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A number of counseling associations and groups are getting behind the effort to implement a Multicultural-Social Justice Academy at the 2010 ACA Conference.
A new study shows the obesity crisis is worsening around the nation. “F as in Fat: How Obesity Policies Are Failing in America 2009” reports that in the past year, adult obesity rates increased in 23 states and did not decrease in any state. Among the study’s other findings:

- Mississippi had the highest rate of adult obesity at 32.5 percent. This is the fifth year in a row Mississippi has ranked first.
- Four states claim adult obesity rates greater than 30 percent, including Mississippi, West Virginia (31.2 percent), Alabama (31.1 percent) and Tennessee (30.2 percent).
- Colorado has the lowest percentage of adult obesity at 18.9 percent.
- In 1991, no state had an obesity rate greater than 20 percent. Today, the rate exceeds 20 percent in 49 states and Washington, D.C.
- The percentage of obese and overweight children is at or above 30 percent in 30 states.
- Mississippi had the highest rate of obese and overweight children (ages 10 to 17) with 44.4 percent; Minnesota and Utah came in with the lowest rate at 23.1 percent.

The study, conducted by the Trust for America’s Health and the Robert Wood Johnson Foundation, was released in July. For more information, visit healthyamericans.org or rwjf.org. To find out what role counselors can play in combating the obesity epidemic, read “More than meets the eye” on page 34.
Counselor, know thyself

Let me ask you a question: When was the last time you reflected on who you are as a person and as a professional counselor? I had an experience recently that took me by surprise and made me contemplate my own answers. The event revolved around a professional development activity. The specifics are not that important. What is germane is that the incident provided an opportunity for reflection and introspection.

I think counselors feel so pressured to do more in less time and with fewer resources that professional development becomes focused solely on increasing knowledge, skill-building and techniques. Such events become a series of sessions that deal with the “how-tos” of counseling, updates and new requirements. Granted, many conferences and professional development activities include sessions on “taking care of the caregiver.” But upon closer inspection, the content of these sessions generally covers time and stress management techniques and encourages counselors to give themselves permission to take time for themselves. No doubt, these steps are critically important to the well-being of counselors. If we aren’t able to help ourselves, how can we help others? However, there are other, more critical actions that can assist counselors in taking care of themselves.

We sometimes lose sight of what it means to be a counselor and the qualities that make us so unique and important to our clients: for instance, our ability to develop relationships and understand what the other person is experiencing in a nonjudgmental way. We have lost our time to reflect on our practice and ourselves as counselors in a meaningful, structured way. In graduate school, particularly in ethics classes, we learn about the importance of examining our own backgrounds, values and beliefs and to think about how that influences our interactions with others. Students are encouraged to self-reflect and question as they develop their counseling identity. Students are also challenged to move beyond the scope of their world and enter into the world as others see it, which may present a reality very different from the one so familiar to the student. But this should not be the only time in a counselor’s life when such reflection occurs.

I have found that the longer I teach an ethics and professional issues class, the more time we dedicate to discussing virtue ethics and how who we are as individuals impacts our practice as counselors. One of the questions I ask students is “How do you choose to live your life when no one is looking?” Many of the students have never thought about this before and have never considered the fact that the right thing to do may not be the expected act or that there may be more than one “right” thing to do. Virtue ethics demands that we ask ourselves who we are as people, how we choose or want to be and how we choose to treat others.

But what happens when counselors become caught up in the press of working? How much reflection and introspection occur then? Introspection and self-reflection are critical to discerning our values, biases, morals and influences. If we do not know who we are, how can we possibly understand our client’s world and provide unbiased reflection and feedback? Ongoing self-exploration provides the impetus for helping us move ourselves and our clients further than we thought we could.

I am extremely excited for many reasons that Jerry Corey will be one of the keynote speakers for the ACA Conference in Pittsburgh. Dr. Corey has influenced the development of numerous counselors through his writing, textbooks and workshops. But more important, from my perspective, is that Dr. Corey will address the counselor as both a person and a professional. He emphasizes the concept that who we are as people significantly impacts our effectiveness with our clients. He further notes the impact of values in counseling and the need for counselors to understand and respect the values of their clients. As our country grows more diverse, it also becomes more likely that the culture of our clients — and perhaps their values — will be different from our own, significantly increasing our need as counselors to be reflective.

The next time you are contemplating what you are going to do next, take a moment and think about yourself. Reflect, ponder, analyze. Perhaps that practice will take you to a new level of self-awareness and make you a more effective counselor.
The ACA Encyclopedia of Counseling
This premiere counseling reference book is ideal for students, educators, supervisors, researchers, and practitioners seeking to quickly update or refresh their knowledge of the most important topics in counseling. More than 400 entries span the 2009 CACREP core areas used in counselor preparation, continuing education, and accreditation of counseling degree programs, making this a perfect text for introductory counseling classes or for use as a study guide when preparing for the National Counselor Exam.

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Richard C. Henriksen Jr. and Derrick A. Paladino
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Don’t read this column

I hope that title caught your attention and, now, for some reason, here you are, reading this column. Well, I figured you might start reading. Why? Because as professional counselors and counselor educators, you are inquisitive, you like to know what is going on and, as good advocates, you are problem solvers. I appreciate all of those qualities about the members of this outstanding association.

And since you have continued to this second paragraph, I will now ask you to both engage and respond. At ACA, we are blessed to have a growing number of student members. In the long run, this bodes well for the profession in many ways. While those of us on the “grayer” side of our careers begin to think of life’s activities after full-time employment, it is good to know that others are beginning to fill the proverbial pipeline and preparing to take the place of those who are retiring. In terms of the counseling profession, I like the idea that student membership in ACA continues to grow.

Of course, the organization subsidizes each of those student memberships. We do so in hopes that these student members will remember the support being provided to them today even after they graduate. We need to ensure we are doing everything we can to see that student members move first into the “new professional” membership category and then ultimately continue on as professional members. Quite frankly, that doesn’t always happen.

Not moving from student membership to new professional membership and then on to professional membership in ACA means that a disconnect occurs after a student graduates. The obvious answer is that this happens due to five simple letters: M-O-N-E-Y. Even allowing first-year professionals the same dues they paid as students is not enough to get them to stay.

While many students eventually return to ACA as professional members, the lag time between those periods is something of great concern to us. We need students to see the value in maintaining their membership on a continuous basis, both during and after the matriculation process. This is where you come in (hopefully, you aren’t sorry that you kept reading!).

If you are currently a student member, were previously a student member or even if you were never a student member, I want your ideas, thoughts and input as to what ACA needs to do to ensure that individuals retain their membership as they move from graduate school to full-time careers in the profession. My phone number and e-mail address are listed at the end of this column. Let’s find out what students like about being members of ACA and what it would take for them to maintain that membership continuously throughout their careers as professionals.

I am turning to all of you because of your interest, your creativity and your desire to keep growing the counseling profession. You do such a great job of advocating for your clients and students that I figured engaging in some advocacy for your professional association would be a natural fit. You can also rest assured that your ACA leadership and staff are looking at how best to address the need to have student members maintain a continuous relationship with ACA as they emerge into the profession.

Let me thank you in advance for any input or suggestions you make.
Views vary on the role of religion, spirituality in counseling

I want to thank Jonathan Rollins for his most helpful article, “Crossing the great divide” (July 2009). I found it to be most edifying in both content and style and an apt description of how spirituality is handled in traditional clinical settings.

Over the past 35 years, I have bounced between clinical practice and ministry, graduate school and seminary with the sense that what it means to be human is the integration of both the situational and the spiritual. One is incomplete without the other — they have to dance together.

In 1996, I set out to find a doctoral program in which I could delve into this and found the offerings sparse, to say the least. Even programs known for leaning toward incorporation of the spiritual had altered curriculum to meet licensing requirements and the “stabilize don’t actualize” mentality of our health care system of the moment. I finally found a doctoral program through the University of Notre Dame and the Graduate Theological Foundation focused specifically on spirituality and psychology. It was wonderful. The resources for study were immense, and being closely linked with Oxford University in the United Kingdom, I was able to utilize a number of European institutions as resources for study. I wrote my dissertation on the interplay between spiritual guidance and psychotherapy.

This endeavor made me realize that there has been a tremendous amount of significant work, both currently and over the past 40 years, in the field of integrating spirituality and psychology. People such as John Nelson, Michael Washburn, the Groffs and Gerry May are among those who are household names in the field but rarely get mentioned in the larger, more traditional world of psychotherapy. Yet the activity and scholarship in the field of contemplative psychotherapy is both active and international. Although “religion” as such is not necessarily attached, the major practitioners and writers in the field are Buddhist and Christian contemplatives who are psychiatrists, psychologists or counselors. The Naropa Institute, primarily a Buddhist institution, has a master’s program in what it calls “East-West psychotherapy.”

Again, thank you for your article that brings to light once again this crucial issue in the efforts to achieve a more comprehensive psychotherapeutic approach.

Tony Burkart
burkart.acadia@gmail.com

Thanks so much for bringing attention to the subject of religion, spirituality and psychotherapy. I’m a Christian and a former Protestant minister. I can understand the challenges facing religious fidelity and the common issues clients bring to counseling. I taught at the University of Nevada-Las Vegas for four years in the areas of multicultural issues in counseling, personal growth and accountability, interpersonal skills in human relations and introduction to counseling. I would love to teach a class that focuses on religion and spirituality in counseling because it makes so much sense.

A colleague introduced your article to me, and I read it without putting it down. I want to build my practice on a Christian-base counseling model, but I want to create an environment that welcomes clients from all faiths! I once had a male client in his early 20s who was struggling with his sexual orientation. He attended the same church as me (my position at the time was pastoral counselor), and it was such a blessing to this young man to find an avenue in which he could express his issues under the umbrella of his faith.

Again, thanks so much for bringing attention to such a delicate subject — one that can make or break our work with a client. I strongly believe in this concept and second any attempt to introduce this area on the graduate level so future therapists will be better
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Aaron T. Williams, M.S., MFT-Intern
Las Vegas
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The two-part series Jonathan Rollins did on connecting with clients of faith (July and August 2009) provides a good sample of the attitudes counselors of faith have as they work with their clients. Those attitudes also imply why many counselors hesitate to deal with spiritual and religious issues with their clients.

Above all, a counselor must do no harm. And in dealing with religion and spirituality, it is frighteningly easy to do irredeemable harm, especially unintentionally. If a counselor prays with a client or uses a client's faith in God as a tool, that counselor has thereby fixed the limits of benefits that can be provided to that client. If that client needs to question the effectiveness of prayer or whether God exists in order to change and grow, that counselor can no longer help and, in fact, might have prevented that client from moving on by siding with a belief or practice that has become dysfunctional to the client!

Second, the perspective of many of the counselors interviewed is more an ideal than a real. Religion and faith have tended to set individuals and peoples against each other, including burning crosses, killing family life doctors, denying gays equal rights and vehemently preaching antiscientific beliefs (including preaching that psychotherapy is evil). Not all religions practice forgiveness for all — it's reserved only for the believers.

Third, what are we talking about when we use the words religion or spirituality? Does calling a belief or practice religious or spiritual add anything to the counseling experience? When does thinking become prayer instead of mental imaging? We all have values and seek meaning in life; what does it add to call them “spiritual”? When clients use the terms religious or spiritual, we as counselors are concerned about the effect such forces may have on the client, not whether they can be called religious or spiritual or humanistic.

Finally, and most important, the faith and practices of every counselor will have an impact on their clients. It is the ethical and practical duty of the counselor to be aware of the possible effects their attitudes and beliefs might have on clients. Many of those quoted in the two articles seemed unaware of the broader effect they might be having on their clients when using their own “religious” or “spiritual” tools. Counselors must be as open as possible to hearing clients tell their stories, including spiritual and religious stories. By listening with understanding, counselors can midwife changes. But first of all, do no harm.

Ray McKinns
Winfield, Ill.

Discussing issues of professional identity, unity

Thank you for publishing the CACREP Perspective article on professional identity (“A call for professional unity,” August 2009). I look forward to the day when we have a clear statement of what it means to be a counselor: our beliefs, the principles that organize our work and what we stand for.

It seems to me our professional identity as counselors is not so much in what we do but in how we do it. That “how” is important and makes itself felt in our work. What we do is often very similar to what members of other mental health professions do. How we do it is informed by our philosophy, principles and beliefs. I have been a counselor since 1983, yet struggled to define myself professionally to others. In recent years, and with the help of professors in George Mason University’s counseling program, I have been better able to articulate my identity as a counselor.

Until we have a clear, unifying professional identity statement, it is difficult for us to unify. I hope to see a professional identity statement that includes those of us whose work is not focused on mental health therapy. My work involves promoting mental health, preventing distress, reducing the risk of child maltreatment, supporting healthy development and preventing mental health disorders. This work involves knowledge of human development, understanding of mental illness, psychological theory and assessment, listening, communicating, facilitating and advocacy skills, and commitment to social justice. It involves who I am as a counselor.

I hope the shared definition of counseling emerging from the work of the 20/20 initiative will encompass the many contributions that counselors are making to promote wellness in addition to preventing and treating mental health disorders.

Nancy L. Seibel
Silver Spring, Md.
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I recently read the CACREP Perspective article and really enjoyed it. I agree that we need more professional unity in the field. I graduated with a master’s degree in school counseling only to find entry level work as a rehab counselor. I took and passed the CRC (certified rehabilitation counselor) exam and now supervise a unit of rehab counselors as a licensed mental health counseling intern!

If a more generalized professional counselor degree was offered combining rehabilitation, mental health and school counseling, I think we would be better served as a whole. These artificial barriers separating the profession need to stop and, in the option I propose, could be eliminated by ending the CACREP-sponsored specialized degrees in rehab, school and mental health counseling. The only reason I include this point is that one of the article’s authors is a CACREP official and may be in a better position than many readers to improve this process.

Bill Rehkamp, M.S.
Florida

As counselors, we must reflect on the purpose of our profession and particularly school counseling. It seems we have become a reactive rather than a proactive profession. The profession is quick to mobilize teams of crisis counselors whenever tragedy occurs in our schools or communities. Yet less time is devoted to identifying signs of depression, suicidal tendencies and homicidal tendencies
among our youth and adults in the community, particularly in areas with high-impact economic losses.

The American School Counselor Association has developed an excellent framework outlining that school counselors should devote their time to three key areas for total student development: academic, career and personal/social. Yet in visiting schools, one notes that the emphasis for most school counselors is mainly on the academic domain—specifically, serving as test administrators in their schools. Career counseling lags behind and tends to be seen only in a career day or when helping students with college applications. Social/personal development trails way down the totem pole for many school counselors. Students in many middle and high schools rarely have personal interactions with school counselors apart from scheduling or possibly disciplinary issues. Some school counselors report they never have individual counseling sessions and rarely enter a classroom for group counseling. Counselors seldom are the chosen option for discussing personal issues because students often do not know who the counselor is or do not trust this individual enough to seek help.

So school counseling needs to reassess its mission. Are school counselors hired to be administrators for testing and scheduling, or are they in schools to be change agents and to proactively help identify students on the brink of personal and social collapse? So many of our children come to school from homes where there is no emotional or financial stability, from communities and a society with a constant lack of moral values and an abundance of crime. Yet we expect them to be model students, to adhere to the structure and rigor of academics while their lives are in constant turmoil.

Teachers are frustrated because they often do not have the time to handle individual students with personal problems. Yet counselors who have been trained to identify issues that may trigger destructive behavior are ensconced in their offices, preparing for the many tests required by state and federal agencies. They are unavailable to meet the needs of our youth, so we see the effects of pent-up anger and feelings of insecurity erupt into incidents of violence, either in our schools or, later, when these students have grown into adults in our communities.

To truly be a profession that lives up to its mission and purpose, the American Counseling Association and ASCA must mandate that school counselors counsel our students! Leila Vaughn
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Medicare coverage would open new pathways for counselors

I would like to respond to Judy Koehler’s letter in the August issue concerning Medicare coverage for counselors. This is an incredibly important issue for counselors. Judy commented on how difficult it can be for elders to receive counseling services from professional counselors. The social work profession has a tight grip on this area.

As our population ages, our profession should be prepared and able to work with aging individuals and families.

The issue of Medicare coverage may seem distant to some who work with other populations. It may be hard to see how this applies to anything related to you and your work. But we will all be affected by the extreme surge of aging individuals in one way or another. Although we’re going through a time when there are many economic troubles and limited resources, this is an issue that deserves our attention and support.

Please show your support and urge your senators and representatives to vote to pass this bill. Having the coverage will open new pathways and multiple opportunities for counselors. I am a counselor with a private practice and also work in a university setting. I would like to work with elders as a therapist, but the agencies and services where I live are not interested because I am not a social worker. It is difficult to break through the barriers that have existed for years but not impossible. Jane A. Maxwell, Ph.D., LPC
Truman State University
Kirksville, Mo.

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By Sandra S. Meggert, Ph.D

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Washington Update - By Scott Barstow and Dominic Holt

California Legislature approves counselor licensure bill

The counseling profession’s long-standing goal of achieving recognition in all 50 states took a major step toward completion in September. In the final hours of its legislative session, the California Legislature approved a bill establishing licensure of professional clinical counselors in the state. California is the only state yet to establish formal recognition of professional counselors.

The California Assembly approved SB 788 by a strong 70-5 vote on Sept. 8, followed two days later by a 25-1 vote in the California Senate. The bill now goes to Gov. Arnold Schwarzenegger for his consideration. The governor has until Oct. 11 to either sign the legislation into law or issue a veto. The American Counseling Association encourages its members in California to contact the governor to urge him to sign the counselor licensure legislation into law. For more information, visit the website of the California Coalition for Counselor Licensure (CCCL) at caccl.org.

Approval of SB 788 represents a hard-fought victory for CCCL and the counseling profession. The legislation would establish the title of “licensed professional clinical counselor,” defining the practice of counseling to include “interventions and psychotherapeutic techniques to identify and remediate cognitive, mental and emotional issues, including personal growth, adjustment to disability, crisis intervention, and psychosocial and environmental problems.” CCCL had to incorporate several amendments to the licensure bill to remove opposition from other professional organizations. For example, the legislation states that “professional clinical counseling” does not include the “assessment or treatment of couples or families” unless the counselor has completed specific education and training in that area.

ACA has long supported the licensure effort and applauds California’s counselors for this accomplishment. More information on the licensure legislation will be posted on our website at counseling.org/publicpolicy.

Congress returns to fractious health care reform debate

The House and Senate returned to session the second week in September following a month of contentious, and at times hostile, discussions with constituents on health insurance reform. Polls have shown a decrease in support for health insurance reform legislation, which may mean there is insufficient political will to achieve the significant reform advocates have long sought. No health insurance reform bills have reached the floor of either chamber for a vote, and legislators are about to enter the finishing stretch of the current session of Congress.

In August, members of Congress were confronted in town hall meetings by citizens expressing outrage because of a perception that the plan proposed to establish panels of bureaucrats to assist in the euthanization of senior citizens (a horribly inaccurate interpretation of a provision to give Medicare beneficiaries coverage for voluntary end-of-life planning services). Harsh words were also directed at the idea of “government-run” health care (despite the fact most Americans would continue to be covered by private health plans and have enjoyed coverage under the government-run Medicare program for years). Opponents have even expressed alarm that the legislation would lead to the government “intervening” in people’s marriages — a complete misreading of the section of the House bill (H.R. 3200) that would cover both licensed professional counselors and marriage and family therapists for the provision of medically necessary outpatient mental health services under Medicare.

Health care advocates are attempting to return the debate to a more productive, less heated discussion of the specifics of expanding access to high-quality care and constraining health care cost increases. President Barack Obama prodded Congress to act in his Sept. 9 health care address, and the administration is taking a more active role in advocating for a reform package.

Restoring momentum on health care will be difficult. So far, congressional Republicans have consistently opposed the health insurance reform legislation, while Democrats have been far from unified. In the Senate, Finance Committee Chair Max Baucus (D-Mont.) announced his intention to bring health legislation before his committee in mid-September regardless of whether bipartisan support has been negotiated ahead of time. The passing of Sen. Edward Kennedy (D-Mass.) will make it even harder to pass health insurance legislation in the Senate. Kennedy was a tireless and extremely effective champion of improving the health and well-being of all Americans, especially those most in need of a helping hand, and his presence is sorely missed.

ACA is working to ensure that Congress includes Medicare coverage of LPCs as part of health insurance reform legislation. Although the reform legislation is not expected to include a defined standard benefit package, it will make adjustments to Medicare’s benefit package. Counselors are encouraged to contact their senators and representatives to ask them to make sure that Medicare coverage of counselors is included in the legislation. For more information, contact Scott Barstow with ACA at 800.347.6647 ext. 234 or sbarstow@counseling.org.

Public Policy Office welcomes new staff member

ACA is pleased to announce that Dominic Holt has joined its public policy staff as a lobbyist. Dominic, who will focus primarily on school counseling-related issues, formerly worked for the national Parent Teacher Association (PTA). He can be reached at 800.347.6647 ext. 242 or dholt@counseling.org. We are very pleased to have him on board! Dominic’s hiring follows Peter Atlee’s recent departure from our staff to attend law school.
Medicare Coverage of Licensed Professional Counselors/Health Insurance Reform

Congress returns for the final stretch of this year’s session with health insurance and Medicare reform legislation still at the top of the agenda — and with significant policy differences left to resolve. The American Counseling Association is working to ensure that language establishing Medicare coverage of licensed professional counselors is included in the legislation.

