Counseling Today
September 2010
Part 1 of 2 parts

The power of groups

Also inside:
- The oil spill’s mental health impact
- Drug courts: A final alternative to jail
- Processing external traumatic events
- Spiritual diversity and counselor development
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Cover Story

28 Strength in numbers
By Lynne Shallcross
Counselors who specialize in group work believe the empowering sense of community and connection helps certain clients blossom in ways that may be hard to achieve with individual therapy.

Features

36 Livelihoods and cultures in crisis
By Lynne Shallcross
Louisiana counselors provide on-the-ground accounts of how one of the largest oil spills in history is affecting the mental health of residents in Gulf Coast communities.

41 Breaking the cycle of addiction and crime
By Chris Morkides
Drug courts offer substance abuse treatment, mental health counseling, job counseling and social skills training to nonviolent offenders who otherwise face time in jail or prison.

44 Reader Viewpoint
One school’s response to external traumatic events
By Thomas J. Pallardy
Concerned by how their own students and staff members might respond to media coverage of the deadly shootings at Virginia Tech, St. Laurence High School in Illinois developed a plan to help members of its community process external traumatic events.

48 Reader Viewpoint
Addressing spiritual diversity
By Angela St. Hillaire
Although a diversity perspective is being preached in counselor education, a review of the literature suggests that spiritual diversity might remain a neglected aspect of multicultural training.

Extras

50 Soledad O’Brien, Judith Beck to keynote 2011 ACA Conference
An award-winning news correspondent and an expert in cognitive therapy will address counselors gathering in New Orleans next March for the annual conference.
Although the exact emotional toll the Gulf Coast oil spill will take on residents remains to be seen (see “Livelihoods and cultures in crisis,” page 36), studies of past traumatic events suggest that children’s mental health needs should be monitored closely. Several new studies on children and disaster were published as part of a special section in the July/August issue of the Child Development journal. Among the findings:

Children of the 9/11 attacks
- Children whose mothers reported symptoms of post-traumatic stress disorder (PTSD) or depression were three times more likely to be emotionally reactive and seven times more likely to display aggressive behavior three years later.
- Children directly exposed to the attacks were only slightly more likely to experience PTSD but significantly more likely to be depressed than children who were not directly exposed.

Children of Hurricane Katrina
- Young children were found to be more deeply affected than adolescents; three years after Katrina, children ages 9 to 11 were four times more likely than those ages 15 to 18 to exhibit symptoms of PTSD.
- Although one of the studies found behavioral problems to decrease over time, it also found that more than 25 percent of the younger children were still showing signs of PTSD and depression three years after the hurricane.
- Girls of any age were found to be twice as likely to struggle in adapting after the disaster.
Have you ever had an experience that was overwhelmingly beautiful and sad at the same time? I just returned from such an experience. I had the wonderful opportunity to spend three weeks on the continent of Africa in the country of Malawi.

Malawi is one of the poorest nations in Africa, and life expectancy is only about 50 years (less than a decade ago, it was barely over 40). The country’s slogan is “the warm heart of Africa,” and I couldn’t agree more with this description. As a counselor, I have worked in some of the poorest areas in the deep South, but I have never in my life encountered such poverty as I saw on my visit to Malawi. At the same time, I have never witnessed such caring and such giving of the little they do have. I experienced this firsthand by the way they gave to me, a complete stranger from the United States.

It is natural for people to be curious when they meet someone different from themselves. In this case, I think it was more of a shock for them to see me than to see the “white” people from the United States. Upon seeing me, they expected me to be Malawian and to speak the native language of Chichewa. When I opened my mouth, it removed all doubt that I might be from their country. As represents the true spirit of the Malawian people, I was immediately invited to return to the village to spend at least five years so they could teach me the language. I laughed, thinking to myself that they must consider me a really slow learner! But in that exchange, they also asked me not to forget about them. As I looked into their eyes, I was moved to tears. There is no way I will forget this experience as long as I have breath in my body.

To see the resiliency of people and to witness how children learned, even in classes of 200 or more, was truly amazing. The students were sitting bunched together on concrete floors, with little or no learning supplies. How could learning possibly occur in such conditions? Yet, somehow, it did. The purpose of my visit was to work with the native educators to develop textbooks and guided supplementary materials for literacy development through a USAID grant, but I walked away forever changed in regard to how I view learning and material wealth.

This month’s Counseling Today cover story focuses on group work. When I first heard the topic, it reminded me of a book I read many years ago called “Why Are All the Black Kids Sitting Together in the Cafeteria?” by Beverly Tatum. Just the title alone reminds me of how we can gravitate toward the familiar and have a tendency to separate ourselves from one another. How often do we take the time to explore outside of our comfort areas? As counselors, we ask our clients and students to expand beyond their comfort

Continued on page 58
This informative book offers complete, up-to-date coverage of the growing problem of cyberbullying. Written for counselors, teachers, school leaders, and others who work with children and teens, Cyberbullying addresses the real-life dangers students face on the Internet. Includes a discussion of the different types of cyberbullying and cyberbullying environments; an overview of prominent theories of aggressive behavior; practical tips to identify and follow cyberfootprints; proactive responses to cyberbullying; effective, nonpunitive strategies for responding to cyberbullying; useful information on current technology and popular websites; and much more.

List Price: $29.95 | ACA Member Price: $24.95

Suicide Prevention in the Schools: Guidelines for Middle and High School Settings, Second Edition
David Capuzzi

In this book, David Capuzzi encourages suicide prevention in schools through the use of a clear and effective crisis management plan designed to identify and serve at-risk youth. His concise, step-by-step framework provides essential information for school counselors, administrators, and faculty on suicide assessment, faculty roles and responsibilities, and instructions on how to implement a building- or district-wide prevention program that includes faculty training and preparation of crisis teams. Postvention after a suicide attempt or completion, the legal aspects of youth suicide prevention, parental education, and classroom lesson plans are also included.

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Solution-Focused Counseling in Schools, Second Edition
John J. Murphy

Dr. Murphy offers a refreshingly positive and practical approach to resolving a diverse range of problems from preschool through high school. Drawing on the most recent research and on his extensive experience as a school practitioner and trainer, he presents a step-by-step guide to solution-focused counseling in today's schools. This strength-based approach is illustrated through real-world examples and dialogues from actual counseling sessions. User-friendly forms, questionnaires, and handouts are provided for immediate application with students, teachers, and parents.

List Price: $47.95 | ACA Member Price: $35.95

Active Interventions For Kids and Teens
Jeffrey S. Ashby, Terry Kottman, and Don DeGraaf

This engaging guide contains 50 action-oriented activities that can be used in groups with children, adolescents, and adults. Combining fun with proven adventure therapy strategies, the activities are designed to stimulate learning, promote social and emotional development, cultivate skills, foster change, and encourage teamwork. For quick and easy use, each activity lists age range, game rules, goals and objectives, materials required, modification suggestions, and post-activity processing and discussion questions. Additionally, helpful matrixes organize the activities by type, goals, objectives, and grade levels to help group leaders find the right activity at the right time.

List Price: $44.95 | ACA Member Price: $32.95

Please include $8.75 for shipping of the first book and $1.00 for each additional book.
Your professional association, getting better all the time

When September rolls around, many of us think of it as another “new beginning,” given that it is the start of the school year for many folks. For a number of us who followed a traditional education model, September was when we went “back to school,” which we associated with new clothes, interacting with new teachers and meeting up with friends we hadn’t seen all summer long.

Because I seem to be in this mind-set, I wanted to share what the American Counseling Association has been doing as we “begin” a new year with all of you. Not to sound like an infomercial, but some very positive things are happening at ACA, and I want you to be aware of what your leadership, your staff and your association are involved in.

For instance, toward the end of July, more than 110 leaders from ACA branches, regions and national divisions gathered in the Washington, D.C., area for the second annual ACA Institute for Leadership Training. The event spanned five days and featured networking, professional development, leadership training and resource gathering.

One of the highlights for me was seeing so many professional counselors and counselor educators head to Capitol Hill to talk with senators, representatives and their staffs about the importance of counseling and the need for policy that allows consumers access to the services of counselors and the need for policy that allows consumers access to the services of counselors. Kudos to all who attended and participated in the institute. If you ever get a chance to participate in this event, I hope you will do so. The next one is scheduled for July 27-31, 2011, also in the Washington area.

We also realize that extended periods of travel away from your students and clients are not always feasible. We have listened to those of you who want more continuing education opportunities, and I am glad to report that during the current fiscal year (July 1, 2010, through June 30, 2011), you will have an even greater number of chances to obtain CE credit through ACA. In fact, as the year progresses, you will see that our podcasts will be eligible for CEs, so check our website and take the time to download something from our ever-growing podcast library.

During 2010-2011, ACA will publish a number of new books. Included in those releases will be:

- Play Therapy: Basics and Beyond, second edition, by Terry Kottman
- Counseling as an Art, fourth edition, by Sam Gladding
- Integrating Spirituality and Religion Into Counseling, second edition, edited by Craig Cashwell and Scott Young
- Experiential Activities for Teaching Multicultural Competence in Counseling edited by Mark Pope, Joe Pangelan and Angela Coker
- Counseling Children: A Core Issues Approach by Richard Halstead, Dale Pehrsson and Jodi Mullen
- Developing and Managing Your School Guidance and Counseling Program by Norm Gysbers and Patricia Henderson

I encourage you to check the ACA website so you can be the first to know when a book is released. The new and...
Readers anxious to add their perspectives to article on suicide prevention

I would like to thank Lynne Shallcross for her thorough, informative, inspirational and educational article “Confronting the threat of suicide” in the July 2010 issue of Counseling Today. I am a graduate student at Seton Hall University, where I am working toward my master’s in counseling. My current work and volunteer experience involves clients in crisis, both on an involuntary psychiatric unit and a crisis hotline. I look for every opportunity to learn and grow within the field and find that Counseling Today provides me with many of these educational opportunities.

Most recently, the article on confronting the threat of suicide provided readers with in-depth information about suicide assessment, treatment, prevention and research. I was also moved by Kim Johancen-Walt’s personal disclosure within the cover story. I have been inspired by Johancen-Walt since reading her July 2009 Reader Viewpoint article, “The initial interview with the self-harming and suicidal client.” I immediately communicated with Johancen-Walt by e-mail and, to my surprise, she quickly responded with warmth, encouragement and support for a graduate student. I had no idea she had lost a brother to suicide and was moved by her ability to use this painful experience to help others in the field.

Again, thank you to Lynne Shallcross for a well-written and informative article and especially to Kim Johancen-Walt for taking the time to share her personal experiences to further help those in crisis and to help educate students and professionals in this field.

Lisa Steinhilber
Seton Hall University

Reading Lynne Shallcross’ article, I got the sense that things are changing in the profession regarding suicide prevention. While still a graduate student, a classmate and I presented on suicide for an ethics class in 1999, stating that counselors were not prepared ethically to confront “their worst nightmare” of client suicide. This article says the new CACREP Standards include suicide prevention. Bravo! In my 17 years of dealing with this issue, suicide has always outpaced homicide in the United States, generally by a ratio of 5-to-3.

Asking the question of whether someone has contemplated suicide is hard, but recent data show that even after just one hour of training, most people (54 percent) will have sufficient skills to perform an intervention. The Counseling Today article can do a world of good, too. I believe too many professionals are afraid to ask the question; some just don’t want to know the answer. The checklists of do’s/don’ts and the myths Shallcross provided are a good starting place.

I would add that although more than 100 risk factors are known to be linked with suicide, none has predictive power to the individual. Risk factors lend themselves to large groups of people. In 2006, the American Association of Suicidology published a paper that differentiated risk factors from “warning signs.” Such warnings are clinically derived instead of empirically derived like the risk factors. It’s just too much to decipher more than 100 risk factors in a time-sensitive situation, but warning signs are on the short list in a two-tiered system. In the top tier, immediate intervention is imperative. They are:

- Someone threatening to hurt or kill himself/herself
- Someone looking for ways to kill himself/herself (seeking access to pills, weapons or other means)
- Someone talking or writing about death, dying or suicide

The second tier contains behaviors indicating that the person should be directed to someone for assistance, although the need is not “immediate.” Those warning signs are hopelessness, rage, anger, seeking revenge, acting reckless/risky without thinking (parasuicidal), feeling trapped, increased substance use, withdrawal, anxiety, agitation, being unable to sleep or sleeping all the time, dramatic changes in mood, having no reason to live or having no sense of purpose in life.

One footnote: Even the best-trained professional is still human. So if a client does die by suicide, you can recover and use the experience to help others who might be thinking of or even planning a suicide attempt. The same mechanisms that help clients can help you recover, too. Reach out to other survivors and start a dialogue. As the article accurately concluded, “people are responsible for their own choices, and counselors shouldn’t try to carry that burden for others.” I encourage everyone to get training in suicide intervention, prevention and aftermath. I am a professional and a survivor as well.

Wayne Hankammer, M.A., LPC
Artexia, N.M.

