging and offer free seminars. You go to hospitals and offer free seminars. You write a column on topics of aging for your local newspaper.”

Johnson recommends that counselors write about or present on some of the following topics sure to pique the interest of many baby boomers.

- Marriage and the later years
- Sex and impotency
- Widowhood
- Caregiving issues
- Dealing with grief
- Suicide/suicide prevention
- Dementia, delirium and depression
- Elder abuse
- Finding meaning in the later years
- Developing social networks in the later years
- Personality disorders in the later years

—Jonathan Rollins
have witnessed a steady increase in the number of sexually transmitted diseases among middle aged and elderly populations over the past decade or so, Johnson says. He attributes this to many baby boomers having outdated views of sex and protection from STDs. For example, with the risk of pregnancy gone after menopause, many baby boomers don’t think there is any reason to practice safe sex with different partners, never considering the possibility of picking up an STD, he says. “But in these leisure communities, do you think all those single people are abstinent?”

**Working with baby boomers**

In Maples’ opinion, spirituality is one consideration that doesn’t receive enough attention in connection with the baby boom generation. Maples believes, based on studies she has conducted since 2005, that “baby boomers are seeking a greater sense of meaning in life than any group before them.” She is quick to point out that “spirituality,” in this case, “should not be equated with religion, except as an individual chooses to include it.” With some exceptions, she says, baby boomers are not turning toward organized religion for answers to life’s questions or challenges, yet this group does identify their quest for meaning and purpose as being spiritual in nature. “Baby boomers seek fulfillment in more creative and unique ways,” Maples says, “such as through nature, maintaining physical health, reading, having spiritual mentors, seeking resolution to life’s problems within themselves, but not necessarily solving them — thereby leading them to seek counselor assistance.”

Interestingly, she says, this search for meaning doesn’t seem to be limited to baby boomers in the United States. In 2003, while teaching counselor education in Guatemala, Maples found that her students, the majority of whom were baby boomers, and their baby boomer clients often “spoke of being rootless and purposeless in their lives.” In fact, she says, many of them described themselves as “existing” rather than “living.” And when Maples presented a Learning Institute on spirituality and wellness in baby boomers at the 2008 ACA Conference in Hawaii, she says the session attracted baby boomer attendees from 12 different countries.

Yet Maples has also found that even counselors who care deeply about helping their clients resolve issues related to spirituality and meaning are often unprepared to do so. “Hence my plea for more effective training of counselor education graduate students and professors to work with those searching for life, career and relationship fulfillment,” she says.

But Maples has also observed that baby boomers often tend to be in a hurry. Perhaps for that reason, she says, life coaching is becoming more attractive to this age group, as are online delivery models. “I find that my certification as a distance counselor has been extremely helpful in working with these clients,” she says.

In large part to address the unique needs of baby boomers, Maples and two other colleagues recently started a new business called TLC Inc., which stands for Transition Life Coaching. One of the women is a certified financial planner and will handle financial coaching for baby boomer clients. Another colleague who has a doctorate in counselor education and is the assistant dean of a medical school will handle the wellness aspects of life coaching. And Maples says she will “deal with clients making transitions — in their careers, in their geographic locations, to retirement, experiencing the empty nest syndrome, seeing loved ones die, seeking meaning in life and having to make life changes. … Baby boomers, because of their great numbers, are ideal candidates for this type of assistance.”

Ideally, counselors would undertake some preventive work with baby boomers, but the reality is that counselors will most often find themselves helping these clients with “how can you get through this?” Greer says. “Generally, people don’t pay attention until they’re in the problem. So baby boomers are going to need more aftercare from counselors.”

One exercise Greer finds effective is to have baby boomers and mature clients draw an “age line” so they can review life experiences. These groups can be used as a platform to promote the knowledge of living a healthy lifestyle with the behavior of living a healthy lifestyle.

Counselors also need to be aware of their own attitudes in working with baby boomers and aging adults. “I believe that groups with an emotional element are able to move the client to process life experiences,” he says. “Counseling groups in particular are perfect interventions because they can be used as a vehicle to tap the emotional aspects of the aging person’s physical and social experience. These groups can be used as a platform to promote a connection between the knowledge of living a healthy lifestyle with the behavior of living a healthy lifestyle.”

Based on research that he and his colleagues have conducted, Cook recommends counseling groups as particularly effective interventions in working with baby boomers and older adults. “I believe that groups with an emotional element are able to move the client to process life experiences,” he says. “Counseling groups in particular are perfect interventions because they can be used as a vehicle to tap the emotional aspects of the aging person’s physical and social experience. These groups can be used as a platform to promote the knowledge of living a healthy lifestyle with the behavior of living a healthy lifestyle.”

Counselors also need to be aware of their own attitudes in working with baby boomers and aging adults, Killam adds. “It is important for the counselor to be sensitive to the needs of the client and to not impose his or her values on the client,” she says. “Too often, people — including counselors — have an image in their mind of what older adults are capable of doing and, if not careful, one’s biases may negatively impact the counseling process.”

Jonathan Rollins is the editor-in-chief of *Counseling Today*. Contact him at jrollins@counseling.org.

Letters to the editor: ct@counseling.org.
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 two 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.

What types of public awareness strategies can be used to strengthen the identity of professional counseling?

Michael Lazarchick: Psychiatry is the domain of medical doctors. They treat the body. Psychologists focus on the mind and its relationship to behavior. Social workers focus on environment and social relationships. All may use counseling as they practice their trade. We, however, call ourselves counselors. We focus on communicating with those we serve and providing counsel to help them deal with the obstacles they face. We may consider physiological, psychological or social problems in our practice, but counseling is our primary focus. Our Governing Council adopted a definition: “The application of mental health, psychological or human development principles through cognitive, affective, behavioral or systematic intervention strategies that address wellness, personal growth or career development, as well as pathology.”

I deliver presentation on wellness and personal growth. Career development is my primary trade. The pathology is perhaps better left to the mental health counselors.

Every member must know who we are, how we differ from other trades and what all counselors have in common.

We need to publish counseling stories in publications external to our association.

And we must continue to respond to crises where counseling is the answer to trauma.

Marcheta P. Evans: I would see my job as president of ACA as building on the wonderful work and resources already developed and helping make members aware of these resources, revising them if no longer effective, adding new ideas as generated and operationalizing them to their fullest potential.

For example, the Public Awareness and Support Committee in 2006-2007 developed a 56-page document addressing public awareness strategies. Ideas for celebrating Counseling Awareness Month and additional activities for the calendar year, such as stressing the importance of how participating in our professional organizations is a powerful statement in recruiting, were included. Also included was how our group participation in civic and charitable activities allows the community to see professional counselors in action as concerned citizens and active participants in the community.

Getting to know the candidates

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

Michael Lazarchick

Marcheta P. Evans

A. Michael Hutchins

Bradley T. Erford
Additionally, templates were included for delivering speeches and presentations, and how-tos on working effectively with the media and legislative representatives. I could go on and on about this wonderful resource.

Of course, information needs to be updated and technology incorporated, but when I recently conducted leadership training, very few of the attendees who were ACA members actually knew of this resource. These and other strategies would promote the wellness philosophy the counseling profession embodies.

A. Michael Hutchins: Using our relationship and organizational skills, ACA will develop closer connections with the press on local, state and national levels. Through our scholarship and leadership, we will become the “go-to” organization for the media on counseling-related concerns.

Working with branches, regions and divisions, we will develop resources who can serve as our spokespersons on specific issues affecting our communities. We will have a presence when issues arise.

We will increase our presence on the Internet, creating blogs and social networking sites to engage in discussion and training in significant areas related to advocacy and mental health in our community.

ACA will create a networking map and, using emerging technology, expand dialogue with groups that have common concerns and passions, sharing expertise, vision and strategies. As ACA president, I will actively explore our emerging relationships with worldwide colleagues. As a part of this effort, ACA will become an NPR sponsor.

Counselors must be seen as advocates for the underserved and oppressed. Under my leadership, ACA will become associated with a counseling-related humanitarian cause and will build a framework integrating the advocacy, multicultural and divisional competencies, 2005 socially responsive initiatives and revised ethical standards, thereby enhancing our professional identity and reputation.

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

I have long advocated for a concerted media campaign that will accomplish this goal. ACA needs to develop a marketing campaign to increase name recognition and visibility. When state and national legislators hear “... Counseling Association,” they need to get the message that we all stand as one. ACA must reach out and partner with other helping organizations. Daily in schools and communities, throughout ordinary times and unfortunate tragedies, opportunities to communicate the important work of professional counselors are created. Finally, ACA needs to develop support materials and media kits to help counselors at the local level communicate important accomplishments.

What do you foresee in the next five years as the greatest challenges for counseling and ACA? How would you address the issues?

Marcheta P. Evans: I recently reviewed the document generated by the delegates of 20/20: A Vision for the Future of Counseling, who were charged with addressing our future. Seven principles were embraced: sharing a common professional identity, presenting ourselves as a unified profession, working on our public perception and advocacy, creating a portability system for licensure, expanding and promoting our research base, focusing on students and prospective students, and promoting client welfare and advocating for populations served. These are all powerful principles that pose a challenge for us over the next five years and beyond.

The most pressing issues I see involve being a unified profession versus being one profession. Much debate continues within ACA as we present ourselves publicly with a unified voice. Declining membership is an issue we must address by offering various membership options so that members feel as if the value is there for the investment of their money and time. Also, a huge deficit I have seen involves the lack of attention in our profession for working with refugee/immigrant populations. As we become more of a refuge for the world, we must take more of an active role in working on the counseling needs of these individuals.

A. Michael Hutchins: The greatest challenge facing our profession is the proliferation of a culture of fear in our world and within our profession. This fear manifests itself as personal, cultural and environmental trauma, poverty, economic inequality, discrimination and other forms of oppression. We have a moral and ethical responsibility to be voices of hope and healing.

- Under my leadership, ACA will develop a concrete action plan integrating the multicultural and advocacy competencies, revised ethical standards, socially responsive initiatives and divisional competencies.
- We will actively and aggressively confront issues of discrimination, oppression, poverty and trauma on individual, community and professional levels.
- We will explore how our own worldviews contribute to the culture of fear and collaboratively engage in actions to change.
- ACA will support Counselors Without Borders, providing specific training for counselors to become more proficient in diverse, culturally appropriate interventions.
- ACA will enlist state certification boards to join us in providing cultural competence training, supporting such competency as a requirement for continued licensure and certification.

Through such actions, we commit ourselves to projects that increase our revenues and visibility. We will build coalitions on all levels to create a peaceful community and weave threads of hope.
Counselor Educators and Counselors are invited to nominate graduate students for the:

INTERNATIONAL STUDENT PANEL: MENTAL HEALTH AND COUNSELOR EDUCATION PROGRAMS AROUND THE GLOBE

ACa Conference March 19-23, Charlotte, NC

International students will share their views about mental health and counselor education programs in their respective countries. A reception will be held for the students following the panel session.

Criteria for Selection

(a) Students must be enrolled in a graduate program that focuses on counseling. The graduate program can be located in any country, including the United States.

(b) Students' home countries must be other than the United States i.e., international.

(c) Five students will be selected based on the quality of the Nomination Packet and a phone interview. The Nomination Packet includes one nomination letter, student's biographical sketch, and student's responses to the panel questions.

d) Students selected for the panel will discuss their views and respond to questions from the audience. Students will receive complimentary conference registration.

Nomination information will be available at www.counseling.org and ACES and Region meetings. Send completed Nomination Packets electronically by December 16, 2008 to Jane Webber at jwebber@njcu.edu. Students will be notified by January 15.

Nomination Packet must include:

(a) One page typed letter from the nominator. Only one letter will be reviewed by the committee.

(b) One page biographical sketch of the student's accomplishments including student's email address, mailing address, phone, university affiliation, and advisor's name.

(c) Student's typed responses to the following questions not to exceed 7 pages total.

Answers should be brief and succinct.

1. What kinds of educational programs are offered in your country for people who wish to work in the counseling field? What areas do students study?

2. What are the advantages and challenges of completing your degree in the United States or in your country?

3. What types of jobs are available in your country for graduates who have been trained in counseling, school counseling or mental health fields?

4. Countries are rich in cultural values and traditions that strengthen and support individuals and families. What concepts or values in your country are central to your training in cultural counseling?

5. How are counseling and mental health services viewed by the public in your country? How are services provided? e.g., private practice, schools, hospital, community agency, government, elders, indigenous healers, etc.?

6. How are you trained to help children and adolescents with educational or mental health problems? Is there a system of counseling in schools in your country?

7. What are the most significant mental health and school issues that counselors face in your country? How do education programs prepare you to respond to these issues?
Bradley T. Erford: Identity, identity, identity! As a profession, counseling is in its adolescence. It is growing and developing by leaps and bounds; so much promise, so many challenges yet to overcome.

As Erikson pointed out, the premier challenge of adolescence is Identity versus Role Confusion. Over the next decade or so, the counseling profession will either become more unified or more diffuse. ACA is the only professional counseling association in a position to unite all professional counselors with a unified and enduring professional identity, much as APA has done for psychologists and NASW has done for social workers.

The alternative, role confusion, presages groups splintering off to pursue goals of autonomy and establish niches that serve subpopulations of clientele. Such a future would seriously weaken our profession, especially our voice in legislative affairs.

Entities within ACA have always had disagreements, but we must marshal the diversity of our perspectives and strategies to move forward as a unified voice for the good of the public and profession we serve. I have always been a strong advocate for a unified profession and will dedicate all of my energy to help the association emerge from the adolescent stage stronger and more mature than ever.

Michael Lazarchick: Five years from now, the world will look very different as technology continues to move at an accelerating pace. I will ensure that ACA meets the challenge of using its member resources to stay at the forefront of innovation. We will explore the communication and media efforts of the most successful organizations on this planet. We are already faced with challenges from “new entities” with formidable websites, self-regulating “certifications” and marketing packages that suggest opportunities for individuals with far less formal education than our average counselor.

We must also meet the challenge of delivering a world-class product. Information and competition are only a Google away. We’ll deliver better customer service to our members, divisions, state branches and regions because membership growth is a financial and political necessity. I would like to move further in the direction of profit sharing and increase the benefits of being involved with our association.

Perhaps the greatest challenge is individual, each of us assuming a position of confidence now that counseling has come of age as a profession. Collectively, we all need to shift our mind-set and embrace this noble profession that is clearly the epitome of helping and healing.

To be eligible to participate in the election, you must be a member in good standing of ACA or the division for which you are voting by Oct. 31. Your membership renewal must be received by Oct. 15 to ensure that it can be processed in time. Call ACA Member Services at 800.347.6647 ext. 222 to ensure that your membership is up to date.

IF YOU WANT TO BE A GREAT COUNSELOR, LEARN FROM ONE.

At Argosy University, our faculty are not only scholars—they’re practicing professionals. They bring their mastery and real-world experience into our graduate level classrooms. This gives our graduates an edge when they enter the job market. Because knowledge is one thing, experience quite another.

You can earn the following Counseling degrees:

- **MA in Community Counseling**
- **MA in Marriage & Family Therapy**
- **MA in Mental Health Counseling**
- **MA or EdS in School Counseling**
- **EdD in Counselor Education & Supervision**

In addition, Argosy University’s American School of Professional Psychology offers Bachelor’s, Master’s, and Doctoral degree programs in psychology at 19 campuses across the country.*

Learn more today at argosy.edu or call 800.377.0617

Argosy University Administration | 205 North Michigan Avenue | Suite 1300 | Chicago, IL 60601

*Program names vary by location. Not all programs or degree levels are available at every location. ©2008 Argosy University® 08-AU-2967 – 7/08
Getting educated on psychopharmaceuticals

Counselors don’t have prescription privileges, but they do have every reason to become more knowledgeable about drugs being used to treat emotional disorders

By Kathryn Foxhall

Depending on the incidents or data one has reference to, psychopharmaceutical use in children and adolescents today is helpful, harmful, overenthusiastic or downright scary. And all of those factors are valid reasons for counselors to know more about the medications and how they are used, say many counselors and researchers.

“Most counselors, as far as we know, are not trained in psychopharmacology,” says Elliott Ingersoll, president-elect of the Association for Spiritual, Ethical and Religious Values in Counseling, a division of the American Counseling Association. But he asserts that the issues surrounding that subject add up to the biggest mental health issue of our century.