H.R. 3200, the health insurance and medicare legislation working its way through the House of Representatives, includes provisions establishing Medicare coverage of counselors. ACA supports H.R. 3200 and its Medicare counselor coverage provision, which we expect to remain in the legislation as it is approved by the full House of Representatives. In the Senate, the Finance Committee has been attempting to develop a comprehensive bipartisan bill including both health insurance and Medicare changes. With time running out though, Senate leaders may decide to bring such a bill directly to the Senate floor, skipping the committee.

We need counselor to contact their senators! Although we have powerful supporters in both the House and Senate, gaining counselor coverage under Medicare is still an uphill battle because members of Congress are under intense pressure to minimize the legislation’s price tag. Covering counselors under Medicare is projected to cost only $500 million over 10 years, a fraction of the $228.5 billion in Medicare physician payment changes being considered. Nevertheless, senators and representatives won’t support counselor coverage unless they know constituents want it.

Please take a moment to do two things:
1. Visit the ACA public policy webpages at counseling.org/publicpolicy and capwiz.com/counseling to learn the latest information on health care reform, Medicare coverage of counselors and what you can do to help. The “Capwiz” site will also help you identify your members of Congress.
2. Contact your representative and senators to ask them to support health care reform legislation, which includes Medicare coverage of counselors.

In order to be effective, constituent contacts must be personalized. This means it must be written by you, in your own words, and describe your own thoughts and experiences as a constituent of your legislator. If you have been forced to turn away Medicare beneficiaries, write about that. If you had to stop seeing clients after they became enrolled in Medicare, write about that. If you know you want to be able to work with Medicare beneficiaries when you become an LPC, write about that. If you have a friend or family member who is a Medicare beneficiary and needs outpatient mental health care but can’t find a provider, write about that.

Regardless of whether you send an e-mail, write a letter or make a phone call, include your name and mailing address so that the office can get back to you. Also, keep a copy of your contact so that you can follow up with the office later if necessary. All members of Congress can be reached by phone through the U.S. Capitol Switchboard at 202.224.3121.

Thank you for your help!

Suggested HOUSE Message
“I am calling to ask that the congressman/woman support H.R. 3200, the health insurance reform legislation that establishes Medicare coverage of licensed professional counselors. Medicare beneficiaries need better access to outpatient mental health services, and professional counselors meet education and training criteria on par with currently covered providers. The House has already passed counselor coverage legislation twice before and should do so again this year. I’d like the congressman/woman to support H.R. 1673, the Seniors Mental Health Access Improvement Act, to show support for this. Thank you for your consideration.”

Suggested SENATE Message
“I am calling to ask that the senator support health insurance reform legislation that establishes Medicare coverage of licensed professional counselors. Medicare beneficiaries need better access to outpatient mental health services, and professional counselors meet education and training criteria on par with currently covered providers. The Senate has already passed counselor coverage legislation twice before and should do so again this year. I’d like the senator to support S. 671, the Seniors Mental Health Access Improvement Act, to show support for this. Thank you for your consideration.”

Whom to Contact
Your Senators and Representative
Capitol Switchboard
202.224.3121
senate.gov
house.gov
capwiz.com/counseling

ACA Resource
Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org
Marianela Medrano-Marra is a licensed professional counselor and certified poetry therapist with extensive training in relational cultural therapy and a doctorate in transpersonal psychology. She is easy to talk with. Her accent is strong, but her words come out perfectly (with a twist). She is brimming over with excitement about her work and curiosity about the human condition. Read her story. You may learn something about transformation and the human spirit.

Rebecca Daniel-Burke: What is your present counseling position?
Marianela Medrano-Marra: I am the supervisor of a family therapy in-home intensive program. I am a minority fellow at a community college. I have a private practice. And I am a mother and a writer.

RDB: So in other words, you are very, very busy!
MMM: Yes!

RDB: What led you down the path toward counseling?
MMM: I grew up in the Dominican Republic. I had published a book of poems at the age of 22. There were several to follow. When I came to the U.S., I was almost 30. When I got here, I was teaching Spanish and still always writing. I was extremely curious. As a writer, I was always observing people, trying to develop characters for my writing. I was very curious about human behavior.

I began to see a connection between writing and psychology. As I worked on my certificate in poetry therapy, I also worked on a master’s in counseling. I was looking for a way to make a solid living, and it had to be meaningful for me. Reading some of David Whyte’s poetry pushed me further in the direction of counseling with poetry.

Later, I went to the Institute of Transpersonal Psychology and got my Ph.D. That is where it all came together for me.

RDB: As you moved through school, was there one theoretical orientation that you gravitated toward more than others?
MMM: Yes, I am fond of poetry therapy and relational cultural therapy (RCT).

RDB: Is RCT the theory that views relationships as healing and isolation as a symptom?
MMM: Yes, in a way that is it. I trained at the Jean Baker Miller center in Massachusetts. She was the founder of RCT. In RCT, isolation is the primary cause of suffering. People grow robust and complete when they feel seen and heard by another person with whom they are in a relationship. It is through the relationship that stories can be heard and witnessed. Of course, relationships become disconnected at times. It is our job to help mend them through mutual empathy.

RDB: Where do poetry and transpersonal therapies come into the equation for you?
MMM: Poetry, song and story provide a gateway of entry into the deeper realms of consciousness. Transpersonal counseling is all about tapping into the deeper realms of consciousness.

RDB: How might you start with a client?
MMM: I might bring a David Whyte poem or a Mary Oliver poem into a session. I ask them to read it and explore the lines of the poem. Slowly, the words invite a client to think about their inner world.

RDB: Is there a group for whom poetry therapy is not helpful?
MMM: Yes, for people with the diagnosis of schizophrenia. We are trying to anchor them in the world. That is not the time to explore deeper issues of consciousness.

RDB: Where have you seen poetry therapy work best?
MMM: Believe it or not, poetry therapy is very effective in groups. It reaches into the emotional self and helps people to reach into their innermost self. The group seems to spark when one person shares his or her understanding of a poem. Then the others are touched and want to share their understanding of the poem. It is very powerful in group counseling.

RDB: How did you determine the area of counseling you are passionate about?
MMM: Interestingly enough, therapeutic intervention calls me the most. I am passionate about therapeutic intervention because it allows me to pick up the tools I have gathered along my path and use them. When I work with the counselors I supervise at the family therapy program, I find it is extremely creative to come up with a therapeutic intervention together. It is also an evidence-based model, so we have to be grounded and practical.

My job is to shape the counselors who do the work. I bring in all of my tools and skills to help them. I am blessed by the team I work with. There is a high turnover in home-based work, but this group stays with me. We are committed to the work we do. They are good counselors.
listeners; they listen from the heart. I try to reinforce my supervisees through mindfulness and the art of listening.

RDB: There are always safety concerns present when counselors do in-home work. How do you address those with your team?

MMM: I do an initial assessment with the family. I try to understand the ecology, the environment of the family. If we identify a family as presenting risk, the counselors never go alone — they go in teams.

RDB: It sounds like you really value the counselors you supervise. Was there someone in your life who saw something special in you? Who valued you?

MMM: There have been so many wonderful people in my life who have influenced me, who have mentored me. It is impossible to pick one. But as you ask that question, two women do come to mind: Dr. Daisy Cocco De Filippis and Dr. Judy Schavrien.

Dr. Daisy Cocco De Filippis is a phenomenal writer, a renaissance woman, a literary critic and the author of many books. She reshaped the literary history of the Dominican Republic. It was not only about me being a poet; it was about my horizons being widened through her.

Dr. Judy Schavrien is a professor at the Institute of Transpersonal Psychology in Palo Alto ( Calif.). She was not only my professor, she was my mentor. She is a woman with so much knowledge and so much vision.

There are many more people who have inspired me, but being around those two women has been transformational for me.

RDB: Has studying transpersonal psychology been transformational for you?

MMM: Yes, it is like a huge umbrella. I can put other things under the umbrella, like all of the counseling theories and practice I learned in my master’s in counseling program, RCT and poetry therapy. It has made me a good general practitioner.

RDB: What mistakes have you made along the way? And more important, what lessons have you learned from those mistakes?
MMM: I think in the beginning, I did not understand how change occurs. I tried to speed up change. I also needed to work on fine-tuning my art of listening. I had to learn to breathe and be with people as they walked their path. I stopped pushing change according to my timetable. And there is always room to work on deep listening.

RDB: Is there a poem you think about when you need to be inspired regarding your work?

MMM: Yes, it is by Rumi. Here it is:

The Guest House
This being human is a guest house. Every morning a new arrival.

A joy, a depression, a meanness, some momentary awareness comes as an unexpected visitor.

Welcome and entertain them all! Even if they’re a crowd of sorrows, who violently sweep your house empty of its furniture, still, treat each guest honorably.

He may be clearing you out for some new delight.

The dark thought, the shame, the malice, meet them at the door laughing, and invite them in.

Be grateful for whoever comes, because each has been sent as a guide from beyond.

RDB: I can see the poetry feeds you. What other ways do you find to take care of yourself?

MMM: I am very serious about self-care. My day starts at 5 a.m. with yoga and meditation. After I am done with my workday, it ends the same with yoga and meditation. I also go out into nature and calm myself, look around, realize how small I am in the vastness of nature.

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

MMM: We as counselors need something in life we can hold onto as we accompany our clients on their journey through life. Each counselor needs to find that thing inside that keeps them connected to a source bigger than themselves. It may be mindfulness, poetry, nature or something else.

Find out what sparks creativity in you. It doesn’t have to be the traditional creative arts. It can be the art of creating relationships or maybe the art of listening. To accompany another on their path to transformation is important and is an honor.

Rebecca Daniel-Burke is the director of the ACA Career Center. She was a working counselor for many years and went on to oversee, interview and hire counselors in various settings. Contact her at RDanielBurke@counseling.org if you have questions, feedback or suggestions for future columns.

Letters to the editor: ct@counseling.org
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Students as wounded healers

Periodically, New Perspectives dedicates space for new professionals or graduate counseling students to share their developmental experiences in their own words. This month, Linda Hoenigsberg, a master’s degree student at Capella University, explores how students can help others while healing from their own pain.

Linda Hoenigsberg

Many people are drawn to careers in psychology and mental health counseling because they know both what it is like to be wounded by life and what it was that helped them overcome and move beyond their pain. As a student in a master’s program, it wasn’t long before I realized I was not alone in this motivation. Many students open up in classroom discussions, revealing wounded childhoods and traumatic events in their lives prior to entering their educational programs. In all reality, it is what brings many of us to the field.

We are taught much about countertransference, but as students, many of us may believe we are beyond being triggered by our past. We think to ourselves, “We are healed!” If it weren’t so, we wouldn’t be attempting to become therapists!

Still, there may be underlying fears we are reticent to admit, even to ourselves. We look out over the vast domain of our profession and picture perfectly healthy, well-functioning counselors who have worked through their issues and always, ALWAYS, feel in control during sessions.

I saw firsthand what could happen if we are not prepared to deal with the triggering that can take place in the therapy room. I was sitting in on a group session involving teenage mothers. This was a psychoeeducational group in which the young women learned about bonding and attachment and reading their baby’s cues. They viewed videotapes of other girls interacting with their babies, and group process took place each week concerning what had been observed.

One week, the focus was on a particular girl who had trouble in her interactions with the other teen moms. One by one, the other girls began explaining why they didn’t feel like reaching out to her. They shared that when they tried to reach out or help her with her baby, she pushed them away. Suddenly, she burst into tears. Between sobs of grief and sharp intakes of breath, she began sharing her childhood story. Her mother always hated her. Her siblings tortured her. Her uncle molested her. She never felt accepted and did not trust anyone. I began to feel increasingly uncomfortable as I sat there listening. Other than her cries, the silence in the room seemed deafening.

Suddenly, I felt as if I had traveled 30 years back in time. I was sitting in my room and sobbing, much like this young girl. I was grieving over the fact that my mother did not love me. The pain felt unbearable. I identified with this girl’s pain and thought I knew exactly how she felt. I wanted to take her in my arms. I shook the memory away and returned to the present, but I felt panic and couldn’t wait for the young mother to end her emotional meltdown. When she ran from the room, I felt relieved.

After the meeting, as I drove out of the parking lot of the group home, I was devastated. I questioned myself: How can I become a therapist? I cannot even sit through a teenage mothers group for one hour without being triggered. I also felt confused by the experience. I knew I had forgiven my mother. I no longer believed she had never loved me. I understood the reasons she wasn’t there for me, and now that she was gone, I truly believed we would reunite in heaven one day and have a healed relationship. So, what gives?

As I began to process the experience, I used self-talk and soothing techniques to bring myself back down and gain perspective on what had happened. I realized that rather than fearing the experience, I needed to embrace it. I gave myself kudos for being able to return myself to the present in that room and calm my anxiety.

But I knew I needed to do more. I thought about how that young girl’s childhood was her experience — not mine. Although I could empathize, I thought about how I could not truly experience her reality. I thought about how much I had overcome and how a glimpse into that young girl’s future might show the same promise of healing for her. I thought about how her child — because of the education, care and love she is receiving at home — and future generations of her family may lead healthy, happy lives.

As I reflected on my experience in the teen mothers group, I was able to turn a scary experience into personal and professional growth. I realized I was practicing self-supervision. In his book Self-Supervision: A Primer for Counselors and Helping Professionals, Patrick J. Morrissette says a first step in self-supervision is identifying personal reactions to counseling experiences. He would consider my reaction common.

Other emotions counselors may feel during a session include disappointment, relief, fear, anxiety and anger. Ignoring those feelings can lead to being less effective with clients. On the other hand, reflecting on the cause of these emotions and developing a plan to implement when this triggering phenomenon takes place will lead to self-awareness and control.

Morrissette identifies the following strategies for self-supervising when experiencing countertransference:

- Find a quiet place, either before or after a session. Think about physical and emotional reactions you might have
My life, my story

“My life, my story” profiles individuals new to the counseling profession who are proving to be exceptional. To nominate a student or new professional to be featured in this section, e-mail dfletche@westga.edu.

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 who would like to submit a question or an article, e-mail dfletche@westga.edu.

_**Letters to the editor:** ct@counseling.org_”

This month’s spotlight is on **Janeen Miller**, named a 2009 Emerging Leader by the American College Counseling Association, a division of ACA.

**Age:** 31

**Hometown:** Pittsburgh, but I currently live in Corpus Christi, Texas.

**Education:** Ph.D. candidate in counselor education at Texas A&M University-Corpus Christi; master’s degree in counselor education from North Carolina State University; bachelor’s degree in psychology/sociology from Indiana University.

**Counseling jobs/internship spots:** Counselor intern at Shaw University counseling center; human services tech for Wake County Human Services in Raleigh, N.C.

**Greatest accomplishments:** Developed and implemented a seven-week self-esteem program for college-age females as an intern; inspiring, encouraging and mentoring classmates, family and friends to continue progressing; being selected as an ACCA 2009 Emerging Leader.

**Keys to success:** Make a plan. Take action. Allow flexibility. And no matter what, keep progressing!

**When I grow up, I want to:** Find the perfect balance between teaching at the graduate level and maintaining a private practice. Although I will work with couples and individuals, my practice will focus on group work in self-esteem building, stress management, love, relationships and life balance.

---

or have had during the counseling session. Focus on personal insecurities, fears and anxieties.

- Write down overwhelming emotions or triggers by reviewing case notes soon after the counseling appointment.

- Once emotions and triggers are identified, reflect on their possible origins. Knowing which situations might trigger you in sessions can help you to prepare for those reactions ahead of time rather than being caught off guard in front of clients.

- If you cannot resolve your reactions and they continue to impede your work with certain clients, seek professional support.

My experience was normalized as I read Morrissette’s book. It also provided me with tools to use both during moments of triggering and afterward. These tools will facilitate my growth as a professional and help me continue on a lifelong path of healing for both my clients and myself. Morrissette writes that professionals fear exposing their human vulnerability. Therefore, not much is written in the literature about this phenomenon. Counselor education programs would do well to heed his message. Wounded healers can become effective counselors if given the proper tools. These tools are in the hands of seasoned professionals and educators. Please share them with us. ⊕

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 who would like to submit a question or an article, e-mail dfletche@westga.edu.

_**Letters to the editor:** ct@counseling.org_”

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Reimbursement rates for individual vs. group practice

Q: I am an individual provider and am exploring options to increase reimbursements from insurance third-party payments. I have heard from colleagues that group practices receive higher payments than individual practitioners. Would it be beneficial to collaborate with area counselors to gain better reimbursements?

A: We always think collaboration is beneficial. There are many reasons to work with fellow counselors. Opportunities for consultation, peer supervision and shared office space and equipment are obvious benefits. And sharing costs in the present economy is a message we have emphasized in many of our columns.

A few participants at our workshops have offered information on this issue. One group of counselors told us that they were able to negotiate a better rate with a local managed care group connected with a hospital physicians group. We have also had success with this in our own practices by calling local managed care plans and asking to renegotiate our fees. In a past Private Practice in Counseling column, we encouraged readers not to hesitate to “ask for a raise” (see counseling.org/Publications/CounselingTodayArticles.aspx?AGuid=c48ef20f-6e6-41dd-aad7-c5e23b5e0).

We have several contacts in managed care and billing services that we rely on for helpful inside information. Three managed care companies informed us that they have a uniform reimbursement schedule for counselors, psychologists and medical doctors. These fee structures don’t vary and are tied to the counselor’s credential and the National Provider Identifier number. Likewise, a national billing service informed us that it knows of no difference in rates of reimbursement to large group practices versus individual providers.

We would like to hear from readers about this issue, as well as about any tactics and strategies they have found useful for improving insurance reimbursements.

Q: Recently, I had a new client with an insurance company that I had worked with before. When I called to verify the insurance benefits, I was told that after a $500 deductible, the insurance company would cover 50 percent. When I received the explanation of benefits and the check from the insurance company, it paid $20 per session. When I called the insurance company, I was told for this policy, it would pay 50 percent up to a maximum fee of $40 per session. I couldn’t believe it!

A: Any given insurance company will offer employers many different plan options. Depending on cost, benefits can vary greatly. So, do not assume you know what the insurance will cover. You did the right thing in verifying the benefits; however, you were not informed of the fee cap.

In addition to getting the insurance representative’s name, ask the right questions to ensure that all benefits, procedures and limitations are communicated. Important pieces of information to verify include:

- Coverage for professional counselors
- Effective date of coverage
- Amount of deductible and whether it has been met
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

The deductible has not been met, how much has been applied

- Fees for 90801 and follow-up sessions (individual, family or couples counseling)

- Percentage of fee reimbursed

- Any necessary precertification or authorization

- Whether a referral from the primary care physician is needed

- Maximum number of sessions available per year

- Calendar year versus policy year

- Any coverage differential for serious versus non-serious diagnosis (for example, major depression versus adjustment disorder)

- Coverage for pre-existing conditions and length of time before coverage becomes active

- Any cap on annual amount of payment

- Any utilization or review requirements

The financial relationship between professional counselors and clients needs to be as transparent as possible. That way, reimbursement for services rendered does not become an issue in counseling.

We offer a comprehensive list of the top 55 managed care and insurance companies on the American Counseling Association’s website at counseling.org/Files/FD.ashx?guid=04ef6cb1-592a-413e-819e-5946dfaa4f69. The list will enable you to preview payment schedules, paperwork requirements and contact information.

Student learner outcomes and counselor work behaviors are tied to the 2009 CACREP Standards in this long-standing premiere handbook for students, educators, supervisors, researchers, and practitioners seeking to quickly and efficiently update, refresh, or evaluate their knowledge of and skills in the most important competencies in counseling. Ideal for use as a student portfolio or a supplementary text, this edition of The Professional Counselor continues a 35-year tradition of providing a useful framework for tracking individual professional growth and evaluation. This edition affords baseline and progress data supporting a systematic developmental plan, assessment, and charting of each student’s or professional’s progress toward developing professional counseling competencies. 2010 • 244 pages

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—Lynn Linde, EdD
Loyola College in Maryland
ACA President, 2009–2010
Integrated Treatment of Eating Disorders: Beyond the Body Betrayed

Kathryn Zerbe, a well-recognized expert on eating disorders, draws upon 25 years of clinical work to infuse her new book on integrative eating disorder treatment with wisdom and compassion for clients and therapists alike. She gracefully interweaves research, case studies and personal reflections into a resource that therapists will turn to again and again.

The book has three sections: Stages of Treatment of Eating Disorders, Treatment of Eating Disorders Over the Life Cycle and Special Issues in the Treatment of Eating Disorders. Each section is composed of three chapters in which Zerbe explains ideas and strategies pulled from theories as wide ranging as cognitive behavioral, psychodynamic, attachment, motivational interviewing, developmental, cultural, feminist, biological/neurobiological, interpersonal therapy, pharmacotherapy, nutrition and 12-step programs. Zerbe delivers eclecticism at its best — diverse but complementary approaches selected with care and intelligence, resulting in individualized treatment for each client.

The book includes tables that highlight pertinent issues, interventions and considerations for treatment, and Zerbe expands on these in each chapter. The core concepts, repeated throughout the book, include creating a safe therapeutic alliance with the client; practicing good self-care for the therapist’s well-being and as modeling for clients; remembering that progress comes in small steps, is multilayered and may take a long time; and recalling that what constitutes recovery may look different for each person. The last two concepts are ones most likely to be at odds with some professionals, third-party payers, families or clients looking for a quick fix.

In her chapter on outcomes assessment, Zerbe presents convincing arguments on why short-term treatment that focuses on symptom relief often does not provide long-term health for people who struggle with eating disorders. Though everyone would like to see troubling symptoms abate quickly and never return, studies show this is not the reality for many people. By looking for small steps toward health over a longer period of treatment time, more clients will fare better in recovery. Sometimes, Zerbe reminds us, better is the best we can hope for. Of course, in the case of immediate medical danger, symptom relief must take priority.