I really appreciated Lynne Shallcross’ article. It went to great lengths to both detail the misconceptions about suicide and to outline steps counselors can take to ensure the safety of their clients. Shallcross even managed to use a real-life anecdote as a way of keeping the article firmly rooted in reality as opposed to being strictly theoretical. I’m sure the article will be a valuable resource to the profession and a good reminder to all of the complexities involved in issues surrounding suicide and the counseling relationship.

I would also like to take the opportunity to strengthen the argument against some of the myths surrounding suicide that were pointed out in the article. The article made reference to the aged and elderly, stating that “suicide rates rise with age and reach their highest levels among White males in their 70s and 80s.” Although the subjective reality faced by those dealing with the suicide of...
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ACA leadership institute attendees advocate for counseling profession

On July 23, attendees of the annual American Counseling Association Institute for Leadership Training braved hot weather in our nation’s capital to visit roughly 150 congressional offices and urge adoption of legislation to establish independent practice authority for licensed professional counselors within the TRICARE program. This is the second consecutive year that the ACA leadership training institute for state, division and regional counseling leaders has been held in the Washington area. Doing so makes it possible for these counseling leaders to engage in face-to-face lobbying visits with congressional offices. Studies show this is by far the most effective means of influencing members of Congress.

Stand-alone bills are pending in both the House of Representatives (H.R. 3839) and the Senate (S. 3371) that would establish independent practice authority for LPCs within TRICARE, but any changes to the law will be made as part of much broader legislation to authorize all federal defense spending and programs for the next fiscal year. Both the House and Senate defense authorization bills (H.R. 5136 and S. 3454, respectively) include language on this issue. Unfortunately, the Senate’s bill includes several requirements that counselors would have to meet to practice independently instead of simply allowing counselors meeting current TRICARE participation requirements to do so. In their meetings, counselors asked their representatives to cosponsor H.R. 3839, legislation to establish independent practice authority for counselors, and asked their senators to communicate their support for independent practice authority for counselors to the Senate Armed Services Committee.

In a sign of the need to address this issue, attendees were greeted on July 23 with a front-page article in USA Today about the need to give service members better access to mental health professionals. Many of the lobbying visits resulted in positive responses, and ACA’s public policy staff members are following up with the offices visited to solidify support for removing the physician referral and supervision requirement.

We thank all of the counselors who took part in the visits and invite all ACA members to contact us for information on how to engage elected officials on this and other policy issues affecting the profession.

Rep. Tom Rooney recipient of ACA Legislative Service Award

As part of the “Day on the Hill” held during the leadership institute, ACA President Marcheta Evans presented ACA’s Federal Legislative Service Award to staff from the office of Rep. Tom Rooney (R-Fla.). Rooney was chosen to receive the award because of his leadership in sponsoring H.R. 3839, legislation to remove TRICARE’s physician referral and supervision requirement for services provided by licensed professional counselors.

Accepting the award on Rooney’s behalf was staff member Drew Shoemaker, who works on military personnel issues for the congressman. ACA is grateful for Rep. Rooney’s leadership and for Shoemaker’s work with us on this important issue.

Senate panel calls for increased funds for school counseling program

On July 29, the Senate Appropriations Committee voted for a Labor, Health and Human Services, Education and Related Agencies appropriations bill that includes $57 million for the Elementary and Secondary School Counseling Program (ESSCP) for Fiscal Year (FY) 2011.
Grow the Elementary and Secondary School Counseling Program

The issue: As elections draw nearer and the congressional calendar grows shorter, Congress is trying to pass its annual appropriations bills to keep the federal government running. The Senate Appropriations Committee has recommended increasing funding for the Elementary and Secondary School Counseling Program (ESSCP) by $2 million for Fiscal Year 2011 to a total of $57 million, the highest funding level the program has ever received. Many obstacles remain for maintaining or improving on this allocation, however, because the Obama administration has proposed cutting ESSCP in favor of larger, less focused education programs, and this idea has at least some support in Congress. The measure the Senate Appropriations Committee approved now moves to the full Senate for consideration. The House Appropriations Committee has yet to approve its version of the spending bill.

The American Counseling Association believes that ESSCP is a valuable investment in school counseling services. Most schools have far fewer school counselors, school social workers and school psychologists than are needed to provide the comprehensive counseling programs, services and supports that can enable students to reach their full potential. Too often, state and local school boards do not give school counselors adequate priority. Thus, ESSCP fills an important role in supporting school counselor positions and fostering the development of effective school counseling services and interventions.

Whom to contact: Your two U.S. senators and your U.S. representative. Find out who your lawmakers are at capwiz.com/counseling. You can contact any member of Congress by calling the Capitol Switchboard at 202.225.3121 and asking for a specific member’s office when the operator answers.

Key message: Please vote in support of the Senate Appropriations Committee recommendation of $57 million for the Elementary and Secondary School Counseling Program for Fiscal Year 2011. Although this is a meager increase over the program’s $55 million for the current fiscal year, it is desperately needed. School districts across the country are cutting counseling positions, and ESSCP is the only program that ensures dedicated federal funds for school counselors and related professionals and services. School counseling services positively affect students’ health and academic success.

For more info: Dominic Holt, 800.347.6647 ext. 242 or dholt@counseling.org

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A proud member of the Pennsylvania State System of Higher Education.
I recently read a blog by Robbin Miller and wrote to ask her a question. After a few e-mails and a phone call, I realized I wanted to share her story. I trust you will learn some interesting lessons, as I did, from this hardworking counselor.

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

Robbin Miller: I work as a fee-for-service clinician at a family counseling clinic for clients on Medicaid. I also have a small private practice.

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

RM: At the age of 12, I became interested in learning more about psychology. I was quite dissatisfied with the counseling services I received as a child. The counselor practiced psychoanalysis, and that was not at all helpful to my personal growth and development as a tween. From this experience, I learned that children need to be engaged through play therapy and develop their own sovereignty of who they are in counseling.

RDB: As you moved through school, was there one theoretical orientation that you gravitated toward more than others?

RM: I liked learning about how the environment impacts people's behaviors, known as the ecological theories in graduate school. When I was going for my master's in education for student personnel services at the College of St. Rose, the theory classes focused on how the environment influenced student behaviors in the residence halls. However, I changed my focus to cognitive behavioral therapy (CBT) when I went to school for my advanced degree in counseling at the University of Maine at Orono. I received great training and knowledge on CBT in my theory and practicum classes.

RDB: Please say a bit about your favorite counseling position. How was that job for you?

RM: I worked as a fee-for-service clinician at a well-known counseling clinic that focused on keeping families together whenever possible. Management treated their employees well as part of their family. I learned in a “boot camp nurturing” manner how to be a better clinician in working with my clients. Due to budget cuts last year, several other clinicians and I were laid off. However, management treated us well. We were given a party at the end of our employment and allowed to stay six weeks to transition our clients to other agencies and services.

RDB: Where does your predominant theoretical orientation come into your work?

RM: I don't use a main theoretical orientation when working with clients. I am rather eclectic in using the principles of positive psychology, cognitive behavioral therapy, solution-focused and Buddhist psychology in understanding my clients' behaviors and empowering them to work on their issues by focusing on their strengths.

RDB: What do you mean when you say Buddhist psychology?

RM: I see it as a new way of looking at strengths and focusing on Eastern methods such as mindfulness. A counselor might encourage a client to identify triggers and then deal with them through mindfulness and meditation.

RDB: What about the political side of counseling: agencies, contracts, business strategies? Does all of this have a place in counseling?

RM: Counseling agencies are a business and need to make strategic decisions to keep their doors open. However, agencies have a responsibility to advocate for their clients on the local, state and federal levels. Agencies need to stress to their clinicians the importance of learning how to advocate for programs and services for their clients as well as teaching their clients how to advocate for themselves. It is politically wise sometimes to not let insurance contracts get in the way of advocating for your clients’ needs. Agencies can work with state and national counseling and social work organizations to lobby for changes in insurance rates and services for their clientele.

RDB: Is there still a place for caring and compassion in counseling?

RM: Yes, caring and compassion need to be the core values in counseling. However, due to economic constraints, some agencies are in “survivor mode,” where quantity, and not quality, services are being done at the clients’ expense. I don't agree with the carrot-and-stick method of asking clinicians to see more clients beyond their productivity requirements to earn a bonus over a period of time. This incentive can dilute the formation of developing rapport with your clients and cause burnout.

RDB: How did you determine what area of counseling you were passionate about?
RM: I found through trial and error in working with several populations that I enjoy working with families and adults with diverse needs. I like being both the advocate and counselor in empowering my clients to make positive changes in their behaviors.

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

RM: My mother and father taught me and my brother that you have to depend on taking care of yourself and not rely on others or on entitlements to do it for you. That’s why my brother and I have a strong work ethic.

RDB: Has studying counseling and becoming a professional counselor been transformational for you?

RM: Yes, especially as I became more of a holistic counselor practicing integrative therapies from Western and Eastern traditions. I have used both traditions in understanding myself better and in dealing with complex problems that my clients bring into their sessions with me.

RDB: When you refer to integrative therapies, what do you mean?

RM: The integration of Eastern and Western principles. Some might call it intuitive guidance. It is going inside yourself and quieting your mind.

RDB: What mistakes have you made along the way as you became the counselor you are today? And what lessons have you learned from those mistakes?

RM: I have made a few blunders over the years and have taken ownership for my mistakes. I have learned to be more diplomatic and politically correct. However, I am still very direct in communicating my thoughts to my clients and management in a professional manner.

RDB: Is there a saying, a book or a quote that you think about when you need to be inspired regarding your work?

RM: Yes, I use the principles of mindfulness meditation by Jon Kabat-Zinn in learning to be grounded when the going gets tough. I also use the spiritual work of Wayne Dyer and Louise Hay in helping me to understand how to work with difficult clients.
RDB: I can see your work is intense at times. How do you take care of yourself and fill yourself back up?

RM: I enjoy spending quality time with my 1-year-old baby. I love going home to be with him and to my husband, my cat and my dog for relaxation. I also meditate on a regular basis and enjoy gardening and producing television programs on cable access TV.

RDB: What do you produce on public access TV?

RM: Since 1999, I have been producing 30-minute shows about the elderly and the disabled. I have received two national awards.

RDB: That is very impressive. Our readers are mostly practicing counselors. Is there anything else you want our readers to know?

RM: Yes, it is important that counselors not be afraid to speak up when the timing is right and it is politically feasible to do so. I wish more counselors in my state [of Massachusetts] would advocate for better pay, benefits and equitable productivity standards in the workplace. There is a continual shortage of qualified clinicians to see clients across the state. Also, counselors need to advocate to Congress to allow us to see clients on Medicare. It is quite discriminatory when looking for a job and being ineligible to apply because I am not a social worker.
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Advice on preparing for the admission interview and building a résumé

In this month's column, a master's student seeks tips on getting into graduate programs, while another counseling student inquires about résumé building. Addressing their questions:

- Dale-Elizabeth Pehrsson is a professor and chair of the University of Nevada, Las Vegas Counselor Education Department. She is also a licensed clinical professional counselor supervisor, a nationally certified counselor (NCC) and a distance credentialed counselor. She specializes in child and family counseling, using bibliotherapy and play therapy.

- Brian S. Canfield is a counselor educator and supervisor of 28 years and a former board member of the Arkansas Board of Examiners in Counseling. He also is a past president of both the International Association of Marriage and Family Counselors and the American Counseling Association.

- Frank Coulson is an LPC and a career counselor at the University of Texas at Brownsville. He loves helping students explore their career dreams and enjoys spending time with family and reading (his daughter calls him Mr. Bookhead). He blogs on life issues at livingmorethanok.blogspot.com and is president-elect of the Texas Career Development Association.

Dear New Perspectives:

I am transferring from an online counseling program to a classroom-based program. I have an upcoming admissions interview and usually interview well. The person setting up interviews says I don't need to bring anything. Do you have suggestions on how to prepare? — Master's Student, Ohio

Dale-Elizabeth Pehrsson: If more individuals asked this question, their interviews might go more smoothly. If you interview well, you already have good strategies.

Interview teams look for different things depending on the program, the faculty members and the mission they aspire to meet. There are a few ways you can prepare. I always recommend that students bring brief résumés with them. Even if it is not collected, an updated résumé gives you ready access to your current experiences, and this makes for a more relaxed interview.

Also create a list of informed questions and ask faculty members about their research and clinical expertise. This demonstrates thoughtful preparation. Interviewers will know you read the departmental, faculty and graduate college websites thoroughly and are serious about graduate study. When a student asks questions that could have been found easily with little research effort, it may appear that the interviewee lacks initiative. Also, read the counseling association websites, especially ACA's (counseling.org). This is always impressive, and this information easily flows into the discussion.

You may want to ask the person scheduling your interview about its structure. Processes vary tremendously, from small, intimate interviews to group activities to fishbowl chats where observers rank the interviewee’s performance. This can seem daunting, but if you are prepared, this helps mediate anxiety.

Finally, on the interview day, dress professionally, like you are applying for a job. This may or may not matter to the interviewers, but you will feel more professional. Most interviewers are looking for students who will work hard, learn, behave professionally, develop relationships, listen and share talking time. Remember to turn off your cell phone and be fully in the moment!