It’s a current fact that many children and adolescents are taking psychopharmaceuticals, say people studying the issue. According to the National Institute of Mental Health (NIMH), the use in children of several types of psychotropic drugs has increased sharply. Likewise, a number of counselors say a significant portion of their child and adolescent clients are on medications for mental health problems.

“Whether we want to accept it or not, it’s reality,” says Jason King, a Utah counselor who has written on the subject.

Ingersoll notes that a class he teaches at Cleveland State University on psychopharmaceuticals is half filled with school counselors who “have so many kids coming in on meds that they feel they are not prepared and they want more training.”

Given the high prevalence of prescriptions, it’s ironic that another reason counselors need to know more about these medications is the paucity of scientific information on how they work in children. Until the mid-1990s, there was little research related to children on any medication, including psychotropics.

“It is revealing that the dramatic increase in pediatric use of psychotropics preceded the expansion of research,” said Benedetto Vitiello, chief of the child research branch at NIMH, in a 2007 journal review. And although pediatric medication studies have increased significantly over the past 13 years, particularly with incentives in national legislation, Vitiello said, “The overall approach to pediatric psychopharmacology research remains reactive rather than proactive and practice-driven rather than theoretically informed by the most current neuroscience findings.”

That’s why counselors’ mindfulness of medication can be very important, said Vitiello in a recent interview with Counseling Today. “What counselors also should know is, when you start a medication, you don’t know, really, that it is going to help the patient. So, it is in some ways an experiment. And everyone needs to try to gather the information in order to determine eventually if the medication is helpful or not. And the counselor can be of extreme relevance to this.”

Talking to doctors

Counselors particularly need to understand psychotropic medications so they can coordinate with physicians on patients’ care, commenters say. As
it is, says Vitiello, the two professions “live in two different worlds. They don’t share the information. And, therefore, they don’t coordinate. And that is not optimal.”

“Oftentimes,” he continues, “the counselor actually spends much more time with the patient than the person who prescribes the medication, so there is a lot of information that the prescriber — the psychiatrist, typically, or the pediatrician — can gather from this feedback from a counselor.”

ACA member John Sommers-Flanagan, a professor of counseling at the University of Montana, points to studies showing that, often, physicians treating patients with depression spend no more than 15 minutes a session with them. Particularly in light of that, Vitiello says, counselors who know about medications and side effects may be able to detect safety issues. He notes, for example, that sometimes a patient beginning an antidepressant can feel restless or panicky or have insomnia, and those types of effects might come up in the discussion with the counselor.

But in addition, say researchers, counselors can simply keep physicians informed about patients’ progress.

King finds doctors are often happy to coordinate with a counselor. “Physicians love it because they have a hard time, a lot of times, working with these patients,” he says. Physicians sometimes tell him they have no idea how patients are doing after they have been prescribed psychotropic medications, he adds.

Coordination is possible

Several researchers and counselors also emphasize that coordinating with physicians not only is possible, but also may be easier and more successful than counselors think.

Ingersoll, for example, recently supervised a school counseling student working with a child who was on various medications that could be expected to put her to sleep. And, indeed, the girl was falling asleep in class. As information broker, Ingersoll says, the counselor needed to understand the child’s meds and then take what she calls a resourceful “one-down” position in talking to the doctor.

He suggested the student counselor obtain the clearance form needed for sharing information with the physician and then tell the doctor, “I am really hoping that you can give me some quick education, but I also had a couple of quick questions for you.” When the counselor in training told the physician she had heard the medications’ side effects might include sleepiness and that the child was falling asleep in class, the doctor agreed to lower the dosages, which helped enormously.

That need for resourceful communication is another reason medication knowledge is important for counselors, Ingersoll says. “The counselor needs to quickly and succinctly articulate the concern,” he stresses, “and do so in a way that’s more likely to increase the probability of the doctor saying, ‘Oh, this person is just caring about the client.’”

Sommers-Flanagan advises counselors to make “very clear reference to specific symptoms that you have observed, trying to be balanced and objective. Be respectful, but be assertive. You have a unique perspective. You actually sit with or play with or talk with the child or adolescent for a much longer period of time than the physician. And let the physician know, ‘I would like to be a helpful set of eyes for you.’”

Sommers-Flanagan also suggests that counselors take a hint from physicians who coordinate with other physicians. When counselors begin treating a patient who is on medication, they might write a short note to the physician and possibly consider sending updates every few weeks. That cultivated relationship can prove helpful if a counselor later thinks that medications need to be adjusted, he says.

King says that while some counselors, particularly those in private practice, may hesitate to actually refer patients for assessment for prescription medication, it is a standard practice among his colleagues. If a patient is not responding in therapy and agrees to the need for an evaluation for medication, he says, “I type up a brief letter that gives the diagnosis and my recommendations for certain medications, and I give it to the patient, and the patient will take that to the physician.” Often, he says, the physician will then call him and begin a collaboration.

“It’s actually a really easy process,” he says. In fact, he adds, that kind of coordination has led physicians to refer patients to him.

Talking to patients

Counselors also need to understand medications so they can talk directly to clients about them, contain some counseling experts.

Adolescents and their parents know a lot about medications already because of TV commercials, ads in magazines and information on the Internet, King says. At the very least, he believes counselors

---

**EXAM PREP STUDY GUIDE & WORKSHOP DVDs**

The very popular fifth edition of the *Study Guide for the National Counselor Exam* (2006) has 350 pages and covers the eight content areas of the National Counselor Exam, national comp exams (CPCE) and many similar exams. The Workshop DVDs contain over 6 hours of an actual workshop focusing on: Appraisal, Research, Professional Orientation, and Career. The other four areas are covered lightly as well as test-taking strategies and study tips.

The Study Guide costs $83 and the Workshop DVDs are $70. Send $150 for both to: Andrew Helwig, 4180 Red Deer Trail, Broomfield, CO 80020. VIsA & MC are okay. Email: ahelwig@epix.net. Website: www.counselor-exam-prep.com.
Kids and psychopharmaceuticals

How should counselors educate themselves about psychopharmaceutical use in children? Following are some resources that experts recommend.

**Current medical literature**

Several researchers advise counselors to go directly to the current medical literature to read about psychotropic medications. PubMed at the National Library of Medicine site (nlm.nih.gov) indexes all biomedical research. Using that search engine’s “Limits” to look for “review” articles on a topic, the reader can find overviews as opposed to incremental research.

Benedetto Vitiello of the National Institute of Mental Health (NIMH) does caution that while review articles and textbooks are helpful, they can age very quickly, given the speed of the research. He also suggests that when studies are in the news, counselors can go to PubMed to read at least the research abstract for further understanding.

Counselor educator John Sommers-Flanagan recommends the *Journal of the American Academy of Child and Adolescent Psychiatry* for regular updates.

Counselor educator Elliott Ingersoll advises reading any study critically. For example, look for the authors’ affiliations and try to determine if a pharmaceutical company funded the study, he says. Journal articles usually include indications of any significant monetary relationship. Also look to see if the article was published in a journal or a journal supplement, because journal supplements are sometimes totally funded by pharmaceutical companies, Ingersoll says.

**Books**

Know the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) to understand the language of symptoms, Ingersoll says. But, he cautions, also understand that the younger the child, the less accurate the DSM will be. It’s also helpful to simply obtain the pocket version that includes the symptom list, he says.

Counselor Jason King recommends Ingersoll’s book, coauthored by Carl F. Rak, *Psychopharmacology for Mental Health Professionals: An Integral Approach*.

Experts also recommend *Basic Psychopharmacology for Counselors and Psychotherapists*, by Richard Sinacola and Timothy Peters-Strickland, and the *PDR Drug Guide for Mental Health Professionals*.

Sometimes, popular books can be “a little over the top,” but still informative, Ingersoll says. For example, he recommends *Our Daily Meds* by Melody Petersen, which is about the pharmaceutical industry.

**Websites**

“Look at websites that are both positive and negative about medications. You will find both — and lots of them,” advises Sommers-Flanagan. “Google searches or other kinds of searches about the specific medications will give you a glimpse of what the pharmaceutical companies are saying, which will be very positive.” Look also at what some of the watchdog groups are saying, even those that are scathing critics of psychiatry, he says.

In addition, the NIMH website (nimh.nih.gov) has news and other information about medication-related findings, behavioral interventions and other research.

Vitiello recommends the websites of the American Academy of Child and Adolescent Psychiatry (aacap.org) and the American Psychiatric Association (psych.org) for background on the most commonly prescribed drugs.

The National Institutes of Health also offers a list of sites with extensive information on specific pharmaceuticals at nlm.nih.gov/services/drug.html.

King recommends Epocrates.com for information on drugs and side effects.

Ingersoll recommends Critical Think Rx (criticalthinkrx.org), a site that recently came online and for which he consulted. It includes learning modules on psychopharmacology, including some of the broader issues, he says.

**Practice guidelines**

Counselors and others also recommend looking online at the most recent treatment guidelines for mental health treatment and medications. Possible sources are the American Academy of Child and Adolescent Psychiatry, the American Psychiatric Association, NIMH, the Substance Abuse and Mental Health Services Administration and the Agency for Healthcare Research and Quality.

**Workshops**

Sommers-Flanagan calls continuing education workshops, such as those provided by the American Counseling Association, essential for counselors. King suggests taking advantage of the offerings of companies that provide continuing education credits, as well as workshops presented by professional speakers nationwide.

— Kathryn Foxhall
need to know more about the topic than the general public. He says the knowledge he gained in taking a psychopharmacology class as he earned his master’s in mental health counseling has helped him to answer client questions, make recommendations and clarify some myths.

Sommers-Flanagan says he may inform clients that although a certain medication can be very effective, for a small number of people it “can have side effects that make you feel really uncomfortable from the inside out, really kind of awful.” He might also mention that some people on medications have strange and violent thoughts and make clients aware that, if that happens, they should tell him, their family or the psychiatrist.

“The purpose is not to frighten them,” he says, “but to inform them, because, obviously, they deserve that information. These are not medications that are neutral. They have an effect.”

Ingersoll says counselors can also help patients deal with reticence or ambivalence over taking psychopharmaceuticals.

“What we can do is become good information brokers in our role as advocates,” he says.

King says some clients have told him that they are planning to get off of a medication. “And I say, ‘Don’t. Talk to your prescriber first.’” He then informs the clients of the side effects they could experience if they stop taking their medications abruptly. He also documents in his case notes that he covered that information with his clients.

Those incidents underscore that, in many instances, King may be more likely than the prescribing professional to be aware of when a patient wants to stop taking a medication or wants to take a higher dosage. That’s important, he says, because, “I have a better opportunity to actually intervene.”

At the same time, Ingersoll asserts that what counselors should or are even allowed to say about medication is not laid out well in legal and ethical guidance. Indeed, he thinks professional organizations need to give their members “a kind of a protocol on what a counselor can and cannot do with regard to medication.”

Standing up for counseling

Sommers-Flanagan says counselors also need to know about medications so they can be knowledgeable in standing up for the counseling profession. Having long analyzed the science behind antidepressants, he says, “It’s really important to remember that the effectiveness of what we offer — counseling — is at least as powerful as the antidepressant medication in the long run. And we should not be shy about saying, ‘We have something really helpful to offer.’” And, he emphasizes, counseling does not include some of the negative side effects that antidepressants sometimes exhibit.

Along the same lines, Ingersoll asks a thought-provoking question: “When was the last time you saw a commercial for counseling?” Sometimes, he asserts, counselors need to serve as the brake for all the information the pharmaceutical companies feed into the consumer culture.

Sommers-Flanagan also urges counselors to pass along an important message to clients: “This pill is not the skill. Let’s teach you how to deal with difficult emotions, because you are going to have difficult emotions in your life. And we all need to learn how to deal with them.”

Ingersoll also warns that counselors need to educate themselves broadly about the psychological, physiological, cultural, social and developmental aspects of psychopharmaceuticals. A general course on the medications, he says, might have the “mechanisms of action, the side effects of the med, the parts of the brain they are supposed to work on.” While that’s a start, he says, that type of information doesn’t cover some of the main issues.

If counselors believe that advocacy is part of their job, Ingersoll asserts, “You really have to understand the dynamics of the pharmaceutical companies, the politics of diagnosing children with adult disorders. And you have to be able to ask a question: Was this person appropriately assessed? Were they appropriately diagnosed? Did the parents understand the potential side effects of the medication?”

He warns counselors to look for the agenda in any piece of information. On the one hand, he says, a TV commercial for a drug is not a good source of information. On the other hand, he
cautions, there are also groups with rabidly antipsychiatric agendas.

“Be prepared to dwell in complexity,” Ingersoll says, “because where the mind and the brain are concerned, we do not have simple answers, and that is a good thing. So if you have an absolute certainty about what is going on, you are probably wrong.”

**The expanding research**

To make things more complex, counselors may also need to continually reeducate themselves about psychopharmacologicals, because what’s known about them may change rapidly in the coming years. One reason for this is that since the mid-1990s, when Congress discovered that “Children are not little adults,” more funding has been made available for studies of medications in children.

Another factor is that medical research is reaching some real landmarks. For example, over the last two years, genomics researchers have been surprised at the explosion in findings linking genetic variation to health conditions. Connections already have been made for obsessive-compulsive disorder, autism, post-traumatic stress disorder and schizophrenia. A major purpose for that research is the discovery of new molecular medication targets.

At the same time, researchers worry that those genetic findings will be overinterpreted before science really knows enough about them. As NIMH’s Vitiello says, “It’s not ready for prime time.”

Brain imaging studies and research on brain chemistry are also likely to continue having implications for medications.

Kathryn Foxhall is a freelance writer living in Washington, D.C. She has more than 30 years of experience writing on topics of health and health policy. Contact her at kfoxhall@ix.netcom.com.

Letters to the editor: ct@counseling.org
Several American Counseling Association members are using therapeutic humor in their mental health practices and discovering that a little laughter can go a long way on the road to well-being.

John Wagner is the founder of “Wagner Seriously Funny,” a speaking business in northern Kentucky. Wagner, or his preferred moniker, “Wags,” is a professional speaker, motivational humorist and Licensed Clinical Counselor. In his private counseling practice, he uses funny anecdotes and humor to lighten up counseling sessions.

Earlier in his career, Wagner was juggling a day job as a counselor and an evening job as a stand-up comic at local nightclubs. His dilemma was that his occupations were taking two very different directions — one serious and one funny. “Counseling has always been a love of mine,” he says. “It was satisfying and great, but I also had this passion for humor and comedy. It got to a point where I had to decide which way to go.”

Wagner ultimately decided to focus on counseling, but he also felt compelled to find a way to bring the two very different professions together. He began studying the effects of humor on the healing process and the positive impact it often has on human behavior. He then worked to understand how humor might become beneficial to the counseling process. He was further inspired to merge his two passions upon learning that the root of his nickname — “wag” — meant a comical or humorous person.

Wagner launched his speaking business in 1995. Ever since, he has been delivering an entertaining and motivational message about the positive power of humor. Thousands have laughed at (and with) Wagner while learning how humor can help them thrive in the face of serious challenges and changes in their life and work.

Wagner’s client list includes Procter & Gamble, St. Elizabeth Hospital, Sara Lee, IBM, Honda, Toyota, Fidelity Investments, numerous schools and several ACA state branches. In these speaking engagements, he presents comical yet realistic and practical solutions for issues such as team building, motivation, leadership and conflict resolution.

“I have also been asked to keynote many state counseling association conferences,” Wagner says. “I would incorporate the theme of the conference into my speech and just get attendees motivated, uplifted, laughing and ready to interact positively. I try to make them feel good about themselves and their profession so that they are ready to grow and learn.”

“I’ve also presented educational sessions on humor and healing,” he continues. “I’m a certified reality therapist, so I bring a lot of the reality therapy and choice theory through humor because it’s compatible. There is a fun factor in helping people feel better. We ask (clients), ‘What do you do for fun?’ We (as counselors) use humor as an appropriate therapeutic intervention.”

He says the name of his business, Seriously Funny, is meant to reflect the balance in his work and the message he tries to convey. “As counselors, we do serious work, but humor has its place and can help us deal with serious challenges. It can help our clients find the humor in their lives. If they can find the humor in a
situation, it can help them survive it.”

The Association for Applied and Therapeutic Humor (AATH) defines therapeutic humor as “any intervention that promotes health and wellness by stimulating a playful discovery, expression or appreciation of the absurdity or incongruity of life’s situations. This intervention may enhance health or be used as a complementary treatment of illness to facilitate healing or coping, whether physical, emotional, cognitive, social or spiritual.”