Zerbe devotes an entire chapter to sexuality. She asserts that one cannot treat the whole person without taking into account sexual health and well-being, which is a somewhat unusual stance for an eating disorders book. Transference and countertransference issues also merit an entire chapter, providing an in-depth look at the delicate emotional dance between client and therapist. This book will encourage and enlighten new and veteran counselors alike.

Reviewed by Carrie Thiel, graduate student in counselor education, University of Montana.

What Matters Most: Living a More Considered Life

James Hollis is a well-known practicing analyst. A graduate of the Jung Institute of Zurich, Hollis teaches at the Jung Center in Houston and the Saybrook Graduate School in San Francisco. He is also a widely published author (Why Good People Do Bad Things, for one). Not surprisingly, then, What Matters Most is clearly the product of a well-honed Jungian way of understanding. This is a useful book for those who seek to make sense of the world and all its challenges, providing much more than a superficial collection of self-help slogans. Hollis has produced a coherent, deeply felt book on what a considered life might look like. His observations are likely to be of interest both to therapists and the broader public.

Hollis’ arguments rest on the Jungian assumptions that personal enlightenment comes from within and that inner fulfillment is ultimately a spiritual state. He notes that life is affected by a tension of opposites — tension between the world we see and the world of which we are unaware. This perspective is particularly evident in the chapter on understanding the role of Eros (and its twin, Logos) — the archetypal power that compels people to connect with others.

The author observes early in the book that fear (and lethargy in the face of fear) is at the heart of our lives and is the force that contributes most to our losing our way. He argues that we can live a more considered life by learning (in the words of his chapter subtitles) to overcome fear, tolerate ambiguity, feed our souls, respect the power of Eros, step into largeness, risk growth over security, live verbs not nouns, find the path of creativity, engage spiritual crises, write our stories, fight fate, live fully in the shadow of mortality and accept that our journey in life is our home. Each chapter defines, explicates and addresses one of these themes, asking the reader to contemplate existential issues and become both more comfortable with uncertainty and more confident in pursuing a meaningful existence.

What Matters Most incorporates a number of examples from Hollis’ personal practice, such as the case of
“Jordan,” who subordinates his own basic needs to his commitment to alleviating hunger and poverty for others. Jordan starves himself emotionally while meeting the nutritional needs of others. Hollis suggests how therapists may “track the very subtle wiring that leads from the decisions we make consciously back into our historic basements.” The book also draws on a wide range of literature (see, for instance, how Kafka’s “Hunger Artist” reinforces the case of Jordan), philosophy, historical experience and Hollis’ own boyhood experience. Hollis frequently is clear and direct about the forces he believes oppose understanding, including “theocratic thugs,” “Nervous Nellies” (an unfortunate phrase) on school boards and all those who contribute to the inability of people to engage.

Hollis’ book is challenging, sometimes provocative and, as he admits at the beginning, eccentric. It is also consistently interesting and of use to therapists, especially those interested in Jung’s insights on life and achieving happiness.

Reviewed by Larry Rogers, professor of teacher education, South Dakota State University.

Counselling for Grief and Bereavement, Second Edition

In this updated edition, Geraldine Humphrey and David Zimpfer, both seasoned grief counselors and counselor educators, retain most of the chapters and information presented in their first edition. A new chapter is dedicated to issues common to children’s loss experiences, including a thorough description of a program from a specific children’s day camp.

In addition, within the first chapter, which elegantly summarizes the evolution of grief theories and models prevalent since Freud’s classic work, the authors incorporate brief discussions of three newer advancements: the continuing bonds model, the dual process model and the meaning reconstruction model. These models merit investigation from anyone unfamiliar with them, and their basic descriptions invite readers to other sources for further study. A chapter included in the first edition that discussed outreach in the community has been eliminated in this revised edition, although elements of its contents can be found in other chapters (most notably those on group counseling and family grief).

This edition could be strengthened with more attention to diversity awareness, but all in all, the contents provide a digest of central grief concerns. The authors direct motivated readers to additional information relevant for more intense study on each of the topics covered. The resources provided in the appendix are from recognized experts and are easily available to consumers.

Reviewed by Marla Muxen, professor of counseling and human resource development, South Dakota State University.

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

Letters to the editor:
counseling.org
I recently returned from leading a People to People Ambassador Programs alumni trip to Rwanda and was changed forever by what I saw. (Note: No ACA funds were used; all travel expenses were covered by People to People.) All I could think about were the lyrics from a Stephen Schwartz song:

Who can say if I’ve been changed for the better?
But because I knew you
I have been changed for good

The statistics are staggering. Rwanda is one of the poorest countries on the planet, with a per capita income of less than $1 per day. Less than 4 percent of the population eats three meals per day. The Rwanda diet consists mainly of starchy root crops that have little nutritional value. Thirty percent of schoolchildren walk more than six miles to school. Less than 5 percent of the population has access to electricity. Infant mortality is high, and 750 out of every 100,000 pregnant women die during childbirth. The average life expectancy is 43 years for men and 46 years for women.

Then there is the genocide. In a three-month period from April to July 1994, an estimated 1 million Rwandans were slaughtered by their neighbors — Rwandans killing Rwandans. There was no refuge. We visited a church where 10,000 men, women and children had huddled in hope of sanctuary. All were massacred. I talked to Rafiki Callixte, a survivor of the genocide who described being shot so that he was disabled — but not killed — and thrown into the bottom of a trench, after which dead bodies were piled on top of him. Rafiki’s persecutors wanted to torture him before he died. This survivor was dug out of the trench two days later after someone passing by heard his weakening cries.

After reading the above two paragraphs, you would think that Rwandans would have given up and that the country would be in a deep and hopeless depression. I have seen that happen during other People to People visits. During a counseling delegation to Russia (Note: No ACA funds were used for this trip either), ACA members were told that the large national alcohol consumption was not a sign of an alcohol problem per se. We were told by Russian counselors, “If you lived here, you would also drink excessively.” But Rwandans are amazingly resilient. You can see it in their children. They truly want to learn and hunger for education. When visiting a school or village, boys and girls swarmed us and wanted to shake our hands, practice their English and tell us all about themselves. Their smiles were infectious. In fact, Rwandan children seemed happier than American kids (especially the teenagers). This enthusiasm for life carried over to adults who took great pleasure in the basic building blocks of life such as family, friends, artistic creations, music and dance.

So how are Rwandans overcoming the traumatic effects of the genocide? Interestingly, counseling is a part of the answer. Let me introduce you to John. John is a teenager and lives at Les Enfants de Dieu, a school for street children in Kigali, the capital of Rwanda. John was a feral child and was found living in the mountains of Rwanda after his parents had been killed during the genocide. I know this sounds like something out of a movie, but John survived because baboons raised him as one of their own. When John was found at age 5, he spoke in the grunts and groans of a baboon and acted like an aggressive alpha male. John was uncontrollable and was sent to a psychiatric hospital where he was tied to his bed every night to keep him from being disruptive. Les Enfants de Dieu
found out about John, saw him as a very special type of street child and asked if they could work with him. John has now been at the school for only a few months but is already doing much better. When John first came, he would hit and bite the other children. Now he gets along with his peers and seems to be happy. He still doesn’t speak and still tries to communicate with grunts, groans and chest thumps (the staff has not been able to figure out what any of these communications mean), but he understands and listens to what the students and staff communicate to him. John was courteous and wanted to shake our hands when we met him — a far cry from the boy who first arrived at the school.

So how did Les Enfants de Dieu help John? By using counseling skills. The director spoke of spending large amounts of time just being with John and giving lots of what we would call unconditional positive regard. The school refused to tie him down at night and instead gave him support. The staff used pacing and did not expect John to acclimate to people at a faster pace than he could handle. They are using play therapy and having John draw pictures with a stick in the dirt.

An incredible story. But just one where counseling is playing a role in helping Rwandans heal from the emotional scars of the genocide. During our week in Rwanda, we saw examples of client-centered counseling, family counseling, systems theory, play therapy and peer counseling.

Rwanda is a truly amazing country that shows the human capacity for resiliency. For more information on the genocide, the Kigali Memorial Center has an outstanding website at kigalimemorialcentre.org.

ACA will be sponsoring a People to People counseling program to Rwanda Nov. 6-15, 2009. For more information and to sign up for this very special delegation led by Dr. Brian Canfield, an ACA past president, please visit peopletopeople.com/TravelExperience/Pages/Citizens-Brian-Canfield-09.aspx. This trip is expensive, but I can tell you from experience that it is worth every penny.
Early on in her career as a professional counselor, Sally Atkins was working with a client who was suicidal and experiencing severe depression. Progress was painfully slow, and after several sessions, Atkins feared she and the client had reached an impasse. "As a kind of last resort, I said out of my frustration, 'Let's just go hiking and talk in the woods.' I simply had this instinct that she needed to move because she was so stuck in her life," remembers Atkins, a member of the American Counseling Association.

Atkins had occasionally taken brief walks with other clients to help put them at ease, but this was not a typical stroll in the park. The two women embarked on a strenuous hike that lasted nearly six hours. And out on the trail, in the open air, they were finally able to capture the sense of forward movement that had eluded them in the confines of the counseling office. "I felt like something happened by virtue of us being out there," Atkins says. "It was a marathon therapy and sharing session."

After finishing the impromptu outdoor adventure, Atkins asked if there was anything the woman could take from the hike and apply to the difficulties she was facing in her life. "Just being outside gave her a sense of emotional comfort, and she said her problems felt small when compared with the immensity of the natural world," Atkins says. "She was proud of the physical strength she had shown on the hike, and it made her think that perhaps she also had the emotional strength to keep going when things were rough in her life. The experience also made her realize she needed to take one step at a time rather than focus on the enormity of the whole problem. That was a major shift for her. After that experience, she was more willing to explore new possibilities and find new energy for dealing with her life."

The experience also signaled a shift in Atkins' approach to counseling. "It really was a turning point for me in becoming more interested in and aware of the connection between nature and mental health," she says. Atkins went on to develop the first class in ecotherapy for graduate counseling students at Appalachian State University in Boone, N.C., where she is a professor of human development and psychological counseling and coordinator of expressive arts therapy. "In teaching and in counseling, we (Atkins and ACA member Keith Davis, her coinstructor for the ecotherapy class) use nature-based experiences to help clients and students find resources for personal growth and development and to enhance their experience of relatedness with each other and with the non-human world. We see the processes of change as observed and experienced in the natural world as a model for human change and growth. … It's not for every client or every situation, but so many clients and students tell us that they take solace in nature."

Outside the office walls

When Rick Carroll broke into the profession in 1993, many of his clients were juveniles receiving court-ordered counseling. "I noticed right away that they didn't want to be there," he says. "I also noticed that if I put down my pen and paper and walked outside with them, the whole stigma of counseling kind of flew out the window. Taking them outside the walls of the counseling office was beneficial."

Today, Carroll is a licensed professional counselor with his own private practice, and he also provides counseling services for the Children's Advocacy Center of Bristol/Washington County, Va. Rare is the day that he doesn't get outside with clients, either providing walk-and-talk therapy sessions at a wetlands park near his office or leading an experiential counseling group for adolescent boys. Typical group activities include caving, golfing and navigating a high-ropes obstacle course.

Carroll is a believer in incorporating nature into the counseling process for a variety of reasons. On one hand, he says, being out in nature rather than inside a counseling office can make the therapeutic process feel less threatening to clients. Many of Carroll's clients are children who have been abused, neglected or exposed to domestic violence situations. "Eye contact can be very intimidating for these kids — or for any client for that matter," says Carroll, a member of ACA. "If they're not having to look you in the eye, they have a greater chance of disclosing. They want to tell their stories, and walking in the park or engaging in some other activity outdoors as we talk makes it easier for them. Going outside is not a panacea for everyone's problems, but it gets them into a place that's neutral."

On the other hand, Carroll has found that being outdoors typically enhances the rapport-building process with certain tough-to-reach clients, particularly those young men who don't consider counseling to be "masculine."

"Most adolescents don't think they have any problems that they need help with," he says. "But when you're out in nature, that includes insects and reptiles and..."
poisonous plants. Kids kind of think of it as a risky thing, and that appeals to them. Some of the best counseling sessions I’ve had were with kids who didn’t even realize they were in counseling because we were outdoors.”

In fact, Carroll says with a laugh, the outdoor activities that are central to his experiential approach have made counseling sound very appealing to certain adolescents. In the course of counseling, Carroll took a middle-schooler on an outing to a cave. The next time Carroll dropped by the school, one of the boy’s friends approached Carroll and said, “I need to come see you. I’ve got some problems.”

Carroll also incorporates nature into his work with clients of all ages because of its versatility and flexibility. “Reality therapy, choice theory, behavior modification — you can pull from any number of approaches and use them in conjunction with nature,” he says. “I’d like to see more counselors add nature to their toolboxes. I’d like to see it recognized as a legitimate intervention and acknowledged as a resource that can help a variety of issues.”

Reeling kids in

Barbara Flom, an associate professor in the University of Wisconsin-Stout School of Education, believes school counselors could and should make better use of nature in their work with students. “It’s a huge untapped resource. Nature is free, it’s available, and our kids really need it,” says Flom, an LPC who is a member of both ACA and the American School Counselor Association. “As a school counselor for 15 years and, before that, a teacher of children with emotional and behavioral disorders, I observed the powerful calming and focusing effects of nature with a wide variety of students. I didn’t know then about the research on nature’s therapeutic benefits, but I saw its impact firsthand with my students. Most of the research is targeted at reducing aggression and building social skills, particularly with kids who are struggling with behavioral issues or feelings of connectedness.”

As a school counselor, Flom helped to run a Hooked on Fishing program that brought students outdoors to fish at the town lake. The program proved successful on a number of levels, from modifying behavior and improving students’ academic performance to helping students develop social skills and a sense of connectedness to their peers. For instance, the school’s Anglers Club targeted a group of fifth-graders who were chronically behind academically. “Each week in spring, if these students managed to be on track with their homework, they went fishing off the lake bank behind our school during the Friday noon hour,” Flom says. “They made their goal every week. The outdoors can be a powerful motivator.”

Some of the school’s most challenging students were assigned to maintaining the fishing equipment and came to Flom’s office to restring the fishing poles. “Students who had been on the margins academically, socially or behaviorally really shone as leaders and role models in the natural setting,” Flom says. “We can really empower those kids who are connected to the outdoors by showing them that their skills are valued.” In addition to acting as a behavior incentive, she says the program served as a resiliency...
and coping tool for many of the children.

In some instances, the outdoors can help level the playing field for students who don’t feel as though they measure up socially or academically. “The (Hooked on Fishing program) was a great equalizer,” Flom says. “You could have a Ph.D. or be nonverbal, but the fish didn’t know that.”

Another school counselor in Flom’s area currently runs an after-school fishing program and has noted that many of the students who participate are not involved in any other school activity. “He’s using the program as a bridge-building opportunity for these students,” she says. “It gives them a place to fit in and find connection and a reason to want to come to school in the morning. As school counselors, we’ve got to find ways to reel in these students who aren’t connected socially, who are struggling behaviorally or academically, and nature can often provide us that window.”

**A habitat for healing and growth**

Counselors and other helping professionals are missing out when they don’t recognize the valuable role the natural world can play in the healing process, says John Swanson, a longtime ACA member who is recognized as a pioneer in the field of ecopsychology. “Nature can be a wonderful sanctuary for the healing of grief and loss. It can also heal us emotionally, in part because nature is nonjudgmental,” he says. “It can accept and receive all of a client’s feelings and pent-up energies, no matter how raw.”

Swanson, the author of *Communing With Nature: A Guidebook for Enhancing Your Relationship With the Living Earth*, recalls one instance in which he was running a men’s group and seeing group members individually. One of the men had made his fortune in the fish industry in Alaska but had seen his marriage dissolve in the process. In addition, as a boy, an older sibling had sexually abused him while his parents turned a blind eye. Raised in a puritanical, immaculate and orderly home, he had never learned how to deal with his anger, so it continued to build and fester throughout his adult life. Now an imposing man standing 6 feet 4 inches tall and weighing in the neighborhood of 260 pounds, he had a problem with pent-up rage.

“I tried to figure out a way to help him get his rage out without him destroying my office,” Swanson says. “So we created a plan.” The next time the man came for counseling, he told Swanson, “The plan worked out great. I went to the beach and rearranged furniture.”

What the man had done was visit a deserted beach in winter along the Oregon coast, where he proceeded to spend the night tossing large pieces of driftwood back into the roaring surf. The driftwood, Swanson explains, represented the home furniture the man would have liked to have taken his anger out on because of what had happened to him. “He also tossed ‘mom’ and ‘dad’ into the surf — figuratively,” Swanson says. “Truly letting his rage out would have been unsafe and socially unacceptable in a lot of places, but this allowed him to finally begin releasing some of the anger from his life and move forward again.”

Carroll has occasionally employed a similar tactic with young clients who have experienced abuse or who have problems processing their anger. For instance, he and the client might walk through the woods pretending to be samurai warriors. The client can then use his “sword” (a large stick found during the walk) to strike at objects in his path, releasing some anger in the process.

Many individuals who were abused or bullied or felt alienated escaped to nature as a form of sanctuary when they were children, Swanson says. “And as adults, I prescribe that back to them — retreating to nature to find comfort, healing, answers.”

In other cases, nature provides the proper setting for clients to achieve a fresh perspective, embrace new possibilities and discover (or rediscover) long-hidden strengths and sources of joy. Swanson, who himself embarks on an annual vision quest to “reorient my life and review how I’m doing,” recalls leading a therapy group composed of adult children of dysfunctional families. After 10 weeks of group sessions, the group went on a weekend retreat along the Oregon coast, where they participated in outdoor activities together. One of the group members was a librarian in her 50s. “When we were out on the beach, she just took off running,” Swanson says. “She was like a gazelle, graceful and quick as she ran in and out of the waves. She had a delightful smile on her face, which was such a contrast to the woman we had known in group. As a child, she had escaped the oppression of her dysfunctional family by running wild and free in her outdoor activities and after-school sports. This romp on the beach became a turning point for her. She began to take more risks and pursue more opportunities to embrace again these kinds of embodied physical activities that allowed her to reclaim that sense of abandon and freedom she had lost as an adult.”

“The natural world is the most common environment for what (Abraham) Maslow described as peak experiences, as well as for growth experiences,” Swanson asserts. “Our sense of awe in nature is often so powerful that we can be transformed by it.”

Carroll possesses similar beliefs concerning nature’s ability to effect
positive change in clients. Eight years ago, he started a group called Compass for adolescents who have been abused or neglected. The group mixes experiential, cognitive behavioral and narrative therapy approaches, and group members spend several sessions discussing family dynamics and setting goals. The group also places a heavy emphasis on outdoor team-building exercises. Activities include exploring a cave with a certified spelunker and navigating a high-ropes course 40 feet in the air.

“Many of these kids’ lives are saturated with chaos and stress,” Carroll says. “When I take them out of that environment and put them into nature where they can see wildlife or the wonder of a cave, those events create the peak experience moments that Maslow talked about and, for the moment at least, nothing else matters to them. I believe there are spiritual, psychological, social and biological components to being out in nature, so this approach to counseling is also holistic.”

Even proponents of incorporating nature into the counseling process admit that it is difficult to put an empirical measure on its effectiveness in treating common problems such as depression. However, based on pre- and post-testing, individuals in Carroll’s Compass group generally get along better in school, exhibit more mannerly and compliant attitudes at home and show increased self-confidence overall after completing the program. Thanks in part to those measures of effectiveness, Carroll has been successful in securing funding for Compass for eight years, with nearly 60 adolescents completing the program during that time.

Feeling disconnected

“It’s interesting to me that when I talk with people who are battling depression and ask them about the times when they feel least depressed, they talk about when they go on walks or on vacation,” says Keith Davis, as associate professor and coordinator of the clinical mental health counseling program at Appalachian State. “And you very rarely hear someone say they spent their vacation in a high-rise. It usually involves some sort of outdoor element or activity. To me, that suggests an innate pull to the outdoors.”

In addition to being a counselor educator, Davis provides counseling to clients experiencing anxiety or depression. He likes to conduct imagery work with these individuals, asking them to describe a special place where they feel best. “I swear, 100 percent of the time, that place is in the outdoors, sitting on a mountaintop or by a lake,” he says. “It’s always tied to nature. It’s never, ‘I’m sitting in my living room or in my car.’ Still, I don’t think we understand how deep nature’s impact really goes.”

A growing literature base is exploring not only nature’s potential for addressing certain behavioral, psychological and emotional problems but also the possibility that society’s growing disconnect with nature is a major contributor to — if not the direct cause of — many of those problems. In his influential book Last Child in the Woods published in 2005, journalist Richard Louv compiled a wide body of research and coined the term “nature-deficit disorder” in proposing that direct exposure to nature is essential for healthy childhood development as well as the overall physical and emotional health of individuals of all ages. “Nature-deficit
disorder describes the human costs of alienation from nature, among them: diminished use of the senses, attention difficulties and higher rates of physical and emotional illnesses,” he wrote.

In addition to attention-deficit concerns, Carroll has noticed a rise in Asperger’s-type symptoms, including social isolation and an inability to judge social cues, among his adolescent clients. Like many professionals, he believes a link exists between these problems and adolescents’ increased exposure to cell phones, computers, iPods, video games and other technology.

In working with these clients, Carroll often takes them outdoors and has them sit down, close their eyes and describe what they hear. “These ADHD kids who supposedly can’t attend to anything suddenly stop and look around in awe,” he says. “It calms them down and grounds them. It soothes them. I think it’s more of a spiritual thing than an emotional thing.”