Brian S. Canfield: Obviously, the program is very interested in you as a prospective student or it would not have offered an interview.

It is often useful to anticipate questions that typically come up in interviews (for example, why do you want to be a counselor, what do you see as your strongest personal attributes for becoming a counselor and so on). However, you don't want to come across as too scripted in your answers. Remember that counseling programs are just as anxious to recruit the “right” student as a student is anxious to find the “right” program. Although the program is interviewing you, cultivate the mind-set that you are also interviewing the program for your consideration. Be genuine in your responses. Let interviewers get a good sense of who you are and what you will bring to their program and the counseling profession. If it’s a mutually good fit, this will come across to you and the interviewers.

One caveat: Programs accredited by the Council for accreditation of Counseling and Related Educational Programs provide the “gold standard” in ensuring you will receive a quality graduate education that prepares you for a career as a professional counselor. However, there are some good counseling programs that are not accredited. Research such programs very
This month’s spotlight is on Kelly Emelianchik-Key, the recipient of the American Counseling Association’s 2010 Glen E. Hubele National Graduate Student Award.

Age: 28

Current Residence: Dallas, Ga.

Education: Ph.D. in counselor education and supervision from Old Dominion University; Ed.S. and M.Ed. in mental health counseling from the University of Florida; B.S. in psychology from Florida Atlantic University

Current job status: I successfully defended my dissertation at Old Dominion University on July 14 and graduated summer 2010. I am currently seeking employment as a counselor educator.

Greatest professional accomplishments: Winning the 2010 Glen E. Hubele National Graduate Student Award. My dissertation study was an overwhelming and intensive project. It was great to be recognized for my work.

Biggest challenge as a student: Learning work limits and boundaries. There are always new opportunities for research, professional conferences, committees and so forth. I am eager to do everything but can’t do it all. As a new professional, I need to pick and choose additional commitments while utilizing time management to prevent burnout.

Words of advice for students and new professionals: Take on research projects that you are passionate about no matter how large or difficult they appear. This has been my foundation to stay energized about research projects I am involved in. Also, being invested in a particular topic area increases my sense of accomplishment.

carefully to ensure the curriculum meets licensure requirements in the state where you will eventually practice.

Dear New Perspectives:
I am looking for résumé samples for counseling students. Because many students do not have much experience in the counseling field, I am wondering what to include on my résumé. I have a B.A. in political science and public relations (PR) and 10 years of PR experience. But what good is that? I want to volunteer in a counseling center to gain experience and need a résumé. I feel I have nothing to show and don’t know what to do. — Master’s Student, Texas

Frank Coulson: In going through a career shift, it can be disconcerting viewing how your previous career fits your new direction. Take quiet time to brainstorm transferable skills from your wealth of experience in public relations. One idea that comes to mind: In public relations, you often deal with problems a company is facing and look for positive solutions. That is a close connection to helping clients with problems. Brainstorm as many connections as possible.

Obtain a copy of You Majored in What? by Katharine Brooks. She has many helpful exercises concerned with looking at life and work connections that can be tied into résumés and interviews. It is also helpful to look at sample résumés to gain ideas. Use your favorite search engine (I’m a Googler myself) and search “résumés for beginning counselors.” You will find some helpful links. One example is ehow.com/how_2068828_write-resume-counseling-job.html.

To gain more experience, check with your counseling program adviser to see if youth agencies or shelters are looking for volunteer help. Also take advantage of your school’s career services department. It will be glad to help polish your résumé for your job or internship search. Remember, you have much to offer in your strengths and talents!

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 to this column, e-mail dfletche@westga.edu.

Letters to the editor: ct@counseling.org
More tips on making inroads with physicians

We wrote a section on marketing to physicians in our March 2010 column, outlining what a practicing counselor should do to increase physician referrals. Since that time, we have heard from several counselors asking for tips on how to get in the door with physicians or office managers. We decided to go to the source for answers, interviewing a pediatrician in a medium-sized practice and an office manager from a large group practice with general practitioners, nurse practitioners and an extensive office staff. Their answers proved very helpful.

Dr. Paul Wallin has been a pediatrician for more than 30 years. His first piece of advice was for counselors to make an “eye-to-eye” contact. He believes it is important for counselors to “meet with the doc” in person. In smaller practices such as his, which often feature a more informal atmosphere, he says the doctors are both the first line of contact and the decision makers.

As for agreeing to take a call from or meet with a counselor, Wallin emphasized that timing is very important. Consideration should be given to how busy the office is early in the day and again at the end of the day, when physicians make their rounds at the hospital. Calling ahead or sending a note and dropping by with a light lunch or even some fruit when doctors take their midday break is a good idea, he said. (“Bring some cookies as well,” he added with a smile.) Being personable and not too businesslike is another key, he said, adding that counselors “should be very good at that.”

When you meet with the staff, have a 10-minute presentation ready. Ask what the staff needs from you and spell out exactly what you can offer to help them. Also discuss your niche and areas of expertise.

If a counselor is new to the area or just starting out, Wallin suggests it would be ideal for that counselor to locate his or her office in the same building with other medical practices. The counselor might even inquire about practicing in the same office with the medical staff, he said.

It is important for counselors to know their community well, including its social services, schools, and institutions, Wallin said. He also suggests that counselors join community organizations such as the Rotary Club, the Lions Club or their local business association, pointing out that some of the doctors in his office are members of these types of organizations.

Karen Frumkin is a certified medical practice executive. She manages a large group of six physicians, two nurse practitioners and some 15 support staff. She agrees with Wallin that it is essential for counselors to make face-to-face contact, but given the hustle and bustle typical in a large medical practice, she says counselors should always call ahead to the office manager to schedule a meeting. Her office meets with outside providers only on Tuesdays and Thursdays at lunch. Even then, the doctors often “grab a bite and head to their offices to make calls,” she said. Given this reality, Frumkin said counselors should not be disappointed if it is not possible to give a true presentation. Simply bring business cards and brochures, she suggested, along with a salad from the local deli for everyone. She said the staff at her office is particular appreciative of one outside provider who brings a coffee cake every Friday and asks only if the staff needs more business cards.

Like Wallin, Frumkin emphasized that counselors must present how they can assist the practice in helping its patients. A brochure with a cover that lists the counselor’s areas of expertise is most welcome, she said.

Asked if there are any “don’ts” for counselors who want to market to group medical practices, she cautioned, “Don’t be disappointed if the office is too busy to meet right then. We will appreciate your brochures and cards and your polite smile” as you ask to come back in two weeks. Frumkin ended our conversation by pointing out that it is annoying when outside professionals linger in the waiting room. Get in, make quick contact and get out. This is the best way to impress the staff, she said.

Both of the professionals we interviewed also said that when they do make referrals, they always expect a follow-up progress report that they can put in the patient’s chart.

Q: I am an ACA member and have three questions related to starting a private practice. First, what credentials do I need to be recognized by health insurance companies if I choose not to join insurance panels but so my clients can fill out claims to be reimbursed? Second, if I choose to practice at two different locations, can I use insurance coverage for reimbursement at one location and not at the other? Lastly, if I do not accept insurance, should I download the various insurance claim forms and
complete my identifying information so clients can submit the forms?

A: Let’s start with what your questions have in common and finish with specifics. With each of your questions, you are considering being an “out-of-network” provider. An out-of-network provider is someone who has not contracted with insurance companies for reimbursement at a predetermined fee. Some insurance companies will not reimburse for counseling services rendered by out-of-network providers. Insurance companies that do reimburse out-of-network providers usually do so at higher costs to the client. Moreover, if you choose to be an out-of-network provider, we recommend using a superbill to help your clients bill their own insurance.

With that being said, in regard to your first question, you need to be licensed at the tier necessary to practice independently and have a tax ID number (see irs.gov) and a National Provider Identifier number (see nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions). In answer to your second question, we recommend that you be consistent at both locations, either in or out of network. Insurance companies with which you may contract can and probably will raise an issue if you try to operate both ways.

Last but not least, if you are not an in-network provider, don’t waste your time filling out the CMS-1500 (the standard form for billing insurance). Instead, just log on to ACA’s website at counseling.org and click on the members-only “Private Practice Pointers” section or e-mail us at walshgasp@aol.com to get a free superbill form. This form has all the information necessary for your clients to seek reimbursement from an out-of-network provider. The superbill is our most requested piece from ACA members. Enjoy!

High time to embrace technology

If you haven’t done so already, read the article in the July issue of Counseling Today by Jim Paterson titled “The right medicine.” In our opinion, the marketing information provided in the article is right on target. Moreover, the article’s emphasis on the need for

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- Oct. 16, Detroit (counseloracademy.com)
- Oct. 18, Indianapolis (counseloracademy.com)
- Oct. 29, Sioux Falls, S.D. (sdcounseling.org)
- Dec. 4, Chicago (800.493.4424 or imhca.org)

ACA members can e-mail their questions to Robert J. Walsh and Norman C. Dassenbrook at walshgasp@aol.com and access a series of “Private Practice Pointers” on the ACA website at counseling.org. A podcast on starting a private practice is also available for free to members on ACA’s website.

Letters to the editor:
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The Art of Choosing

“What is freedom? Freedom is the right to choose: the right to create for oneself the alternatives of choice. Without the possibility of choice a man is not a man but a member, an instrument, a thing.”

This quote by Archibald MacLeish, a Pulitzer Prize-winning poet, begins The Art of Choosing, the new book by Sheena Iyengar, a professor at the Columbia Business School.

“We make choices and are in turn made by them. In other words, choosing helps us create our lives,” Iyengar writes. “The ability to choose well seems to depend in no small part upon our knowing our own minds.”

Iyengar has undergraduate degrees in economics and psychology from the University of Pennsylvania and a doctorate in social psychology from Stanford University. She is widely considered one of the leading authorities on choice theory; other researchers cite her work extensively. But even though Iyengar is a seasoned academic, The Art of Choosing is readily accessible to anyone who has minimal exposure to the areas her book covers.

The author sees the drive to choose as being fundamental to human nature. This rings true to experience and helps to explain how different political systems have developed and evolved over time. It certainly contributes to our understanding of why democratic forms of government tend to be ultimately more successful than those more totalitarian in nature.

“When given the freedom to choose for themselves, the social structures that people from other parts of the world create closely resemble the Western model,” Iyengar observes. “When people aren’t motivated to challenge threats to freedom, what’s to stop them from acquiescing to totalitarianism?”

It is almost a truism that people like to feel that they are in control of their destiny. The idea that we are personally in charge of the direction of our lives is more important than the reality that lies behind our actual circumstance. Without choice — or at least the perception that one has the ability to choose among various alternatives — it is very difficult to sustain motivation.

When individuals come to the conclusion that they do not have control over their personal affairs, they tend to experience heightened anxiety and stress, which can have a negative impact on overall health and well-being.

In Chapter 1, “The Call of the Wild,” Iyengar describes the results of a long-term research project known as the Whitewall Studies, conducted by Michael Marmot of University College London. Marmot’s team followed a group of 10,000 civil servants in Great Britain beginning in 1967. They tracked these individuals for decades, comparing levels of compensation to general health. “What affected people’s health most in these studies wasn’t the actual level of control that people had in their jobs, but the amount of control they perceived themselves as having,” Iyengar reports. “A well-compensated executive who feels helpless will suffer the same type of negative physiological response as a low-paid mailroom clerk.”

“The less control people had over their work, the higher their blood pressure during work hours,” Iyengar continues. “People with little control over their work also experienced more back pain, missed more days of work due to illness in general and had higher rates of mental illness.”

In Chapter 6, “Lord of the Things,” the author discusses the other end of the spectrum: choice overload. “When the options are few, we can be happy with what we choose since we are confident that it is the best possible choice for us,” Iyengar writes. “When the options are practically infinite, though, we believe that the perfect choice for us must be out there somewhere and that it’s our responsibility to find it.”

“It’s clear that after a certain point, the amount of time and energy directed toward choosing counteracts the benefits of the choice,” she adds. “A focus on simply
increasing the available choices can lead to decisions that harm rather than help. It was well known even in ancient Greece that we act against our better judgment with disturbing regularity.”

Human beings tend to associate having more options as intrinsically leading to a more beneficial outcome — even when the evidence suggests otherwise. “One of the areas in which we greatly desire choice is health care, and we dislike having restrictions imposed,” Iyengar observes. “Health Maintenance Organizations do, indeed, offer fewer choices, but does that necessarily lead to inferior health care?”

The truth seems to be that most of us would rather decide what we want on our hamburger than to be given a steak without also being provided the same input regarding how it is prepared.

Toward the end of the book, Iyengar offers a number of strategies designed to improve the quality of our decision-making processes. “Science can assist us in becoming more skillful choosers, but at its core, choice remains an art.” So if you are someone who has a difficult time deciding what to do, you might find *The Art of Choosing* to be a particularly enlightening resource. You just have to make the choice to buy it.

Reviewed by Aaron W. Hughey, professor of counseling and student affairs, Western Kentucky University.