According to AATH, the power of laughter can:
- Trigger endorphins, the body’s natural painkillers (this statement has yet to be scientifically proved)
- Stimulate good cardiovascular effects
- Relieve stress and prevent negative tension
- Help people creatively face life’s challenges

“The bottom line,” Wagner adds, “is that it is easy to understand how not to be a victim, but it is hard to do. Rather than just react with negative habits, we can choose instead to have a positive attitude and take positive action. Our sense of humor can help us take on all of this responsibility for our success. Lighten up and make failure your teacher, not your undertaker.”

But like any comedian will tell you, humor is all about good timing, and Wagner offers one caveat when it comes to using humor in counseling. “You have to take yourself lightly and your work seriously,” he says. “Humor is a tool, and like any tool, it needs to be used wisely and cautiously. Using humor inappropriately can damage everything you try to build.”

He explains that humor can help in the counseling process by:
- Enhancing rapport
- Helping in diagnosis (for example, does the client laugh with ease at the appropriate times?)
- Providing perspective

Wagner says his other real-life roles of husband and father constantly provide him with a humbling reality check, and his family continues to be a great source of comedic material. Wagner has served as a dean and administrator at Cincinnati State Technical and Community College for the past 18 years. He recently took a faculty counseling position at the school so he could devote more time to speaking.

Ten ways humor helps counselors

Licensed counselor and motivational humorist John “Wags” Wagner encourages counselors to tap the power of humor to shield themselves against burnout associated with the sometimes intense nature of the work they do with clients. He emphasizes that humor can assist counselors in prepping themselves to perform at their best while also helping them to maintain a healthy balance.

Wagner offers the following advice to his fellow counselors:
1. Take yourself lightly and your work seriously.
2. Smile. It will increase your face value!
3. Laugh. It will give you a positive physical workout and ward off stress.
4. Be open to see the humor that is all around us. Be willing to laugh at life’s absurdities.
5. Use humor to reframe challenges into opportunities. Identify the silver lining.
6. Take a humor break. Find something to laugh about and someone to laugh with.
7. Put together — and use — a humor survival kit that includes favorite humorous books, cartoons, pictures, videos, toys and funny gadgets.
8. Develop urgency/stress breakers — cues to let you know it’s time to lighten up. A few examples to test drive: Some days you’re the windshield; some days you’re the bug. Am I on Candid Camera or what? One day I hope to grow up to be the person my dog thinks I am.
9. Choose a positive attitude and then connect it to others by letting them know how fabulous you think they are.
10. Laugh at failures and setbacks so you can more quickly learn the lesson, make improvements and move on.

For more information about Wagner, visit wagnerseriouslyfunny.com.

— Angela Kennedy
inappropriate and effective use of humor in therapy.

“I always inject humor (in sessions) through stories, jokes and cartoons. It makes my point, provides some laughter to make the work less onerous, and it builds warmth,” says Harvey Kelber, a retired high school counselor and private practitioner in Wilmette and Schaumburg, Ill. He is also a past president of the Illinois Counseling Association and the Illinois Mental Health Counselors Association and was recently appointed to the Illinois Professional Counselor Licensing and Disciplinary Board.

Kelber says counselors can use humor both to relax clients and to help them see the positives that might ultimately emerge from the pain with which they are currently dealing. “I don’t think humor’s usefulness is limited to specific issues or topics,” he says. “I think it’s a universal need, and when people are seeing us for help, they need any lightness we can provide while they do the hard work.”

Kelber believes his personality is reflected in the ways he incorporates humor into counseling sessions. “I often poke fun at myself and tell clients about my screwups so they can see we’re all human. It makes them more willing to be vulnerable. I tell them that I try to get my first screwup of the day done by 7:30 a.m. so I don’t have to worry about when it’s going to happen.”

On a more practical note, Kelber likes to give clients in couples counseling a handout that includes a page of cartoons relevant to relationships.

Frank T. Rizza, a private practitioner and counselor educator at the College of New Rochelle, believes humor can assist clients in regaining or fostering an internal locus of control. “Often, when one feels the loss of control over the situation, we lose our internal locus of control. Humor lets us restore this and reminds us that we are always in control of our mind-set and our emotional state of mind,” he says. “This is one of the greatest benefits of humor.”

Rizza adds that using humor in counseling isn’t about wearing funny hats or telling jokes in session, but rather encouraging clients to see the humor in everyday life. “It’s helping the client with the paradigm shift from the most devastating aspects of a situation to the humorous interpretation of the situation,” he says. “I remember, during my training, being told not to use humor, as it was inappropriate in the serious business of counseling. I ignored my teachers and have now come to realize that humor is important to overall human survival. It keeps us sane and helps build resilience.”

For more information on using humor in therapy, visit the AATH website at aath.org.

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

Letters to the editor: ct@counseling.org
Every clinician is a researcher no matter his or her specialty. And every counselor is a researcher, whether they want to be or not. The next client you meet will be affected by your prior experiences with all the others whom you have already counseled — whether you use your experience systematically with intentionality or unconsciously. In statistical jargon, every client is an “n of 1.”

Brian Canfield, the immediate past president of the American Counseling Association, rightly stressed the importance of research to the counseling profession in his column in the May 2008 edition of Counseling Today. In expanding that message to every clinical counselor, this article makes some suggestions for individual counselors and issues a challenge to our profession as a whole.

At grand rounds, a retiring chairman of a prestigious teaching university hospital delivered the following message to the class of incoming cardiology residents: “Of the patients you see, one-third will not improve no matter what you do, one-third can improve with your help and one-third would improve without you. Your responsibility is to help the middle third improve as much as possible without harming the third that would improve without you.”

Outcomes research
As counselors, we keep careful records of what a client pays. We keep careful appointment books indicating when clients are coming to see us. Most counselors keep accurate time on each session. And yet our primary goal as counselors is not to earn money. Our primary goal is to help clients improve. So shouldn’t we keep even more careful and accurate records of what we do and how effective these methods prove to be?

The only way we can know whether we are accomplishing our primary goal of helping clients improve is to implement a systematic way of recording our actions and the outcomes of our actions. Second, we must have a systematic way of comparing different actions to learn what works best (and what doesn’t). This is what outcomes research is all about.

How you go about doing that systematically depends largely on your particular style of counseling — how you define the hypothetical constructs with which you work — but I would imagine such a scheme has to include:

- The essential elements of your diagnosis
- The interventions that you try
- The important changes occurring after those interventions

The actual elements for each of these categories would depend on your theoretical operating perspective — how you define entities and the relationships between those entities.

Because these three categories are part of our normal routine as counselors, putting this information in a format that is useful for analysis shouldn’t be difficult. It doesn’t necessitate a lot of fancy modeling or difficult math. The most difficult task is articulating clearly what you are attempting to do as a counselor and what specifically you are doing to accomplish that. Note that analysis is merely a way of extracting information from a collection of data to help you make more informed decisions as a counselor.

The most important aspect is to be intentional about what data you collect. Many researchers want to collect too much data. Our guiding principle as counselors should be: What am I going to do with this information once I get it? If your answer does not include specifics related to how you decide to treat clients, then you probably shouldn’t collect the data.

This process does not have to be complicated. In the 1920s, my mother was a wheat and dairy farmer in Kansas, and she
wanted to know in which breed of laying hens to invest. With only a high school education and no statistical training, she simply trap-nested the three most promising breeds (according to the catalogues) and recorded their production for several weeks. She reported the average (per hen per week and overall) and the minimum and maximum number of eggs from each breed. She then wrote a letter to the local newspaper to share her information with others interested in getting into the egg production business.

She did not collect information about diseases, the amount of food or many other factors for which some might have wished. That would have complicated her research unnecessarily. The statistics she collected were the direct result of the question she needed to have answered. I think the lesson learned from that example applies to counselors too: When collecting data, let your goal (not your imagination) be your guide.

**Acknowledging the ‘truth’ about research**

As counselors, however, we are more than a collection of individuals doing our own thing. We are a profession offering expertise in several areas of counseling. As a profession, we are accountable for what we “profess.” We are accountable for the outcomes of our services and must continue to make these services as effective as possible. The information needed to accomplish that comes from research — systematically gathering information about diagnoses, various interventions on those diagnoses and the different outcomes.

I realize that for many in the counseling field, “research” — especially “scientific research” — has a negative connotation. That’s because research can seem impersonal and threaten to make objects of our clients. As counselors, we’re aware that we work with real living human beings who cannot be “captured” adequately using research techniques. The “truth” in these feelings needs to be honored. In fact, I believe that truth might offer us an opportunity as a profession to rethink and refocus the way we do research.

Traditionally, research in the fields of sociology and psychology has relied heavily on methods with roots in other disciplines, particularly mathematics and agriculture from 1900 to the 1940s. For example, William Sealy Gosset developed the “Student’s t-test” to improve the quality of Guinness beer, and R. A. Fisher developed analysis of variance and the F-test to understand genetics and improve farming production in the 1920s. They had tasks to accomplish, and with their brilliant creativity, they developed mathematical techniques that would provide the information they needed to make the kinds of decisions for which they were responsible. Furthermore, in those days, without the benefit of modern computers, sorting data was so tedious that normal theory was adopted as a close approximation; exact p-values were much too difficult to calculate, so “significant cut points” were adopted and calculated and put into tables for reference.

We can now sort data easily, so non-parametric techniques should be the first choice for any data analysis because they directly report the real data. If the data are normally distributed (which real-life data never are), little power is lost with this approach, and if they are not normally distributed, normal theory gives inaccurate results. Today, medians and percentiles should be reported instead of means and standard deviations; exact p-values should be reported without any “NS” or “S” in the footnotes telling the reader how to interpret them. The reader should be the one making judgments about what is significant for them.

This practice of reporting statistical significance today misleads even the best of researchers (and research journal editors, too) into confusing statistical significance with clinical significance. In counseling, we are primarily concerned with whether a study will make any difference in our clinical practice (i.e., clinical significance), not necessarily how likely we are to get this particular set of data just by chance (=p-value). The latter does provide important information but only in tempering our interpretation of the outcome of the research.

Statistical significance is not clinical significance. Courses in statistics, especially those in the behavioral sciences, should focus on the significance of the information and how to use it.

Many early statistical practices have been codified for decades in textbooks and lesson plans for teaching “Introduction to Statistics and Research” (as well as in journal requirements, standard statistical practices and so on). Note how many introductory statistical textbooks still have mathematical formulas printed on their inside covers so they will be “convenient” to the student, even though such tedious calculations are done today by computers. To argue that students need to understand how a variance is calculated to understand what information it offers seems to me to come from someone who is fluent in expressing ideas in mathematical formulas, and that is rare among nonmathematicians. To be able to do the algebra says nothing about one’s ability to interpret the result.

One recent (2004) textbook on the introduction to statistics for the behavioral sciences argues that the best measure of central tendency is the mean because it...
relates so closely to the standard deviation and the variance. I would argue that the median is the best measure of central tendency because it is closest to the data itself and not filtered through some mathematical theoretical prejudice!

Furthermore, introductory courses in statistics in the behavioral sciences are often taught by someone who enjoys the thrill of calculating a variance. My hunch is that most individuals in counseling do not experience that same thrill. Good computer statistical packages perform complicated routine calculations, so the researcher can focus on what is really important: determining what tools are needed to distill the information he or she needs and how to interpret the results.

With the development of “qualitative research,” some of this emphasis is changing, but I still sense a bias that mathematics is “real research,” while anything else, including qualitative research, is considered a necessary stepchild given the “soft” nature of our work. Both are necessary, however. If I go to the grocery store to buy peaches, I want to know both how much they cost and how good they are — how ripe, how sweet, etc. I need both quantitative and qualitative information before deciding whether to buy them.

**Appropriate tools**

We, as a counseling profession, need to perform research — especially outcomes research — to be accountable and ethical and to continue improving the services we offer. But we need processes and tools appropriate for the kinds of information we are dealing with, and I suggest that we, as counselors, must develop them.

We can certainly learn from the past, but I feel at this point we are always looking over our shoulders to see if Gosset or Fisher are watching. Just as their starting point was the pursuit of the information they needed to improve their processes, we need to clearly define our goals as counselors and develop research procedures and techniques (including appropriate mathematical tools) that will help us obtain the information we need to improve our decisions. Much work has already been done in this area. But, clearly, given that introduction to statistics in the behavioral sciences is still being taught basically using mathematic exercises rather than as a way of understanding the field of counseling means that much work remains to be done.

Perhaps there is some interest among American Counseling Association members in taking up this task of developing systematically and intentionally scientific research techniques appropriate for our trade. With tools that would help counselors do what we want to do even better, “scientific research” could feel like our ally rather than an annoying stepchild. I suggest we begin by developing a textbook, course outlines and specific mathematical techniques (including corresponding computer software) that introduce scientific research that is more appropriate for researching techniques and outcomes in the discipline of counseling in the 21st century.

Ray McKinnis is a member of ACA and a clinical statistician with 16 years of counseling experience. Contact him at dreamsampm@aol.com.

Letters to the editor: ct@counseling.org
On Oct. 8, 1998, Judy Shepard and her husband, Dennis, were awakened in the middle of the night by a telephone call no parent should ever have to receive. Their eldest son, Matthew, was in a coma after having been brutally attacked because he was gay.

According to the local police and prosecutors, two men lured the young University of Wyoming student out of a local bar in Laramie. After kidnapping him, they took him to a secluded location, where he was robbed and viciously beaten. Attorneys then callously walked away, leaving Matthew for dead in the freezing cold.

At first, the passing bicyclist thought the crumpled mass tethered to a rural ranch fence was a scarecrow. But when he stopped, he found the battered, nearly lifeless body of Matthew, who had been tied to the fence for 18 hours. Matthew was rushed to the hospital, but three days later, with his family surrounding him, he succumbed to his injuries.

While the Shepard family mourned in private, the tragedy quickly spurred a public outcry from coast to coast, galvanizing millions of people and focusing the nation’s attention on hate crimes. Vigils were held across the United States, and the Shepard family received tens of thousands of letters and e-mails offering support.

Those who knew Matthew said he was small in stature but had a big heart. Fighting for social justice was central to who he was, and it formed a significant part of his life. In the aftermath of his death, his parents started the Matthew Shepard Foundation to help carry on his son’s legacy and to embrace the very causes he had championed: social justice, diversity awareness and education, and equality for gay, lesbian, bisexual and transgender (GLBT) people. Furthermore, the foundation strives to help prevent hate crimes through education and political support.

Judy Shepard will serve as one of two keynote speakers at the American Counseling Association Conference & Expo next March. “I am absolutely thrilled that Judy Shepard will be sharing her story with us at the ACA Conference in Charlotte, N.C.,” says ACA President Colleen Logan. “It is a poignant opportunity for all of us to learn from one mother how she rose up from the grief of losing her son to a tragic hate crime by committing her life to social justice and human rights. We will all learn from Judy’s experience how to heal our broken world and make it a safer place to live, love and grow for all.”

A mother’s mission

On May 11, 1999, Judy Shepard testified before the Senate Judiciary Committee in support of the Hate Crimes Prevention Act. She delivered a powerful message to those who opposed hate crimes laws, saying, “I can assure opponents of this legislation firsthand, it was not words or thoughts but violent actions that killed my son.”

She has appeared in two Human Rights Campaign TV spots aimed at curbing anti-gay violence and promoting a greater understanding of gay issues. Produced by the Matthew Shepard Foundation, the spots were distributed during the autumn of 1999 to every network affiliate and cable operator in the United States that used public service announcements. One of the spots featured a home video of Matthew as Judy said, “In a perfect world, because your child is gay, you don’t worry about their safety. You just worry about them being happy. I loved Matt just the way he was. Just the way he was.”

In September 1999, she agreed to appear in another public service announcement campaign decrying hate crimes. Sponsored by the Gay, Lesbian and Straight Education Network, the spot began airing on MTV that October.

Judy Shepard has also become actively involved with Parents, Families and Friends of Lesbians and Gays. She wrote an open letter to school administrators that the organization included in a mailing to high school counselors around the United States. In the letter, she encouraged school officials to make schools safer for gay students by promoting tolerance and reprimanding students who harass gay students.

Shepard now speaks to audiences nationwide about what can be done to make schools and communities safer for everyone, regardless of race, sex, religion or sexual orientation.

“I feel Matthew with me every day, or I would not be able to do this,” she says. “We just hope we’re doing what he would want us to do. We realize that we must use the voice his death has given us. I realize that what I can try and accomplish is to make people aware. We get so complacent in our lives that we forget not everyone is safe, and frequently, it is our children who aren’t safe.”