Atkins believes individuals from every age group are at increased risk of having their senses numbed because of technological bombardment. “That’s why it’s important for counselors to tap resources that are inherent in the natural world to help people who are struggling,” she says. “We live in a time and a culture where we live separate from nature. But being in the natural world calls them to nature, that is branded with an ADHD label. “I don’t think the traditional public school education and structure is consistent with the learning style of all kids, especially young boys,” says Davis, who started his counseling career as a school counselor. “I won’t go so far as to say that our growing disconnect with nature is the cause of depression and ADHD, but when I see boys out in nature, they’re not required to focus on any one thing. Instead, they can just focus on being outside in the elements. It’s active and action-oriented learning, and there’s no judgment placed on their level of interaction.”

In fact, Davis is inclined to believe that society’s growing disconnect with nature has led to much of the dissatisfaction and disorientation that many people feel in their lives. “I go back to the idea that I think there is an innate instinct in people that calls them to nature, that is imbedded in our genetic code,” he says. “As we have gone from a tribal society to an agricultural society to an industrial society and now to a technological society, we’ve moved further and further away from our relationship with the natural world. But many people still yearn for that connection instinctually. However, they don’t necessarily relate that connection — or that lack of connection — to their overall wellness. We’re seeing some emerging literature on wellness in the counseling field, and part of wellness is living in harmony with your environment.”

A paradigm shift
That concept of living in harmony with the environment is especially important to Davis, Atkins, Swanson and other proponents of ecotherapy. As described by Atkins, ecotherapy takes the ideas inherent in ecopsychology — an integration of ecology and psychology — and applies them to therapeutic practice.

In an article in press for the *Journal of Creativity in Mental Health* on ecotherapy (“Ecotherapy: Tribalism in the Mountains and Forests”), Atkins and Davis write: “We hold the conviction that our connections with nature and the environment are vitally important for
our personal well-being and for the well-being of the planet.” They later add that “The paradigm of ecotherapy posits that personal health is related to the health of the planet, not just physically but psychologically and spiritually as well.”

“The idea that personal mental health is not just the matter of an isolated individual but is related to the health of the planet is a crucial idea and challenges the assumptions of modern science,” Atkins tells Counseling Today. She adds that ecotherapy is in tune with indigenous cultural knowledge and healing practices, including those beliefs that preserve practices of environmental sustainability and connectedness to nature. Atkins and Davis point out that this emphasis makes ecotherapy a potentially attractive alternative for clients who struggle to find meaning or healing in traditional, Western-based counseling approaches that primarily focus on the individual as separate from the natural world.

Swanson, whose research led to the publication of “The Call for Gestalt’s Contribution to Ecopsychology” in 1995 in The Gestalt Journal, is of the same mind. “The navel-watching approach to counseling can be overly introspective,” he says. “We can build better therapy by helping clients to explore their extrospective relationships.”

“We sometimes get stuck with the concept that mental health exists between our ears,” he continues, “but in family systems theory, we look at how relationships can help our mental health. The next leap forward is to broaden this to include all of our relationships, including the human-nature relationship. It’s essentially moving to a living systems approach from a family systems approach. If our relationship with the natural world is healthy rather than abusive, then our human relationships are more likely to be healthy as well.”

Both Swanson and Atkins are adamant that ecotherapy not be viewed as simply another subspecialty of counseling. “It’s really a paradigm change — one that I’m hoping will become central to what we do,” Swanson emphasizes. “If we shrink this down to a subdiscipline of counseling or psychology, we’re doomed.”

The ecotherapy class that Atkins and Davis teach at Appalachian State explores how experiences in nature can lead to personal healing. Atkins says students have described the class to her as life changing, and many have gone on to incorporate nature and ecotherapy ideals into their own practice as counselors.

“In addition to participating in classroom discussions, students design personal medicine shields throughout the semester — an activity that reflects a tradition within the Eastern Band of Cherokee Indians, many of whom reside in a designated territory near Appalachian State. In making the shields, students collect items from nature and assemble them in whatever way they choose. Traditionally, these shields were power objects that evoked a person’s strength, courage and vision,” Davis explains. “They always end up very unique to the student. They are something to remind...
us of who we are in the deepest sense and how we are connected to the natural world.”

The ecotherapy class also takes a field trip each year to engage in and design nature-based experiences and activities. Last year, students were challenged to build structures to survive in the woods. “Then we talked about how empowering that was,” Atkins says, “and discussed the symbolic applications to other areas of our lives.”

Speaking metaphorically

Many counselors, including those who rarely step foot outside the office, testify to the effectiveness of using symbol and metaphor to speak to clients on a deeper level. But perhaps nowhere is metaphor more powerfully presented than on nature’s stage, from the changing of the seasons to the caterpillar’s metamorphosis into a butterfly.

“The big lesson of nature is that everything is cyclical. That can be both comforting and scary,” says Atkins. “Regardless, nature has this way of putting our little individual, ego-centered stories into the bigger picture.”

One of Davis’ favorite counseling techniques is to take groups to a stream or river, where he asks each individual to find a rock or stone proportionate in size to the challenge he or she is facing in life. Afterward, he asks group members to carry their rocks with them as he leads them on a hike. “It’s a metaphor to show them how their life challenges, the problems they hold on to, are weighing them down. It gets them thinking about ‘What choices do I want to make?’ If they come back with a pebble, I have them put it in their shoe,” Davis says, “because even the smallest little thing can be nagging at you and affecting every other area of your life. When they finally say, ‘I can’t go on any longer,’ I say, ‘OK, are you ready to let that rock go?’ or even ‘Can I carry that rock for you for a while?’ For some people, the lesson is that they need to be willing to let others help them with their burden.”

The exercise holds a different lesson for other individuals. On multiple occasions when leading families through this activity, Davis says, a mother or a father has volunteered to carry all the rocks as their family members get tired. “The question then becomes what’s the price you’re paying for carrying everyone else’s problems?” Davis says. “It provides them with a lesson about how that action affects their overall wellness.”

In his experience as a counselor and counselor educator, Davis says, both clients and graduate students have professed a fear of nature. “But I think a lot of getting people out into nature is helping them to get over their fears, expand their comfort zones and tap into some resiliency and strength they didn’t necessarily know they had. It’s exploring what their fear is really about. In many cases, their fear of some element of nature is very symbolic of fears and doubts that are paralyzing them in other aspects of their lives. It’s simply a window into something bigger.”

Atkins realizes that although many counselors may be interested in incorporating nature into therapy, they may also feel intimidated by the prospect of where or how to begin. “I don’t think you can take any client somewhere that you don’t go yourself, so I would first encourage counselors to get out there and experience the healing power of nature themselves,” she says. “I would also emphasize that the process of helping a person be more connected to nature can be really simple. It doesn’t have to involve a hike up a mountain. It can be simple and yet have layers of meaning. It can be symbolic and cleansing. There’s just no cookbook for this. Irving Yalom said to create a new therapy for every client, and nature offers us a world of opportunities to do just that.”

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More than meets the eye

As the nation’s obesity epidemic grows, so does the need for counselors to address underlying issues

It’s a startling fact: Two out of every three adults in the United States are overweight or obese.

That statistic, among others, is revealed in “F as in Fat: How Obesity Policies Are Failing in America 2009,” a report released in July by the Trust for America’s Health and the Robert Wood Johnson Foundation. The report shows children aren’t faring much better, with the percentage of obese and overweight children ages 10 to 17 at or above 30 percent in 30 states.

While the cost of obesity weighs heavily on health care, the toll it’s taking on mental health cannot be ignored either. As the epidemic reaches sobering new heights (and weights), counselors believe their role is more important than ever.

Weight issues often stem from issues more complicated than one too many Big Macs, experts say, and it’s the work to be done beneath the surface where counseling can help most.

In light of new statistics concerning the ever-expanding obesity epidemic, Counseling Today spoke with three counselors who specialize in body image and asked for their insights on how therapy can help.

Pennsylvania: 26.7 percent adult obesity

“We have become a nation of convenience, and certainly, packaged food products, fast food restaurants and portion sizes all play a role,” says Judith Warchal, a psychologist at the Reading Hospital and Medical Center in Reading, Pa. “But it’s not just about the food that we eat. It’s a far more complex issue. If it was just ‘Stop eating,’ it would be a far easier problem to solve. Alcoholics can stop drinking (and still survive), but we can’t stop eating. So it becomes a more complex issue in trying to manage the food that we eat.”

People who are overweight or obese often experience bias and discrimination, says Warchal, an American Counseling Association member and coordinator of the master’s program in community counseling at Alvernia University in Reading. “With children, we tend to say it’s the parents’ fault, but with adults, there’s a lot of bias that they’re lazy, that they have no willpower, that they can’t perform.” According to Warchal, research has shown that overweight and obese people face discrimination at work, and doctors spend less face-to-face time with obese patients.

“Managing portion sizes is a huge issue,” Warchal says, noting that portion sizes, as well as plate sizes, have grown dramatically over the years. “We fill up our plate without thinking that maybe 10 or 20 years ago, the plate would have been a little bit smaller.”

And while our intake of food is greater, we’re exercising less as a society. Warchal notes that when a person is overweight or obese — and possibly dealing with health complications — the likelihood of exercising decreases. “If you’re tired and fatigued and you have sore joints, it’s difficult to exercise,” she says. “Physically, it becomes a vicious cycle.”

The complexity of the issue shouldn’t steer counselors away, Warchal says, because their help is needed more than ever. “I think that (a person’s weight) becomes a hidden issue,” she says. “Oftentimes in the counseling office, clients will talk about depression, social isolation and feeling alienated, but they might not address directly that their weight could be contributing to those issues.”

According to the Trust for America’s Health and the Robert Wood Johnson Foundation, adults with a body mass index (a calculation based on weight and height ratios) of 30 or higher are considered obese. Children with a body mass index at or above the 95th percentile for their age are considered obese.
One solution, Warchal says, is intake screening. Just as counselors screen for things such as child abuse and suicidality, adding a question along the lines of “Has your weight ever been an area of concern for you?” could offer significant insight into the client. “There is a great opportunity for counselors to begin to assess the impact of weight and eating behaviors on their clients’ overall physical and emotional health,” Warchal says.

Many of Warchal’s clients deal with social isolation. “People who are overweight tend to avoid situations where their weight will become an issue for them,” she says. “What they report to me are feelings of embarrassment and fear.” Among the stories clients have shared: panic at the prospect of getting on an airplane because of a fear they won’t fit in their seats; a dislike of grocery shopping because they think others stare at the food in their carts; avoidance of family picnics because they worry there won’t be a chair big enough for them.

“One of the first things counselors can do is assess their own feelings about treating someone who is overweight or obese,” Warchal says. “Eliminate the self-bias — that is really important.” Overweight or obese individuals are often more attuned to other people’s reactions, she says, so creating a safe environment where clients feel unconditionally accepted is important.

Before launching into talk about weight control, Warchal cautions counselors to focus on the issue that’s most important to the client. If the client doesn’t perceive his or her weight to be an issue, the counselor should back off. “Assess readiness for change, because if the person isn’t ready, we’re not going to get anywhere,” Warchal says.

If the client is ready, Warchal says, self-monitoring activities such as keeping a food journal, exercise journal or journal of thoughts and behaviors can be useful. Clients can then write about and later talk in session about things such as their eating triggers, their feelings at a family gathering or their experience with exercise. “The perception about what others are thinking keeps a lot of people who are overweight and obese from going into a gym,” Warchal says.

Beyond helping each client with his or her individual issues, Warchal challenges counselors to help change perceptions related to those who are overweight and obese. “Try to change the perception in general — our own perceptions, the client’s perceptions and the perceptions of other people in the client’s life’s — to a focus on health and not appearance.”

Illinois: 25.9 percent adult obesity

Let your client take the lead. That’s one of the most important lessons Dana Steiner ever learned.

Steiner remembers the 40-something married woman who came to her private practice in Gurnee, Ill. The client was morbidly obese, and although Steiner called her weight the “pink elephant” in the room, weight wasn’t what the woman wanted to address. Instead, she wanted to talk about her children, her husband and her career. So Steiner, an ACA member, followed her lead. Not until they’d gone through five months of weekly sessions did Steiner begin learning more about the woman’s past and present as they related to her weight.

After building trust with Steiner, the
client shared that she had been raped as a teenager. In addition, her family held rigid ideas of sexuality being taboo, and she then married a man with very similar beliefs. The upshot, Steiner says, was that the client wanted to work on her image, lose weight and develop a healthier lifestyle, but her husband was opposed to those goals. He was worried that if she lost weight, her self-esteem would increase and she would assume greater power in the relationship.

Although the client stopped coming to counseling before the situation was resolved and Steiner doesn’t know how everything ultimately worked out, she keeps that lesson fresh in her mind when seeing clients. “I really learned to take my client’s pace, because if I had jumped the gun, she would have been out of there earlier,” Steiner says. “When you think it’s obvious what the client wants to talk about, don’t be so sure.”

Working with clients who struggle with their weight is familiar territory for Steiner, who estimates at least half of her clients are overweight or obese. She observes that our culture inundates people with confusing messages. “You see one ad for diet foods, one ad for McDonald’s and one ad with skinny models,” Steiner says. “Not only does it promote confusion, it promotes the sense of ‘I’m not good enough.’” And when people have a sense of self-loathing or low self-esteem, she says, it’s easy to turn to emotional eating to find some comfort. “You set up a vicious cycle,” she says.

Steiner also says our daily lives are more sedentary than they once were. Children sit in front of video games, and many adults now spend a large portion of their work life sitting in front of a computer. The trouble, Steiner says, is that we haven’t changed our eating accordingly. “We still think with the farmer mentality of three squares a day, but we don’t need that,” she says. “If you’re having three large meals a day, that’s probably way more calories than the average sedentary person needs.”

In Steiner’s experience, clients tend to minimize issues with weight not only because they feel shame in talking about them but because they believe if they only had more willpower or chose the right foods, the problem would be fixed. “It’s easy to take the client’s view that it’s...
not a big deal, but in fact, it is,” she says. It’s important for counselors to find out what kind of relationship the client has with his or her body, Steiner says, because people often use weight and eating as ways of distancing themselves from their physical self.

Steiner has seen clients mask issues related to self-worth, relationships and sexuality, among other things, with weight. “(The question is) what is the weight and eating doing for them, because it’s got to be doing something for them. Otherwise, they wouldn’t be doing it,” she says. Steiner first recommends that counselors aim to find out what purpose the eating serves for the client — is it to combat high stress, is the person uncomfortable with his or her sexuality, is the person eating out of boredom, is it a form of self-mutilation because the person is self-loathing? Then the counselor’s role is to help the client find an alternative solution, she says.

Many times, Steiner says, people who are overweight put their lives on hold, telling themselves they will wait to date or buy new clothes until they lose weight. What clients put on hold can be very revealing to counselors. “Maybe whatever they say they want to do, they have fears about, and the weight is the protective mechanism,” says Steiner, who often asks clients to do whatever they’ve been waiting to do — right now.

While working through the issues that may be behind their weight struggles, Steiner encourages clients not to weigh themselves. Instead of focusing on a number on the scale, she urges them to find activities and relationships that provide them with the sense of a “full” life.

“What are the activities that make you want to get out of bed in the morning?” Steiner asks. “It shouldn’t be your breakfast, unless maybe you’re a chef.” Removing the emotions from eating is important, she says, because quitting cold turkey isn’t an option. “They can’t stop eating. It has to be about food as a source of energy and providing nurture to your body.”

As a word of caution, Steiner reminds her fellow counselors that their best service to clients who are overweight or obese likely doesn’t involve providing nutritional education. “Don’t whip out your food pyramid,” she says. “We’re not talking about lack of education here. They’ve been there, they’ve read the books, they’ve tried everything. If all you present is education, then you’re missing the boat.”

Counseling this population can be challenging, Steiner concedes, because many times, weight loss happens slowly, if at all. Counselors should reframe their definition of success, she adds, because it’s not solely about getting the client down to a healthy weight. “Success is getting the client to do some cognitive restructuring about their weight and food.” Be aware of and celebrate any change, no matter how small, she says.

When working with this population, it’s also helpful for counselors to have some working knowledge of the biochemistry behind weight, Steiner says. She went back to her local community college and took a few introductory courses, including biology, anatomy and chemistry. While counselors shouldn’t be dispensing medical advice, Steiner says, being knowledgeable about the workings of the body can help them gain a better understanding of what’s going on with certain clients.

Above all else, Steiner says, “Don’t make assumptions about (clients’) readiness to address their weight or what their weight means.” She points out that a person who is 10 pounds overweight might be much more concerned with his weight than another client who is morbidly obese.

Which goes back to Steiner’s original lesson — always let the client take the lead.

North Carolina: 28.3 percent adult obesity

Greensboro, N.C., counselor and dietician Julie Duffy Dillon estimates that about 50 percent of the clients she sees struggle with being overweight and are dissatisfied with their size. The reasons for the obesity epidemic are wide-ranging, but to Dillon, an ACA member, three factors stand out.

“It seems like more families are having to do things during dinnertime,” she says. When parents work late or spend much of the evening shuttling kids between sports and other activities, family mealtimes are often pushed aside, making parents more likely to forgo opportunities to set an example for their children,
Dillon explains. In addition, on-the-go foods might be less healthy and lack variety. "I think it makes the kids really picky and not curious about new foods," Dillon says. "They're not seeing how adults eat."

Exercise is another factor. "People are just not naturally moving as much," says Dillon, who adds that years ago, people walked more, danced for fun and were more likely to engage in outdoor activities. What Dillon hears from her clients today is that they go to the gym, work out on a stationary machine and don't derive much enjoyment from it. "Why would you keep doing it then?" she asks.

Weight issues also stem from a lack of self-care, Dillon says, explaining that people don't generally take the time to listen to their bodies or refuel them properly. Many of Dillon's clients tell her they try to work through their hunger pangs or don't feel hungry until the end of the day. She compares that to holding your breath for a long period of time — when you finally breathe again, you gasp in a lot of air. It's the same with food, Dillon says. When people ignore their hunger and wait to eat, they need more to feel full, portion sizes increase and they might gravitate toward instant-energy foods such as candy or cereal.

Individuals who are already overweight are just as susceptible to falling into this cycle, Dillon says, because when they feel hunger signals, they know they have overeaten in the past and don't believe they should actually be hungry again. "People end up not trusting themselves," she says. That mind-set often leads people who are overweight to delay eating, only to then overeat again later.

Adding to that lack of self-trust are all the stereotypes applied to larger people, from laziness to lack of intelligence to weak willpower. "Many clients start to internalize those stereotypes," Dillon says. "If they're not going to believe they can do it or if the message they're getting is that it's their fault, then they're not going to have much motivation to change."

Dillon uses a non-diet approach called intuitive eating with her clients. The underlying idea is to give clients unconditional permission to eat what their bodies need, she says. The approach considers clients to be their own experts, encourages them to trust their hunger and fullness signals and accepts them exactly as they are. "It allows the person to feel more accepted, more OK with themselves, more OK with their body," Dillon says. "When a person feels that, there's less enjoyment or craving to eat outside of hunger cues."

Intuitive eating helps a person eat for fuel, not emotional reasons, which is an ability we're born with, Dillon says. She gives the example of toddlers who eat until they're full and then go off to play. "That's before we mess around with it and tell them to clean their plate," she says. "(The intuitive eating approach) helps a person come back to that."

The common phrase "war on obesity" communicates a sense of urgency to people, Dillon says. While some urgency is necessary — given that poor health is never good — it can also have a downside. "What it makes people end up thinking is that they need a quick fix," Dillon says. But all too often, quick fixes don't stick. "Learning to trust in the body again takes time. This is more of a solution for the long term."

One of Dillon's clients was a woman in her 20s whose weight had reached 400 pounds. Because she was suffering medical problems due to her obesity, the woman's doctor had referred her to Dillon. Dillon learned that the woman's parents had put her on various diets at a very young age. She started sneaking and hoarding food, and when her parents found out, they made her feel ashamed.

Initially, rather than talking about the woman's weight, Dillon worked to help the client accept herself just as she was. As they continued through therapy, Dillon introduced the woman to intuitive eating so she could relearn her hunger and fullness signals. The weight came off slowly at first, but after two years, the woman had lost 200 pounds. "She needed to be heard and she needed to heal her relationship with food," Dillon says. "Giving her unconditional permission to eat is something that healed her."

If a counselor is seeing a client who struggles with depression, it's OK to ask how that individual feels about his or her body, Dillon says. If eating or weight has become problematic for the client, Dillon suggests that counselors team up for treatment with a doctor or a dietician because of their in-depth knowledge of physiology.

Counseling can be especially useful in helping clients explore their history with food and how they were raised, Dillon says. Being taught to clean their plate as children, being brought up in a home where money was tight or having parents who put them on a diet can all figure into people's relationships with food later on. Dillon recommends that counselors help clients determine the factors that push them to eat beyond their hunger cues. Many times, eating is an emotional reaction — eating out of

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Keeping tabs on the kids

Peter Warchal, who has been a high school counselor for 34 years in Reading, Pa., says that to attack obesity effectively at the adolescent level, schools need to implement a systemwide approach. At Warchal’s school, multiple parties are invested in trying to stem obesity among students.

1) Teachers: Tasked with imbedding good health practices and educating students about the effects of obesity through the health and physical education curriculum.
2) School nurse: Monitors student weights and communicates with the parents.
3) Administration: Warchal’s school district has taken a larger role in deciding what foods and drinks are available to students in vending machines.
4) School counselors: Warchal says he, like other school counselors, can tackle weight and obesity issues on an individual basis.