**Switch: How to Change Things When Change Is Hard**


*Switch: How to Change Things When Change Is Hard* is a compelling narrative that provides important insight on how to make effective changes in life. Counselors realize that making meaningful, measurable and sustainable changes is a challenging yet essential process for clients. Understanding of the science of change has been vague and based upon possibly faulty assumptions perpetuated by poorly researched theories. *Switch*, however, clarifies and explains the science of change in everyday, accessible language. Its content draws upon areas of mental health, sociology and management and includes case studies to illustrate conditions likely to support transformative change.

How does one bring about genuine and lasting change? According to Chip Heath, professor of organizational behavior in the Graduate School of Business at Stanford University, and Dan Heath, a former researcher at Harvard Business School and now a senior fellow at Duke University’s CASE Center, the rational side of an individual (likened by these authors to a rider on an elephant) needs to be directed. This rider can be helped by learning to look at past successes, script important moves and point to a desired destination. Motivating the emotional brain, represented by the elephant, is accomplished by finding an optimal feeling, shrinking change to improve self-efficacy and aligning desired outcomes. Together, the rider and the elephant need to determine an optimal path that often requires changing one’s environment, building successful habits and accumulating successes.

This book can facilitate change at every level — individual, organizational and societal. However, a person will need to appeal to both the rider (which provides planning and direction) and the elephant (which supplies the energy). In other words, the brain is not of one mind. For example, part of it may want to lose weight, but the other part would like a warm chocolate chip cookie. The elephant’s hunger for instant gratification may trump the rider’s strength to think long term unless a person has a plan that satisfies both urges. This will require directing the rider while motivating the elephant.

*Switch* provides a myriad of inspiring and successful examples of changes made by ordinary people. These changes offer readers not only guidance but hope. This book can be extremely beneficial to counselors in a variety of contexts, because all counselors work to help people achieve desired change.

Reviewed by Mark J. Britzman, professor of counseling and human development, South Dakota State University, and Kylee Britzman, psychology major, University of Nebraska-Lincoln.

Ruth Harper is a professor of counseling and human resource development at South Dakota State University. Contact her at Ruth.Harper@sdstate.edu.

Letters to the editor: ct@counseling.org
Summer reading overview

Many of us on an academic calendar look forward to the slower pace of summer to catch up on reading. For some, that means lighter fare that provides welcome diversion; for others, this is an opportunity to catch up on the journals that have been accumulating while other obligations capture available time. Both types of reading were on my summer list, but I will spare readers of this column my thoughts on the novels I selected and comment instead on research articles in recent issues of journals produced by divisions of the American Counseling Association.

A course in social and cultural diversity is one of the components of almost all U.S. counseling programs, regardless of whether they are accredited by the Council for Accreditation of Counseling and Related Educational Programs. The demographic makeup of counseling students is such that White (and female) students often constitute the majority in classes. As a result, most research on the effectiveness of diversity courses has been conducted with largely White samples.

A study by Ginger Dickson, Beverly Argus-Calvo and Nancy Garcia Tafoya, “Multicultural Counselor Training Experiences: Training Effects and Perceptions of Training Among a Sample of Predominantly Hispanic Students,” in the June 2010 issue of Counselor Education and Supervision examined the effects of a multicultural training course on self-reported multicultural counseling competencies and attitudes toward racial diversity. Unlike most prior studies, this sample was 93 percent Hispanic and 80 percent female. Two sections of a multicultural course made up the treatment group, while students in a section of a human development course who had not taken the multicultural course served as the control group.

The researchers used the Multicultural Awareness, Knowledge and Skills Survey—Counselor Edition—Revised (MAKSS) to assess multicultural knowledge, awareness and skills as rated by participants and the Quick Discrimination Index (QDI) cognitive attitudes and affective attitudes scales to measure attitudes toward racial diversity. At pretest, no differences were detected on the dependent measures for the treatment and control groups. At post-test, the treatment group members had significantly higher scores than they had at pretest on all three MAKSS scales and on the QDI cognitive attitudes scale. No such differences were found in the control group.

Noting that the affective attitudes scale score on the QDI was not changed by the course experience, the researchers speculated that perhaps the homogenous student body — and the community in which the study was conducted — did not allow students to have sufficient exposure to other racial or ethnic groups. The course reaction survey administered with the other measures at the end of the course included comments related to insufficient exposure to diverse groups. This can be a challenge for counselor educators in communities that lack diversity; instructors must seek creative strategies to provide this important exposure. The researchers concluded that their findings show different groups and individuals may experience a multicultural course differently. They recommend using a variety of teaching methods and student assignments to ensure that all students benefit from such courses.

Attracting and retaining male African American counselor educators

A qualitative study by Michael Brooks and Sam Steen in the July 2010 issue of the Journal of Multicultural Counseling and Development (“Brother Where Art Thou?” African American Male Instructors’ Perceptions of the Counselor Education Profession”) also reflected the theme of diversity. They noted the low number of male African American counselor educators employed in U.S. universities — a number that is far from reflective of that demographic group in the general population.

The authors observed that it is a challenge to recruit more African American men to faculty counseling positions in part because there are few African American men in the academic pipeline for counseling at earlier levels of education. Nevertheless, the authors offer recommendations for increasing the representation of African American males in counselor education, including giving more than lip service to actively recruiting and retaining individuals from this demographic group, which might mean using strategies such as emergency hires and policies that allow for quick decisions on hiring.

Typically, the few African American men seeking counselor educator positions are highly sought after. Institutions that have cumbersome and time-consuming processes for hiring may miss out on opportunities to enrich their programs with a male African American counselor educator. The authors also discussed retention of these faculty members, who may face challenges adjusting to the academy without support.

Single women planning for multiple roles

I was intrigued by Youn Jee Woo and Ki-Hak Lee’s article “Cluster Types of Attitudes Toward Multiple Role Planning of Single, Korean, Female Undergraduates” in the June 2010 issue of the Journal of Employment Counseling. First, although the study participants were single Korean female college students, I found the topic applicable to females in the United States and many other developed countries. Despite advances in gender equity in the United
States, differences in pay and expectations for men and women still exist. Second, I found the authors’ analysis illuminating. The issue they investigated was the attitude of single women toward planning for multiple roles.

In their sample of 213 young women (mean age = 23.21), 61 percent intended to obtain a job upon completing their education, 38 percent planned to pursue further education and only 0.5 percent wanted to be a homemaker. Interestingly, 78 percent of respondents intended to be involved in their career throughout their lifetime, 15 percent intended to interrupt their career from their first pregnancy until their children were grown, and 1 percent said they would end their career with their first pregnancy.

Participants completed a number of measures, including one that assessed the degree to which the person anticipated multiple role conflicts being a barrier to career attainment. After performing preliminary analyses, the researchers conducted an exploratory cluster analysis of the scales (Knowledge/Certainty, Commitment, Independence and Involvement) on the Attitude Toward Multiple Role Planning and identified five clusters. (For readers unfamiliar with this analysis, a very basic explanation is that the clusters are participants with similar patterns of scores; in factor analysis, the factors are items on a measure that are similar or seem to “hang together.”) In the next step, the clusters were compared on measures of general self-efficacy and social self-efficacy because prior research found that women’s self-efficacy affects their attitude toward career. The authors explained this may be because, despite changes in cultural attitudes, career achievement is still considered gender atypical behavior, thus women would need a level of confidence in their abilities to contend with critical reactions.

Clusters were significantly different on general self-efficacy and social self-efficacy. The cluster characterized by low commitment to seeking multiple-role lifestyles and high independence in making decisions about multiple roles showed lower self-efficacy scores on both measures. The cluster characterized by high knowledge/certainty about being able to manage multiple-role challenges had significantly lower perceptions of career barriers than the other groups.

The researchers suggested their findings substantiate the influence of Confucianism (which includes beliefs that women should not work outside the home) in Korean culture. Their work also serves as a reminder to career counselors that many dimensions are involved in career choices and decisions, making it important to consider all dimensions when working with clients.

I would add that cultural expectations play an important role in women’s career decision making, and these apply to all cultural groups. Familiarity with the cultures of clients can help the counselor ask the right questions to assess the degree to which cultural expectations affect a given client. In a period of economic distress, there is likely to be elevated anxiety over making the correct career choice. For women (in Korea and elsewhere), career planning must take into account the pressures of assuming multiple roles and the individual’s capacity to manage those pressures.

In the spirit of full disclosure, Ginger Dickson is now at New Mexico State University, where I earned my doctorate. I do not know her personally, Sam Steen, on the other hand, is a valued friend. And I am particularly fond of cluster analysis, which is not very commonly done. That said, I do not believe any of these factors biased my choice of articles to highlight in this column.

Sheri Bauman is an associate professor and director of the school counseling program in the University of Arizona Department of Educational Psychology and editor of the Journal for Specialists in Group Work. Contact her at sherib@u.arizona.edu.

To subscribe to the journals mentioned in this article, call 800.633.4931.

Letters to the editor: cti@counseling.org

CALL FOR NOMINATIONS FOR COMMITTEE APPOINTMENTS

ACA President-Elect Don W. Locke is seeking nominations for American Counseling Association committee appointments. He will be appointing professional members for each committee who will serve a three-year term, and a student representative to each committee for a one-year term.


ACA members may nominate themselves or be nominated by other ACA members. Nominations are due December 1, 2010, and must be sent to Holly Clubb at hclubb@counseling.org.

To receive a nomination packet or for more information about the nominations process, call Holly Clubb at 1-800-347-6647, ext. 212 or e-mail her at hclubb@counseling.org. The packets are also available on the ACA Website at www.counseling.org.
Have you had the privilege of meeting and/or interacting with a special needs child on a professional or personal level? How did you find the experience? What did you learn?

My wife and I are the proud and sometimes “confused” parents of a soon-to-be 4-year-old boy. Our son was officially diagnosed with cerebral palsy (aka Mr. Palsy) shortly after birth. This means he has difficulty walking, talking and performing “simple” everyday activities. Sometimes it is extremely challenging, especially when communicating. He still communicates by crying (not so much anymore), pointing and babbling. This can be quite frustrating for all of us, especially for him. We certainly understand some of his basic messages and requests, but most of the time we just have to pretend as though we understand exactly what he is saying. We find that he is still very clever and independent despite these setbacks.

Believe it or not, my son is actually helping me tremendously on my journey to becoming a more effective counselor. I believe every successful counselor possesses and has mastered the common yet vital skills of active listening, honest communication and heartfelt empathy. My son forces me to listen not just with my ears but with my eyes and my heart; to communicate not with the main purpose of being understood but to understand; and to accept not only where he is due to his condition (or whatever politically correct term you prefer) but also where he can go because of his determination. Seeing him struggle with “simple” tasks hurts and, at times, I wish things were different.

It’s amazing how he tries to do everything by himself despite Mr. Palsy’s constant presence and interruptions. He only asks for our help after trying for maybe 10 times. I really admire this about him. He does get quite irritable when things are not going the way he wants. For example, because of fine motor skills issues, he has a hard time with activities that involve placing small objects in containers. After awhile, he’ll get angry and start crying, while at the same time still trying to complete the task. Sometimes we help, other times we don’t. We don’t because we believe it is important for him to complete (certain) tasks on his own without the help of his parents. This is very hard for us to do, especially when we see that he is clearly struggling.

Don’t we sometimes wish we could do certain things for our clients, even if only to prove positive results are possible? Sometimes our clients are simply reluctant to take that first step toward recovery and healing, but we realize that this is a journey they must complete on their own with the tools we equip them with. My son also helps me realize that all of us move at a different pace on our journey. The fact that some clients take a longer time to start their journey than
others do is no indication that they will not complete it. My wife and I try not to let our son feel that because other kids can do something easier and faster than he can, that he should not complete the task.

The interesting thing is that when I speak with other parents of a special needs child, they always comment on the joy they experience from having that child in their life. They rarely mention the extra care it takes to parent such a child. To them, it is more than worth it. The common consensus is that these children are placed in our lives to teach us life’s true meaning — how to love, live, pray, laugh, cry, learn, hope. That it’s the little things that make the big difference.

Parenting a special needs child is not something I would consider a walk in the park. Neither is working with our clients in helping them find hope, embrace possibilities and achieve success. However, with all its risks, fears, dreams, disasters (for some, literally a lifetime’s worth), small achievements (most often invisible to the “normal” eye) and loss, the journey is worth it nonetheless.

Our son is definitely the joy of our life. He makes us so happy and so very proud. I will not go so far as to say he will always make us proud because some kids for various reasons do take sabbaticals from reality (not sure if special needs kids are immune to this). However, God smiled on us the day our son entered our lives. To meet my son, visit http://fatheringhappiness.blogspot.com/.

Visit my.counseling.org to read ACA blog posts on a wide variety of topics of interest to counseling professionals and counselors-in-training.

Pete Saunders is a graduate student at Capella University. He also writes a weekly blog and conducts a weekly video interview on manhood at razorsanddiapers.com
“Your father’s a jerk.”