Shepard has spoken to more than 1 million people at colleges and universities, high schools, churches, businesses and symposiums worldwide. This October marks the 10th observance of Matthew’s murder, and his mother is still determined to make a difference — to do what she can to ensure that other parents will not go through what she and Dennis have been forced to endure.

Message to counselors

Shepard says she is looking forward to addressing ACA members, including}
those who are on the front lines in helping the GLBT population. “To have the opportunity to address this wonderful group of professionals is amazing. These individuals deal with the consequences of discrimination and hate that members of the GLBT community deal with every day,” she says. “To offer some sort of insight to this gathering from my point of view is extraordinary. Not only do the counselors see the victims of the hate and discrimination, but they also help the bullies deal with their issues. If the bullies’ issues aren’t dealt with, the problems persist and can escalate.”

“We are all human beings who deserve the same rights under the law and to be treated with respect and dignity,” she adds. “The only thing that could define the gay community as being different in anyone’s eyes is who they love, and at the end of the day, does that really matter?”

“Judy Shepard has a compelling story to tell,” says ACA Executive Director Richard Yep. “Her courage in coming forward is something that is to be admired. The fact that she has taken the pain of her loss to advocate in Matthew’s memory is something that we should all respect.”

“Judy Shepard is an advocate, just like the members of ACA,” Yep continues. “By listening to her message, one that turns tragedy into triumph, those attending her keynote session at the ACA Annual Conference will have the potential to improve upon their skills as advocates for disenfranchised members of society.”

To learn more about the 2009 ACA Conference & Exposition or to register to attend, visit counseling.org/conference or call 800.347.6647 ext. 339. Register by Nov. 30 to take advantage of the Super Saver Rate.

Judy Shepard was traveling and could only be reached for limited comment before Counseling Today’s deadline. Some of her quotes and the biographical information included in this article were largely provided by the Speak Inc. speakers bureau. For more information about the Shepards and the Matthew Shepard Foundation, visit MatthewShepard.org and MatthewsPlace.com.
Imagine yourself as a military wife stationed halfway around the globe, away from family and friends and living in a country in which you are the minority. A knock at the door summons you away from motherly duties. You know it cannot be your husband because he is away on training. You are not expecting company.

You peer cautiously through the peephole to discover two soldiers standing in the stairwell in full military regalia. Your heart instantly leaps to a full-fledged stage of fight or flight. You battle internally over whether to open the door because you know on your welcome mat stands the grim reaper — and you don’t want to hear the bad news. Life as you knew it moments ago is about to change. Who will help you through it? Who will be your support system?

In the June 2008 issue of Counseling Today, David Fenell’s article “A distinct culture” highlighted soldiers’ exceptional sacrifices and encouraged counselors to better understand the intricately woven military subculture. It is with deep respect for Fenell that I would like to further expound on this topic, illuminating a part of this culture rarely focused on. In addition to the soldier’s role, it is important to consider the sacrifices of the military wife so counselors can gain a broader perspective of what constitutes the military family unit.

Who is she?

Military wives are a unique entity of the military subculture’s support system, a motivational factor that keeps the soldier focused and doing his best. By keeping the home running smoothly, she knows her husband can focus on his responsibilities without worrying about what is happening at home. She realizes her soldier routinely works in adverse environments and could easily die while training or serving in Iraq or Afghanistan.

Being a military spouse is stressful and, more often than not, underappreciated. Military families are often stationed in remote areas where self-supporting bases have been built far from city life. Entertainment or recreation is often scarce. She must become the master of making do with limited resources for her family and husband. Conceptualizing the complex roles the military wife plays will better prepare counselors who treat soldiers or their dependents as clients.

A multicultural paradigm

Because it stations soldiers worldwide, the U.S. military has a higher percentage of multicultural couples than is found in the civilian world. These multicultural relationships bring another facet of the military spouse into perspective. Once in the United States, foreign spouses face cultural adjustments. In addition, mastering the ropes of U.S. military culture, especially within the context of the broader American culture, can be very confusing at first. Trying to determine where one culture begins and the other ends is difficult. Military wives are frequently thousands of miles from home, trading all that was familiar to them for love in a new land with new ways.

In trying to establish connections with individuals in a shared military culture, foreign spouses might network for child care, enjoy conversation and cook unique cultural dishes with new friends. Affiliating with other wives from the same or similar foreign culture can provide the military wife with ties to deeply practiced beliefs, traditions or worldviews that may differ from those in American culture. Unfortunately, some wives become isolated when stationed at military bases that lack cultural diversity. Military wives who were raised in enmeshed, collective cultures where multiple generations of the family were within close proximity may find it difficult to shift to the individualistic lifestyle of the military base. But making friends can help the military wife find a sense of place in a strange land, and their sacrifice becomes easier to manage.
An American wife’s perspective

Military wives move on average every two to three years, which requires throwing out, packing, storing and shipping household items. Friends are left behind or simply not made at all because of the frequent transitions. Children must reestablish normalcy by making new friends and becoming acquainted with new schools every couple of years. American wives, however, almost always return to the United States to live after repeated relocation, whereas the foreign wife sacrifices her native land and becomes an immigrant.

Living abroad can be filled with wonderful adventures. The experience may also be peppered with feelings of homesickness and other factors that adversely affect independence. For example, with no personal transportation available because she is awaiting the arrival of the family vehicle being shipped from the United States, the military wife must rely on local mass transit with schedules written in a language she cannot understand. She also must contend with her children’s anxieties and help them adjust to living somewhere new. In fact, it is not unheard of for military wives to return stateside to their families of origin — and ahead of their husbands — because of the hardships of living overseas.

A selfless, supporting role

The pressures on and expectations of the military wife are multifaceted and complicated. She must support her husband’s career unconditionally, learning to balance the needs of her children with the expectations that the military places on her husband, for it is always “duty first.” As a result, her personal needs are regularly misplaced.

The social expectation of the military wife is to interact in clubs run by enlisted or superior officers’ wives. Participating in fundraising for single soldiers’ activities or attending social teas helps to establish her place within the military subculture. Above all, she learns to keep her opinions silent when they do not align with the military’s perspective.

The military wife also must condition herself to being classified as a dependent or attending social teas helps to establish normalcy by making new friends and becoming acquainted with new schools every couple of years. American wives, however, almost always return to the United States to live after repeated relocation, whereas the foreign wife sacrifices her native land and becomes an immigrant.

Living abroad can be filled with wonderful adventures. The experience may also be peppered with feelings of homesickness and other factors that adversely affect independence. For example, with no personal transportation available because she is awaiting the arrival of the family vehicle being shipped from the United States, the military wife must rely on local mass transit with schedules written in a language she cannot understand. She also must contend with her children’s anxieties and help them adjust to living somewhere new. In fact, it is not unheard of for military wives to return stateside to their families of origin — and ahead of their husbands — because of the hardships of living overseas.

A selfless, supporting role

The pressures on and expectations of the military wife are multifaceted and complicated. She must support her husband’s career unconditionally, learning to balance the needs of her children with the expectations that the military places on her husband, for it is always “duty first.” As a result, her personal needs are regularly misplaced.

The social expectation of the military wife is to interact in clubs run by enlisted or superior officers’ wives. Participating in fundraising for single soldiers’ activities or attending social teas helps to establish her place within the military subculture. Above all, she learns to keep her opinions silent when they do not align with the military’s perspective.

The military wife also must condition herself to being classified as a dependent by the military. She must possess a current military ID card and a durable power of attorney to conduct business in place of her husband. But she may not at any time address pay issues, even with a power of attorney secured. If the pay fails to arrive, no diapers are left and food in the kitchen is scarce, she is virtually powerless. Furthermore, it is her duty to ensure that the car is in good repair while her husband is away and, most important, that the low military pay for a family of six can be stretched far enough to make it to the next payday. At the end of the day, she often fears her husband walking through the front door with deployment papers in hand for a tour of duty in a war zone.

Hardships of a military marriage

Though the military divorce rate is reportedly holding steady at 3.3 percent even with the lengthy deployments to Iraq and Afghanistan, military couples are hard-pressed to smoothly transition back into a sound relationship after the soldier returns home from military duties. In many instances, family members have adjusted to making do without the soldier; children’s schedules and home duties have been well established and functioning nicely. When dad reenters the home environment, he sometimes experiences feelings of not being needed, especially upon seeing that life was in balance while he was away. If he has been gone for a long stint, the father may even need to reacquaint himself with his children and vice versa.

It is not uncommon for the military wife to feel that her husband is interfering with the flow of things after he returns to his role as husband and father. Such feelings can feed into marital conflict, domestic violence and jealousy.

Counselors should be aware of the dynamics of military life that can introduce dissension into the relationship. Readjusting to family life, only to be pulled away yet again for combat, places enormous stress on all those involved. Frequent moves or change are elements of military life that compound stress within the family system.

Therapy and military taboo

As Fenell pointed out, the stigma of mental health care within the military is slow to change. For years, soldiers were warned that seeking professional counseling could be detrimental to career advancement or seen as a sign of weakness by their chain of command. Military personnel are expected to “soldier up” and get through the rough times on their own. The problem with this patriarchal mind-set is that frustration and domestic violence have become an all-too-common occurrence with military couples. A lack of intervention means that the domestic violence is sure to persist.

Ironically, while soldiers are essentially “forbidden” from seeking counseling, they are also admonished by their chain of command for any domestic matter in which the police are called. So soldiers find themselves in a catch-22 — they cannot freely seek professional counseling for help, yet the law had better not be called if they are abusing their wives or children. Either action will warrant consequences from higher up. But domestic violence does not simply disappear; instead it just goes underground.

Ignoring PTSD and soldier suicide

According to recent reports, post-traumatic stress disorder among U.S. soldiers has risen 75 percent, a direct result of tours in Iraq and/or Afghanistan, exposure to high stressors and seeing death unfold in real time. Soldiers return to the United States in droves with tremendous need for therapeutic intervention. Suicides in the military have risen to their highest rate ever. The presence of such conditions screams for intervention!

We must be proactive in changing the military’s perspective by advocating professional counseling as a commonplace healing tool for mental trauma. The elevated presence of PTSD and suicide is a huge red flag that demands attention be paid to the impact of trauma. And as counselors, we must be prepared. If we do not effectively address the rampant rise of military suicide and escalating PTSD diagnoses in an era of dwindling voluntary enlistments, what will tomorrow look like for the injured soldier and our nation as a whole?

When reflecting on the supporting role of the military wife, we must ask what the effect will be on her and her children when the soldier returns home traumatized. Who will help her with the consequences of having a front row seat to her spouse’s illness? What is the best therapeutic approach when dealing with the military family? We must consider these questions and find answers to them. Counselors will be better equipped to handle PTSD’s impact on the soldier when they
look at the two distinct relationships the soldier supports — the relationship with the military and the relationship between the couple.

As the military paradigm shifts to condoning counseling’s existence and benefits, we must grow in our understanding of the multifaceted roles that military family members play. It is crucial that counselors understand the demands the military places both on its soldiers and the soldiers’ spouses. Our toolboxes will then contain the necessary, specialized tools that will inherently work with this population.

In concluding, I ask you to revisit the scenario shared at the beginning of this article. The event was real. Luckily, the outcome was different than might have been imagined. While stationed in Bad Kissingen, West Germany, in the late 1980s, two soldiers appeared on my doorstep while my husband was in Hohenfeld training in M1A1 tanks. Holding my infant son and shielding two more children behind me, I finally opened that door, knees like Jell-O.

The soldiers absorbed the sheer look of terror on my face. Instantly, they realized they had made a huge mistake knocking on my door. They weren’t looking for me; they were at the wrong apartment looking for their buddy. I admonished them for showing up on any doorstep in pairs, especially in full dress greens, because every military wife is aware of this presentation as the military’s formal death notification process. It becomes a deeply ingrained part of our military subculture, no matter the cultural diversity. I share this as example of the need for healing the emotional trauma that embeds itself as a daily part of our duty as the military wife.

Licensed Professional Counselor
Vanessa L. Dahn is an adjunct professor with Colorado Community Colleges Online Department of Sociology and Psychology and executive director of Safe Landing Group Center LLC, a placement group facility for male teens. She is the wife of a retired Army soldier who served for 22 years and the mother of 15. Contact her at puglvr4u@aol.com.
Detecting prevalent mental health, alcohol problems among students

By Ariela Edelson

College may be viewed as a time for students to sit back and let loose, but for many individuals, it proves to be a stressful and rough transition. The 2007 American College Health Association’s National College Health Assessment found that 43 percent of college students said they felt so depressed that it was difficult for them to function, while 61 percent reported feeling hopeless. But according to the 2007 National Survey of Counseling Center Directors, the greatest concern among administrative heads of college and university counseling centers is finding referrals for students requiring long-term help.

Colleges across the United States are faced with a serious dilemma: Students are suffering from depression and other related disorders, but treatment is rarely sought. College health professionals on virtually every campus are looking for innovative ways to provide treatment to the millions of students who are in need of these services. One method that has proved efficient for hundreds of colleges and universities is mental health and alcohol screenings.

CollegeResponse, a program of the nonprofit organization Screening for Mental Health Inc., offers educational materials and screening tools that promote prevention, early detection and treatment of prevalent mental health disorders and alcohol problems. One of the sponsors of CollegeResponse is the American College Counseling Association, a division of the American Counseling Association.

College health and counseling centers, professors, student groups, athletic teams and Greek organizations can use the CollegeResponse program to conduct an informative event that educates students about alcohol use disorders, mood and anxiety disorders, and eating disorders. Through the use of in-person and online programming, the program aims to raise awareness, reduce the stigma of these disorders and, most important, refer those students most in need to appropriate resources.

“The CollegeResponse program connects those in need of treatment to the resources that can help them recover from depression, alcohol dependence or other related disorders,” said Douglas G. Jacobs, president and CEO of Screening for Mental Health, which first introduced the concept of large-scale mental health screenings with its inaugural National Depression Screening Day program in 1991. “Not only does (the CollegeResponse program) provide a safe environment for students nervous about seeking help for themselves or others, it also raises campus awareness about mental health and the increased number of students experiencing such disorders each year and the value of treatment.”

Carefully thought-out treatment plans have proved vastly more efficient and less exhausting than reacting to mental health crises as they happen. To create a proactive environment on campus, colleges and universities must know who is at risk or already exhibiting symptoms. The mental health screenings included in the CollegeResponse program are important tools that can help in that effort.

“Several students needing an outside psychiatric evaluation and counseling were identified, while others were introduced to the counseling center and staff,” said Susan Ristau of Kennesaw State University in Georgia about her school’s screening. “Many students responded to our National Depression Screening Day offering, and several of these students cried when counselors spoke with them — their pain was obvious. I feel we may have made a difference and connected with many students who will now receive help.”

CollegeResponse uses two components to confront the difficulties of helping students help themselves. The in-person
screening, which can take place on National Depression Screening Day in October or anytime throughout the year, revolves around an anonymous, written questionnaire. After completing the questionnaire, students have the opportunity to discuss their results with a health professional as part of the event, which is usually organized at a health fair with brochures, screening forms and giveaway items. The second component is an online, year-round venue where students can explore and identify symptoms of mood and anxiety disorders, eating disorders and hazardous alcohol use. These anonymous screenings provide immediate feedback and a customized referral that directs students to appropriate resources, on or off campus.

“In the two days since the screening (event), we already know of three students who indicated they made intake appointments with our agency as a direct result of the screening,” said Anne M. Patti of Eastern Connecticut State University.

Nancy Partch of Kishwaukee College in Illinois believes the CollegeResponse program can help students at any college or university. “It offers students the chance to gather information and understand what services are available,” she said. “The screening offers students the opportunity to discuss the issues and feelings they are dealing with in a nonthreatening manner. Many students are dealing with difficult situations that can be alleviated if they pursue appropriate help.”

For more information about the CollegeResponse program or to register, visit MentalHealthScreening.org/college or call 781.239.0071.

Ariela Edelson is a communications associate with Screening for Mental Health Inc.

Letters to the editor: ct@counseling.org
What's the evidence for the effectiveness of ASCA's National Model?

In 2003, the American School Counselor Association published its National Model for School Counseling Programs and embarked on an aggressive campaign to promote its implementation in public schools. The National Model is a clearly articulated and comprehensive statement about how school counseling activities and services should be planned, organized, managed, delivered and evaluated in schools. It combines some of the best features of pre-existing models (comprehensive developmental guidance and results-based school counseling, for example) and adds new features (such as “closing the gap” action plans) to create a better fit between school counseling practice and standards-based approaches to school reform.