“The obesity issue needs to be done with a systemwide perspective. If you have that going for you, you have a shot at making an impact in a youngster’s life,” says Warchal, husband of fellow ACA member Judith Warchal, who also counsels overweight and obese clients in her work at the Reading Hospital and Medical Center.

— Lynne Shallcross

boredom, loneliness or frustration, she says. And although emotional eating can be a normal reaction according to Dillon, when it gets out of control, counselors can help clients find an alternative way of dealing with those emotions.

Dillon also cautions counselors to be aware of their own body image and food issues. For instance, a counselor might think that sugar is bad and that eating less of it is a surefire way to lose weight, but that’s not always true, Dillon says. “I wish counselors wouldn’t pass on their own food beliefs,” she says. “That’s something that really affects clients because they trust their counselor and they’re going to honor their request.”

Dillon hears from many of her clients how hard it is to bring up weight issues in counseling because of the shame they feel. It’s incredibly important for counselors to make it OK for clients to talk about weight, she says, and for that reason, Dillon believes acceptance is key above all else. “Tell clients either in actions or words that I accept you as you are,” she says. “That acceptance is what I see most clients needing, and that’s what ends up helping them lose weight in the end.”

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

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Barry University’s PhD in Counseling program in Miami Shores and Orlando is now nationally accredited by the Council for Accreditation of Counseling and Related Educational Programs.
No, Bob Hamilton doesn’t remember the accident that left him with traumatic brain injury like it was yesterday. In fact, Hamilton — like many individuals who sustain a traumatic brain injury — doesn’t have a specific memory of the accident at all.

“I learned about it from what people told me,” he says. Hamilton, 46 at the time, was standing by his driveway in upstate New York when a truck barreling down the road at 55 mph struck him, breaking 75 of his bones, causing numerous internal injuries and turning his life upside down.

The American Counseling Association member had been an engineer for Hughes Aircraft, a professor at Purdue University and a captain for American Airlines at various points in his life. Rather than piloting the plane on this particular flight, however, he was taking one to Dallas, where he spent three months in inpatient rehab.

Extensive and excruciating outpatient care followed. Hamilton sometimes wondered whether it was worth it. “I was suicidal for six years,” he says, “I didn’t see a reason to live. I was such a high performer before.”

Now, 15 years after the accident, Hamilton is the education chair of the Brain Injury Association of Texas. He presented on traumatic brain injury at the 2008 ACA Conference & Exposition in Honolulu in large part because he does not believe that most mental health counselors are currently well equipped to help clients who have a brain injury.

Hamilton, who still sees a neuropsychologist periodically, has come a long way since his accident, but he is realistic about what lies ahead. “A person who has significant brain injury always will have problems,” Hamilton says, “and I’ve recovered more than anyone I’ve known.”
Today, Upton is an associate professor in the rehabilitation counselor training program at Southern Illinois University. He has worked with multiple people who have traumatic brain injuries on both the civilian and military sides. He emphasizes that it takes various professionals conversant in a number of areas to adequately treat individuals with traumatic brain injury. Those professionals include psychologists, speech pathologists, vocational counselors and neuropsychologists.

“You can have a wonderful psychologist. You can have a wonderful psychiatrist. Tests can be done on a person's IQ, but that’s not the same as executive functioning. Over 90 percent of the people with brain injuries have executive dysfunction. They have trouble problem solving. They have trouble with conflict management. They have problems with social skills.”

Upton believes rehabilitation counselors are potentially valuable members of the treatment team for individuals with traumatic brain injury. These counselors understand functional limitations that occur with various chronic illnesses and disabilities and are uniquely trained to provide innovative treatments to negate or eliminate those limitations, he says.

Upton and others interviewed for this article agree that the first 12 to 18 months are crucial in the treatment of individuals with traumatic brain injury. The sooner an individual is evaluated — often by a neuropsychologist using objective psychometric tests that evaluate cognitive functioning, abstract reasoning, executive ability, attention, concentration, language skills and psychomotor functioning — the better, they say. If the tests and face-to-face sessions with the individual reveal cognitive changes, lack of insight, reduced concentration, memory deficits, slowed responses, irritability, socially inappropriate behavior, communication problems, headaches, depression, visual problems and hearing problems, chances are the person has sustained a traumatic brain injury.

Investigating interventions

Robin Dock, a licensed professional counselor and disabilities services counselor at Morehouse College, generally sees individuals with traumatic brain injury after they have been diagnosed. The ACA member’s initial interview is key and leads to possible areas of intervention.

“We talk about cognitive difficulties, memory issues, sensory or motor skills deficits, and attention and concentration,” Dock says. “We usually don’t talk about language skills unless I see that the person is having difficulty communicating with me. I’ll also ask them what they feel their primary needs are.”

Dock normally uses a cognitive behavioral approach with a rehabilitation counseling focus when working with clients who have traumatic brain injury. She conducts modified behavioral analyses to identify target behaviors and skills of concern. She then develops rehabilitation plans based on the client’s needs and tailored both to promote insight into the client’s deficits and support coping.

Dock also involves the client’s family early in the process. Family members are often responsible for referring the client for counseling, she says, because...
individuals with traumatic brain injury may not even realize a problem exists. Family members can often provide valuable information about the person’s disability and what led to it, she adds.

One of the keys in the treatment of traumatic brain injury, according to Dock, is helping clients get an honest grasp of their situation. “You have to figure out whether someone is (experiencing) depression or whether the cognitive delays only look like depression,” she says. “It certainly helps when the patient understands that the injury can cause a decrease in activity. It helps normalize the situation for them.”

Once the individual understands his or her current situation, the healing process can begin. “For me, it’s similar to treating other physical disabilities,” Dock says. “You want the patient to achieve the maximum level of recovery.”

Dock believes achieving the maximum level of recovery for clients with traumatic brain injury requires a team effort involving counselors with skills in psychotherapy, marital therapy, group therapy, relaxation and related techniques, cognitive behavioral therapy and social skills training as well as interventions/consultations in the community.

Many of ACA member Ann Vogel’s patients are military men and women who have sustained traumatic brain injuries. Vogel is a mental health counselor at the University of Iowa Spine Center whose duties include working with veterans referred by TRICARE, the military’s health care plan. Some of the things Vogel discusses with her clients up front are relatively basic. “If I’m in a room with a soldier,” she says, “I’ll ask him what he thinks is dragging him down the most right now.”

Vogel uses daily planners with her clients and helps them negotiate day-to-day activities. The work is often very structured. At the same time, she emphasizes, therapists sometimes have to be creative in working with individuals who have traumatic brain injury. “The creative part is developing useful, personalized compensatory strategies to increase the client’s independence and maximize their functioning and ability to move toward their goals.” Among the compensatory strategies Vogel mentions are daily living checklists, memory books that include the client’s schedule and journals that a client can use between sessions to capture events, thoughts, feelings and actions.

**Beyond talk therapy**

Are there enough therapists out there who know how to treat clients with traumatic brain injury?

“No, no, no,” says Vogel. “If you haven’t worked with brain injuries, you aren’t going to catch on fast (how much these clients) need that daily structure. You’re not going to realize how much that rapport matters.”

“It is really so important to have a base understanding of traumatic brain injury so that the clients feel understood and comfortable opening up about the challenges they are facing with their invisible disability,” she says.

Vogel recommends that counselors interested in working with this population use traumatic brain injury workbooks and visit the Brain Injury Association of America website at bitausa.org to begin getting up to speed.

“There’s no winging it,” she says. “And talk therapy, if that’s all you’re going to do, doesn’t (cut) it. You also have to rely on other people.”

Vogel suggests group therapy as an effective approach to help clients with traumatic brain injury realize that they aren’t alone in the challenges they are facing. She also understands how important it is for these clients to accept their current situation and move on from there.

“You try to have them develop new levels of success,” she says. “You try to point out their strengths and make it as comfortable as you can. You celebrate what goes well and you give them a structure so they don’t hang on to the old standards.”

“I have a client with a traumatic brain injury who was in a skateboarding accident,” Dock says. “After the accident, he sometimes couldn’t remember what to do from one moment to the next. Was he angry? Absolutely. Was he depressed? Absolutely. Did he have to grieve his loss? Yes.”

In situations such as these, Dock says, counselors can offer a valuable service by teaching clients coping and stress-reduction strategies and helping them normalize their feelings of anger, frustration and loss. In addition, counseling interventions might include behavioral modification, cognitive restructuring and environmental restructuring to address social skills deficits, disruptive thoughts and physical barriers. The use of training techniques to enhance attention and concentration could also be part of treatment.

Psychotherapy might be necessary to address reactive depression, heightened irritability and anxiety.

Among the most important attributes to possess in working with clients who have experienced traumatic brain injury are sincerity, caring, perseverance, creativity and the ability to stave off discouragement, Upton says. Hamilton adds the importance of patience for counselors who take on these clients.

To aid in his own recovery, Hamilton exercised 90 minutes a day, watched his nutrition, minimized the amount of prescription drugs he took, got massages two to three times per week, used acupuncture and — most important in Hamilton’s eyes — learned relaxation and meditation techniques. Not enough counselors use those techniques, he contends.

Now, Hamilton goes out and lectures on traumatic brain injury. During his lectures, he tries to communicate how frustrating life can be for those individuals trying to recover from a brain injury.

“I’ll pick out a woman from the audience and ask, ‘What would you think if I told you that I understand what it is really like to be pregnant and have a child? You’d laugh yourself silly,’” Hamilton says. “Well, a brain injury is often much like that. You may sympathize and you may understand a little of what it may be like, but unless you have one, you don’t really have a clue.”

ACA member Chris Morkides is a psychotherapist in private practice in Wilmington, Del. Contact him as cmorkides@aol.com.

Letters to the editor: ct@counseling.org
Supporting Counseling’s Future

New Student Scholarship Opportunities from the ACA Foundation

A History of Support
From the “Counselors Care Fund” to the “Growing Happy and Confident Kids” program, the American Counseling Association Foundation has a long history of providing support and opportunities for counselors and the communities they serve.

Key among its efforts has been providing support for the newest members of the counseling profession — students enrolled in graduate programs in counseling throughout the nation. This year the ACA Foundation is proud to announce new opportunities for students continuing their education as counseling professionals.

ACA 2010 Annual Conference Scholarships
The ACA Annual Conference provides outstanding opportunities for counseling students to network with other students while also meeting with and learning from many of the country’s leading counseling professionals. For the 2010 Conference in Pittsburgh the ACA Foundation will offer new and expanded scholarship opportunities, including scholarships covering both registration and hotel expenses.

Graduate Student Scholarship Competitions
This year the ACA Foundation’s graduate student scholarship programs have been revised and expanded. Both full-time and part-time graduate students in counseling will be offered opportunities to win cash awards to help further their education.

Find out more about how ACAF Scholarship opportunities can benefit you.

Get full details online at acafoundation.org or through the ACA website at counseling.org/students
The three candidates vying to become the American Counseling Association’s next president-elect were asked to provide answers to several questions that have implications for the association and the counseling profession. This month, their responses to the second question are being published. Responses to a previous question were published in the September issue, and answers to the two remaining questions will appear in the November issue.

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

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

What ideas do you have for rebuilding fractured or inoperable branches?

Michael Lazarchick: I chartered NJASERVIC in 1989, was elected president, published a newsletter and journal, and it became the third-largest division in New Jersey. In 1999, I had to reassume the presidency of a then-floundering association, published a website with an online newsletter, found a president-elect and helped her bring the association back to full strength (geocities.com/njaservic).

In 2001, both NJECA and NJCDA had dwindling boards with burned-out leaders. I orchestrated a merger, wrote new bylaws and was elected president. Another website, another newsletter, the recruitment of new leaders and, today, it is the second-largest division in New Jersey (njcareercounseling.org).

In 2004, while away at ACA Governing Council, NJCA experienced a divisive meeting and numerous board resignations (including the president). I invited all board members to convene, mediated a solution and brought the association back into a legal and healthy position. This year, I was acknowledged for that effort and a history of helping NJCA remain vital.

I communicated with the national presidents during these ventures for their wisdom, experience and advice. I exuded passion, listened, found the needs of those I encountered, delivered service and inspired. Professional association participation is part of being professional.

Don W. Locke: My plan includes determining which areas are perceived to have fractured or inoperable branches. Some do, some don’t. As an active leader, I will become involved with each branch, not in a ceremonial manner, but in ways to help them become more effective in meeting member needs.

Historically, the branches have been a key to the vitality of ACA. When one reviews the beginnings of most of the landmark actions of ACA, they began in one or more of the branches. Most branches grew and developed because counselors with common needs came together and worked together. As these groups expanded, they included a more diverse group of professionals.

Instead of capitalizing on the diversity and allowing for inclusion, various groups within branches have become either exclusive or have developed limited scope. The result has at times caused fractures in branch structures. We need to look back to the rationale for ACA and branch development and concentrate on what brought counselors together. We must remember why ACA exists and how it was organized and learn from our past to be able to reestablish our effectiveness in the future.
Letters to the editor: ct@counseling.org

Becoming a volunteer is the best way to connect with fellow ACA members, develop your leadership skills, and become an integral part of the American Counseling Association— all while making a difference in the counseling profession. As a student volunteer you will have the opportunity to meet and interact with leading counseling professionals. You will also find a wealth of information regarding future career choices, and a number of student activities. So become a part of the ACA’s Graduate Student Volunteer Program at the 2010 Annual Conference & Exposition in Pittsburgh (March 18-22).

ACA is seeking up to 100 graduate student volunteers willing to work a minimum of 12 hours during the conference. In exchange for your time and commitment, ACA will waive one-half of your registration fee. We are also pleased to offer graduate students who have previously volunteered in this program (within the last 3 years) full reimbursement for their registration fee. The deadline to sign up for this program is Friday, December 18, 2009.

For more information about this program, please go to the ACA website at www.counseling.org/Students/GetInvolved, or contact Robin Hayes at 800.347.6647 x296.

Bradley T. Erford: The landscape for professional associations, including branches, has changed dramatically over the past decade. As with any group or organization, strength comes from a commitment to attaining shared goals, respect for diversity and a dedicated core of members who go above and beyond the call of duty to selflessly serve colleagues and the profession.

I was the president of the Maryland ACD during ACA’s “dark years,” when divisions spoke of disaffiliation and membership and finances waned. I quickly learned to focus on what members wanted: CEUs from conferences and workshops, professional liability insurance, networking opportunities for students and professionals, mentoring emerging leaders and other initiatives too numerous to mention here. MACD membership rose 85 percent over three years, and revenues soared even higher. Members rightfully demand a return on their investment. When they get it, members become committed to the professional mission.

I will help struggling branches to reinvent themselves through collaborations with other successful branches; mentor, nurture and support additional emerging leaders; and develop progressive programs of valuable service delivery. Finally, we need to reach out to students and young professionals (our next generation of professional counselors) through the technological innovations they are wired into (blogs, social networks, etc.). Connecting with people is what counselors do; connecting with counselors is what counseling leaders do!

To be eligible to participate in the election, you must be a member in good standing of the American Counseling Association 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.
Pittsburgh pride

ACA members who call Pittsburgh home share their favorite things about the host city of the 2010 ACA Annual Conference & Exposition

When attendees of the American Counseling Association Annual Conference & Exposition head to Pittsburgh next March, they’ll be in for a treat. Whether in town just for the conference or an extended stay, they’ll find themselves in the middle of the most livable city in the United States, an honor bestowed on Pittsburgh by The Economist earlier this year. The ACA Conference, to be held March 18-22 and cosponsored by the Pennsylvania Counseling Association, will offer attendees the perfect chance to see just how much the Steel City has changed.

Speak with almost any ACA member who hails from Pittsburgh, and they’ll easily rattle off a list of things that make the city great. Chelsea Howe, an ACA member who’s called the city home all her life, says the old steel town image is long gone. “It is a vibrant city with culture, nightlife and beauty,” says Howe, who works at the Children’s Hospital of Pittsburgh in addition to running a private practice. “Pittsburgh offers many things that you find in a bigger city, but people are very friendly at the same time. It is like a big city with a small-town feel.”

Counseling Today checked in with a few other hometown members to get their lists of recommendations. So grab a highlighter and let these ACA-member tour guides show you the best of what Pittsburgh has to offer.

Megan Carbaugh

Carbaugh is a student member of ACA who grew up in Pittsburgh. She’s earning her master’s degree in counseling psychology from Chatham University as well as working full time as a program supervisor for Best Buddies Pennsylvania.

Must-see list

- PNC Park and Heinz Field
- Andy Warhol Museum
- Heinz History Center
- Kennywood amusement park
- Pittsburgh Zoo & PPG Aquarium
- Carnegie Science Center
- Benedum Center or Heinz Hall (try to purchase tickets for shows in advance)
- View from Mount Washington (for photographers — professional or not!)

Eat, drink and be merry

- Dozen Bakeshop, a bakery and cafe with vegan options and gourmet cupcakes (dozenbakeshop.com)
- Primanti Bros. for their one-of-a-kind sandwiches (primantibrothers.com)
- Hofbrauhaus, a German restaurant and brewery (hofbrauhauspittsburgh.com)
- Church Brew Works, a one-time church converted into a brewery (churchbrew.com)
- South Side (aka East Carson Street) and Station Square have tons of places to eat and drink.
Fat Head’s Saloon for good food and beer, but be warned it’s often crowded (fatheads.com)

The Wine Loft for good wine and relaxing with friends (thewineloftpittsburgh.com)

First-time visitors will be surprised to learn …

- Pittsburgh is nicknamed the City of Bridges.
- Pittsburgh is NOT a steel town anymore.
- Pittsburgh has a lot of culture and beautiful sites.
- French fries and shredded cheese are common salad toppings.

What makes Pittsburgh unique?

- Sports teams (Steelers, Pens, Pirates)!
- Pittsburgh was once a historically blue-collar steel town that has transformed into a modern corporate headquarters for many businesses. It hosted the 2009 G20 Summit in September.
- The people (mostly friendly and approachable)!

What is Pittsburgh’s most overlooked treasure?

- Its beauty — winding hills, rivers and bridges. Also, the Pittsburgh Zoo and Kennywood.

When visiting Pittsburgh, always remember to …

- Check the weather forecast in the spring — prepare for rain, snow and sunshine.
- Wear your black and gold!
- Go to Primanti Bros. and eat a sandwich!

Gina Acquavita

Acquavita, who works at Western Psychiatric Institute & Clinic in addition to counseling in private practice, says among Pittsburgh’s chief attributes are that it’s safe, it’s affordable, there’s always something to do and its people are friendly.

Must-see list

- Mount Washington. Take in the best views of the city on Grandview Avenue and ride one of the two inclines — some of the only working inclines left in the country.
- Drive over the Fort Duquesne Bridge for another great view of the city.
- Phipps Conservatory in Oakland

Eat, drink and be merry

- Primanti Bros. They put coleslaw and french fries on sandwiches, and we love it!

First-time visitors will be surprised to learn …

- Pittsburgh has 446 bridges, the most of any city in the world — three more than Venice!
- We also have our own language: “Pittsburghese.” We who live here are known as yinzers, and people will say yinz instead of “you guys” or “y’all.” Other words include slippy (slippery), reddy up (clean up) and dawntawn (downtown).

What makes Pittsburgh unique?

- The bridges and accent, obviously, but otherwise, the sports fans … and all the arts! There is a cultural district downtown, tons of awesome museums and all of the music clubs for local artists, and cafes.

What is Pittsburgh’s most overlooked treasure?

- Lawrenceville. It’s a neighborhood most visitors wouldn’t go to. It’s small and has been run-down for years, but in the past couple of years, huge changes have been made, and there are tons of amazing shops, museums and unique things to do.

When visiting Pittsburgh, always remember to …

- Go to the Strip District! There are tons of Pittsburgh-themed restaurants and shops and stands with cheap, fresh foods — especially if you go on Saturday morning.

Pittsburgh tours

ACA members and their families can take advantage of several great tours while in town for the conference. Here are four fun excursions to complement your stay.

Pittsburgh City Tour

Let the story of Pittsburgh come alive as a knowledgeable tour guide leads you around the city. The tour begins in the downtown Golden Triangle, continues to Oakland — the cultural and educational center of Pittsburgh — and wraps up with a trip up the Duquesne Incline for a breathtaking view of the city.

Pittsburgh’s Treasure Tour

See many of the hidden treasures Pittsburgh has to offer on a trip through the Carnegie Museum of Art, the Carnegie Museum of Natural History, the Nationality Rooms in the Cathedral of Learning at the University of Pittsburgh and the Heinz Memorial Chapel.

Art Tour

The first stop on this tour is the Andy Warhol Museum, another of the four Carnegie Museums of Pittsburgh and also the most comprehensive single-artist museum in the world. Art fans will then continue on to the Mattress Factory, a museum of contemporary art.

Science Center Tour

Curious minds, old and young, will enjoy this trip to the Carnegie Science Center, the fourth of the Carnegie Museums of Pittsburgh. Take in four floors of exhibits, the Rangos Omnimax Theater with its larger-than-life films and a tour of the USS Requin, docked outside the museum.

For more information or to purchase tickets for these tours, visit dmcpittsburgh.com/reg_aca09.php.
James Matta

Matta, a longtime Pittsburgh resident, works at California University of Pennsylvania’s Counseling Center. In addition, he works part time at Western Psychiatric Institute & Clinic and runs a small private practice.

Must-see list

A must-see for any first-time visitor is coming down what is known as the parkway west from the airport and then entering the Fort Pitt tunnel. After passing through the tunnel, you burst through the side of a large hill, and the city explodes into view. I also highly recommend taking a nighttime ride on one of the two inclines to Mount Washington to view the city. The view allows visitors to see one of the few confluences — three rivers merging into one — in the country.