In many elementary schools, such a comment might be rewarded with a swift trip to the principal’s office. But in Janice DeLucia-Waack’s group for children of divorced parents, the statement stood as nothing short of a breakthrough.

DeLucia-Waack, associate professor and program director of school counseling in the Department of Counseling, School and Educational Psychology at the University of Buffalo, SUNY, had played a song called “Is It My Fault?” for her group of second-graders. When the song was finished, she asked the kids whether any of them thought their parents’ divorce was their fault.

One hand shot up. “I know it’s my fault,” the little boy said. “My father tells me it is every Friday when he picks me up from school.” Before DeLucia-Waack could swallow the lump in her throat, one of the other group members spoke up with unabashed honesty. “Your father’s a jerk,” the boy’s peer told him. “When you get in the car on Friday, you tell him big people don’t get divorced because of little kids.”

Realizing he was the only one who had responded to his peer’s painful admission, the group member caught himself and said, “Well, that’s my opinion. Everyone else should give their advice, too.” After the other kids in the group added their own words of advice, the boy who felt at fault for his parents’ divorce practiced a few phrases out loud to say to his father.

The following week, the boy reported back to the group. No, he hadn’t told his dad he was a jerk, but he had conveyed the message loud and clear. “When you say that to me, it makes me feel really bad,” the boy told his father. “And I’d like you not to say that to me anymore.”

It was a poignant moment exemplifying the power of groups, says DeLucia-Waack, a member of the American Counseling Association and a past president of the Association for Specialists in Group Work, a division of ACA. “I could say to this kid 10 times, ‘It’s not your fault,’ but the other kids told him, and they told him clearly — ‘You need to say something to your dad.’”

Clear data exist that groups are more effective than individual therapy for children and adolescents, according to DeLucia-Waack, who consults for school districts across New York state on how to lead psychoeducational groups, among other things. In these psychoeducational groups, kids learn skills such as anger management, stress management, coping, communication, problem solving and conflict resolution. “We’re teaching a set of skills that they’re going to need for the rest of their lives,” DeLucia-Waack says.

Although the research differs on group effectiveness for adults depending on the type of group and intervention, many practitioners agree that group work is a valuable tool. ACA member Michael Kahn regularly runs personal growth groups that incorporate film out of his private practice in Charlotte, N.C. At the first meeting, he asks each group member to bring in and share with the other members a movie clip that resonates with the individual in some way. Throughout succeeding group meetings, Kahn assigns particular movies to watch, and group members discuss aspects of these films. Kahn says he looks for movies that have multiple story lines and an array of characters, such as Dead Poets Society or Fried Green Tomatoes, so there’s a good chance that some part of the story or characters will resonate with clients.

Kahn, who also uses film in workshops he offers for other therapists on ethics, grief and self-care, recalls one group member who watched a movie and returned to tell the group she hated it but couldn’t figure out why. After the group discussion, she realized the film spoke to an experience she’d had as a teenager that she’d never shared with anyone. Films often provide a certain level of safety that allows clients to share, Kahn says, because when clients talk about a movie, they are in some ways “removed” from themselves. But at the same time, he says, the right movie can effectively address issues in clients’ lives. “Film just has a way of winding its way past some of the defenses we have set up as individuals and can bring up other things [clients] were pushing away or things they didn’t know were there.”

In Medford, Ore., Jeff Borchers coleads groups through an employee assistance program (EAP) at Asante Health System. An ACA member who also maintains a private practice in Medford, Borchers says his groups are composed mainly of overworked nurses. “Nursing is the place where the rubber meets the road,” he says. “[Nurses are in] extremely stressful positions, and every year, they’re asked to do more with less.” Borchers’ groups, which average about 12 members, are heavily focused on psychoeducation and conflict management.
Many times, Borchers says, the groups are convened over a clash of new versus old — new nurses who are feeling overwhelmed reacting to more experienced nurses who have been on the job for many years and might be case-hardened and gruff in their personal skills. The nursing profession has changed quite a bit through the years, Borchers says, focusing more on quality patient care at the interpersonal level, which involves a more respectful way of communicating.

“There can be a lot of tears and heartache over that,” Borchers says. “Older nurses came up in a completely different environment. It’s a clash of cultures and a clash of generations. The way to resolve it ultimately comes down to empowering the younger nurses to be able to speak up and take a stand when they feel they need to and educating the older nurses on a different style of communicating.”

You are not alone

In addition to psychoeducational groups such as Borchers’ and DeLucia-Wäck’s, ASGW identifies three other types of groups: task groups, counseling groups and psychotherapy groups. No matter the group’s purpose and nature, counselor practitioners agree the benefits can be wide ranging.

In addition to his film group, Kahn runs a group called Empty Arms at a local agency for parents who have experienced a miscarriage, a stillbirth or the death of an infant. Groups often focus on topics such as anger, relationships with friends, thoughts of having another child and spirituality. Kahn says the biggest benefit the group provides is a safe place where members will be understood. “They’re with a group of people who get it, who understand what this loss means, who understand that it is a loss,” he says. “They don’t have to explain themselves or defend themselves.”

The group can be especially helpful to those dealing with miscarriage, which parts of society don’t view as a legitimate loss, Kahn says. As an added benefit, group members can see what other mothers and fathers are going through, giving each individual a better perspective on what his or her own spouse might be experiencing. “To be around other folks who are experiencing the same thing gives them so much relief,” Kahn says.

Larry Tyson, associate professor and program coordinator of the University of Alabama at Birmingham Counselor Education Program, agrees that groups are effective in defraying feelings of isolation. “It allows clients to realize that they obviously are not alone in their situation or their dilemma. They are able to listen to people who have similar issues and struggles, as well as similar successes or possible successes.”

Tyson, a member of ACA, says groups have the added advantage of offering multiple perspectives rather than the sole perspective of the counselor provided in individual counseling.

Another welcome by-product of group work is the confidence clients can gain from helping their fellow group members, Tyson adds. “It can allow people to serve as models for other folks who might not be at the same place that an individual is. They can share their experiences with other people. They can talk about the struggles or the successes they have had.

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So just as for the person who’s hearing this, for the person who’s talking about it and sharing, it allows them to acquire a sense of enhanced esteem. It gives them increased awareness of their own self and possibilities because they’ve been down that road.”

Loriann Oberlin, who works in private practice in North Potomac, Md., has experience running various types of groups, including groups for high school girls, women and elementary and middle school children, as well as separation and divorce groups for adults and children. “For children or teens trying to connect in a world where they may feel on the outside looking in, group therapy allows them that chance to feel accepted and understood and to make social mistakes but to also have thoughtful corrections and chances for a ‘redo,’” says Oberlin, an ACA member. “Adults, after working for a while with a therapist, may wish to move beyond one-on-one counseling and solicit peer feedback and connections. They usually feel good as well when they contribute to the group’s process and know they’ve helped a member in some particular way.”

Oberlin points to Irvin Yalom’s therapeutic factors of group therapy, which, she says, explain the benefits that group work can offer. Among these are improved social skills (group members hear feedback on how they come across to others) and instillation of hope (members find through group peers that there is hope for their situation). Another factor, Oberlin says, is universality, or the feeling that “we’re all in this together.” The information-giving aspect of groups helps clients learn from one another, while the altruism factor offers each person a chance to help their peers within the group.

Borchers, who has also been exposed to the positive power of groups during his three decades as a karate instructor, has witnessed powerful transformations at the group level that he doubts would have transpired in a one-on-one setting with a client and a counselor. For one thing, there’s safety in groups, he says, because clients can “lay low” if they feel it necessary. But groups also offer the added benefit of multiple perspectives and life experiences, allowing a client to share what he or she is going through and to hear varied feedback. “To have it come from a group, particularly someone who’s struggling with the same issues you are, that power can’t be duplicated in individual therapy,” Borchers says.

**Shedding light on challenges**

Oberlin has found group therapy to be particularly beneficial for children and teens with social skills deficits, learning challenges, slow processing speeds, attentional concerns, anxiety or mild to moderate mood disorders, as well as those going through situational stressors, such as their parents’ divorce.

“For adults,” she says, “[groups] can help through a situational stressor such as divorce or life transitions, as well as lack of connection, low self-esteem and for obtaining skill sets — dealing with difficult people, learning to be assertive, overcoming anxiety and sadness.”

Tyson agrees that group work has an array of benefits for diverse client populations, ranging from elementary school students to inpatient residential treatment clients. But it’s crucial, he emphasizes, that the therapist consider the emotional stability and cognitive ability of each potential member of the group. “Good group therapists know that evaluating and screening potential members is always helpful.”

Even group work proponents question the effectiveness of groups with clients in crisis. “If [clients] are needing the focus to be very much on them because they’re in a place of crisis or their needs are such that they would have a difficult time having the spotlight focused on other folks, then individual [therapy] would probably be the right way to go,” Kahn says. DeLucia-Waack, an ACA fellow, agrees. Anyone who is actively in crisis or suicidal is not a good candidate for group therapy, she says, adding that clients must have the capacity for introspection to be in a group.

For all its benefits, experts acknowledge that group work also poses some challenges. One of the toughest might come at the start — finding enough clients to put a group together. Sometimes, Kahn says, fellow therapists might overlook groups as a resource and refer their clients elsewhere, so it’s up to counselors who lead groups to keep their work in front of their peers. Social/ professional networking sites such as
LinkedIn are one possible way to let colleagues know about the groups you offer, he says.

Getting clients to show up is a challenge shared by individual and group therapists, Tyson says. Of course, a no-show in group work affects not just the individual client but fellow group members. If a client is habitually late or misses multiple sessions yet maintains he or she is committed to the group, Tyson suggests that confrontation at the group level can be helpful. Tyson says he would ask the group’s members whether they think the client is committed to the group in light of that individual’s actions. Let the group, rather than the therapist, confront the client, he advises.

“For me, one of the challenges — though I try to head it off with a good discussion and handout about groups beforehand — occurs when parents of group members, or even adult group members themselves, decide they will no longer be in group and they don’t wish to plan their last day in group,” Oberlin says. “Instead, they make the decision and sometimes inform the leader the same day as members.” That doesn’t allow for proper termination, she says.

Although many clients and parents of clients respect the rules Oberlin sets out at the beginning of the group, some don’t. “It can come across negatively to terminate abruptly,” she says. “These clients don’t recognize how such a quick decision impacts others. In one case, a girl came back to group the next week in tears because she really felt connected and understood by this person [who left the group suddenly]. It was all so quick and should have been planned better for all concerned.”

Clients’ individual issues can also pose challenges when putting people together in a group setting, Tyson says. That’s why it’s extremely important for the group leader to understand what each client is bringing to the table, he says. For instance, if a client is particularly manipulative in a one-on-one setting with a counselor, the counselor can confront the client about it and they can examine the issue together. But if that client enters a group setting, the manipulation can affect everyone. “Everything is multiplied by the number of people you have in the room,” Tyson says. Rather than the group leader intervening in a circumstance such as this, Tyson recommends letting group members talk about what’s impeding their progress and encouraging everyone to participate in overcoming the problem.

In school settings, time is of the essence and can therefore be a hurdle to effective group work, DeLucia-Waack says, adding that it is essential to have teachers, principals and other school personnel who are flexible. Educating people about the benefits of group work is another challenge, DeLucia-Waack says. “Sometimes people feel like it’s second-rate therapy,” she says. Clients themselves might question why they are being put into a group when a counselor could work with them one-on-one and give their issue undivided attention. “You have to do a lot of education for people as to why, sometimes, groups are even more effective,” she says.

Getting started

Tyson, who coedited Critical Incidents in Group Counseling, published by ACA in 2004, remembers having a strong interest in groups almost from the outset. “I noticed that about myself early in my career, that while I liked individual counseling, I was also fascinated with how people interacted in a group.” He believes that possessing a high level of interest is crucial to being an effective group leader. Although counselor educators can teach students group skills, he advises counselors-in-training and established practitioners to make sure their heart is in group counseling before following that path.

For counselors innately interested in group work, Tyson says the first step is educating themselves. He says running successful groups requires a specific skill set in terms of theoretical orientation, techniques used in a group setting, expected outcomes and the skills required to address the specific issues that clients bring with them to group. “Being a group therapist requires a whole different set of skills — some complementary to individual but [others] additional to individual. You just can’t go out and do group therapy.” The difference between individual and group counseling, Tyson says, is related to managing a set of individuals who might have a common issue but also possess different methods of processing information, sharing thoughts...
and feelings, and accepting feedback.

Borchers agrees. “The skill set for group work includes, among other things, a subset of what I’d call leadership and team-building skills. That’s because I believe the therapeutic alliance, once made, is often best spent in motivating clients toward change. In individual counseling, it’s usually the therapist’s job alone to provide that kind of incentive. But in groups, there’s always the possibility that motivation comes from another elsewhere in the group. I believe Yalom suggests that we facilitators look for a natural leader to emerge — one who allies with the therapist. Whether this happens or not, our job is to prepare the seedbed for unexpected growth, however chaotic it may appear at first.”