Perhaps the most controversial aspect of the ASCA National Model is its clear statement that the primary goal of school counseling should be to improve students’ academic achievement. Supporters tend to see this focus as either a long overdue affirmation of the proper goal for counseling in schools or as a necessary compromise given the current climate in U.S. public education. Detractors tend to see this focus as the abandonment of students’ mental health services and/or as a capitulation to a potentially harmful state-sanctioned approach to reforming public education.

This ongoing debate about the merits of the ASCA National Model is largely taking place without an analysis of the model’s effectiveness. Research on the outcomes of interventions and programs is necessary to help guide professionals’ decisions about best practices. The paucity of good outcome research in school counseling has been noted and is a problem with multiple causes. In this column, we will take stock of the limited existing published evidence for the effectiveness of the ASCA National Model and suggest ways the evidence base should be improved.

The first step in assessing the model’s effectiveness is to identify its intended outcomes. Based on the model and the literature advocating its implementation, we suggest the model intends to achieve three classes of outcomes: political outcomes, programmatic outcomes and student outcomes.

Political outcomes
In terms of political outcomes, implementation of the National Model is intended to enhance the position of school counselors within public schools so they are regarded as critically important to the education of students and central to educational improvement. Indicators of this outcome would include an increase in the resources allocated to school counseling activities, an increase in the numbers of school counselors, a decrease in the percentage of time required to be dedicated to out-of-role activities and more positive valuing of school counseling by principals, superintendents and school board members.

No research to date has examined whether implementation of the National Model achieves any of these desired outcomes. It would be relatively easy to measure these political outcomes in schools that pursue Recognized ASCA National Model (RAMP) status. ASCA could easily (and should) incorporate the data collection needed for this evaluation into its RAMP application process.

Programmatic outcomes
Implementation of the National Model is also intended to accomplish the programmatic outcomes of increasing the quality and efficiency of the school counseling program in delivering needed services and interventions. In high-quality, efficient school counseling programs, all students would receive the services they need. Programmatic outcome indicators would include evidence that a broader range of key consumers (students, parents and teachers) were receiving needed services and were satisfied with the program.

The ASCA National Model attempts to achieve increased quality and efficiency by:
- Implementing specific management tools (for example, master calendars and action plans)
- Adopting the comprehensive developmental guidance approach to organizing services to achieve a blend of preventative and remedial activities
- Addressing students’ mental health service needs through short-term intervention, referral and follow-up rather than through the long-term delivery of counseling services in schools

No research to date has examined whether the specific tools identified by the model affect programmatic outcomes. Two studies by Richard Lapan and Norman Gysbers have evaluated the extent to which a fully elaborated comprehensive developmental guidance approach influences students’ perceptions of services and their schools. One study published in the Journal of Counseling & Development in 1997 found that students in high schools with more fully implemented comprehensive developmental guidance...
programs were more likely to report that career and college information was readily available to them and to indicate that their schools were preparing them well for later life. A second study published in *JCD* in 2001 found that seventh-graders in schools with more fully implemented comprehensive developmental guidance programs evaluated their school experiences more favorably. These students indicated that they felt safer, had better relationships with teachers, believed their education was more relevant and important, had greater satisfaction with the quality of their education and experienced fewer problems with the interpersonal climate of their schools.

These findings are consistent with the contention that a comprehensive developmental guidance service delivery system can enhance program quality and efficiency and lead to greater student access to some services as well as to enhanced satisfaction. Given the correlational nature of this research, however, it is important to follow up these findings by investigating whether increases in program quality and efficiency are noted consequent to the implementation of a service delivery system based in comprehensive developmental guidance.

No research to date has examined whether short-term intervention, referral and follow-up adequately address students’ mental health counseling needs as compared with the delivery of long-term services in schools. Given the importance of the issue and the implications for professional practice, this is a critical question that needs careful investigation.

**Student outcomes**

Finally, implementation of the ASCA National Model is intended to achieve the student outcome of enhancing academic achievement. The model attempts to focus school counseling services on academic achievement through program management mechanisms (for example, mission statements, vision statements, advisory boards and “closing the gap” action plans) and to engage in activities that increase achievement. The primary indicators for this outcome would be evidence for gains in student achievement related to school counseling activities and interventions.

Only one study has addressed this issue. In a large statewide study of achievement outcomes published in a 2003 edition of the *Professional School Counseling* journal, Christopher Sink and Heather Stroh found that third- and fourth-graders enrolled in high implementing comprehensive developmental guidance schools for three or more years were more likely to have higher scores on standardized achievement tests. Unfortunately, Sink and Stroh did not have the opportunity to determine what counselors in these schools were actually doing to enhance academic achievement. Also, given the correlational design of this research, it is important to follow up these findings by investigating whether increases in students’ test scores are noted consequent to the implementation of a service delivery system based in comprehensive developmental guidance.

Five years after publication of the ASCA National Model, little direct and compelling evidence exists for its effectiveness. There is some evidence that comprehensive developmental guidance (a component of the model) is an effective way to organize the delivery of services.

It is clearly important to determine whether implementation of the ASCA National Model is resulting in the achievement of its intended political outcomes. Likewise, it is important to confirm that programs that implement this model gain quality and efficiency and to determine whether these programs adequately meet the mental health needs of students. Finally, it is important to determine what ASCA National Model programs are attempting to do to enhance academic achievement and to determine what is working. In future columns, we will examine these issues and suggest ways the counseling research community can mobilize to address these important research questions.

John C. Carey is director of the National Center for School Counseling Outcome Research. Contact him at jcarey@educ.umass.edu. Ian Martin is a research assistant at the National Center for School Counseling Outcome Research.

Letters to the editor: ct@counseling.org

---

**No One Should Be Held Hostage To Food... or Fear**

For most women and girls with eating disorders – 70%, in fact – outpatient treatment is exactly what they need for recovery.

But what about the other 30% who remain resistant, in spite of the excellent outpatient care they receive? They need inpatient treatment at Remuda Ranch. A full 95% of our patients remain in recovery after discharge.

Remuda’s Christian programs for eating disorders and now anxiety disorders provide hope and healing for women and girls of all beliefs. If you have a client who needs inpatient treatment, please contact Remuda Ranch.

Why Remuda? Because it works.

**REMUDA Ranch**

*Hope, Healing, Life*

**Programs for Eating Disorders**

1-800-445-1900 remudaranch.com
ASGW currently seeking nominations for three awards
Submitted by Lorraine Guth
lguth@iup.edu

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

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

- Nominee's scope of practice (including type of group work, client population served and practice setting)
- Nominee's innovations in group work practice
- How nominee has disseminated group work skills through workshops, conference presentations, supervision and/or training
- Evidence of nominee’s significant contribution to group work practice

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

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

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

Nominations and supporting letters for the Group Work Practice, Eminent Career and Professional Advancement awards should be sent to Lorraine J. Guth, Ph.D., Indiana University of Pennsylvania, Department of Counseling, 206 Stouffer Hall, Indiana, PA 15705. Materials may also be sent via e-mail to lguth@iup.edu. Nominations and supporting letters for all awards must be received by Jan. 31, 2009. The award recipients will be announced at the ASGW Luncheon at the ACA Conference in Charlotte, N.C., in March.

ACES regional conferences fill the calendar through fall
Submitted by David Zimpfer
dzimpfer@localnet.com

The Association for Counselor Education and Supervision has announced its regional conferences for the fall. For further information, contacts and registration, visit acesonline.net and click the “Regions” link. You do not need to be an ACES member to access this information on the ACES homepage.

- North Atlantic ACES, held Sept. 18-21, Portland, Maine, “Counselor Education Challenges in the New Millennium.” President, Kathryn Douthit
- Rocky Mountain ACES, Oct. 2-5, Breckenridge, Colo., “Sharing Tools for Awareness, Competence and Advocacy.” President, Serena Lambert
- North Central ACES, Oct. 16-18, Indianapolis, “Answering the Call: Embracing Multicultural Counselor Education and Supervision.” President, Scott Wickman
- Southern ACES, Oct. 22-25, Houston, “Counselors Answering the Call.” President, Gerard Lawson

EB-ACA presents Learning Institute on reality therapy
Submitted by Howard Kraut and Derrick Copper
howard.krout@eur.army.mil
derrick.copper@eur.army.mil

The European Branch of ACA sponsored a 15-hour Learning Institute on “Dealing With Resistance, Excuses, Avoidance and Other Kinds of Client Disengagement: A Reality Therapy Approach.” The Learning Institute was held at the Natur Kultur Hotel Stumpf in Neunkirchen, Germany, on May 17-18.

Presenter Robert Wubbolding, a leading expert on reality therapy, focused on helping participants understand and utilize the concepts of this therapy. Those present learned the key to solving issues by watching a four-minute video clip. The key: Stop it! Wubbolding willingly demonstrated how to incorporate reality therapy into our field of work. He shared the therapy’s strengths and also discussed criticism of the therapy.

Wubbolding also addressed the essential tools needed to apply reality therapy: the need to compromise, the importance of communication and the importance of
NCDA congratulates its recent national award winners
Submitted by Deneen Pennington
dpennington@ncda.org

The National Career Development Association announces the 2008 national award winners highlighted at its Annual Global Conference:

- Mark Pope, Eminent Career Award (NCDA’s highest honor)
- Roger Gantzarov, Outstanding Practitioner
- Mary Ellen Earnhardt, Outstanding Practitioner
- Roger Gantzarov, Merit Award
- Lisa Severy, Merit Award
- Sen. Barbara Mikulski (D-Md.), Legislative Award
- Norman Amundson, International Award
- Maureen Nelson, Graduate Student Author with Most Impact (Career Convergence E-Magazine Award)
- Wendy Becker-Jamison and Wendy LaBenne, Authors With Highest Hit Rate (Career Convergence E-Magazine Award)
- Virginia Career Development Association, Outstanding Division Award—Southern Region
- Colorado Career Development Association, Outstanding Division Award—Western Region
- Minnesota Career Development Association, Outstanding Division Award—Midwest Region
- New York Career Development Association, Outstanding Division Award—North Atlantic Region
- John Lombardo, NCDA & ACT Research Award
- Jennifer Methany, NCDA Graduate Student Award (Research Award)
- Donna LaBarge, NCDA Mentor Grant Award (Research Award)
Mary E. Kelly, NCDA Mentor Grant Award (Research Award)

Richard A. Young, Sheila K. Marshall and Ladislav Valach, 2007 Career Development Quarterly Article of the Year (Research Award)

Bridget Brown, Lisa Severy, David Blustein and Melanie Reinersman, Presidential Recognition Awards

Melanie Reinersman, Jo Ann Harris-Bowlsbey Award for Excellence in Technology (presented by the Career Development Leadership Alliance)

AMCD Mentoring Program
issues call for applications
Submitted by Kimberly N. Frazier kfrazie@clemson.edu

The Association for Multicultural Counseling and Development is accepting applications for its 2008-2009 Mentoring Program. Graduate counseling students (master’s or doctoral level) and early career counseling faculty (untenured) are encouraged to apply.

Selected applicants will receive free registration for the upcoming ACA Conference 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 volunteers for the various AMCD-sponsored events at the ACA Conference in Charlotte, N.C., in March 2009.

For consideration, applicants must:

- Have been AMCD members for one 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 the applicant’s full name, institutional affiliation and applicant status (either graduate student or early career faculty member). Graduate students must also submit a letter from their adviser verifying graduate student status.

Application materials must be received by midnight (Pacific Time) on Oct. 31. Send application materials to Dr. Kimberly N. Frazier, chair of the AMCD Mentoring Program, via e-mail at kfrazie@clemson.edu or via ground mail at The Eugene T. Moore School of Education, Counseling Education Department, 318 Tillman Hall, Clemson, SC, 29634. Please check the AMCD website at amcedaca.org for updates on this program.

ACEG institute to focus on supporting service members
Submitted by Linda Parker Linda.Parker8@va.gov

The Association for Counselors and Educators in Government will sponsor a preconference Professional Development Institute in Charlotte, N.C., March 19-20. Themed “Supporting and Advocating for our Service Members: Pre-, In- and Post-Service,” the institute will focus on education, mental and physical health, legal and career development services available for service members.

Examples of the sessions to be offered include “Helping Vets Get Jobs” and “Navigating Legal Issues Related to Social Security and Veterans Disability.” We are excited about Friday afternoon’s workshop, “Combining the MBTI and Strong for Career Development.” Advance cost for one day is $180 ($205 for nonmembers); two days: $310 ($335 nonmembers); MBTI and Strong only: $75. Contact Janet Wall at sage solutions@earthlink.net for additional information.

For more information on ACEG, visit dantes.doded.mil/dantes_web/organizations/sagesolutions@earthlink.net. Please check the ACEG website at acegindex.htm.

NECA offers guidance on communicating with technology
Submitted by Kay Brawley kbrawley@mindspring.com

Communicating effectively with technology is a major employment competency of professional counselors and is reflected in all training programs offered by the National Employment Counseling Association. NECA Trustee Kimberly Key describes this competency in a series of upcoming issues of NECA ENEWS. Key maintains a private practice in Austin, Texas, and provides public speaking, training and consulting nationally and internationally.

Key notes that mobile phones, voice mails, e-mails, Instant Messaging and text messaging provide easy access to people. The downside is an expectation of immediate feedback. When no feedback is reciprocated, some people may respond psychologically by sulking, being demanding, withdrawing or acting angry or distant. These reactions are motivated by a fear of being ignored or rejected (or by anger, if the lack of response is sabotaging something important).

This is a normal dynamic that unfolds in any communication. The communicator sends a message (e.g., speaks) and the receiver provides feedback to the communicator (speaks back or nods) within an appropriate time frame (which is typically seconds in face-to-face communication). But with technology-aided communication, there is no generally accepted rule for appropriate response time.

What can you do? Develop norms in your communication sphere. Let people/clients know how you communicate. Set ground rules, such as informing them when you check e-mails and when they can expect a response. Let them know what’s on your plate that would affect your ability to respond. We all experience time periods that require uninterrupted attention and affect our ability to be responsive. Teaching clients how to communicate their time frames can be imperative to their success.

You can communicate your personal time zone through direct messages, e-mail notices and automated replies, voice mail greetings and other methods. However you do it, conveying your preferred communication method, availability and general response time can alleviate a lot of frustration for you and your social and professional contacts. And remember that the people you’re waiting to hear from are probably experiencing some demands on their time as well. So relax and be patient, because it’s probably not personal.

Please join NECA online at its website: employmentcounseling.org.
Biennial Adoption Conference
Oct. 24-25
New York
St. John’s University, in collaboration with Montclair State University and Rutgers University, is pleased to announce the Fifth Biennial Adoption Conference, “Identity and the Adopted Teen: Surviving the Crucible of Adolescence.”

The conference will focus on the exploration of these various challenges to identity formation in adopted adolescents. The universities are announcing a call for papers and presentations. They are also seeking exhibitors and sponsors. For more information, call 718.990.5460 or visit adoptioninitiative.org.

10th Annual Energy Psychology Conference
Oct. 24-26
Toronto
Practitioners and nonprofessionals alike will gather to bridge the gap between conventional and alternative therapies at this event hosted by Meridian Seminars in association with the Annual Energy Psychology Conference.

Attendees are invited to come away with a weekend of learning and spiritual processes with hundreds of like-minded professionals. The lineup of star presenters provides an excellent opportunity to meet and learn from the best of the best in the field of comprehensive energy psychology. For information and to register, visit torontoepc.com.

APHA Annual Meeting and Exposition
Oct. 25-29
San Diego
The American Public Health Association’s 2008 Annual Meeting and Exposition invites attendees to learn from experts in the field, hear about cutting-edge research and exceptional best practices, discover the latest public health products and services, and share public health experience with peers.

The APHA Annual Meeting & Exposition is the oldest and largest gathering of public health professionals in the world, attracting more than 13,000 national and international physicians, administrators, nurses, educators, researchers, epidemiologists and related health specialists. APHA’s meeting program addresses current and emerging health science, policy and practice issues in an effort to prevent disease and promote health. For complete details, go to apha.org/meetings.