Eat, drink and be merry

People from all over the world came here during the years of the steel mills to find employment and the promise of a better life. With them came their heritage, with food at the heart of it. The north side of town is known as Deutschtown or Dutchtown because of its German ancestry. Max’s Allegheny Tavern (maxalleghenytavern.com) serves “wunderbar” German dishes. The restaurant offers an authentic beer garden, as well as my personal favorites: Viener Schnitzel, potato pancakes, sweet and sour cabbage and kasespaetzle, with apple strudel to top it off.

Another great restaurant gaining a fan following on the north side is Bistro to Go (bistro-togo.com). It has a mix of what it calls “comfort foods,” but it often has a strong New Orleans flavor thanks to one of the chefs who worked there for many years. Also worth checking out is Pamela’s (pamelasrestaurants.com) in the heart of the Strip District for breakfast. During the 2008 presidential primary race, President Obama stopped in. He liked the flapjacks so much, he brought the owners to the White House in May to make them again.

Must-see list

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PCA cosponsors ACA Conference

When the American Counseling Association comes to Pittsburgh in March for its Annual Conference & Exposition, the Pennsylvania Counseling Association will be serving as a proud cosponsor. Counseling Today asked PCA President Holly Branthoover to share some information about her state branch of ACA.

Introduce yourself to our readers.

I assumed the presidency July 1 but have been involved with PCA for five years, serving for four years as chairperson of the Membership Committee and one year as president-elect. I am an associate professor in the counseling department at Indiana University of Pennsylvania and a licensed professional counselor working in private practice. I also volunteer with the Disaster Action Team of the Southwestern Pennsylvania Chapter of the American Red Cross and volunteered during Hurricane Katrina, providing mental health services.

Tell our readers a little bit about the makeup of PCA.

PCA, a state branch of ACA and a member of the North Atlantic Region of ACA, is committed to serving and representing Pennsylvania’s professional counselors by providing leadership and professional development. The purpose of the association is to enhance human development throughout the life span and to promote professional counseling.

What significant challenges and/or accomplishments has PCA experienced in the past year or several years?

One major focus for counselors in Pennsylvania was securing the professional licensure. PCA was highly involved in lobbying efforts to secure licensing for LPCs and LMFTs (licensed marriage and family therapists). The law was finally passed in March 2002, and we continue to be active in legislative issues affecting counselors in our state.

Each October, we hold a very successful state conference where we bring in national speakers and provide free CEUs to our members. One challenge has been keeping the organization viable in this current economic climate, considering that the association is staffed by volunteers. However, we have been successful and creative in our efforts!

What are some of the issues PCA is focusing its efforts on at this time?

Right now, we are undertaking an alliance with ACA to provide management services for PCA. We are hoping to increase consistency in providing services for our members by joining with ACA. We are also trying to help address the issue of LPC supervision in Pennsylvania. Because our licensure law is so new, students often struggle to find the LPC supervisors required to become licensed.

What does holding the ACA Conference in Pittsburgh mean to PCA and to counselors throughout Pennsylvania?

I cannot say how excited we are to have ACA in Pennsylvania in 2010! We are hoping to draw attention to our organization and how we can be of service to counseling professionals who are not already involved with our organization. We hope to boost membership and involvement, while also providing services to our current members. We will have a PCA-sponsored reception, PCA-sponsored workshops and registration benefits for our current members.
First time visitors will be surprised to learn …

The city has been listed as the most livable city by five different independent surveys. And it’s one of the few places in the United States that was only marginally affected by the economic downturn. It’s being used as a role model for other cities.

What makes Pittsburgh unique?

The people. This might sound a bit like a cliche, but it’s true. I believe their family, work and education values are at the heart of their being. For example, I have never heard one Pittsburgher ever deny that this was a blue-collar town, even after a major overhaul in the work sector. They not only believe in themselves, but they also believe in their neighbor. It is not uncommon to hear a visitor say that when they asked someone for directions, the person stopped what they were doing and led the traveler to their destination.

What is Pittsburgh's most overlooked treasure?

Many individuals are unaware of the rich cultural amenities. The Pittsburgh Symphony, Carnegie Museum, Phipps Conservatory, Carnegie Library of Pittsburgh, Pittsburgh Zoo and the National Aviary are just a few.

Gina Fitzmartin

Fitzmartin, who has a private practice in the Squirrel Hill neighborhood, specializes in working with eating disorders, addictions and trauma.

Must-see list

- Head to Station Square, near where the three rivers merge, to find riverboat tours both during the day and night.
- Go downtown to Point State Park. Enjoy the fountain, bring a picnic lunch and watch the river activity.
- Go to the top of the Cathedral of Learning at the University of Pittsburgh for a spectacular view of the city.
- Schenley Park (pittsburghparks.org/schenley)
- Phipps Conservatory (phipps.conservatory.org)

Eat, drink and be merry

- Nakama Japanese Steakhouse and Sushi Bar (eatatnakama.com)
- Kiku for sushi (kikupittsburgh.net)
- Abruzzi’s Restaurant for Italian (abruzzis.net)
- Paparazzi Restaurant for Italian
- Monterey Bay Fish Grotto (monterybayfishgrotto.com)
- Zen Social Club (zensocialclub.com)
- Diesel Night Club (dieselpgh.com)
- Hard Rock Café (hardrock.com)

What makes Pittsburgh unique?

We are very proud of our sports teams. The Steelers have won six Super Bowls, and Heinz Field is right across the river from Station Square. The Penguins hockey team won the Stanley Cup in 2009. And the Pittsburgh Pirates play in a beautiful park right next to the football stadium.

What is Pittsburgh’s most overlooked treasure?

The Oakland neighborhood.

Bea Guillen

Guillen, who attended the University of Pittsburgh as an undergrad, is finishing up her master's in counseling psychology at Chatham University. She gives the city a thumbs-up for its affordability, friendly people and many entertainment options.

Eat, drink and be merry

My favorite restaurants in the city are Abay Ethiopian Cuisine (abayrestaurant.com) in East Liberty, Udipi Café for Indian food in Penn Hills, Green Forest (greenforestcafe.com) for Brazilian in Penn Hills, Fat Head’s Saloon for American in the South Side, Fuel & Fuddle (fuelandfuddle.com) for American and Redbeard’s Mountain Resort for American. For nightspots, my favorite bars are Redbeard’s, Hemingway’s Café (hemingways-cafe.com) and Fat Head’s.

What makes Pittsburgh unique?

Pittsburgh is unique in its “feel.” It is a small city that has everything one can think of, but it is convenient and affordable, with a personality of its own. The dialect is interesting, and the passion for the Steelers and the Penguins is definitely something worth experiencing.
What is Pittsburgh's most overlooked treasure?

Our skyline.

When visiting Pittsburgh, always remember to ...

Stop at Primanti Bros. for one of their super sandwiches!

Sara Gales

Gales grew up in the area and is earning a master's in rehabilitation counseling at the University of Pittsburgh. She's also a predoctoral fellow in the Cognitive Skills Enhancement Program at the Hiram G. Andrews Center in Johnstown.

Eat, drink and be merry

■ Fat Head's Saloon for sandwiches, burgers and wings
■ The Church Brew Works and Restaurant
■ Italian restaurants in the Bloomfield neighborhood — the Pleasure Bar, Alexander's, Tessaro's
■ Toast! Kitchen & Wine Bar (toastkitchen-winebar.com) has a relaxed, laid-back atmosphere. Share a bottle of wine and talk the night away.
■ The Funny Bone (funnybonepgh.com). Enjoy a night of laughter at this comedy club.

What makes Pittsburgh unique?

Pittsburgh is made up of many little neighborhoods, each with its own sense of style and cuisine. Check out Bloomfield, Shadyside, Squirrel Hill and South Side.

What is Pittsburgh's most overlooked treasure?

The Nationality Rooms in the University of Pittsburgh's Cathedral of Learning.

A piece of advice for first-time visitors

The Carnegie Science Center is a place for families with children to visit rather than for adults alone.

When visiting Pittsburgh, always remember to ...

Get out and explore, but be patient. Construction, tunnels and bridges can sometimes make traffic difficult to handle.

Taunya Tinsley

Tinsley, an assistant professor in the California University of Pennsylvania Department of Counselor Education, says she loves Pittsburgh because of its affordability, sports teams and professional opportunities. She is also the facilitator for the ACA Sports Counseling Interest Network.

Must-see list

The North Shore (PNC Park, Heinz Field, Rivers Casino, Pittsburgh Police Fallen Officer Memorial), the downtown Cultural District, Mount Washington, Station Square, the Strip District, the South Side and the waterfront.

Eat, drink and be merry

■ Monterey Bay Fish Grotto
■ Sonoma Grille in the Cultural District for international cuisine (thesonomagrille.com)
■ Kaya in the Strip District for Caribbean, South American and Pacific cuisine (bigburrito.com/kaya)
■ Tusca for Mediterranean tapas (ruscatapas.com)
■ Jerome Bettis' Grille 36 in the North Shore (jeromebettisgrille36.com)
■ Nakama Japanese Steakhouse and Sushi Bar for happy hour
■ The Wine Loft
■ Bossa Nova (bosanovapgh.com)

First-time visitors will be surprised to learn ...

While Pittsburgh is historically known for its steel industry and bridges, the city is now largely based in health care, education, financial services and robotics.

What is Pittsburgh's most overlooked treasure?

Phipps Conservatory

When visiting Pittsburgh, always remember to ...

Speak Pittsburghese (pittsburghese.com)!

For even more insider tips from Pittsburgh-area ACA members, visit the Counseling Today Online section of the ACA website at counseling.org.

To learn more about the 2010 ACA Conference & Exposition in Pittsburgh (March 18-22), or to register to attend, visit counseling.org/conference or call 800.347.6647 ext. 222. Register early to ensure the best rates.

Lynne Shallcross is a staff writer for Counseling Today. Contact her at lshallcross@counseling.org.
Plan Now to Attend the Largest Conference in Counseling

- Pre-conference Learning Institutes: March 18-19
- Education Sessions: March 20-22
- Exposition: March 19-21

Keynote Speaker:
Gerald Corey, Ed.D.
Diplomate in Counseling Psychology, ABPP
Professor Emeritus, Human Services and Counseling
California State University, Fullerton

Keynote Speaker:
Patti Digh
Diversity and leadership expert, author, and co-founder,
The Circle Project

Register by Monday, November 30 at midnight!

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Online: counseling.org/conference
Phone: 703-823-9800 x222
800-347-6647 x222
(M-F, 8 am to 7 pm ET)

All events will be at the
David L. Lawrence Convention Center
and the
Westin Convention Center Pittsburgh

See you in Pittsburgh!
Frank never seems to give up. Somehow, he always looks for the silver lining (as the song goes, for those of us old enough to remember it). For example, one time we were playing golf, which seems to bring out the worst in many of us! It was one of those perfect spring days, and I reminded myself not to let the game ruin a good walk.

I hit the first ball straight down the fairway. “Well, that’s a little unusual,” I thought to myself. Then Frank stepped up and hooked his ball far to the left, into the adjoining fairway. That’s normally the time other golfers would resurrect words from their days spent around a frustrated grandfather! Not so with Frank. He simply picked up his clubs and said, “Nice day for a walk.”

That was typical of Frank, who has faced his fair share of challenges. The greatest of these occurred during the final month of his last tour of duty in Iraq. His platoon was returning to base when the vehicle in which he was riding hit an improvised explosive device. Frank was blown clear but was badly wounded. He spent nearly three months in the hospital with broken bones and a severely shattered right leg. In spite of heroic efforts by the medical team, Frank lost his right leg just above the knee.

As Frank headed for the other fairway to retrieve his ball, I was left in awe, wondering how he does it. No, not walking on his prosthetic leg, but rather how he maintains his optimism. I’ve known Frank for years and have always been impressed by his optimistic attitude because I’ve also known my share of pessimists. Frank viewed his ball hooking onto another fairway as an invitation to enjoy a walk on a beautiful day. A pessimist might have seen the hook as confirmation that he is a lousy golfer.

Winston Churchill once said, “A pessimist sees difficulty in every opportunity. An optimist sees opportunity in every difficulty.” All of us know individuals who fit somewhere along the optimistic-pessimistic continuum; most people are usually a bit of both. Optimism and pessimism have been subjects of research for decades. The literature is full of articles extolling the virtues of optimism and the importance of changing negative thoughts into positive thoughts. Writers provide formulas and extensive lists of self-help strategies. Some research from the Mayo Clinic even asserted that optimists live longer than their pessimistic cohorts. Martin Seligman, perhaps the foremost authority on the subject, added a caveat to the Mayo results: “It is not clear if pessimism shortens life, optimism prolongs life, or both.”

Seligman has researched the topic for 25 years and has concluded that optimists have fewer illnesses and recover more quickly than pessimists. However, Howard Friedman, an expert in health psychology, writes, “The idea that optimists are healthier than pessimists is overly simplistic.” Adam Kahn prefers the terms “optimists” and “non-optimists,” while Pierce Howard contends that the line between optimism and pessimism is far from clear-cut. In his book Learned Optimism, Seligman states he is convinced that changing how we think changes how we feel — and we choose the way we think. Furthermore, he says, how we talk to ourselves predetermines our optimistic or pessimistic view of life.

The optimistic-pessimistic continuum

Of one thing I am certain: All of our clients fall somewhere on the optimistic-pessimistic continuum. I believe determining a client’s relative position on this continuum should be among our very first observations as counselors because that will provide us with clues about this individual’s problem-solving successes or failures. One means of doing this is simply attending to the ways your client describes his or her perception of life. You might explore the CAVE (Content Analysis of Verbatim Explanations) as an avenue to assess optimistic and pessimistic expression.

For example, the following statements are typical of a pessimistically oriented person:

- I don’t know why I even keep trying.
- It may be too late for things to change.
- I doubt if he or she will ever change.
- I have tried so many times before that it seems hopeless.
- My family has never been supportive and probably never will be.
- No matter what I do, it is wrong.

There is an overtone of helplessness in these comments. The language reflects a helpless and hopeless attitude. And this thinking can lead to self-fulfilling prophecies.

On the other extreme are statements typically uttered by optimists — the Mary Poppinses of our generation:

- I’m just going to have to try again.
- I’ve never tried that, but I think it could work.
- It has been difficult since he lost his job, but I know things will get better.
- My life is pretty good if I stay positive.
- Aging has its merits. I get to share some wisdom.
- I know I can count on my family coming through for me.

You can hear the presumption of personal power in these statements. There is an internal locus that rests on personal effort and perceived abilities.

Another way to gather data about hopeful and hopeless thinking is to use an objective norm-based assessment. Visit Seligman’s Authentic Happiness website at authentichappiness.org and select an assessment tool that will give you an idea...
of how your clients compare with a norm.

Our locus of control influences our positive or negative perception of the world. Greater internal locus of control is associated with optimism, while external locus of control is associated with pessimism. Although this is an oversimplification, internals believe in skill, ability and effort, while externals put more stock in fate, chance and luck. One needs to guard against oversimplification because internals as well as externals can be unhealthy and unstable. In other words, both need a healthy sense of reality.

An Internet search can provide instruments with which to assess locus of control. And it is important to understand that both counseling and life experiences can alter locus-of-control orientation.

Counseling methods

When I taught Theories of Counseling, my goals were to expose students to a range of counseling methods and urge them to become competent in several. We would no more seek a counselor who stubbornly held to one method of therapy than take our car to a mechanic who refused to use anything but a screwdriver. We do not need “screwdriver” counselors. “One size fits all” is not a philosophy that benefits clients, especially when you’re talking about optimists and pessimists.

I believe that, as counselors, we need to review the seasoned and much-researched concepts of optimism, learned helplessness and locus of control in choosing appropriate counseling methods. After all, understanding a client’s problem-solving strategies is an important part of being a successful counselor.

Assume your client leans toward pessimism and external locus of control. Consider selecting a cognitive-oriented method to focus on changing thoughts or self-talk. Among the more than 150 counseling methods found in the literature, some of the more commonly known are rational emotive behavior therapy (Ellis), rational behavior therapy (Maultsby), rational living (Pucci), dialectic behavior therapy (Linchan), cognitive therapy (Beck) and social cognitive theory, self-control therapy or modeling therapy (Bandura). Challenging beliefs leads to disputing the validity of self-defeating thoughts; in turn, that leads to a change in feelings. Perhaps this may lead counselors to dust off those old theories books and become reacquainted with some of the methods.

If your client has an optimistic explanatory style and happens to “see an opportunity in every difficulty,” there may be less need for confrontational counseling methods. Examples of such methods include positive psychology (Seligman), person-centered counseling (Rogers), Gestalt therapy (Perls), logotherapy (Frankl), psychodrama (Moreno), narrative therapy (White and Epston,) solution-focused therapy (de Shazer and Berg) and transactional analysis (Berne).

Although we may not necessarily modify our counseling methods to fit every issue identified by clients, we may blend methods as the client moves from one position of personal power to the next. I believe all counseling rests on the bedrock of a relationship of trust. Thus, most helpful to a client is faith and confidence in the counselor — regardless of the method.

Conclusion

1) Optimists roam the Earth searching for opportunities. They have mastered the art of hope. They have better health, experience less depression and are more successful in their jobs. They are more likely than pessimists to say, “Just because I had a negative thought does not make it a fact.”

2) Pessimists roam the Earth often expecting things to turn out worse than they really are. They often think about bad things in terms of “always” and “never,” while an optimist thinks in terms of “sometimes” and “occasionally.” Pessimists are defined by their failures.

3) In reality, most of us experience from time to time the full range of negative and positive feelings and thoughts. How we handle these feelings and thoughts is the true test of our place along the optimistic-pessimistic continuum.

4) We can only hope that when clients need a counselor to help them find their way out of their personal dungeons, they will find someone who can recognize whether they are crouched by the wall in despair or measuring how far they have come and looking at options to continue.

Marvin G. Knittel is professor emeritus of counseling and school psychology at the University of Nebraska-Kearney and a life member of the American Counseling Association. He is currently retired in Tucson, Ariz. Contact him at mdknittel@gmail.com.

Letters to the editor: ct@counseling.org
Sylvia Shortt served as treasurer of ACA for the fiscal year that ended June 30, 2009.

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.

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, 2009. On June 30, ACA owned $6,079,737 in assets. Of these assets, $3,617,826 was in cash and investments.

As of June 30, the association’s liabilities included prepaid vendor fees of $15,670, staff salaries and benefits of $458,244 and fees collected on behalf of related organizations of $61,977. Membership benefits to be fulfilled totaled $3,358,814 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 on June 30 was $2,216,372. This indicates that the association remains financially healthy. However, efforts must continue to be made to ensure the association’s long-term stability.

As of June 30, the association reported $382,721 in excess expenses over revenues. This represents the second consecutive year that ACA’s expenses have exceeded its revenues at the end of the fiscal year. Despite the challenges brought on by the global recession of the past 18 months, ACA has been able to increase membership by nearly 1,000 members, host an annual conference that attracted nearly 4,000 attendees, introduce new benefits and reduce its operating costs.

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, please contact Sylvia Shortt at sshortt@westga.edu.

Sylvia Shortt served as treasurer of ACA for the fiscal year that ended June 30, 2009.

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**American Counseling Association Balance Sheet • June 30, 2009**

**ASSETS**

- Cash & Cash Equivalents .......................................................... $3,617,826
- Accounts Receivable (net of allowance for doubtful accounts of $63,158) 495,681
- Note Receivable ............................................................................. 1,500,000
- Prepaid Expenses ........................................................................... 157,179
- Deposits .......................................................................................... 14,198
- Inventory .......................................................................................... 231,898
- Fixed Assets (Net of Accum. Depr.) .................................................. 62,955
- Total Assets ................................................................................... $6,079,739

**LIABILITIES AND FUND BALANCE**

**LIABILITIES:**

- Due to related organizations .......................................................... 61,977
- Accounts Payable .......................................................................... (15,670)
- Accrued Salaries, Annual Leave & Payroll Taxes ......................... 458,244
- Deferred Revenues .......................................................................... 3,358,814
- Total Liabilities ................................................................................ 3,863,365

**FUND BALANCES:**

- Unrestricted Fund Balances .......................................................... (611,373)
- Designated Fund Balances ............................................................. 3,210,465
- Prior Period Adjustment .................................................................. 0
- Retained Earnings ............................................................................ (382,721)
- Total Fund Balance (Deficit) .......................................................... 2,216,372
- Total Liabilities & Fund Balance (Deficit) ....................................... $ 6,079,739
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Promoting the evolution of the counseling profession
Implementing a Multicultural-Social Justice Leadership Academy at the 2010 ACA Conference

By Michael D’Andrea

It is increasingly apparent that the multicultural-social justice counseling movement is forging a paradigm shift in the counseling profession. In doing so, this movement continues to revolutionize the counseling profession in many important ways. Among the specific changes the multicultural-social justice movement has fostered in the counseling profession in general and the American Counseling Association in particular:

- ACA formally endorsed the multicultural counseling and social justice advocacy competencies in 2003.
- Unlike previous versions of our ethical standards, the ACA Code of Ethics, revised in 2005, infuses multicultural issues into the center of our professional ethics.
- Many changes have been made in counselor education curricula that reflect a growing commitment to multicultural-social justice issues in the preparation of professional counselors.
- There continues to be a dramatic increase in professional publications and conference presentations related to multicultural-social justice issues.
- Counselors for Social Justice, one of the newest divisions in ACA, was established to promote a social justice perspective in our profession.

An ongoing need for leadership development training
These and other related accomplishments have greatly contributed to significant changes in the work that many counselor educators, practitioners and researchers do. Despite these important changes, many allies in the multicultural-social justice counseling movement have expressed a desire to learn how to become even more effective in advocating for changes in their work settings that will result in an increased commitment to the multicultural-social justice counseling paradigm. The answer many advocates give is that new leadership development training projects need to be developed, implemented and institutionalized to support our allies in realizing new dimensions of their untapped leadership potential.