ASGW President Bogusia Skudrzyk, associate professor in the Fairfield University Counselor Education Department, likens the skills needed to lead a group to those needed to lead an orchestra. “Perhaps as group leaders, we are somewhat like conductors who facilitate the rhythm and the beat, as it is up to each group member to give voice to their experiences,” she says. “So, just because someone knows how to play an instrument very well does not mean that he or she can immediately become a conductor. The ‘how’ of group work is equally important to what happens and what we need to know and do.”

At times, counselors might be thrown into the deep end with group work before they’re ready, Tyson says. “What I have found as a counselor educator and as a practitioner is that there are a lot of people who maybe only have one group class and are called upon in their work environment to lead groups. I’m not convinced that’s what you need. People who lead groups and want to do it well have to really work at becoming a good group facilitator. And that requires more than just one course in your master’s degree.”

Tyson remembers an instance in which one of his school counseling interns told him that another intern on the same project site from another university was running a group for children who were displaying self-injurious behavior. “The issue, to me, was how competent are you to run that kind of group?” he says. “Not just in group counseling techniques, but what do you know about that group? Do you feel trained to understand the psychology of that group of people? Being competent about your techniques and the population you’re serving is very

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**Group work resources**

All of the following books and DVDs can be ordered directly through the American Counseling Association’s online bookstore at counseling.org/publications or by calling 800.422.2648 ext. 222.

- **Group Microskills: Culture-Centered Group Process and Strategies** (order #72872), by Allen E. Ivey, Paul B. Pedersen and Mary Bradford Ivey, provides a foundation for training culturally competent group leaders ($49).

- **Critical Incidents in Group Counseling** (order #72812), edited by Lawrence E. Tyson, Rachelle Pérusse and Jim Whitledge, provides a means to explore the difficult decisions that group leaders face and the learning opportunities they create for further discussion ($29.95 for ACA members; $44.95 for nonmembers).

The following resources are produced by the Association for Specialists in Group Work, a division of ACA:

- **Group Work Experts Share Their Favorite Multicultural Activities: A Guide to Diversity-Competent Choosing, Planning, Conducting and Processing** (order #72891), edited by Carmen F. Salazar, features contributions from experts in group work, multiculturalism and social justice ($35 for ACA members; $45 for nonmembers).

- **School Counselors Share Their Favorite Group Activities: A Guide to Choosing, Planning, Conducting and Processing** (order #72885), edited by Louisa L. Foss, Judy Green, Kelly Wolfe-Stiltner and Janice L. DeLucia-Waack, offers 67 group activities for working with children and adolescents in schools ($35 for ACA members; $45 for nonmembers).


- **Celebrating Cultural Diversity: A Group for Fifth-Graders** (order #78215), presented by Sheri Bauman and Sam Steen, is a DVD with a complete recording of a six-session counseling group with fifth-grade students ($199).

- **Leading Groups With Adolescents** (order #78208), presented by Janice DeLucia-Waack, Allen Segrist and Arthur M. Horne, is a DVD showing nationally recognized group experts working with high school students ($199).

- **Group Work: Leading in the Here and Now** (order #79816), presented by Peg Carroll, is a DVD demonstrating how group members learn to participate in the “here and now process” ($150).

- **Developmental Aspects of Group Counseling: Process, Leadership and Supervision** (order #79817), presented by Rex Stockton, is a DVD presenting three easy-to-teach segments on the most critical areas in group counseling ($150).

In addition, membership in ASGW offers a wide range of other resources and benefits, including the Journal for Specialists in Group Work. For more information, visit asgw.org.
important. If you’re not competent, try not to run the group until you become competent.”

Tyson and DeLucia-Waack agree that ASGW is a particularly helpful resource for counselors interested in or already doing group work. DeLucia-Waack points to three sets of standards — training standards, diversity-competency standards and best practices — available as free downloads on the ASGW website at asgw.org. ASGW has also worked with ACA to produce activity books, DVDs and other literature to help counselors, says DeLucia-Waack, who coedited the revised edition of Group Work Experts Share Their Favorite Activities: A Guide to Choosing, Planning, Conducting and Processing as well as School Counselors Share Their Favorite Group Activities: A Guide to Choosing, Planning, Conducting and Processing.

Counselors should also take continuing education classes and workshops and consistently reflect on their progress, Tyson says. In addition, many ACA members and other professionals in the field are highly acclaimed group therapists, Tyson says, so it would pay for counselors interested in group work to identify those experts and read their work. Then, he says, counselors should secure supervision. “Find someone you can talk to who is an experienced group leader and whom you can relate to,” he says. Another helpful tactic, DeLucia-Waack says, is for newer group counselors to colead groups with more experienced professionals.

Nothing can replace the value of practice and supervision when it comes to group work, Tyson says. “You have to get on the bike and do it. You’ve got to practice. You’re going to mess up, but you still have to get on the bike again.” Getting past the initial hesitancy to lead a group is a big step, he says, and that is exactly where supervision comes in, because the relationship allows a new group counselor to talk with an expert about what goes on in the group.

“Let the challenges be your teacher,” Skudrzyk says. “And find a mentor. Someone who is wise, honest and has an open heart, preferably through group work mentoring, too, so that we can keep learning about how we need to keep on changing without ever giving up who we are.”

Effective group leadership

The first piece of advice DeLucia-Waack gives to counselors who are ready to lead groups: Be yourself. “If you’re not genuine, particularly with adolescents, they won’t believe you and they won’t engage with you.” DeLucia-Waack remembers showing her true colors and singing along to some of the songs that were being played during a group session for fifth-graders. The verdict on her vocal skills? The kids laughed at her.

Instead of feeling embarrassed or choosing to suppress her singing, DeLucia-Waack remained open and genuine with the group members, telling them that she really enjoyed singing even though she was bad at it. What resulted was a great conversation about various things the kids didn’t think they could do well but wanted to do regardless. “Those are kind of teachable moments in that way,” she says.

Oberlin says counselors should understand up front that group work is time-intensive. It goes well beyond getting a group together, putting a board game in front of group members and seeing where it all leads, she cautions. “It’s not for someone who doesn’t wish to put planning into it. And, of course, there are progress notes for each individual and claims if you submit to insurance. There’s much time spent organizing, with phone calls to establish a group and extra work if you must cancel or call it off.”

Being even-keeled is another quality that helps in leading a group, Borchers says. “Staying centered and calm is a crucial ingredient to this work, particularly if you’re new to it.”

But there’s no substitute for being prepared, he says, both emotionally and for your clients in their environment. For example, when running EAP groups, Borchers says it’s imperative that he knows who the group members are and what they do in their jobs, the stressors present in their workplace and the specialized language they use in their jobs. “Groups have the ability to set their own pace, so you don’t want to be behind the eight ball on what’s going on,” he says. “If you can’t follow the thread of an argument, you can’t offer much in the way of a resolution.”

Although many counselors might have learned from counseling models not to
provide too much structure for clients, DeLucia-Waack believes it’s important to have adequate structure in group work. This allows clients to feel safe and see how groups work while still giving them room to progress, she says.

All of DeLucia-Waack’s groups have an opening segment, a working session and a closing. Groups start at the same time each session so clients will learn quickly that if they’re late, they’ll miss something, she says. Having the closing is helpful because group members learn not to introduce new issues shortly before a group meeting is set to end. That’s part of providing a sense of safety for clients, DeLucia-Waack explains, because they know no one will say something provocative at the very end of the group and get out the door before it can be addressed.

**Having an impact**

Looking back, Tyson says, “I wish I had realized earlier in my career the power that comes from people being in groups — the power in terms of what they can learn.” After the initial nervousness wears off for clients in a group setting, they share more and risk more, he says. As they receive input from their fellow group members, they go out and try those new ways of thinking or acting in the world. Then they often come back and talk about that experience within the group. “That, to me, is growth, and as a therapist, that’s huge,” Tyson says. “That’s what I wish I had learned earlier on — the power that groups can give people and the impact a group can have.”

Kahn says he loves to see the community created among group members as they learn from one another, reach out to one another and lean on one another. For counselors wondering what kind of impact their group is having on members, Kahn recommends scanning the parking lot after a meeting. It’s a great sign, he says, to look out his window after a session and to see clients chatting with one another in the parking lot instead of hopping in their cars immediately and speeding away. Kahn and one of his colleagues have coined the phrase “parking lot moments” to describe what happens if a group is really clicking.

“‘To me, it means that the support, the bonding and the community that you’re hoping is being created as a therapist has legs,’” Kahn says. “Rather than them all leaving the group and getting in their cars and going off to their separate worlds, the fact that they’re continuing to connect outside the group is evidence of the strengthening of the community.”

Just because a community is being formed doesn’t mean that all the clients’ problems are being resolved, Kahn says. But simply feeling less isolated can be a big win for many clients, he says. “To know that they’re starting to reach out to folks who were strangers just a few weeks ago is really powerful and rewarding as a therapist.”

As Kahn and his colleague say to each other, when it comes to group therapy, “The more parking lot moments, the better.”

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Livelihoods and cultures in crisis

Counselors discuss the deep psychological effects of the oil spill on Gulf communities

By Lynne Shallcross

The tragedy began April 20 when the Deepwater Horizon oil rig exploded about 40 miles southeast of the Louisiana coast, killing 11 crewmembers. Crude oil began flowing freely out of the deep-sea well, and BP, the oil company giant that leased the rig, was unsuccessful in its attempts to cap the well until mid-July. At press time, work continued on a relief well, which officials say is the only way to permanently stop the flow of oil from the ruptured well.

According to government estimates, this is now the largest accidental release of oil into water in history. The final toll the millions of barrels of leaked oil will have on the surrounding ecosystem is still unknown. Also unknown, counselors say, is the exact toll this crisis is taking on those who live in the region and rely on the Gulf Coast for their livelihood.

In July, Louisiana Department of Health and Hospitals Secretary Alan Levine wrote a letter asking BP America to provide $28.9 million to support mental health outreach activities through the Louisiana Spirit program, as well as services through local districts and nonprofit partners through October 2011. “Counselors on the ground have been reporting increased signs and symptoms of behavioral health instability that experience demonstrates will manifest into more clinically significant behaviors if left untreated,” Levine wrote. “The net result could be a preventable tragedy if we do not work together to ensure we address it head-on.”

In a prior letter to U.S. Health and Human Services Secretary Kathleen Sebelius, Levine also pointed out the urgent need for mental health services. “Our Louisiana Spirit crisis counseling teams have already engaged and counseled more than 2,000 individuals and are reporting increases in anxiety, depression, stress, grief, excessive and earlier drinking and suicide ideation,” he wrote. “Community-based organizations report similar findings. We know that, left untreated, these symptoms can quickly develop into behavioral health problems that lead to the breakdown of the familial structures, domestic violence, abuse and neglect.”

The residents of Houma, La., which bills itself as “The Heart of America’s Wetland” in its tourism materials, have been hit particularly hard by the disaster. Carol Benoit, a counselor in private practice in Houma, is already seeing the oil spill’s effects on her clients. Since May, Benoit, who works with children, families, couples and adults, has witnessed an increase in behavior problems in several children, including more frequent tantrums and more severe outbursts. “The anxiety level of some of the adults I see is markedly increased,” adds Benoit, a member of the American Counseling Association. She has also noticed an increase in depression and suicidal ideations among clients, as well as an increase in drug use and domestic violence among clients with prior histories of those behaviors.

“For the adults, the oil spill represents another crisis in a string of crises including [Hurricanes] Katrina, Rita and Gustav, all of which had significant impacts here — flooding, threat to basic safety, etc.,” Benoit says. “All of these crises occurred at the same time of year — summer.” Summer is extremely hot, and residents constantly worry about the “next big storm,” she says. Many people live under constant pressure, feeling an ever-present need to save money, have a backup plan ready and remain prepared to evacuate on short notice. “Many of the children I
see are afraid of bad weather because of the destruction they have seen,” Benoit says. “Also, they sense the anxiety of their parents and other adults. That is how it is in the ‘best of times.’ Now imagine all of that with the oil spill crisis on top.”

The oil spill represents a severe financial threat to residents, Benoit says, because the community is losing two industries that serve as main sources of employment: seafood and oil production. Benoit notes that the flag of Terrebonne Parish, where Houma is located, features an image of a shrimp boat and an oil well. “How bad it will get as far as the economy is an unknown factor,” she says. “Unknowns are very anxiety-producing because people cannot prepare for what they do not know. What they do know is that people are losing their jobs.”

Margaret Songe, an ACA member who worked as a counselor intern for Terrebonne Mental Health Center in Houma until this past spring, says when livelihoods are affected, it sets off a chain reaction. “Maslow’s hierarchy of needs starts with survival, and if those needs aren’t met, the other higher needs are not likely to be met either, making for diminished lives in several ways,” she says. “Without adequate support from professional counselors, affected people — those seeking/wanting/choosing to get help, of course — may have difficulty responding well to the environment, meaning others around them and themselves.”