Conference on the Protection of Unaccompanied and Separated Children
Oct. 22-24
Fairfax, Va.
This conference is being cosponsored by the Diversity Research and Action Center at George Mason University and the U.S. Departments of State, Health and Human Services, and Homeland Security. Worldwide, more than 1.6 million children are unaccompanied or separated from their parents among populations of refugees, the internally displaced, stateless people, migrants and asylum seekers. In addition, some 1.2 million children each year are victims of human trafficking. The conference program is designed for child welfare practitioners, researchers, mental health service providers and others. For complete details visit http://childalone.gmu.edu.

Colorado Counseling Association Fall Conference
Nov. I
Estes Park, Colo.
Join Colorado counselors for a mountain top professional experience featuring Darrell Luzzo, past president of the National Career Development Association. Luzzo is senior vice president of organization development for OnCure Medical Corp., a Denver-based company dedicated to providing “extraordinary patient experiences” to persons coping with cancer. Four breakout sessions with many options will follow.

For information, visit the CCA online at coloradocounselingassociation.org, e-mail Ken Norem (ken.norem@gmail.com) or telephone 970.397.4858.

Wisconsin Counseling Association Fall Summit
Nov. I
Wisconsin Rapids, Wis.
The theme for this year’s summit will be “A Journey Through Seasons: Counseling Along the Developmental Life Span.” The event will take place on the Mid-State Technical College Campus. Contact Charles V. Lindsey at lindsey@uwosm.edu for more information.

IAMFC Learning Institute
Nov. 5
Houston
The International Association of Marriage and Family Counselors Learning Institute is being held at the Westin Oaks Hotel in conjunction with the Annual Professional Growth Conference of the Texas Counseling Association. Three sessions will be held: “Back to the Garden: Sexual Counseling and Therapy Techniques for Enhancing Capacity for Intimacy and Promoting Sexual Health” (Stephen Southern); “Wellness: Just Do It!” (Molly Behannon); and “Ethics in Couples and Family Counseling: A Panel Discussion” (Robert Smith, Bret Hendricks and Stephen Southern). For more information or to register, go to txca.org and click on Professional Growth Conference. Select “IAMFC Institute” under Preconference Workshops.

Texas Counseling Association Professional Growth Conference
Nov. 5-8
Houston
The Texas Counseling Association’s 52nd Annual Professional Conference, “Creating Balance in a World of Change,” will be held at the Westin Galleria/Westin Oaks Hotels. The conference offers more than 200 workshops of interest to all professional counselors. Keynote speakers will be Bill Ferguson, founder of Mastery of Life Seminars and Stop the Conflict, and Sarita Maybin, a former college dean who helps others learn to stay positive, constructively confront tough communication systems and work together more effectively. For more information or to register, visit txca.org.

National Council on Family Relations Annual Conference
Nov. 5-8
Little Rock, Ark.
The theme for the 70th National Council on Family Relations Annual Conference is “Lenses on Family.” The conference will encompass how families are defined, which family processes are presumed to be adaptive and how research findings are interpreted in the public arena.

The purpose of this event is to provide a forum for professional development and discussion through plenary sessions, presentations of research and practice models, and dialogue among conference attendees. Approximately 1,300 profes-
sions and graduate students attend the conference each year. NCFR is an approved provider of continuing education for the National Board for Certified Counselors. For more information, go to ncfre.org or call the conference office at 888.781.9331 ext. 23.

**EB-ACA Fall Conference**
**Nov. 6-9**
**Wiesbaden-Niedernhausen, Germany**

The 49th Annual European Branch-American Counseling Association Fall Conference will focus on the theme “The Power of Counseling: Care for the Client and the Caregiver” and will be held at the Ramada Hotel Micador. Visit the EB-ACA website at eb-aca.org for hotel and conference registration information. For further information, contact Rick Sidley, 2008 EB-ACA conference chair, at richard.sidley@us.army.mil.

**Puerto Rican Professional Counseling Association Annual Conference**
**Nov. 12-14**
**Río Grande, Puerto Rico**

The 31st Puerto Rican Professional Counseling Association Annual Conference will take place at the El Gran Meliá Hotel. This year’s theme will be “Professional Counseling for the 21st Century: Contributing to Human Being Holistic Wellness.” For more information, contact Ramonita de Lourdes Díaz Jiménez at ramonitadj@hotmail.com.

**FYI**

**Call for submissions, manuscripts**

_The Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education_ is an interdisciplinary journal seeking manuscripts on the use of the language arts in therapeutic, educational and community-building capacities. The journal includes articles about bibliotherapy, healing and writing, journal therapy, narrative therapy and creative expression. The journal welcomes a wide variety of scholarly articles, including theoretical, historical, literary, clinical, practice, education and evaluative studies. All manuscripts will be submitted for blind review to the JPT editorial board. E-mail JPT editor Nicholas Mazza at nfmazza@fisu.edu for complete submission guidelines.

_Adultspan_, the journal of the Association for Adult Development and Aging, is soliciting articles for a special edition focused on developmental impact of trauma and crisis on young and midlife adults, to include physical and mental health issues. The editors are interested in research or conceptual pieces related to natural disasters as well as manmade trauma (e.g., service in war zones, terrorism, violent crime).

General articles are appreciated on topics such as career development and adulthood; substance abuse/food addiction in adults; case-based articles on life span issues; teaching gerocounseling on the graduate level; and alternative family issues of gay and lesbian adults of any stage.

All submissions, both general and special issue pieces, should be e-mailed directly to Catherine Roland at rolande@mail.montclair.edu. Contact Roland for complete submission guidelines.

_The Journal for Specialists in Group Work_ is a peer-reviewed journal that publishes articles on all aspects of group work. Editors are seeking high-quality manuscripts in all article categories (research, practice, theory, training, reflections and commentary) for review and consideration for publication in the journal. Literature reviews and meta-analyses are welcome. The journal’s readership includes researchers, practitioners, and educators. All submissions are double-blind peer-reviewed and our time to decision is short. Author guidelines are available online at asgu.org/submission_information.asp.

Richard E. Watts is the new editor for _Counseling and Values_, the journal of the Association for Spiritual, Ethical and Religious Values in Counseling, a division of the American Counseling Association. _Counseling and Values_ is a professional journal of theory, research and informed opinion concerned with the relationships among counseling, ethics, philosophy, psychology, religion, social values and spirituality. Its mission is to promote free intellectual inquiry across these domains. Professionals whose research agendas include topics salient to _Counseling and Values_ are encouraged to submit their work for review and possible publication.

All manuscripts should be submitted electronically to Watts at watts@shsu.edu. For a copy of the “Guidelines for Authors,” go to counseling.org/Publications/JournalsAuthoringGuidelines.aspx.

**Seeking editorial board members**

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling, a division of the American Counseling Association, is accepting applications for editorial board members for _The Journal of LGBT Issues in Counseling_. The association is looking for potential editorial board members who have background and experience with this population and the counseling-related issues that inform our work.

Preferably, these individuals will also have a history of publication of scholarly work or expertise in specific counseling areas that will be of benefit to the journal as submissions are sent for review. In addition, the editorial board is looking for a doctoral-level graduate student representative.

For complete application guidelines, contact Ned Farley, editor, at nfarley@antiochseattle.edu.

**Submissions sought for the Wiki of Counseling**

The Wiki of Counseling (see “Rolling out the wiki welcome mat” in the August 2008 issue of Counseling Today) is currently welcoming the submission of short papers for potential use on the online site.

Suggested areas of focus for papers include any topic in the broad categories of either “professional identity of counselors” or “helping relationships.” Submitted papers should explain the topic using language that can be understood by persons with no prior knowledge of counseling.

For submission instructions and additional information, contact Tim Baker at tdbaker@ufl.edu.

**Bulletin Board submission guidelines**

Due to Counseling Today’s new magazine format, submissions for the Bulletin Board should be approximately 100 words or less. All entries must be submitted via e-mail to ct@counseling.org with “Bulletin Board” in the subject line. Paragraphs should be in an MS Word document, single-spaced, justified and Times font in black. Please provide a contact person with an e-mail address or phone number to call for more information. Submissions are subject to editing. The rolling deadline is the first of every month by close of business for publication in the following month’s issue. ☞
What stops people from changing?

Learn how to put spirituality into action!

This internationally acclaimed process integrates psychology and spirituality.

Souldrama® is a seven stage process of transformation and growth that is designed to move clients through their rational, emotional and spiritual intelligences so they can create new roles in life and remove the blocks that stop them from moving forward in their relationships and careers and access their spiritual intelligence.

Through this group experiential method, the soul is spurred into action bringing forth its spontaneity and creativity. This process moves us from our Rational Intelligence (what I think) to our Emotional Intelligence (what I feel) and Spiritual Intelligence (what I am) so that we can integrate all three intelligences in our lives, live in the present and awaken our higher purpose.

SOULDRAMA® Workshops
For personal growth and/or training

2008
October 17-19
Pocono Mountains Pa • 18 CE hours
November 1, Long Beach Island NJ
Intro to Souldrama • 8 CE hours

2009
Treasure Island Florida
Jan 2-4, 2009 • 15 CE Hours
March 28-April 4 2009
Kauai Hawaii • 50 CE hours
Athens Greece May 16-17 • 16 CE Hours
May 22-31 2009 Tinos Greece • 50 CE Hours
July 4-12, 2009 Holland • 50 CE Hours
August 8-15 Portugal • 50 CE Hours

This new action method can be applied to all aspects of recovery including:

- Recovery programs’ 12 steps
- Special problems such as grief, divorce and addictions
- Pastoral counseling

Take home new tools for working with the client using this new model and discover ways in which your own personal spiritual and psychological well being can be enhanced.

The International Institute for Souldrama® is an NBCC Approved Continuing Education Provider (5971) and may offer NBCC approved clock hours for events that meet NBCC requirements. The ACEP solely responsible for all aspects of the program. Hours of certification in psychodrama, group psychotherapy and sociometry as approved by the American Board of Psychological Examiners in Sociometry, Group Psychotherapy and Psychodrama. Souldrama® is an internationally registered trademark US 903

Connie Miller NCC, LPC, TEP
800-821-9919 • www.souldrama.com
connie@souldrama.com
In an effort to keep the membership of the American Counseling Association fully informed while simultaneously complying with Governing Council policy, quarterly fiscal reports are issued in Counseling Today. This quarterly report represents the final report (summarizing April 1-June 30) for the fiscal year that ended June 30, 2008.

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 $6,480,861 in assets. Of these assets, $5,679,128 was in cash and investments.

As of June 30, the association's liabilities included vendor fees of approximately $157,317, staff salaries and benefits of $467,211 and fees collected on behalf of related organizations of $62,831. Membership benefits to be fulfilled totaled $3,194,372 and appear as a liability because ACA receives membership revenues annually while providing member benefits monthly.

As this balance sheet indicates, ACA's net worth as of June 30 was $2,599,130. This indicates that the association remains financially healthy. However, efforts must continue to ensure the association's long-term stability.

As of June 30, the association reported $813,216 in excess expenses over revenues. ACA's revenues are $846,655 lower than those reported last year, primarily due to the change in the global financial markets. Expenses incurred during the fiscal year were $387,400 higher than those incurred 12 months earlier.

ACA will continue to provide fiscal scrutiny and new programs as needed while effectively providing ongoing programs and benefits to serve the membership.

The ACA Financial Affairs Committee, in collaboration with the administrative staff and the Governing Council, 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 David Capuzzi by telephone at 971.219.0915 or via e-mail at capuzzida@pdx.edu.

David Capuzzi served as the 2007-2008 treasurer for ACA.

### American Counseling Association
**Balance Sheet • June 30, 2008**

<table>
<thead>
<tr>
<th><strong>ASSETS</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash &amp; Cash Equivalents</td>
<td>$5,679,128</td>
</tr>
<tr>
<td>Accounts Receivable (net of allowance for doubtful accounts of $59,748)</td>
<td>352,565</td>
</tr>
<tr>
<td>Prepaid Expenses</td>
<td>80,731</td>
</tr>
<tr>
<td>Deposits</td>
<td>14,198</td>
</tr>
<tr>
<td>Inventory</td>
<td>206,571</td>
</tr>
<tr>
<td>Fixed Assets (Net of Accum. Depr.)</td>
<td>147,667</td>
</tr>
<tr>
<td><strong>Total Assets</strong></td>
<td><strong>$6,480,861</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>LIABILITIES AND FUND BALANCE</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>LIABILITIES:</strong></td>
<td></td>
</tr>
<tr>
<td>Due to related organizations</td>
<td>62,831</td>
</tr>
<tr>
<td>Accounts Payable</td>
<td>157,317</td>
</tr>
<tr>
<td>Accrued Salaries, Annual Leave &amp; Payroll Taxes</td>
<td>467,211</td>
</tr>
<tr>
<td>Deferred Revenues</td>
<td>3,194,372</td>
</tr>
<tr>
<td><strong>Total Liabilities</strong></td>
<td><strong>3,881,731</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FUND BALANCES:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Unrestricted Fund Balances</td>
<td>(27,271)</td>
</tr>
<tr>
<td>Designated Fund Balances</td>
<td>3,439,618</td>
</tr>
<tr>
<td>Prior Period Adjustment</td>
<td>0</td>
</tr>
<tr>
<td>Retained Earnings</td>
<td>(813,216)</td>
</tr>
<tr>
<td><strong>Total Fund Balance (Deficit)</strong></td>
<td><strong>2,599,130</strong></td>
</tr>
<tr>
<td><strong>Total Liabilities &amp; Fund Balance (Deficit)</strong></td>
<td><strong>$ 6,480,861</strong></td>
</tr>
</tbody>
</table>
ACA Insurance trust - By Paul Nelson

Insurance coverage and job change

Is your goal to eventually begin a private counseling practice? Before leaving an employed position, it is wise to consider how you will replace important benefits that are usually provided by the agency, school or government entity. These benefits may include health, disability and life insurance.

The U.S. Census Bureau reports that 60 percent of Americans are covered by employer-sponsored insurance plans. It is a rude awakening to discover that you can’t automatically replace coverage or that the costs are much higher than what was paid previously. But there are some options to consider to replace or maintain protection.

The most important factor when making the move to a private practice is to plan ahead. The following points outline what can be done.

Health insurance

1. You may qualify to be added to your partner/spouse’s plan where she/he works. This may be the best option because you can usually be added within 30 days of leaving your job. It is also likely that pre-existing health problems won’t prevent you from signing on to your partner/spouse’s plan.

2. If you worked for an organization or company with 20 or more employees, you have the right to continue being covered by your former employer’s plan for up to 18 months after you leave their employment, although this necessitates picking up the cost of health insurance personally. The federal law called COBRA (Consolidated Omnibus Budget Reconciliation Act) is especially helpful if you have health problems that make it difficult to obtain a policy on your own. Be forewarned that the cost of COBRA coverage is expensive, and it may take a significant amount of time to obtain a new health insurance policy.

3. Policies for health, life and disability insurance are available to individuals. Individual plans offer flexibility in terms of options and price, but they require the completion of applications and eligibility exams. Many callers to the ACA Insurance Trust assume that membership in the association eliminates the requirement of individual underwriting. Unfortunately, open enrollment plans have disappeared in affinity programs over the years, primarily because healthier people drifted away from the plans and those with the most serious claim potential remained.

Disability and life insurance

You will be unable to get disability insurance until you establish some proof of income. Establishing a private practice takes some time, so it will take awhile before you qualify to apply. Once you have established a stable level of income, you may then apply for life and disability insurance. It may be wise to obtain this insurance as an individual while you are still employed so you can get better benefits. Then the coverage will already be in place when you move on to self-employment, provided you continue to pay the premiums.

The ACA Insurance Trust recommends that you perform some individual research in addition to checking out the ACA-sponsored plans. Go online to see what’s available, or check with a local insurance agent or your financial adviser. Because insurance varies throughout the country, your particular region may have plans available locally. Chart the benefits and make comparisons. Then go ahead and make applications. Be prepared for numerous questions, requests for records and possible medical exams. Pre-existing conditions may make it difficult, expensive or even impossible to get the policy you want.

Don’t wait until you make a move to consider your insurance options. Have a plan ready.

Assistance through the ACA-sponsored life and health insurance plans is available by calling 888.470.2121 (health insurance) or 800.509.6107 (life, disability, long-term care and dental insurance).

Details on ACA-sponsored programs are available at acait.com.

Paul Nelson is the executive director of the ACA Insurance Trust. Contact him at Pnelson.acait@counseling.org.
Your Investment + Our Commitment = YOUR MEMBER BENEFITS AND SERVICES!