With this backdrop in mind, a number of persons recently participated in a series of computer-based meetings to discuss the possibility of sponsoring a historic Multicultural-Social Justice Leadership Development Academy (MSJLDA) at the 2010 ACA Conference in Pittsburgh. These collaborative meetings, which involved members of national organizations (ACA and its divisions) and grassroots organizations in Pennsylvania, were designed to discuss ways to build on the successes of the Giving Back to the Community projects held at four of the past five ACA Conferences.

Expanding the Giving Back to the Community project
For the past several years, members of CSJ, the Association for Multicultural Counseling and Development, the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling and the National Institute for Multicultural Competence have successfully implemented a series of Giving Back to the Community projects in the various communities that played host to ACA’s annual conference. These projects were held in Atlanta (2005), Detroit (2007), Honolulu (2008) and Charlotte, N.C. (2009).

The 2010 MSJLDA will represent a significant expansion of the services offered during previous Giving Back to the Community projects. As had been hoped, planning for the 2010 MSJLDA has stimulated much excitement among many members in national and grassroots counseling organizations.

Mark Kenney, a longtime multicultural-social justice leader in ACA and the Pennsylvania Counseling Association, is serving as the primary liaison between counseling organizations in Pennsylvania and the national groups involved in planning the 2010 MSJLDA. “Counselors in Pennsylvania are very excited to be involved in the planning for this historic project,” he said. “This excitement has resulted in several state organizations cosponsoring the 2010 Multicultural-Social Justice Leadership Development Academy, including the Pennsylvania Counseling Association, the Pennsylvania Multicultural Counseling and Development Association and the Pennsylvania Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling.”

Added Peggy Lorah, past president of PALGBTIC, “The academy provides a wonderful opportunity for counselors to act on our professional, ethical and human commitments to advocacy and social justice. Giving back to the community and receiving the wisdom of those who are living in and working within the community embodies what it means for us to be counselors.”

The national counseling associations formally supporting or cosponsoring the 2010 MSJLDA in Pittsburgh include AMCD, CSJ, NIMC, the American Rehabilitation Counseling Association, the ACA Women’s Interest Network and the ACA Traumatology Interest Network. Individuals from a broad range of other ACA associations are supporting the academy in different ways. This includes members of the Association for Counselor Education and Supervision, the Association for Specialists in Group Work, the Counseling Association for Humanistic Education and Development and the International Association of Marriage and Family Counselors.

Additional support for this project comes from former ACA presidents Judy Lewis and Patricia Arredondo as well as current president Lynn Linde. The planners of this leadership academy are particularly appreciative of the tremendous support...
that ACA Executive Director Richard Yep is providing in the implementation of this historic project.

In addition to the support that these persons and organizations have extended in planning this special event, the organizers of the 2010 MSJLDA invite other individuals and organizations to join in making the project a success. The inaugural Multicultural-Social Justice Leadership Development Academy will be held on Friday, March 19, 2010, from 8 a.m. to 5 p.m. If you or your professional association are interested in joining this endeavor or want additional information about this historic event, please contact either Michael D’Andrea (michael.dandrea@gmail.com) or Mark Kenney (markekenney@comcast.net).

Michael D’Andrea is the president of Counselors for Social Justice, a division of ACA.

Counseling Strategies for Loss and Grief

Keren M. Humphrey

“Keren Humphrey has given mental health professionals a complete guide for working with diverse clients experiencing grief in a variety of forms. This book is well written, easy to understand, and is an excellent tool for beginning counselors or seasoned professionals.”

—Elizabeth A. Doughty, PhD
Idaho State University

Based on contemporary understandings of the nature of personal and interpersonal loss and the ways in which people integrate loss and grief into their lives, this innovative book focuses on tailoring effective interventions to the uniqueness of the griever’s experience. In Part 1, Dr. Humphrey discusses a variety of death- and non-death-related loss and grief experiences, offers conceptualization guidelines, outlines selected psychosocial factors, and describes intervention based on two contemporary grief models. Part 2 provides detailed therapeutic strategies organized according to focus or theoretical origins along with suggestions for implementation and customization to client uniqueness. Specific chapters include cognitive–behavioral and constructivist strategies, emotion-focused strategies, narrative therapy, solution-focused therapy, and adjunctive activities. The final chapter focuses on counselor roles and recommended professional and personal practices. 2009 • 260 pgs

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Best practices in education: 
What school counselors need to know

One of the foundations of our culture is that every child deserves the opportunity to have a meaningful education. School counselors are in a crucial and unique position in schools because it is part of their job to think systemically about how to ensure that all students receive this chance. What a broad challenge — and what a gift!

To promote success for all students, school counselors need to know not only the best practices in school counseling but also the best practices in education. This knowledge allows school counselors to advocate effectively for students through informed consultation with key stakeholders, participation on school improvement teams and collaboration with administrators in the use of data to measure key student outcomes. Whether school counselors see themselves as counselors who educate or as educators who counsel, they need to be able to advocate for educational practices that work. When recognized as leaders in overall school improvement, school counselors are regarded as central to the educational process and critical to the functioning of schools.

This article identifies several evidence-based programs and practices that have proven track records of improving educational outcomes. The first three are whole-school reform models that have been in existence for at least 10 years, have been shown to improve academic achievement as well as social/emotional skills and development, possess strong research results as well as local evaluation studies and are widely used in schools nationwide. Following those three models are four educational practice strategies that can be integrated into existing school programs in a variety of ways. If your school is not yet using these models or practices, advocate for your students by suggesting that your school consider adopting these models or practices. Relevant web resources for these programs are included at the end of the article.

Responsive Classroom integrates social, emotional and academic development for elementary students. The focus is on creating emotionally safe classrooms and a schoolwide learning community that enables optimal student learning. While the practices are classroom based, school counselors support the model by consulting with teachers about responding to challenging classroom behaviors, providing logical consequences and working with families.

Turning Points is a middle-school reform model that promotes equitable, personalized, supportive, developmentally appropriate and active learning environments for early adolescents. The model places a strong focus on teaching health and safety, strengthening family and community connections with schools, promoting professional development and empowering educational professionals to be part of policy and instructional decisions.

High Schools That Work combines career/technical studies with rigorous academic studies. It promotes work-based learning, has a strong guidance/advising component and uses data and extensive ongoing evaluations to demonstrate effectiveness. As with the other models, family and community involvement and student safety are key factors.

Teaching for Understanding focuses on identifying effective teaching practices and developing effective teachers. According to Teaching for Understanding, effective teachers pre-K through 12th grade create meaningful and challenging learning tasks, engage students in active learning, link new content to students’ prior knowledge, provide effective scaffolding, continually and creatively assess student learning, provide clear standards and ongoing feedback about how well students are meeting expectations and encourage metacognitive thinking so students are increasingly able to manage their own learning processes. School counselors can use this information to improve their own curriculum interventions and can bring this information into schools to support their teacher colleagues and meet student needs.

Professional Learning Communities provide a model for increasing collaboration among school professionals, prioritizing professional development and improvement, focusing on student learning outcomes and measuring results. The practice helps school personnel both determine what is truly important for students to learn and identify how student and学校wide success would look. This proactive approach is based on interventions rather than remediation, so support services are a key component in schools where Professional Learning Communities are in place.

Advisories can be an effective and efficient way to develop community, implement school counseling curriculum interventions, support effective study practices and improve communication. Advisories are part of the Turning Points model, but many secondary schools also use advisories in a variety of ways to improve academic outcomes.

Understanding by Design and Backwards Design are models for curriculum development and course design that start with the desired results of an educational unit and identify outcomes and assessment of learning before creating instructional methods. The focus is on measured and identifiable student outcomes as the goal of education. Because school counselor curriculum interventions often have specific student behavioral outcomes as their goal, this model is a particularly good fit for school counseling.
Several themes emerge in any summary of best practices in education. Most of these models or practices focus on:

- Student learning outcomes
- High expectations and standards for all students
- Challenging and engaging curriculum
- Effective instruction and assessment of learning
- Family and community involvement
- Developmentally appropriate instruction
- Equitable access to resources
- Developing school community and collaboration
- The social, emotional and relational components of learning
- Safe and supportive learning environments
- Attention to individual students
- Good professional development

While this list is extensive, it also makes good sense and draws upon much of the expertise that school counselors bring to schools. When we consider that these practices can support success for all students, the challenge is clear, as is the gift of our work — making a difference for students and ensuring a high-quality education for all.

**Web resources**

- Center for Comprehensive School Reform and Improvement: centerforcri.org/ (information on Professional Learning Communities and data-driven decision making)
- Collaborative for Academic, Social and Emotional Learning: casel.org/
- Education Trust: www2.edtrust.org/edtrust/
- National Career Development Association: associationdatabase.com/aws/NCDAPts/pdf/interests_k12
- Institute for Education Sciences Regional Laboratory Program: ies.ed.gov/ncee/edlabs/
- Northeast Foundation for Children (developed Responsive Classroom): responsiveclassroom.org/
- Southern Regional Educational Board: sreb.org/Programs/HSTW/HSTWIndex.asp (information on High Schools That Work)
- Southwest Educational Development Laboratory: sedl.org (information on high school reform, Professional Learning Communities and improving school performance)
- Teaching for Understanding (developed by Project Zero at Harvard University School of Education): www.pz.harvard.edu/Research/TfU.htm
- Turning Points: turningpts.org/

Carey Dimmitt is associate director for the National Center for School Counseling Outcome Research. Contact her at cdimmitt@gmail.com.

Letters to the editor: ct@counseling.org

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October 2009 | Counseling Today | 59
ASGW issues call for deserving Peg Carroll Scholarship applicants
Submitted by Lorraine Guth lguth@iup.edu

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

Applicants should answer the following:
1) There are many types of group experiences such as therapeutic and/or counseling, decision making, task-oriented, psychoanalysis, etc. What area interests you most and why?
2) Where would you obtain training in your area of interest? Be specific in respect to trainers, institutions, workshop sponsors, etc. Describe your intended degree program if it applies.
3) In what setting(s) and with what population do you hope to use your expertise?
4) How do you plan to assess if you and your groups are making progress? Have you had any experience with these evaluation tools? Explain.
5) List the types of groups in which you have participated. Describe their duration, the positive and negative aspects and your role (participant, leader, intern, etc.).
6) Describe your participation in professional organizations related to group work.

Letters of recommendation should be solicited from three professionals in the field who are familiar with the applicant’s work. The recommendation sources should forward their letters to the address below. Letters must be received by Jan. 31. They should address topics such as the applicant’s group counseling skills and evidence of ethical behavior, professional commitment and potential.

Electronic submissions are preferred; submit as an attachment to kelly.mcdonnell@umich.edu. Submissions via regular mail should include three typed, double-spaced copies of the application and be sent to Kelly McDonnell, Western Michigan University, Department of Counseling Education and Counseling Psychology, 3102 Sangren Hall, Kalamazoo, MI 49008. Applications must be received by Jan. 31. Recipients must be (or become) ASGW members.

North Atlantic Region participates in ACA leadership training institute
Submitted by Bob Schmidt counselor.bob@hotmail.com

If your branch did not send someone to the ACA Institute for Leadership Training this past summer, it missed out on something very special. ACA President Lynn Linde, Executive Director Richard Yep and the regional chairs planned a different kind of leadership institute. Branch presidents, division presidents, regional chairs and emerging leaders nationwide came together July 29 through Aug. 1 in Alexandria, Va. The evaluations for the event were overwhelmingly positive.

The networking possibilities were better than a regional conference. Our North Atlantic Region has three division officers: Summer Reiner from New York (president of the Association for Adult Development and Aging), Michael Kocet from Massachusetts (president of the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling) and Pat Nailor from Rhode Island (president-elect of the American School Counselor Association). We were fortunate to have these leaders attend both of our business meetings. They were active participants in the meetings and contributed a great deal to our discussions.

NAR Immediate Past Chair Terry Mitchell applied for grants for representatives from Rhode Island and Massachusetts to attend the conference. Both branches went inactive a few years ago, but Terry and I found two individuals interested in starting the branches up again. Donna DeAscentis is a counselor from Rhode Island, and Nikki Freeburg is a counselor from Massachusetts. I will be working with them this year in an effort to get their branches going again.

If anyone from Rhode Island or Massachusetts is interested in getting involved, e-mail me at counselor.bob@hotmail.com. On July 31, all attendees went to the Capitol to talk to our senators and members of Congress. Pat Giordano (Connecticut Counseling Association past president and NAR chair-elect), Michele Bullock (CCA president), Deb Delvecchio-Scully (CCA executive director) and I met with staff members from Sen. Christopher Dodd’s and Sen. Joe Lieberman’s offices. Pat, Michele and Deb later met with a member of Rep. Rosa DeLauro’s office, and I met with Rep. Chris Murphy. Murphy was very well informed about licensed professional counselors and supportive of us receiving third-party payments under Medicare.

CSJ continues national discussion on justice, race and peace
Submitted by Michael D’Andrea michael.dandrea@gmail.com

In the fall of 2007, the Counselors for Social Justice leadership agreed to cosponsor a national project with the National Institute for Multicultural Competence called Continuing the National Discussion on Justice, Race and Peace. This intervention is based on recommendations generated by the 2001 United Nations World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance that was convened in South Africa. The conference recommended that counselors, psychologists and other mental health professionals worldwide convene meetings in local communities to continue...
discussions about these important issues. The first town hall meeting cosponsored by CSJ was held at the Annual Winter Roundtable at Teachers College, Columbia University in New York City on Feb. 16, 2008. Several additional town hall meetings have been held in other locations since that time, including Honolulu (March 2008), Boston College (August 2008), the University of Wisconsin (October 2008), Central Washington University (November 2008), New Orleans (January 2009), New York City (2009) and the University of Florida (September 2009). Future town hall meetings are being planned for San Diego (October 2009) and Dallas (November 2010). For more information about this project and ways to bring the town hall meetings to your university or community, contact Michael D’Andrea at michael.dandrea@gmail.com.

**EB-ACA looks back on, celebrates 50 years**

Submitted by Rebecca Brickwedde
bb4963@yahoo.com

The European Branch of the American Counseling Association was officially established as a branch on March 24, 1959. As ACA at that time carried the name American Personnel and Guidance Association, EB-ACA was originally named the European Branch of the American Personnel and Guidance Association. For 50 years, EB-ACA has been dedicated to promoting the highest standards of professional counseling training and support. EB-ACA was formed to establish, promote and maintain improved communications among professionals in the fields of counseling, guidance, psychology and personnel work in Europe. We have expanded our membership to include and welcome social workers, chaplains and psychiatric nurses, as well as other counseling professionals and students.

For 50 years, EB-ACA has been providing outstanding learning institutes and annual conferences in Germany. World-renowned professionals in the field of counseling and psychology have been brought to Germany by EB-ACA. Because EB-ACA is a nonprofit organization, these generous professionals have donated their time to the association or been paid only a modest amount that did not even begin to cover their expenses. We extend a heartfelt thank you to all the amazing presenters over the past 50 years!

Please plan to join us for our upcoming 50th Anniversary Celebration — the 50th Annual EB-ACA Fall Conference: "The Golden Age of Counseling," Nov. 5-8 at the Flair Hotel Parkhotel in Weiskirchen, Germany. This is an outstanding opportunity to earn your continuing education credits in Germany! EB-ACA is an approved provider of continuing education by the National Board for Certified Counselors. Visit the EB-ACA website at online-infos.deleb-aca/main.htm or eb-aca.org for more information or contact Conference Chair Susan Stammerjohan at sassy susanna61@yahoo.com.

**AADA wraps up conference, details new member services**

Submitted by Summer Reiner
smreiner@yahoo.com

It has been a busy but exciting summer! The Association for Adult Development and Aging annual summer conference and board meeting were held in Rochester, N.Y., on Aug. 7. The conference featured a variety of exciting presentations, including working with generation Y students, understanding the lived experience of loneliness and using spirituality as a resource for counseling.

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

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adults, to name a few. Two of AADA’s branches, North Carolina and New Jersey, were represented and received recognition at the luncheon. We had so much fun at the conference that Jane Rheineck has already started planning next year’s summer conference!

The board meeting was, well, a board meeting, but we did accomplish a lot during the six hours we spent together. We are committed to improving our member services beginning with our newsletter, for which we will be unveiling the new version this fall. We have also decided to send each AADA member a free LifeSeries brochure to disseminate to clients and potential clients. A great feature of the LifeSeries brochure is that counselors can add their name and contact information to the back panel for advertising purposes. AADA members should check their e-mail in late September/early October for the brochure. Other LifeSeries brochures can be purchased on our website at aadaaweb.org.

Other board decisions dealt with preparing for the upcoming ACA Conference & Exposition in Pittsburgh. We hope you will be able to join us for our reception and brunch at the conference.

One final bit of news from this summer: AADA was represented on Capitol Hill. I, along with other division presidents, branch leaders and regional leaders, met with Senate and House staff. Our message on the Hill was about counselor inclusion for Medicare reimbursement and improving access to mental health services for older individuals. It was a great experience, and I encourage you to contact your elected officials, too!

**Feller named recipient of NCDA Eminent Career Award**

Submitted by Deene Pennington
dpennington@ncda.org

Richard W. Feller, professor of counselor education at Colorado State University, was recognized with the 2009 National Career Development Association’s Eminent Career Award. This prestigious award, considered to be NCDA’s highest honor, is presented to a member whose career exemplifies accomplishments in a range of career development activities, including contributions in the areas of theory, practice, leadership and scholarship. In addition to his work at Colorado State University, Feller serves as the director of the Career Development Training Project for the Colorado Community College System and is a consultant with NASA on STEM (science, technology, engineering and mathematics) careers. His leadership has been recognized by his peers, who established a Rich Feller Leadership Award to be presented annually by Colorado State. Feller’s contributions reach beyond the United States. He has been a visiting scholar in Australia, a project director in Thailand, a fellow in Japan and a study group participant in China.

Feller recently coedited the *Counselor’s Guide to Career Assessment Instruments*, fifth edition, an NCDA signature reference book, and *Knowledge Nomads and the Nervously Employed: Workplace Changes and Courageous Career Choices*. He also published the *Tour Your Tomorrow* video series for the American Guidance Service. He is seen as a leading international expert on career counseling and a master teacher of its models, methods and materials. He is a pre-eminent authority on career intervention using multimedia and has been recognized as a fellow by NCDA. As one of his nominators wrote, “Dr. Feller epitomizes and embodies all that is right about the entire counseling profession. He is a valued colleague whose dedication to the profession, his institution, his association and his students inspires all that know him.”

**NECA to host Life Work Institute in Miami**

Submitted by Kay Brawley
kbrawley@mindspring.com

The National Employment Counseling Association is presenting a Life Work Institute in conjunction with the Florida Counseling Association’s annual conference in Miami, Nov. 19-20. Among the highlights of the institute:

- Devan Coughlin, student representative on NECA's Executive Council, presents “Organizing Occupational Information Through the Use of Customized Occupational Schemas.” Participants will explore ways to classify occupational information, learn how to use a standard classification relevant to clients’ search methods and understand the utility and value of occupational information in career and life planning.

- Michael Lazarchick of the New Jersey Department of Labor presents “In the Pursuit of Wellness.” Holistic integrity — the interplay of body, mind and spirit — will be explored in a brief lecture augmented with experiential processes and discussion. Participants will explore universal energy, inspirational thought, Qigong, yoga, mindfulness meditation and sound.

- Kimberly Key of Encompass Work & Family in Austin, Texas, presents “Why Men Get Paid More Than Women: Secrets to Hidden Gender Differences in the Workplace.” Breaking stereotypes and gender role reversals have produced a blurring of gender roles and confusion about how gender can be acknowledged in the workplace. Solutions to these issues that can be shared with your clients will be addressed.

- Michael Lazarchick presents “A Nation at Work 2010: Implications for Family Systems.” Hear the latest, best facts on changes in the workforce, workplace and family systems. What is the effect of unemployment on families? Complex issues will be translated into an easy-to-understand format.

- Kay Brawley, FAMFC and NECA professional development director, and Tom Ayala of People Solutions, a NECA trustee and GCDF pilot trainer, present “Opportunity to Instruct New Online Global Career Development Facilitator (GCDF) Curriculum.” NECA recently launched “Working Ahead, Moving Forward,” a facilitated e-learning curriculum using technologies with full involvement of an instructor. Participants will learn about a fast-track program to qualify to teach this innovative curriculum. Leave with a renewed understanding of the 12 GCDF professional competencies and the methodology for effectively instructing this program online.

For more information, contact Kay Brawley at kbrawley@mindspring.com. Register online at feesoffice@aol.com or on the FCA website at flacounseling.org.
Think of it: Every issue you could be eligible for one hour of credit through this program which is approved by the National Board for Certified Counselors and now, also, the Florida Board of Mental Health Counseling. That means you may be able to earn up to 12 credits per year and up to 60 credits in 5 years. That's potentially more than half the total requirements you currently need to recertify as an NCC—for a remarkably low price! And NBCC approved home-study credits are often acceptable to State Licensing Boards. Check your local rules.

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Counseling Today Quiz – October 2009
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: Please do not send cash.