Asking for help, Songe continues, isn’t an easy task. “Our people are self-reliant to a fault, in a way. Pride and shame issues arise when they must get financial assistance or have to fight to get BP and/or the government to pay claims, especially because they often meet with resistance and/or red tape from either or both. Not ‘being heard,’ especially when in a desperate situation, creates depressive symptoms, as well as anger and resentment and, at its worst, ‘learned helplessness,’ when the person or group just gives up and stops believing that they can affect their situation at all.”

The spill is also a threat to basic safety, Benoit says, because people are afraid of eating seafood due to the possibility of toxicity from the dispersants and oil. “How long will it take to clean up? No one knows. Can it be cleaned up? No one knows. What would happen if or when a hurricane hits now? How much worse would it get? How long will our food supply be contaminated? What kinds of cancers do the toxins cause? Will fertility be affected? These are the questions people are asking,” she says.

**Much at risk**

The oil spill has put the area’s entire way of life at risk, Songe says. “Grand Isle, our beach in the Gulf, has been closed. Seafood is a staple of our diet. Plus, the sports and recreation — swimming, [water-]skiing, fishing — opportunities have been curtailed. This is how we live. Our region’s way of life, including our recreation, culture, diet, entertainment, livelihood and tourism, is threatened, and it has a traumatic affect. We are all directly affected.”

Benoit notes that in the Gulf region, eating and catching seafood is an integral part of the distinct Cajun culture. Because part of the cultural heritage involves harvesting seafood and wild game from the surrounding area, there is a deep psychological connection to the wetlands, which are now polluted, she says. “On that level, it is a psychological blow to the cultural identity of the people of the region. We have watched the wetlands wash away despite years of efforts by people here to save the wetlands, and now this. It is as if we are watching the disappearance of our culture.”

Another impact less often discussed in the media, Benoit says, is the stress caused in the community by political and social division related to the crisis. “There are various opinions about who is at fault, what needs to be done, what can be done,” she says. “So, when people seek support from each other, they often do not find it.”

In the aftermath of events such as 9/11, Benoit points out, there was a common enemy. Therefore, most people agreed about who did what and how to respond. “But in cases such as this, it is all very debatable,” she says. “This causes conflicts in families and support systems. It is difficult for people to find the kind of emotional support they need while tiptoeing around political hot spots.”

Tammy Cheramie, who worked as a school counselor for Vandebilt Catholic High School in Houma this past year, says the trauma doesn’t end with the oil spill and cleanup. The possibility of a moratorium on oil drilling is yet another effect confronting local residents. “The moratorium threat is causing businesses in the oil industry to rethink hiring, drilling and services,” says Cheramie, a member of ACA who admits she’s slightly biased because her parents worked in oil-related industries and “big oil” has been good to her family. “It is a trickle-down effect the Obama administration apparently is oblivious to right now. It is affecting an industry already impacted by a bad economy.”

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Valerie Cooper, a part-time counselor for the Terrebonne Parish Drug Court who also works in private practice, has heard similar worries from her clients. “The clients I see now are anxious due to the uncertainty of job situations,” says Cooper, an ACA member who also teaches at-risk high school students who are earning their GEDs. “The oil spill has made a dramatic impact on the fishing/tourist/restaurant business, but the bigger concern now is the moratorium imposed and oil companies looking elsewhere to drill. Clients understand not to expect things from government but are now becoming angry and discouraged and don’t see a future.” Cooper says she is expecting to see an increase in drug and alcohol abuse, domestic violence, anxiety, depression and even suicide in the near future.

Jessica Fournier, a school counselor at Houma Junior High School who also runs a private practice in Houma, says the spill has sent shock waves through the community because of the uncertainty surrounding the long-term effects. “The clients in my private practice whom I treated throughout this disaster were not directly affected by the spill but did express concerns about the effects,” says Fournier, a member of ACA. “It was and is a topic that everyone discusses. Concerns range from frustration that the spill continued as long as it did [to] the loss of their livelihood and concern over how our environment will be affected in the long term.”

Children aren’t spared from the stress surrounding the situation, Fournier says. “I would suspect that our children will be more affected as they are forced to relocate to different schools in order that their parents may earn a living,” she says. “Parents may also be more argumentative over the stress this incident has placed on our community.”

Fournier predicts the effects on her students will be similar to the post-traumatic stress they experience after the threat or impact of a hurricane. “It is equivalent to an environmental incident beyond our control,” she says. “It increases individuals’ feelings of helplessness and hopelessness at the lack of control [we] have on the environment.”

Benoit agrees that children are absorbing a lot of the impact from the spill. “They feel, see and hear everything that is going on,” she says. “They try to make sense of it. They know something tragic has happened. They know that the adults are worried. They see the adults cry, express anger and have symptoms. And they [the children] worry, they act out, they have trouble sleeping, etc.”

Erin Dugan, an assistant professor in the Department of Rehabilitation Counseling at Louisiana State University Health Sciences Center-New Orleans and clinical director at the center’s Play Therapy Clinic, is anticipating an uptick in referrals after schools are back in session. “Due to past history, we saw children emotionally, behaviorally and cognitively process the effects of such an environmental disaster some time after the initial onset,” says Dugan, a member of ACA. “After 9/11 and Hurricane Katrina, we saw much emotional, behavioral and cognitive turmoil — depression, anxiety, fear, aggression, anger, frustration, etc. — in the months [following those events]. Schools are currently out and … unfortunately, more children are referred while they are in session due to the emotions, behaviors and cognitions that cannot be allowed to continue in the school setting.”

Dugan reports having seen an overall sadness and depression in both parents and children since the spill happened. “However,” she says, “it is uncertain whether this environmental disaster has brought about the sadness, depression and anxiety or whether it’s a double-impact/resurfaced trauma from the past natural disaster, Hurricane Katrina or even the economic decline that this country has been affected by over the past several years.”
The road ahead

Recent cutbacks in social services further complicate an already tragic situation, Songe says. “There have been articles in The (Houma) Courier, our daily newspaper, asking nonprofessional people to volunteer to counsel and receive an afternoon’s worth of training to assist with the mental health crises caused to our residents by the oil spill. These kinds of actions tend to devalue counseling because they give the impression that anyone can do it — no training necessary.” The short-term solution, Songe says, is to help those affected get services from qualified, trained professionals.

Cheramie agrees, adding that the expense of private counselors in a time when families might be slashing their budgets, combined with cutbacks in funding for public mental health services, create a double-whammy for those going through this crisis. “I think counselors and social workers need to go to these people most affected and reach out to them in their communities,” she says. “They are going to be too prideful to seek it out. We will have to reach out in churches, schools and community events. Even if we’re doing it pro bono, we are going to have to do what we have to do to get our state through this time and place.”

As a result of this disaster, Benoit finds she’s putting in longer hours, fielding more calls and seeing more crisis cases. In an effort to help her clients cope, she tells them to get involved. “There are events at various churches that specifically avoid divisive, political bias and focus on bringing people together to pray for all of the people, animals, wildlife, etc.,” she says. She also discourages clients from watching too much media coverage of the spill.

As it concerns children, Dugan recommends that caregivers and schools respect the feelings of their students and are prepared to look at their own mental state before providing support. “Adults should care for themselves in order for the role of the caregiver to be accurately perceived by the child,” she says. “The caregiver who appears out of control to the child may allow the child to take on roles, duties and responsibilities that are not appropriate, ultimately causing undue...
stress, pressure, anxiety, frustration, anger and resentment.”

Cooper has attended local, state and parish planning meetings with the Department of Health and Hospitals to create strategies for getting mental health information to the affected areas. “People from these areas are self-reliant, humble and proud and find asking or seeking help of any kind difficult,” Cooper says. “Counselors and mental health professionals are being proactive, going into the communities hardest hit [and] bringing information and services to community fairs, concerts and organized events to encourage continued participation in the communities.”

In the near term, Benoit believes there is a need for outside help. “I think there needs to be a program such as the [American] Red Cross program that was in place after Katrina. This allowed people to receive counseling services funded by money donated to the Red Cross. Mental health workers here are psychologically tired and need support from counselors who are not living in a crisis zone.”

Over the long term, Songe would like to see counselors performing outreach in affected communities, researching mental health needs and fostering cohesiveness among citizens. “But this is a key point,” Songe says. “Whatever is done should be done by a professional in the field who knows what to ask and how to help intervene on these folks’ behalf — individually and for families. Especially since this may be a population not accustomed to asking for mental health assistance, it is essential that trained counselors be used — people who know not just how to do interventions, but how to elicit responses from and give support to someone at the same time. Not just someone who pats their hand and says, ‘Everything’s gonna be OK.’ They will certainly see through that and feel dismissed once again.”

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Erin Martz, ACA manager of ethics and professional standards, researched the question of licensed professional counselors relocating temporarily to the Gulf region to work with individuals affected by the BP oil spill. She shared the following information:

- Alabama, Louisiana and Mississippi all have clauses in their rules and regulations that allow counselors licensed in other states to provide services for 30 days without having to notify the state board.
- Florida has an exemption that allows counselors licensed in other states to practice for 15 days without having to notify the state board.
- Texas has no such exemption, and counselors cannot provide services unless they are licensed in the state of Texas.
Breaking the cycle of addiction and crime

Drug courts offer nonviolent offenders an opportunity to partake in substance abuse treatment and other counseling services instead of automatic incarceration.

By Chris Morkides

Bob Houston, 52, has a job in the mental health field. He has four children, a marriage of five years, an active role in his church, a GED — obtained more than 30 years after dropping out of high school — and plans to become a minister.

Houston had something completely different a decade ago: a drug addiction that caused him to spend most of his adult life in jail, stopped him from getting an education and led to prostitution.

“Heroine, PCP, cocaine, pills. Every drug they made, I think I did,” Houston says. “The longest clean time I had was a month or two. I just couldn’t stay clean. I tried though.”

After an arrest in 2002, Houston was admitted to the drug court program in Prince George County, Va. The program, like many other drug court programs throughout the country, utilizes a special court docket to deal with nonviolent criminal offenses committed by drug-addicted offenders.

A year after entering a program that combines substance abuse treatment, job counseling, the development of social skills and the possibility of jail if the offender relapses, Houston graduated. He has been clean ever since.

“Before, when things came up that I couldn’t handle, I’d pick up a drug or a drink,” Houston says. “Drug court gave me a chance to take a hard look at myself. I got spiritual help. I got professional help. I got a different mind-set.”

Melding of two models

Drug courts have been functioning since 1989 when, in response to a rampant crack-cocaine problem, Miami-Dade County, Fla., started this country’s first drug court to deal with the drugs, the offenders, the social costs and the very, very heavy monetary weight of simply prosecuting drug offenders and throwing them in jail.

Now, some two decades later, more than 2,000 drug courts are in operation nationwide. Measured by reduced rates of recidivism, monetary savings and effective recovery from substance abuse, proponents proclaim drug courts a success story. President Barack Obama’s drug czar, Gil Kerlikowske, views drug courts as a way to “break the cycle of addiction and crime.” The president’s proposed 2010 budget reflects this thinking, earmarking $50 million more for drug courts than was allocated in 2009.

Drug courts essentially meld two different approaches for dealing with substance abuse: the traditional criminal justice model, in which drug addiction is an antisocial behavior best handled by the legal system, and the medical model, in which substance abuse is viewed as a disease to be treated therapeutically so that those afflicted can eliminate drug use and change their lives for the better.

Melding the two models has worked. A National Drug Court Institute study has shown that judge-supervised drug programs lower prison costs and prison overcrowding. A study conducted by the Urban Institute estimated that an expenditure of nearly a half-billion dollars by the United States on more than 50,000 nonviolent drug offenders who went to drug court in 2005 resulted in more than $1 billion in reduced law-enforcement and prison costs.

From a therapeutic standpoint, drug
courts help recovering addicts stay clean. “It’s hard as a counselor to get alcoholics and addicts to stay in treatment long enough to affect change,” says Ellyn Joan Essic, past president of the International Association of Addictions and Offender Counselors, a division of the American Counseling Association. “People might not want to be in drug court, but they’d rather be there than in jail. It gives you time. And once you break that barrier, you see change.”

Change is effected by bringing members of the legal and mental health communities — judges, attorneys, probation officers, case managers and mental health counselors — together. Judges preside, and the efficacy of the process, according to a Department of Justice report published in 2006, depends greatly on the judge’s informal, flexible and hands-on style, the “nonadversarial nature of the proceedings, the frequency of required hearings and the opportunity for direct communication between defendants and the bench.”

A model outlined by the National Association of Drug Court Professionals and the Justice Department in a 1997 report lists the following as key components in the success of drug courts: a coordinated strategy between legal and mental health workers, the integration of substance abuse treatment with justice system processing, use of a nonadversarial approach, early identification and placement of eligible participants, access to continued treatment and rehabilitative services, frequent testing for alcohol and drugs, a coordinated strategy between legal and mental health workers, ongoing judicial action with participants, monitoring of program goals, continued education and partnerships with public and community-based organizations.

“Folks in drug court get a lot of assistance nobody else gets,” Essic says. “You get a full court assessment. You get treatment. You can get housing if you need it and assistance with employment.”

What mental health therapists get is additional time to work with recovering addicts, a luxury not often enjoyed when the incentive to stay out of jail does not exist.