In your career as a counseling professional, you touch thousands of lives every day. You help people with personal, social, educational and career concerns. You help them make decisions, solve problems, and adjust to change. Membership in ACA can help you do it all. At every stage of your career—student to seasoned professional—ACA will help you be your very best.

Maximize your potential — Professional Development

- ACA offers FREE ethics consultation FIVE days a week with a 72-hour inquiry response time by Licensed Professional Counselors with a PERSONAL TOUCH.
- ACA Career Services not only provides information about careers in counseling, but it also gives you access to specially-selected counseling jobs through our alliance with Career Builder.
- Private Practice Resources - ACA offers a variety of books and online courses specific to private practice.
- The ACA Insurance Trust (ACAIT) promotes and administers quality insurance and services at competitive rates. Your livelihood is protected with ACA's professional liability policy.
- The ACA Foundation, the philanthropic arm of the association, supports counselors through the Counselors Care Fund, Foundation publications and programs such as Growing Happy and Confident Kids, and grants and competitions offering awards as well as financial assistance to ACA members.

Stay Ahead of the Learning Curve — Education

- The ACA Annual Conference & Exposition is an annual event featuring a treasure trove of programs that provide continuing education and ensure your life-long learning.
- ACA Online Learning provides professional development courses (post-degree for licensure or certification renewal credit) designed to help you fulfill your ethical responsibility to stay current in the field.
- ACA’s monthly magazine, Counseling Today: quarterly journal of counseling research and practical articles, Journal of Counseling & Development; bi-weekly e-news bulletin, ACA-News plus four new special focus e-newsletters; website, counseling.org, Research Center and Online Library of resources are all designed to expand your knowledge, increase your skills and provide you with up-to-date information on the counseling profession.

Make an impact on the counseling care of tomorrow and your job today — Advocacy

- As an ACA member, you’re part of a powerful force. A highly effective advocate for counseling, ACA leads the legislative charge on every contemporary issue facing the profession. ACA provides the latest information on legislation that directly affects you and those who you serve, as well as updates on funding and program support at the national and state levels.
- The ACA Government Relations listserv provides you with free up-to-date alerts on new legislation affecting the counseling profession at the national and state level.

Proud to be a counseling professional — Credibility

- Name recognition: To be recognized as an ACA member brings a wealth of prestige and credibility.
- By stating you are a member of ACA on your business and marketing materials assures those you serve that you are committed to the counseling profession, and that you adhere to the ACA Code of Ethics.
- Put your membership on display with a frameable membership certificate.

Expand your connections — Networking

- As an ACA member, you have access to numerous networking opportunities and a wide range of resources guaranteed to keep you in the loop professionally.
- The ACA Annual Conference & Exposition is the biggest networking opportunity of the year for approximately 3,000 counseling professionals. Meet colleagues from around the world and in your hometown! Rub elbows with well-known authors—whose books you had to read in college—as well as successful practitioners and ACA leaders.
- ACA interest networks and listservs link you to your area of interest or specialty.
- Division and Branch memberships provide an opportunity to be more closely connected with your colleagues working in your specific interest and practice areas, and in your state.

Wait, there’s more — Discounts

- Members receive exclusive discounts on all ACA resources and services, as well as discounts from outside organizations.
- ACA has created partnerships with industry leaders in insurance, credit, travel, identity theft and much more! Membership in ACA saves you time and money; provides you with professional development and continuing education opportunities; helps protect your future through legislative and public policy advocacy; provides prestige and credibility; and increases your personal network. Your endorsement is the best way to introduce other counseling professionals to the resources essential in advancing their success.
- Reach Out and Recruit a member and qualify to win cash or free gas. For more information and details, log on to counseling.org/ROAR.
ACA Is Where You Belong

...Join us today!

[1.] Member Referral Name ____________ Member No. ____________

Full Name ______________________________ M.I. ______ Last Name ______________________________

(e.g. "Robert" not "Bob")

Mailing Address __________________________________________________________________________

City ______________________________ State/Province ______ Zip ____________ Country ____________

Organization __________________________________________________________________________

Work Phone ( ) ______________________________ Home Phone ( ) ______________________________

E-mail ________________________________________________________________________________

Fax ( ) ________________________________________________________________________________

[2.] Select Your ACA Membership

[ ] $155 Professional: Individuals who hold a master's degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation. Proof of academic credentials may be requested.

[ ] $155 Regular: Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional membership.

[ ] $89 New Professional: Individuals who have graduated with a masters or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year) ____________ and institution __________________________________________________________________________

[ ] $89 Student: Individuals who are enrolled at least half-time in a college or university program. Please indicate date of graduation (month/year) ____________ and institution __________________________________________________________________________

[3.] Make A Voluntary Contribution (Tax Deductible)

Optional, but a great way to get involved!

[ ] ACA Foundation $ ____________

[ ] David K. Brooks Jr. Distinguished Mentor Award $ ____________

[ ] Human Concerns Fund $ ____________

[ ] Legal Defense Fund $ ____________

[ ] Professional Advocacy Fund $ ____________

[ ] Gilbert & Kathleen Wrenn Award $ ____________

[4.] Total of Membership Dues

Want to avoid dues increases, save on postage, and reduce paperwork? Join now for 2 years at the current rate(s) by simply doubling the current dues.

ACA Membership - 1 year __________________________________________________________

ACA Membership - 2 years _________________________________________________________

Voluntary Contribution(s) ________________________________________________________

(Check fund at left)

TOTAL AMOUNT REMITTED ________________________________________________________

(add all items above)

Membership in ACA means that you will abide by ACA’s bylaws and other governing documents and are qualified for the membership category selected. By becoming an ACA member, you are agreeing to be subject to the rules, regulations and enforcement of the terms of the ACA Code of Ethics (available to you at counseling.org) that can include appropriate sanctions up to suspension or expulsion from ACA and public notice about any such action.

There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age, and/or disability.

[5.] Payment Method

Total amount enclosed or to be charged $ ____________

[ ] Check or money order, payable to ACA in U.S. funds, enclosed.

[ ] VISA [ ] MasterCard [ ] American Express [ ] Discover

Credit Card # __________________________________________________________________________

CVC Code: AmEx (4 digits above credit card #) _______ _______ _______ VISA, MC, Discover (last 3 digits next to signature line) _______ _______ _______

Cardholder’s Name (print) __________________________________________________________________________

Phone ( ) ______________________________ ______________________________ ______________________________

Authorized Signature __________________________________________________________________________

Date __________________________________________________________________________________

Valid through 6/30/09

Phone 703-823-9800 x222, 800-347-6647 x222 M–F, 8 a.m. – 7 p.m., ET. Have your credit card ready • Fax 703-461-9260 or 800-473-2329

Web counseling.org • Mail Application and payment to: ACA Member Services, P.O. Box 791006, Baltimore, MD 21279-1006
Contract allows ACA members to help returning veterans

Heritage of America, a designated disabled veteran-owned company, has been awarded a large contract to provide counseling services to veterans through the Department of Veterans Affairs (VA). The American Counseling Association is acting as the major subcontractor for this contract and, as such, sent a blast e-mail to its members at the end of August making them aware of the opportunity to provide compensated services to those who have served in Iraq, Afghanistan and other countries. More than 600 ACA members responded to the call to participate in the first week, but more participants are still being sought, because the need for services will be ongoing.

ACA members are needed in the District of Columbia and all states except Kansas, Kentucky, Missouri, North Carolina, South Carolina and Tennessee (Heritage of America did not receive the contract for these states). ACA members living outside the United States are also needed in Canada, Mexico, Central America, South America, Asia, Australia and the Pacific Rim, including Japan, Korea, the Philippines, Guam and Samoa.

The contract requires professional counselors who have a master’s or doctoral degree and are licensed to diagnose and treat mental disorders.

Under this contract, the largest private contract of its type ever offered by the VA, ACA members will be providing counseling services to veterans with physical or emotional disabilities, most of whom have returned from Iraq and Afghanistan. The VA awarded this contract in part because of ACA’s involvement, recognizing that ACA and its members reflect the highest level of professional counseling services.

The greatest need under the contract is for vocational rehabilitation and employment counseling services. Additional services include personal adjustment counseling, functional capacity evaluation, learning disability assessment, job coaching and neuropsychological evaluation. Not all participants will provide all services.

Because this contract focuses on veterans with a disability, Certified Rehabilitation Counselors (CRCs) who are also licensed to diagnosis and treat mental disorders are highly desirable. While participating counselors are not required to be either CRCs or rehabilitation counselors, they must have an interest in working with veterans who have a disability and also be willing to receive continuing education in this area.

If you meet the qualifications and are interested in providing services under this contract, send an e-mail expressing your interest, along with a copy of your résumé, to Tom Kiley, vice president and CFO of Heritage of America LLC, at tom@heritageofamerica.com.

ACA is pleased to offer this opportunity as a member benefit and would like to thank Tom Kiley, an ACA member, for his role in procuring the contract.

20/20 delegates issue principles for strengthening profession

In August, a document titled Principles for Unifying and Strengthening the Profession was sent to the division presidents and region chairs of all 30 organizations participating in the ACA-led effort known as 20/20: A Vision for the Future of Counseling. The document outlines seven principles the 20/20 delegates reached consensus on as being important to the continued forward movement of the counseling profession.

Each of the participating organizations is being encouraged to sign a statement showing support for the seven principles, which are as follows:

■ Sharing a common professional identity is critical for counselors.

■ Presenting ourselves as a unified profession has multiple benefits.

■ Working together to improve the public perception of counseling and to advocate for professional issues will strengthen the profession.

■ Creating a portability system for licensure will benefit counselors and strengthen the counseling profession.

■ Expanding and promoting our research base is essential to the efficacy of professional counselors and to the public perception of the profession.

■ Focusing on students and prospective students is necessary to ensure the ongoing health of the counseling profession.

■ Promoting client welfare and advocating for the populations we serve is a primary focus of the counseling profession.

By signing the document, each individual organization will be indicating its willingness to continue the 20/20 dialogue toward a cohesive and unifying vision for the counseling profession. Counseling Today will feature an update on the 20/20 effort in an upcoming issue.

School counselors now eligible as disaster mental health volunteers

At a meeting of its Partners for Effective Emergency Response, the American Red Cross announced that it has approved the eligibility of state-certified school counselors as disaster mental health volunteers. Previously, only counselors with a license to diagnose and treat mental disorders were eligible. The national Disaster Mental Health (DMH) Eligibility Advisory Group also expanded eligibility criteria to include state-certified school psychologists.

“As an American Red Cross partner, ACA is so pleased that the American Red Cross has recognized the expert training of school counselors,” said ACA Chief Professional Officer David Kaplan. “We know that school counselors will make a major contribution to the American Red Cross disaster mental health program.”

A press release from the American Red Cross explained the decision to expand eligibility criteria: “The advisory group reached this decision for several reasons. First, children and teens are a highly vulnerable population for developing longer-term difficulties following disaster. Their recovery is closely tied to the support they receive from their family. School counselors and school psychologists are accustomed to working as part of a team within their districts and their communities to provide information, assessment and support to children and families. They are accustomed to working with community agencies to provide continuity of care when outside resources are needed. School counselors and school psychologists are also licensed or certified by their state in all states, and this will make it easy for chapters to verify that they are in good stand-
Nominate deserving ACA members for National Awards

The ACA Awards Committee will soon be wrapping up the nominations process for the 2009 ACA National Awards, which will be presented at next year’s ACA Annual Conference in Charlotte, N.C.

ACA members can nominate one or more fellow ACA members who have made noteworthy contributions to the counseling profession at the local or state levels. ACA divisions, organizational affiliates, branches, chapters, regions or committees may also submit nominations. All nominations must be postmarked by Oct. 31, 2008.

Complete information is available on the ACA website at counseling.org under “Resources,” or you may request a 2009 National Awards Packet by calling ACA Member Services at 800.347.6647 ext. 222. Nominations may also be submitted by mail to ACA 2009 National Awards, c/o Holly Clubb, 5999 Stevenson Avenue, Alexandria, VA 22304-3300.

ACA searching for potential appointees to 2009 committees

ACA President-Elect Lynn Linde is seeking nominations for ACA committee appointments. She will be appointing professional 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 be nominated by 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.

Nomination packets are available from ACA. To request 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 professional committee member or as a student representative. The packets are also available on the ACA website at counseling.org.

NEW

A Drama-Based Intervention for Youth on the Autism Spectrum

SCIP Social Competence Intervention Program

Dr. Laura A. Gul, Dr. Alison D. Wilkinson, and Dr. Magaret Semrud-Clikeman

Ages 8-14. The authors blend current research from neuropsychology and information from the field of creative drama to help children with the nonverbal parts of social interaction, such as understanding facial expressions, body language, and tone of voice. During role plays, students learn to divide complex social interactions into sequential parts, discuss the emotions involved, and act out a variety of possible responses. They also learn skills for dealing with teasing and understanding complex social cues.

2½ x 11, 200 pages

Item 5525 $29.95

www.researchpress.com

To Order — Send check, organizational purchase order, or credit card information (Visa, MasterCard, Discover, or American Express) Shipping and handling: If your materials total is $1.00 to $59.99 add $6.00; $60 to $499.99 add 10%; $500 to $1,999.99 add 8%; $2,000 to $2,499.99 add 6%; $2,500 or more add 4%. Illinois customers add 6.5% sales tax unless exempt.

Research Press
Dept. 295 • P.O. Box 9177
Champaign, IL 61826
Toll Free Phone 800-519-2707
Fax 217-352-1221
E-Mail rp@researchpress.com
CLASSIFIEDS

MERCHANDISE/ SERVICES

AMAZING THERAPY!
A Great New Book! Expressly for the counselor, psychologist, play therapist, or clinical social worker who is looking for an exciting approach to working with youths. Magic is not just entertainment but a unique tool for the mental health professional. To find out more, please visit: www.amazingtherapy.boxaa.net

MARKET YOUR PRACTICE FREE!
Relationship 911 is the revolutionary new website for people experiencing relationship difficulties. Post your profile in our “Find a Professional” section & the major search engines. Promote yourself thru our “Events Calendar” and “Ask The Experts” forum...All Free! www.relationship911.com/promote_practice.aspx (800) 717-0881 or email at mark@relationship911.com

GROUND ZERO MEDICAL BILLING & CONSULTING SERVICES
Meeting your mental health needs. Call 877-310-1443

BILLING SERVICE
Tired of the billing hassles? Let us do it! BC Medical Claims  Phone # 724-744-0767 email: bcmdmedicalclaims@windstream.net

SUCCESSFUL PRIVATE PRACTICE
24-hour 7-week telephone and email apprenticeship with wellness counselor in successful private practice for 18 years. Resolve fears of failure; learn how to market on a shoestring budget, and complete customized practical assignments. Tuition: $899 808 842-6611 for a free phone consultation.

COUNSELING VIDEO SERIES AVAILABLE FOR PURCHASE
Award winning Quest for the Empowered Self is a 26-part video series covering topics on identity, self-mastery and success principles. Purchase individual programs or the entire series for teaching, counseling, and/or individual purposes. Visit www.pctv-sales.com for details.

LET US DO YOUR NEWSLETTER FOR YOU!
Unique, guaranteed service used and loved by other counselors to grow their practice! www.NewslettersForTherapists.com (866) 200-6945.

JUST RELEASED
Acquiring Competency & Achieving Proficiency with Dialectical Behavior Therapy. Volume I: The Clinician’s Guidebook. Volume II: The Worksheets. To find out more about these books and other D.B.T. in Life™ Products go to Moonshine-Consulting.com. Products are designed to teach clients DBT skills in fun, interesting and relevant ways to variety of clients to effectively deal with stress and difficulties.

THE FAMILY & MARRIAGE COUNSELING DIRECTORY
Get referrals from one of the top ranked family & marriage counseling sites on the web. http://family-marriage-counseling.com

INCREASE YOUR PRACTICE
Lead workshops and seminars in your community to attract clients. Complete manuals and CDs.
www.workshopleadertraining.com

* Classified Ads: Categories include Calendar; Merchandise & Services; Office Space for Rent; Business Opportunities; Educational Programs; Books; Call for Programs/Papers; and others upon request.
* Rates: Standard in-column format: $9 per line based on 30 characters per line. Ten-line ($100) minimum.
* ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.

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

Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org.
Phone: 317.873.1800
Fax: 317.873.1899

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

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

NCE & NC-MHCE Exam Prep Review. Multiple choice questions, mnemonics. Exam Tips, online and interactive. Check out our FREE SAMPLER!!

hutchib@usa.net www.CounselingExam.com

Clinical Record Keeper

An efficient, easy to use record-keeping software program for counselors. Visit http://www.clinicalrecordkeeper.com

Crazed by Client Billing?