1. Medrano-Marra believes that poetry therapy is very useful for people with schizophrenia.
   - a. True
   - b. False

2. Medrano-Marra finds poetry therapy is very effective in groups.
   - a. True
   - b. False

3. The focus of ___ is on creating emotionally safe classrooms and a schoolwide learning community that enables optimal student learning.
   - a. Responsive Classroom
   - b. Turning Points
   - c. High Schools That Work
   - d. All of the above

4. ___ are a key component in schools where Professional Learning Communities are in place.
   - a. communication technologies
   - b. support services
   - c. evaluation methods
   - d. participants’ interests

5. For Carroll, all of the following EXCEPT ___ constitute typical group activities.
   - a. cave walking
   - b. golfing
   - c. navigating a high-ropes obstacle course
   - d. fishing

6. According to Swanson, nature can heal us emotionally, in part because it is:
   - a. awe-inspiring
   - b. nonjudgmental
   - c. interactive
   - d. alive

7. When the author was able to turn a scary experience into personal and professional growth, she realized she was practicing:
   - a. what she preached.
   - b. counselor self-awareness.
   - c. self-supervision.
   - d. humility.

8. Dillon helped her obese client lose 200 lbs by:
   - a. giving her unconditional permission to eat.
   - b. helping her accept herself as she was.
   - c. introducing her to intuitive eating.
   - d. All of the above

9. The authors’ contacts in managed care and billing services affirm that group practices can receive better reimbursement rates than individual practices.
   - a. True
   - b. False

10. Vogel suggests all of the following EXCEPT ___ for clients with brain injuries.
    - a. talk therapy
    - b. group therapy
    - c. compensatory strategies
    - d. daily structure

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October 2009  |  Counseling Today  | 63
ACA FOUNDATION MESSAGE - By Terri Lonowski

Sharing the news

To everything there is a season, a time for every purpose under the sun, a time to keep silent and a time to speak …

Although it is wise and noble to “do good deeds in secret,” at times it is even more important to tastefully share the news. By doing so, it is our hope to exponentially increase the number of individuals who benefit from ACA Foundation programs. We are paying attention to the reality that some ACA members are not fully aware of the Foundation’s work.

In this light, the ACA Foundation trustees set a goal of increasing awareness of the Foundation by creating a robust presence at the ACA Annual Conference in Charlotte, N.C., this past March. If you were able to attend, you may have joined in any number of sponsored activities, including:

- A presidential featured 60-minute content session (Multicultural Counseling Academy): “Reflections on Access, Equity and Social Justice: A Conversation With Adolfo Bermeo”
- A presidential featured 90-minute content session: “Growing Happy and Confident Kids Program: Making a Difference in the Field”
- ACA National Awards Ceremony (co-sponsored by the ACA Foundation and Healthcare Providers Service Organization)
- ACA Foundation Second Century Challenge Recognition Reception
- ACA Foundation Graduate Student Grant Recipient Reception

Graduate Student Lounge
ACA Governing Council Lunch
ACA Foundation booth (and the ever-popular chair massages)

We were thrilled to offer an opportunity for a conversational exchange with Adolfo Bermeo. After his riveting keynote address, nearly 100 attendees participated in an informal and powerful opportunity to ask probing questions regarding tough social justice issues. Although this was the first time the ACA Foundation had hosted such an event, the positive feedback was overwhelming, and discussions are already under way to subsidize a comparable occasion next year.

The ACA Foundation’s commitment to students in graduate counseling programs has remained solid from the beginning. This currently includes underwriting scholarships to the ACA Annual Conference, funding the Graduate Student Lounge at the conference and holding the ACA Foundation graduate student essay contest. A recent winner of the essay contest said: “I am very glad I took the opportunity to write the essay for many reasons. The publicity from the publication opened doors for me in my future counseling career. Not only is it a line on my vita, but I am able to highlight the award in cover letters for job applications. In addition, I was contacted by a doctoral school and invited to apply to its world-renowned program in counseling. Most important, taking the time to learn about the issues facing the counseling profession in the next decade challenged me to confront and think critically about an issue that has become very important to me. Because of the work I did on that essay, I will remain a strong advocate for the counseling profession for many years. I look forward to helping move our profession through some of the challenges ahead.”

Another very important and popular Foundation initiative is the Growing Happy and Confident Kids program, which provides books to ACA members who work with elementary school children to address issues of self-esteem, understanding of emotions, coping strategies, and awareness and understanding of diversity. In recent years, participation in the program has more than tripled to nearly 200 locations, including 14 wait-listed requests that we were able to honor at the beginning of our new fiscal year. All of this has become a reality because of the strong financial backing of ACA members.

Last year’s ACA president, Colleen Logan, was so supportive that she devoted a presidential featured session to showcase the Growing Happy and Confident Kids program and its participants. University of Maryland doctoral student Jessica Diaz and ACA Trustee Terri Lonowski then teamed up to offer a multimedia account of real-life stories. Several counselors who received books through the program touched everyone with their emotional testimonies, providing moving examples of the powerful and creative use of these resources. The more than 70 counselors in attendance left with an array of field-tested options for incorporating bibliotherapy into their own professional settings.

We know the Growing Happy and Confident Kids program works, as shared in this
response: “I used the first of the books with a fourth-grade girl. Her teacher referred her to me because she reported to the teacher that the class is ‘full of bullies.’ This shocked the teacher. The teacher reported to me that the girl is a new student who tries to avoid class. I selected the book My Secret Bully because it seemed the bullying was not obvious to the teacher. The book helped the student open up and talk about feeling like the students were bullying her by leaving her out. I know this is a form of bullying. We were able to discuss examples of when this happened to her. Using the ideas in the book, we role-played how she could respond. After using the book My Secret Bully, she willingly returned to her class with more confidence in herself. When I saw her in the hallway today, she had a smile.”

If you read our winter 2008 newsletter, you’ll remember that we reported on the Counselors Care Fund. This fund, designed to assist counselors affected by natural disasters, has provided approximately $30,000 in grants since its inception after Hurricanes Katrina and Rita in 2005. Four new grants awarded this year bring the total number to 66. The scope of this program has shifted to become a sustaining mechanism for funding response to future disasters. Please be on the lookout for more details in an upcoming article.

One of the Counselors Care Fund recipients said, “I feel like I won a prize, and I guess I really have!!! I am so excited. Once again, I cannot thank you enough. I feel like Publishers Clearing House has shown up at my door! I am so excited that I will be able to replace some of those games. You just can’t imagine!!”

These are a few of our stories and programs — of course, there are many more. It’s with heartfelt gratitude that trustees of the ACA Foundation celebrate the impact that you continue to make through your unwavering and generous donations. Our pledge to you is to keep the good work of the Foundation highlighted, sharing it in meaningful ways and on a consistent basis.

To that end, please look for regular articles in Counseling Today and also check in at our website (acafoundation.org) for updates and stories of how your generous contributions are making a difference.

NEW EDITION!

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Norman C. Gysbers, Mary J. Heppner, and Joseph A. Johnston

“As an instructor, I am delighted to see a text that is adaptable to beginning and advanced career counseling contexts, that addresses contemporary work issues and challenges, and that attends to the concerns and strengths of diverse clients. This is a book to keep on the shelf in the career counseling office long after class is over for quick reference to concepts, options, and strategies.”

—Ellen Hawley McWhirter, PhD
University of Oregon

This book presents a practice-focused approach to career counseling that will help you enhance the skills and techniques in your career counseling repertoire. It incorporates the most widely used traditional career counseling practices with new and emerging career development concepts, making it an exceptional text for both counselors-in-training and seasoned practitioners.

Topics discussed include traditional and postmodern career theories and approaches; counseling an increasingly diverse workforce and addressing cultural context issues such as race, class, gender, and disability; forming a productive alliance with the client; gathering client information; using assessment inventories and instruments; developing client action plans; and navigating the termination process.

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American Counseling Association
800-422-2648 x222
counseling.org

Terri Lonowski is a trustee of the ACA Foundation and served as its 2007-2008 chair.
COMING EVENTS

Trauma Conference
Oct. 2-4 Dallas
The Life Beyond Trauma: Dissociation and Sexual Trauma Conference will offer hope, support and community for trauma survivors and their families. Listen to more than 20 speakers from all over the world, including Colin Ross, Ed Smith and Stephan Braude, author of First Person Plural. Speakers will address the issues survivors and their partners face, including suicidality, eating disorders, coping as a partner of a survivor, male survivors, stress and sexuality. For more information, visit lifebeyond.info.

Eating Disorders Seminar
Oct. 8 Portland, Ore.
“Accessing the Language of the Body in Treatment” is a seminar providing training for counselors who treat eating disorders. Participants will learn how to “attend” empathetically and translate nonverbal experiences into cognitive insights. For more information, contact the American Dance Therapy Association at 410.997.4040 or e-mail gloria@adta.org.

ACES National Conference
Oct. 14-18 San Diego
The biennial conference of the Association for Counselor Education and Supervision will focus on “Transformative Actions: Expanding Social Respect and Relational Consciousness.” Keynote speaker Dana L. Comstock will argue for “The Expanding Role of Counselor Educators in Dismantling ‘Rankism.’” Preconference workshops and the traditional preconference Women’s Retreat will also be held. For more information, contact Leah Brew at lbrew@fullerton.edu.

Let’s Talk About Grief Conference
Oct. 21 Pittsburgh
The Good Grief Center for Bereavement Support is holding this conference for professionals and the general public to learn and talk about grief. Jeff Zaslow, award-winning Wall Street Journal columnist and coauthor of The Last Lecture with Randy Pausch, will deliver the keynote address. Three workshops — “Understanding Normal Grief,” “Family Dynamics and Grief,” and “Grief and Spirituality” — will be offered. Choose either full conference or keynote address-only tickets. CEUs are available. To register, visit goodgriefcenter.com or call 412-224-4700.

EB-ACA Fall Conference
Nov. 5-8 Weiskirchen, Germany
The European Branch of the American Counseling Association will host its 50th annual fall conference, themed “The Golden Age of Counseling,” at the Flair Hotel Parkhotel in Weiskirchen. Visit the EB-ACA website at online-infos.de/eb-aca/main.htm or eb-aca.org for hotel and conference registration information. For further information, contact Susan Stammerjohan at sassysusanna61@yahoo.com.

Oregon Counseling Association Annual Fall Conference
Nov. 5-7 Portland, Ore.
Themed “Counselors in Unity: Holding the Hope Through Challenging Times,” OCA’s fall conference will provide networking opportunities, pertinent presentations and as many as 19 CE hours. A full-day preconference workshop, “Incorporating the New Brain Paradigm Into Your Counseling, presented by Raymond Peterson, will be offered Nov. 5. Andrae Brown of Lewis & Clark College will give the keynote address, and Becky Eklund, executive director of the Oregon Board of Licensed Professional Counselors and Therapists, will speak during the banquet dinner. For more information, call 503.722.7119 or visit ocr-counseling.org.

American Art Therapy Association Annual Conference
Nov. 18-22 Dallas
Themed “Inspiring Frontiers for the Next Generation in Art Therapy,” the American Art Therapy Association’s 40th anniversary conference will include a service project, an open art studio, an arts and crafts marketplace, an art therapy film festival and more. For more information, visit aataconference.org.

Asociacion Puertorriqueña de Consejeria Profesional Conference
Dec. 1-3 San Juan, Puerto Rico
The Asociacion Puertorriqueña de Consejeria Profesional invites its American Counseling Association friends and colleagues to its 32nd annual conference at the Puerto Rico Convention Center. The theme for this year’s gathering is “Prevention and Ethical Service: Strengths of Professional Counseling.” For more information, contact Marta M. Carballo Betancourt at luzaura@aol.com.

FYI

Call for proposals/submissions
The Counseling Outcome Research and Evaluation Journal (CORE), a journal of the Association for Assessment in Counseling and Education, provides practitioners and educators with outcome research and program evaluation practices for work with individuals and across the life span. CORE addresses topics such as treatment efficacy, clinical diagnosis, program evaluation, research design, outcome measures reviews and ethical, legal and cultural concerns in the assessment of dependent variables, implementation of clinical interventions and outcome research. CORE includes evidence-based articles dealing with outcome research and evaluation practices, conceptual articles that move the profession forward and best practices articles in research methodology. Contact editor Danica G. Hays at core@odu.edu for additional information.

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling is inviting submissions for The Journal of LGBT Issues in Counseling. The journal publishes articles relevant to working with sexual minorities and of interest to counselors, counselor educators and other counseling-related professionals. Topic areas include new research, innovative practice and theoretical or conceptual pieces, including literature reviews and pieces that reflect new ways of integrating previously held ideas. For submission guidelines, contact editor Ned Farley at nfarley@antiochseattle.edu. •
Hurricane responders’ input requested for professional resiliency study

A Virginia Tech study being sponsored by the American Counseling Association is examining the effects of providing counseling services as part of hurricane response efforts on the professional resiliency of counselors. If you helped in the response efforts for Hurricanes Katrina, Rita, Gustav or Ike or provided counseling services in the impacted region, including Mississippi, Louisiana and Texas, the study’s coordinators request your participation. The results of the study will assist ACA and other professional organizations in determining what type of support is needed by professional counselors who nobly respond to large-scale natural disasters.

To share your input electronically, go to surveymonkey.com/hurricane (password: ACA). If you prefer to respond to a paper version of the survey, send an e-mail to ACAhurricanestudy@gmail.com with your contact information. Questions about the study can be directed to either Simone Lambert (slambert@vt.edu) or Gerard Lawson (glawson@vt.edu).

NBCC Foundation offers new counseling scholarships

The National Board for Certified Counselors Foundation has created two new scholarships for individuals pursuing careers in counseling. The scholarships are available to service members and veterans, as well as individuals from rural areas. The scholarships promote the NBCC Foundation’s mission of increasing access to mental health care through professional counseling services. Individuals seeking more information should access the NBCC Foundation website at nbccf.org.

ACA consulted for major career information resource

At the request of the U.S. Bureau of Labor Statistics, ACA reviewed the statement on counselors for the seminal resource on career information, the Occupational Outlook Handbook. ACA provided updates for the upcoming 2010-2011 edition of the handbook in the areas of educational requirements, scopes of practice and work settings for counselors.

Deadline looming for ACA National Awards recommendations

ACA members can nominate one or more fellow members who have made noteworthy contributions to the counseling profession at the local or state levels for the 2010 ACA National Awards, which will be presented at the ACA Annual Conference in Pittsburgh in March. ACA divisions, organizational affiliates, branches, chapters, regions and committees may also submit nominations. All nominations must be postmarked by Oct. 30.

Complete information is available on the ACA website at counseling.org under “Resources,” or you may also request a 2010 National Awards Packet by calling ACA Leadership Services at 800.347.6647 ext. 212. Nominations may be submitted by mail to ACA 2010 National Awards, c/o Holly Clubb, 5999 Stevenson Avenue, Alexandria, VA 22304-3300.

Nominations open for ACA committees

ACA President-Elect Marcheta Evans is seeking nominations for ACA committee appointments. She will be appointing professional members, who will serve a three-year term, to each committee 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 Avenue, Alexandria, VA 22304.

Nomination packets are available from ACA. To receive a packet or for more information about the nominations process, call Holly Clubb at 800.347.6647 ext. 212 or e-mail her at hclubb@counseling.org. Please 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.

SAMHSA to honor Glenn Close at Voice Awards

The Substance Abuse and Mental Health Services Administration will recognize five-time Academy Award nominee Glenn Close at the 2009 Voice Awards for her work to educate the public about the impact of mental illness on families and society. The event, taking place Oct. 14 at Paramount Studios in Hollywood, will bring together representatives from the entertainment industry and the mental health community.

ACA is a program partner of the Voice Awards, which honors writers and producers who have given a voice to people with mental health issues by incorporating dignified, respectful and accurate portrayals of these individuals into film and television productions. The event will celebrate nominees that include The Soloist, Michael Clayton, Lars and the Real Girl, 90210, Grey’s Anatomy and Law & Order: SVU. The Voice Awards will also celebrate the achievements of mental health consumer leaders who are working to promote the social inclusion of people with mental health issues and the real possibility of recovery.

The Voice Awards are part of the Campaign for Mental Health Recovery, a multiyear public service advertising program of SAMHSA and the Ad Council to promote understanding and support for young adults and others with mental illnesses. •
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CALIFORNIA

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Masters in Counseling or related field including psychology, sociology, and divinity/ theology. License Not Required. Resume to Olivet University, 250 4th St. San Francisco, CA 94103.

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MARYLAND

JOHNS HOPKINS UNIVERSITY

Department of Counseling and Human Services School Counseling Position

The Johns Hopkins University's School of Education invites applications for an assistant professor position in the Department of Counseling and Human Services. The Department is committed to preparing professional counselors to practice in diverse communities and to work systemically in schools and communities to promote personal growth, clinical preparation, foundational research skills, and social responsibility. Responsibilities include teaching core-counseling courses, maintaining a strong research agenda, and developing partnerships and relationships with schools and community agencies. The position is available as of January, 2010. Requirements include a doctoral degree in counseling or a closely related field; the demonstrated potential to establish an externally funded research program; the potential for scholarly productivity; strong research skills; a willingness to collaborate and build partnerships within the university and with local school districts and community agencies; and a strong commitment to teaching. The preferred candidate will have school counseling experience and a demonstrable understanding of data-driven school counseling and commitment to the educational equity of K-12 students. Review of applications will begin immediately and applications will be accepted until the position is filled. Please submit a letter of interest and curriculum vitae to Counseling Search Committee c/o Connie Kinsley, at ckinsley@jhu.edu. Johns Hopkins University is an EO/AA employer committed to recruiting, supporting, and fostering a diverse community.

NORTH CAROLINA

WALSH UNIVERSITY

Clinical Director

Walsh University in North Canton, OH invites applications for a Clinical Director, Herttna Counseling Center, Counseling and Human Development Program/Social and Behavioral Sciences Division. Responsibilities: Administrative, teaching, faculty status without rank, 11 month position. Develop and manage a Mental Health Counseling Center designed to serve the community and to provide training for counseling graduate students. Teach 3 courses (one each semester). Provide individual supervision for Practicum students and interns in Mental Health Counseling program. Develop and manage grants. Position begins January 1, 2010. Requirements: Master’s in counseling required, Ph.D., Counselor Education and Supervision preferred. Ohio LPC/S preferred; Ohio LPC/C/S-eligible considered. Minimum 5 years experience in community mental health, private practice, EAP or other related clinical experience including program management, clinical supervision, and clinical counseling service delivery. Grant writing experience.

Assistant Professor

Walsh University seeks Assistant Professor (tenure-track) in Counseling & Human Development master’s program to begin August, 2010. Teach school counseling specialty courses in CACREP and NCATE-accredited school counseling program, core counseling courses as assigned; provide group supervision of interns; development of university/school partnerships; curriculum development; advising; grant development; active scholarship program and service to the community, university and professional organizations. Qualifications: earned doctorate in counselor education and supervision (ABD may be considered, though degree must be completed by position start date); experience in school counseling (K-12) and eligibility for school counseling licensure in Ohio; strong commitment to counselor identity; and teaching experience in core counseling and school counseling courses preferred; eligible for clinical licensure in Ohio. To review more detail and/or to apply on-line, please go to the following website: https://walshjobs.simplehire.com <https://walshjobs.simplehire.com>
ASSISTANT/ASSOCIATE PROFESSOR PASTORAL COUNSELING

THE PASTORAL COUNSELING GRADUATE DEPARTMENT AT LOYOLA UNIVERSITY MARYLAND (www.loyola.edu/pastoralcounseling) is recruiting for a full-time (10 month), tenure-track, assistant or associate professor in Pastoral Counseling to begin in January 2010. We are seeking individuals with applied research interests who share our vision for training highly competent and effective professional counselors in our CACREP approved Master’s and Doctoral program and who are integrating spirituality into their counseling model. Applicants should demonstrate an academic and professional interest in two or more areas relevant to counselor education. At least one area must include the integration of spirituality and counseling. Applicants must possess a Doctorate in Counselor Education or closely related field and be licensed or license eligible in Maryland as a professional counselor.

Applicants should have solid clinical training and research skills in qualitative and quantitative design, as well as have, or demonstrate the potential for, an active program of research that involves the integration of spiritual/religious themes with human growth and development. Applicants should possess an awareness of, and interest in, the mission of Jesuit higher education.

The application process must be completed at www.loyola.edu/careers and requires a letter of intent outlining potential fit with the program and C.V. Sample publications or preprints and three letters of recommendation must be sent to Dr. K. Elizabeth Oakes, Search Committee Chair, Loyola University Maryland, Pastoral Counseling Department, 8900 McGaw Road, Suite 380, Columbia, MD 21045. Loyola University Maryland is an Equal Opportunity Employer.

TEXAS

TEXAS STATE UNIVERSITY - SAN MARCOS

Associate/Assistant Professor

The Professional Counseling Program at Texas State University-San Marcos is 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 2010; 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, 2009 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, TxStateEAPS, 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. ◆
Don’t bet everything you have that you’ll never be sued. A lawsuit can be an expensive nuisance – or a personal and financial catastrophe. Maybe you’ll just need a few hours help from a lawyer at $150 an hour to get that nuisance suit dismissed. Or you could be named in a suit that drags on for years and results in a huge award against you.

With Professional Liability Insurance offered through Healthcare Providers Service Organization (HPSO), you get the coverage you need so that if a high-dollar lawsuit strikes, your interests are protected. The individual professional liability insurance plan offered through HPSO features liability limits of up to $5,000,000 aggregate, up to $1,000,000 each claim.

Help protect your most valuable asset – your professional practice. Your license or certification enables you to support yourself and your family. Without it, your career and financial future are at risk. Most employer-provided professional liability plans do not provide license protection if a disciplinary action is brought against you before your state licensing board or other certifying body.

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*Rates may vary by state.  
Minimum premium for Professional Counselors is $100. Active ACA members who are current HPSO policyholders will have the discount applied at policy renewal.
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