Visit www.shrinkrapt.com today and learn more about ShrinkRapt™ the top selling billing and insurance program for mental health practitioners. Easy to use! Order today and receive a FREE Email & FREE Backup Module! Limited time offer! Request a fully functional Demo Package at www.shrinkrapt.com or by calling Saner Software Inc (630) 513-5599

Dissertation Completion Consulting

Individualized program assists with all aspects of dissertation and thesis writing. By phone, by FAX, by e-mail, or in person. Call “toll free” 1-(888) 463-6999 or wgwargo@academicinfocenter.com

Office Space Available

MINNESOTA

An intimate and professional office in a progressive area of S. Minneapolis. It’s a beautiful old stone building, complete with a conference room, play area for children, two waiting rooms, two restrooms and wheelchair accessible. It is furnished and can make accommodations, if necessary. It would be available most days and some evening hours. Very reasonable. Please call Ron 612-719-5304.

Employment Classifieds

Arizona

Northcentral University

Director of Mental Health Counseling

Northcentral University, a vibrant, expanding accredited institution offering 100% online education to graduate students worldwide (with its headquarters in picturesque Prescott Valley, Arizona), seeks a full-time Director to develop its MA/PhD programs in Mental Health Counseling. This is an exciting opportunity for a scholar-practitioner with vision and energy to bring quality education, in a CACREP-aligned model, to students seeking to become license-eligible practitioners in the USA and globally. We seek an individual with a PhD in Counseling Education, or closely related field, with experience in graduate teaching, clinical practice and education. Send letter of interest and Curriculum Vitae to Dr. Barnaby Barratt at 10000 E University Drive, Prescott Valley, AZ 86314 or email BBarratt@ncu.edu. You may also call 888.327.2877 x8132.

Southeastern Arizona Behavioral Health Services, Inc.

SEABHS, Inc. offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual (Spanish) ability highly valued, Arizona Board of Behavioral Health Examiners License and working knowledge of family-centered therapy preferred. Clinical positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Douglas and Clifton for MA, MSW, LCP & LISAC. SEABHS offers a rewarding work experience, flexible schedule and provides employer paid health, dental, vision, life, short- & long-term disability insurance and 401(k) matching plan. 23 days of PTO first year, 12 days reserved sick leave accrual and paid holidays for full-time and pro-rated for part time employees. Send resumes to HR@seabhssolutions.org or mail to Southeastern Arizona Behavioral Health Services, HR Dept., 611 W. Union Street, Benson, AZ 85602 or fax to (520) 586-6378. SEABHS HAS BEEN DESIGNED AS A HEALTH CARE SHORTAGE AREA AND EMPLOYEES MAY BE ELIGIBLE FOR UP-TO $50,000 STUDENT LOAN FORGIVENESS.

Georgia

University of West Georgia

Two Positions College of Education

The University of West Georgia is a rapidly growing institution located approxi-
given to those who can also teach graduate and undergraduate courses in human development and educational psychology. Application materials or questions should be directed to Dr. Susan Boes, Counseling and Educational Psychology, University of West Georgia, Carrollton, Georgia 30118. (sboes@westga.edu)

**Open Rank Professor of Counseling and Director of Doctorate in Professional Counseling and Supervision** (10-month plus summer stipend). Seeking an experienced counselor educator with an earned doctorate in counseling/counselor education (preferably from a CACREP accredited program) to direct or to serve as a senior faculty member in a newly developed Ed.D. program in Professional Counseling and Supervision. The program is designed to develop professional counselors who are proficient in program development and evaluation in schools and community agencies. Candidates must be certified/licensed and experienced in school or community/mental health counseling. Desirable candidates will have an understanding of and experience in program development and evaluation as well as a demonstrated commitment to and evidence of a research and publication agenda. Candidates must have experience working on doctoral committees and mentoring doctoral students. The candidate must have an interest in and demonstrated success in securing external funding and engaging in entrepreneurial endeavors. Application materials or questions should be forwarded to Dr. Paul Phillips, Counseling and Educational Psychology, University of West Georgia, Carrollton, Georgia 30118. (pphillip@westga.edu). The University of West Georgia is committed to diversity. Women and minorities are encouraged to apply. Please be advised that you should be recommended for a position, University System of Georgia Board of Regents policy requires the completion of a background check as a prior condition of employment.

---

**INDIANA**

**THE FAMILY CARE CENTER**

**Clinical Psychologist**

The Family Care Center in Fort Wayne, Indiana which is supported in part by the Greater Fort Wayne Youth for Christ Program is currently looking for a Ph.D. Clinical Psychologist with credentials to offer supervision for the staff and is fully licensed and has insurance coverage. www.familycarectr.org for information about our philosophy and the entire program and its scope. Contact Jim Williams, Executive Director 1-260-471-1950 Cell 1-260-704-8585

---

**MISSOURI**

**UNIVERSITY OF MISSOURI ST. LOUIS**

Counselor Education - School Counseling

The Division of Counseling & Family Therapy at the University of Missouri-Saint Louis seeks applications for a full-time, tenure track Assistant Professor position in school counseling. Applicants must have earned a doctorate in counselor education or a closely related field from an accredited university (ABD will be given consideration). Desired qualifications include: the ability to teach a broad spectrum of graduate courses, including school counseling; the ability to provide strong practica and internship supervision; demonstrated potential for scholarly research and publication; strong potential for securing outside grants to provide funding for research; and commitment to cultural diversity and social justice. School counseling experience, teaching experience, and school counseling certification/professional counselor licensure eligibility in Missouri are also desired. Salary is commensurate with qualifications and experience. The Division of Counseling & Family Therapy offers CACREP-accredited doctoral degrees in counselor education and master’s degrees in school, community, and career counseling. Review of applications will begin on November 1, 2008, but will continue until the position is filled. Send a vita, three letters of recommendation, copies of transcripts, and a statement concerning your research interests to: Dr. Mark Pope, Professor and Chair, Division of Counseling & Family Therapy, College of Education, University of Missouri-Saint Louis, One University Boulevard, Saint Louis, MO 63121-4400, USA. The University of Missouri-Saint Louis is an Affirmative Action/Equal Opportunity Employer committed to excellence through diversity.
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 2009. Currently it appears that all positions will pay a stipend of at least $11,000 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: John D. West, 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 330-672-0713, email jwest@kent.edu). Kent State University is an Equal Opportunity/Affirmative Action Employer.

PENNSYLVANIA

PENN STATE
Director of Academic Support Center
Penn State Mont Alto invites applications for the position of Director of the Academic Support Center to oversee the coordination, planning and implementation of activities and programs assigned to the Center and to teach introductory courses in counselor education. A minimum of a Master’s degree in Education or Educational Psychology and at least two years of related work experience in both instruction and learning support is required. To learn more about the campus and Penn State, visit http://www.psu.edu/ur/cmpcoll.html. To learn about the position and how to apply visit http://www.psu.jobs/Search/Opportunities.html and follow the “Faculty” link. AA/EOE.

TEXAS

TEXAS STATE UNIVERSITY – SAN MARCOS
Associate or Assistant Faculty
The Professional Counseling Program at Texas State University-San Marcos is

OHIO

www.sandiego.edu
School of Leadership and Education Sciences
ASSISTANT / ASSOCIATE PROFESSOR OF COUNSELING
School Counseling Emphasis
The School of Leadership and Education Sciences at the University of San Diego invites nominations and applications for a 9-month tenure-track position of Assistant or Associate Professor in School Counseling beginning August 2009.

The Program:
The Master of Arts in Counseling includes two areas of specialization: School Counseling and Clinical Mental Health Counseling. Both programs are designed to meet the 10 required areas of coursework and fieldwork requirements of the National Board of Certified Counselors (NBCC) and state licensing agencies. Students in the School specialization complete 48-units of coursework, which include 30-units of core counseling courses and 18-units in the specialization. Students also must complete two semesters of fieldwork in a setting related to the student’s career goal and successfully complete the program’s comprehensive exam.

The Counseling Program is dedicated to meeting the individual needs of adult learners and to providing education and skills development applicable to a wide range of career settings in counseling. Students are required to participate in an internationalization experience, which can involve travel and study abroad, cross-cultural comparative research, bi-national action research, and/or international internships. School counseling students participate actively in leadership development opportunities in conjunction with the Center for Student Support Systems (CSS), the leading west coast center for school counseling research, professional development, advocacy and policy development. The Counseling Program is seeking a candidate to work primarily within the program’s School Counseling Specialization.

Required Qualifications:
Requirements of the position include:
• A doctorate from a nationally recognized university in counseling or a closely related field (e.g. counseling psychology), with an emphasis in school counseling
• A record of experience and scholarship in K-12 school counseling, in particular school counseling involving high levels of student diversity
• Clinical supervision of counseling experience
• A clearly defined research agenda in public and/or private school counseling
• A strong professional identity as evidenced by membership in ACA and ASCA

Preferred Qualifications:
• Prior experience in: securing external funding for research or service; working collaboratively with others in diverse work environments; collaborative research with students, colleagues in counselor education, the social sciences, or business.

Position, Appointment and Salary:
The successful candidate will (1) be expected to teach and mentor students in master’s courses in counseling and school counseling; (2) conduct research and scholarly activities; (3) participate collaboratively in program development including nontraditional delivery systems; and (4) participate in university service. This is a 9-month, tenure-track position at the assistant or associate professor rank. Contingent on available funding and demand, additional intersession and summer appointments are possible. The anticipated starting date is August 29, 2009 (Fall 2009 Semester). A summer 2009 teaching appointment may be available.

The School:
The University of San Diego is a private Catholic university with approximately 7,500 students, including 2,500 graduate and professional students. In addition to Counseling, The School of Leadership and Education Sciences (SOLES) has programs in Leadership Studies, Learning and Teaching, and Marital and Family Therapy. For information about SOLES, including its new 86,000 square foot, $35 million building visit www.sandiego.edu/soles. The University of San Diego has a strong commitment to diversity and applications from members of underrepresented groups are strongly encouraged.

Application Procedure:
Complete application will include (1) a letter addressing qualifications; (2) a curriculum vitae; (3) two samples of scholarly writing (e.g. article, grant application, position paper); Three letters of reference, with names, addresses, and telephone numbers. Review of applications will begin November 10. Applications must be received by January 31, 2009 to be considered. Electronic submission of the letter, curriculum vitae, and scholarly writing samples is required. Letters of reference are to be submitted by surface mail. Send application materials and any questions to: Sergio E. Rodriguez srodriguez@sandiego.edu. For questions, contact Dr. Lonnie Rowell, lrowell@sandiego.edu. Letters of reference should be addressed to Dr. Lonnie Rowell, Chair, Counseling Search Committee, School of Leadership and Education Sciences, University of San Diego, 5998 Alcalá Park, San Diego, CA 92110-2492.

USD is an Equal Opportunity Employer
Currently seeking to fill a faculty position at either the Associate or Assistant (tenure track) level. 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 and school 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 - earned doctorate in Counselor Education by employment date of fall 2009; demonstrable evidence of scholarship or potential for scholarship (as evidenced by publications, presentation, grants, current research, etc.); university teaching experience in a graduate counseling program; and licensed, or eligible for licensure, as a LPC in the state of Texas. PREFERRED – Experience working as a school counselor; demonstrated leadership in program, university and professional service activities (as evidenced by vita); experience supervising practicum/internship, experience teaching courses in the areas of School Counseling and Research/Assessment Methods; Certified as a school counselor in the state of Texas (or eligible for certification); clinical experience with diverse populations; and an earned doctorate from a CACREP accredited program.

Review of applications will begin on November 15, 2008 and continue until the position is filled. To apply, send 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. A. Schmidt, Ph.D., Search Committee Chair, TxState-EAPS, 601 University Drive, San Marcos, TX 78666. Employment with Texas State University-San Marcos is contingent upon the outcome of a criminal history background check.

ACA will be offering the American Red Cross Foundations of Disaster Mental Health training at the 2009 ACA Conference because we realize that in a disaster environment, mental health services take on a degree of urgency in addition to the level of importance that professional mental health providers deal with on a daily bases. Qualifications to take this training include:

- A current ACA Member.
- Counselors must be licensed for independent practice by a State Counseling Licensure Board. Please note that in a two-tier state, counselors need to be licensed at the higher, independent practice level.
- Counselors must have a valid practicing license at the time of training.
- It is highly recommended that counselors take the American Red Cross Introduction to Disaster online at www.redcross.org.
- Counselors must pre-register to attend the ACA Conference training by January 30, 2009.

To receive registration materials, please contact Debbie Beales at dbeales@counseling.org or 800-347-6647, x306. There are 6.5 CEUs offered for completing this training.
What do you protect?

Your Car... Your House... Your Career?

You don’t think twice about getting insurance protection for your car or home. In fact, many people spend money to insure a vacation. So why would you do anything less to protect your most valuable asset — your certification or license to practice as a counselor?

Protect your financial security with Professional Liability Insurance through HPSO.

One of the primary benefits of having your own individual professional liability policy is that you and your best interests will be protected above all others if you are named in a malpractice lawsuit.

In addition, a good individual policy also provides extended coverage features not typically included in an employer’s policy — such as license protection or deposition representation in the event you are faced with disciplinary action by your state board or certifying body.

Protect yourself with professional liability limits of up to $1,000,000 per claim, up to $5,000,000 annual aggregate, for as little as $123 a year!

Apply today! www.hps.com/con10

Easy & Secure On-Line Application (or call 1-800-982-9491)

Professional Liability Insurance coverage through HPSO will provide the individual protection you will need in your career as a counselor.

Sponsored by:

Healthcare Providers Service Organization is a division of Affinity Insurance Services, Inc.; in CA (License #0795465), MN & OK, AIS Affinity Insurance Agency, Inc.; and in NY, AIS Affinity Insurance Agency.

This program is underwritten by American Casualty Company of Reading, Pennsylvania, a CNA company and is offered through the Healthcare Providers Service Organization Risk Purchasing Group. CNA is in the process of seeking necessary regulatory approvals, which will enable them to offer the coverages reflected in this ad at this premium rate. If your state has approved the filing by the time your application is processed, your policy will be issued with these coverages and rates. If the filing has not been approved in your state by the time your application is processed then the current coverages and rates will be issued. Coverages, rates and limits may differ in some states. This material is for illustrative purposes only and is not a contract. It is intended to provide a general overview of the products and services offered. Only the policy can provide the actual terms, coverages, amounts, conditions and exclusions. CNA is a service mark and trade name registered with the U.S. Patent and Trademark Office.

©2008 Affinity Insurance Services, Inc.
NCE/NCMHCE Combo Study Pkgs.
Choose either NCE or NCMHCE combo package. Includes materials & workshop.

**NCE Study Package**
- 2 Comprehensive Study Volumes
- Phone Consultation
- Pass Guarantee* • Online Exams w/1000 Practice Questions

**NCMHCE Study Package**
- 3 Comprehensive Study Volumes
- 2 Exam Strategies CDs
- Phone Consultation

Workshop Instructors:
Ali Fahmy Ph.D. & Eileen Kelly M.A.

Ali and Eileen have assisted mental health professionals with their licensing and certification exams for over 10 years. They have helped thousands of candidates pass their NCE/NCMHCE exams by teaching online and site-based workshops.

**Free Tool** - Use Code: CT98
Offer expires 9/30/08

Choose AATBS for your Exam Preparation, Call or Visit www.aatbs.com Today!

*AATBS guarantees that you will pass your NCE® Exam or get your money back! Enroll in an AATBS’ NCE® Exam Study Program today! With our new money-back guarantee, you can be assured of your success on the exam. Other companies may offer similar programs and guarantees, but none can match the quality and affordability of AATBS’ Study Program. Candidates are required to take and complete all of the TestMASTER Exams before taking the licensing exams. Study Program must be purchased at least 14 days, and not more than one year, prior to date of examination. Study Program must be returned within 60 days of examination date, with proof of failure, in order to receive refund. 1. Valid on Study Program only, excludes tax, shipping, TestPRO and CDs. 2. Offer expires December 31, 2008

**Free tool with the purchase of any combination study package and workshop. One tool per purchase only. Cannot be combined with any other offer. Offer expires 9/30/2008. Must use code: CT98**

Association for Advanced Training in the Behavioral Sciences
5126 Ralston Street, Ventura, CA 93003

(800) 472-1931
www.aatbs.com