“I know I have longer to work with this person,” says Essic, who advocates the use of cognitive behavioral and reality-based therapy in substance abuse treatment. “I know I can go deeper. I know I can push harder and use more confrontation if needed. They can’t get away from me.”

The bigger picture

Malinda Lamb, the clinical services director for the 6th Judicial District of Correctional Services in Iowa, and ACA member Nicole Pizzini presented on drug courts at the 2008 ACA Annual Conference in Honolulu. Lamb figures that the average client in her district’s drug court program stays 12 to 18 months. She emphasizes rewards, such as birthday cards, 30-day cards for staying clean and certificates for completing various phases of the program, as incentives in her program.

Of course, there is also another major source of motivation. “All of our clients either face prison or do drug court,” Lamb says. “This is the last resort for some people who are longtime users. Under supervision, they get clean time, they do well, they transition. Then we make sure their recovery continues.”

Lamb’s program includes six months of supervised aftercare. “We look at the bigger picture,” she says. “We look at mental health, housing, giving back to the community.”

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“It certainly beats the alternative, which is jail,” says Carolyn Hardin, director of the National Drug Court Institute. “You can do jail sitting on your hands. But it’s different going into treatment and addressing issues that led to drug and alcohol abuse. I don’t believe kids, when they grow up, want to be on crack. But something happened along the way. This is something that drug court addresses: what happened along the way.”

Mental health professionals play a vital role in drug court programs, often stepping into settings that address co-occurring mental health and substance abuse disorders. The treatment, a part of clients’ probation, focuses on substance abuse, recovery from substance abuse, issues underlying substance abuse and the intertwined relationship between substance abuse and mental health issues.

Drug court gives substance abusers the incentive or, depending on the speaker’s semantic preference, the disincentive of jail. It gives the therapist additional support. “The therapist knows he has a team,” Hardin emphasizes.

Joe Madonia is the director of the Brooklyn Treatment Court, one of the first drug courts in the state of New York. Madonia’s style? Accentuate the positive. “Counselors need to focus on a client’s strengths,” says Madonia, a licensed clinical social worker and teacher at New York University who maintains a private practice in Manhattan. “They need to look at the positive aspects of their lives.”

Brooklyn’s drug court emphasizes education, skill building and vocational services. “Some of our graduates have become counselors,” Madonia says. Madonia says his court follows a “carefully designed list of sanctions and incentives, the last sanction being jail.” He prefers to de-emphasize the possibility of jail with clients, but he is fully aware that it provides a hammer that helps him pound home other aspects of his program.

Drug court professionals take incentive where they can find it. “The old saying is, ‘You can lead a horse to water, but you can’t make him drink.’ We try to get them thirsty,” Madonia says.

Bob Houston doesn’t reach for alcohol when he is thirsty these days. Instead, he reaches for his 3-year-old son, Joshua. He reaches for his Bible. He reaches out to others who are battling addiction the way he once battled addiction.

“I’m accountable today,” Houston says. “I take responsibility as a husband and a father. I have steady work. I’m active in the church and in a lot of community projects. My life has changed dramatically. People trust me now.”

Houston gives much of the credit for his solid footing to his experience in drug court. “I wouldn’t be like this [without it],” he says. “I’d probably have the same mind-set that I had then: that I could use drugs and live. But I can’t get high and live. It’s impossible.”

Chris Morkides is a mental health therapist in Wilmington, Del., specializing in co-occurring disorders and anger management. Contact him at cmorkides@aol.com.

Letters to the editor: ct@counseling.org
Unfortunately, at some point during this new school year, a traumatic event is likely to take place somewhere in our nation, bringing back memories of prior traumatic events that have happened at various schools throughout the United States. Because these events seem more commonplace in the world today, it would be wise for administrators of various institutions to put a response plan in place to assist members of their communities as they attempt to make sense of what does not — the injury and death of innocent people.

Although most schools and institutions have crisis response plans in place that address incidents within their own organizations, they are less likely to have plans that address reactions to traumas that occur outside the school or institution. This can affect the productivity of students and/or employees in a negative way. Communities can feel more secure in their reactions if plans are in place before traumatic events occur.

Having an emergency response plan in place to address the needs of individuals and groups within an organization is evidence of caring about them. Ultimately, this creates a better learning and working atmosphere. When individuals have an option to process traumatic events, they feel more appreciated and can get back to normal (so to speak). School counselors are usually very involved with crisis prevention and intervention, so it makes sense that they should also be part of the team that develops the plan to respond to external traumatic events.

The catalyst

The community of St. Laurence High School, located in Burbank, Ill., became aware of the benefits of processing traumatic events after media exposure to the shootings at Virginia Tech on April 16, 2007. The faculty and staff were very concerned about how St. Laurence students and employees might be affected by this tragedy, so the school’s administration and guidance department put together an intervention to process post-traumatic concerns. Following is a synopsis of our response.

The administration and guidance department met several times during the week of April 16 to develop a plan, which was completed Monday, April 23. Several steps are necessary to formulate a plan to respond effectively to crises that occur outside an institution. Among the steps we implemented in creating our External Crisis Response Plan are the following:

1) Establish a team to facilitate the plan.
2) Brainstorm the types of incidents that may occur within your institution.
3) Have a method in place to determine the level of threat (if any) to individuals and the institution itself.
4) Develop procedures to identify persons at risk.
5) Create a logical demographic plan.
6) Make a list of trained personnel to implement the plan.
7) Develop a method of evaluating the response.
8) Make adjustments to the plan in place.

The team we created at St. Laurence (step one) consisted of the school president, the principal, the assistant principal, three counselors and some teachers. We also consulted with professionals outside our organization. The teams developing these plans should be as diverse as the communities these teams are representing.

Our team met to discuss our goals after realizing the objective of providing our students with a way to process their thoughts and feelings pertaining to the incident at Virginia Tech. These goals included creating a safe, effective environment to express various emotions and thoughts, accepting the opinions expressed by all students and staff as valid and discussing safety issues at St. Laurence.

Our first concern was determining the level of threat to individuals in the institution. Our concerns were to avoid creating fear within the institution, eliminate the possibility of creating a copycat event and raise our awareness of individuals at St. Laurence who might have an adverse response to an intervention.

We addressed the first concern by making participation in the public discussions of the Virginia Tech shootings voluntary. Given the amount of media coverage the shootings received, our goal was to make students, teachers and staff feel safe by raising the threshold for stress tolerance. Our hope was that showing respect for one another's responses to the incident would also deter any copycat reactions. We also asked all members of the school whether they knew anyone directly or indirectly affected by the shootings. This gave us an opportunity to provide individual intervention.

Determining a level of threat for individuals as well as the institution was certainly a concern. According to Ron Teffaine, a school psychologist in Manitoba, Canada, who developed a threat assessment protocol, “the purpose of having a threat assessment protocol is to make sure students, teachers and staff are safe through prevention efforts and to assure that everyone in the school is safe.” Guidance department and discipline office members at St. Laurence discussed students who might be at risk for an adverse reaction on the basis of past behaviors and/or their family and school histories.

Our next concern was determining where to hold presentations and discussions with the students. A strategy was developed to use the entire building at different parts of the day because we wanted to demonstrate that the entire school was involved in this process. We used the gymnasium, the cafeteria, the chapel, the library and classrooms to accommodate various size groups. There were opportunities for individuals to be with someone one-on-one or to remain in their groups for the entire day.

After our plan was in place, we developed a list of individuals who would be responsible for various parts of the intervention. We used counselors, administrators and teachers who were willing to participate in the process. Outside referral resources (counselors, grief counselors and psychologists) were also available if needed. The leaders of our group discussions were persons who had training in this area or who had experience with the aftermath of a traumatic event.

The day after our intervention, we collected evaluations from our students, faculty and staff, each of whom was requested to write down individual thoughts and/or concerns pertaining to the intervention. The feedback was very positive, and we learned that the intervention was appreciated. But more important, we learned of specific safety concerns at St. Laurence. This enabled us to make adjustments within our school and to open the doors to the community for valuable input from trained personnel within the police and fire departments.
The details

Following are some details experienced during our response to the tragic events at Virginia Tech.

At 8:15 Tuesday morning, our team met with the faculty to inform them of the response plan. Our goals were to acknowledge the incident at Virginia Tech as a community, provide an opportunity to process the event, assess the needs of students and faculty, and provide resources as needed.

The faculty was very cooperative. Each of the religion teachers (all students have a religion class at St. Laurence) was requested to announce that students would attend a gathering on Wednesday related to what had happened at Virginia Tech. The teachers also read a prepared statement from the counselors. The teachers then requested that each student turn in one sheet of paper containing anonymous “concerns”; students who did not have any concerns were asked to write down “no questions/concerns” and turn in their paper with the rest of their classmates. Written responses were collected and placed in one of four boxes depending on whether the students were freshmen, sophomores, juniors or seniors.

On Wednesday, gatherings were held separately for each grade level, with freshmen going first, sophomores second and so on. This process was put in place because it was determined that the reactions of younger students might be more intense if they had to go through the entire day anticipating their presentation.

In the gatherings, counselors read the questions collected from each group and responded to the concerns. Of the 673 students enrolled at St. Laurence at the time of this intervention, 250 handed in written questions. Among the more prevalent questions submitted:

- “Do we have a plan of action in our school?” (55 students asked this question)
- “Are we secure?” (39 students)
- “What can we do to prevent this in our school or others?” (22 students)
- “How can we change gun laws?” (14 students)

After the written questions were addressed, students were permitted to ask additional questions. Several questions and concerns were discussed in each grade-level presentation. As evidenced by the questions submitted, students wanted assurance that the school had a plan and that they were safe.

A prayer service was considered as a possible follow-up to these gatherings. However, given that the crisis did not directly affect school personnel, the school administration and guidance department members decided it would be more appropriate to provide a place where students could go individually if they desired. The chapel was made available to individual students, and counselors were available for any individual, follow-up intervention.

For purposes of closure, a feedback session was conducted at a general faculty meeting on Thursday. The guidance department processed feedback/concerns from faculty and staff the following week to determine any further needs to be addressed.

As a result of the feedback, the guidance department recommended development of long-term plans for handling “loners/bullies” within the school setting. Fortunately, the school has promoted a policy for years that states, “We Come Together, We Move Forward, And NOBODY Gets Left Behind; Leave as a Leader.” This policy is shared with every class that enters the building and appears quite appropriate when considering our long-term plans.

Thomas J. Pallardy is a licensed professional clinical counselor in the guidance department and a psychology teacher at St. Laurence High School in Burbank, Ill. He is also a board-certified professional counselor in private practice at the Center for Psychological Services in Oak Lawn. For further information and/or discussion pertaining to the response used at the school, he invites readers to contact him at 708.458.6900 ext. 221 or tpallardy@stlaurence.com.

Letters to the editor: ct@counseling.org

improved ACA Publications Catalog was packaged with the issue of Counseling Today you are now reading.

We are also very excited to return to New Orleans for the ACA Annual Conference & Exposition (March 23-27, 2011). Recently, we were able to confirm that our opening keynote speaker will be CNN reporter Soledad O’Brien, and our second keynote presenter will be Dr. Judith Beck of the Beck Institute for Cognitive Therapy and Research (for more on these speakers, turn to page 50). Add to that more than 400 education sessions, along with a very special community project that you will be hearing more about, and I think we can all agree this will be one ACA Annual Conference that should not be missed. Next month, look for the ACA Annual Conference Advance Registration Brochure (packaged with Counseling Today) for more details!

With all that we work on, I realize we don’t always take enough time to celebrate the “good times.” So, if I may brag on ACA a bit, our membership at fiscal year end (June 30, 2010) was the highest it has been in five years, and your official ACA magazine, Counseling Today, recently won four awards for writing and design excellence!

So, for those of you beginning a new school year, the best of luck in your academic endeavors (whether you are learning or whether you are teaching!). I believe the information in this column provides just a few examples of what your staff and your leaders are doing on your behalf.

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

Thanks and be well.
a child or teen is truly tragic, it is no less serious or substantial when in the context of later life. Some of the sources cited in the article seem to indicate the gravity of the situation in older populations. Building off what Shallcross alludes to, the National Institute for Mental Health has some additional statistics:

- Although they make up only 12 percent of the U.S. population, people 65 and older accounted for 16 percent of suicide deaths in 2004.
- 14.3 of every 100,000 people age 65 and older died by suicide in 2004.

As a member of the millennial generation and a future counselor, I am well aware that the mental health needs of the baby boomers as they age will have tremendous influence on how the counseling profession views and seeks to treat suicide. It seems likely that future discussions will need to focus on the profession’s conceptions and assumptions around suicide and the aging.

Some of the biases within the profession have to do with the dominant culture’s conception of the aged not as revered but as marginal. They are anything but marginal, however. According to the National Institute on Aging, the number of persons older than age 65 is set to double by 2030, constituting about 20 percent of the entire U.S. population. They are entitled to the same level of attention being paid to other client populations. Suicide is not just something that youth contemplate and act on; their elders do, too.

Brian C. Harvey
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Correction

The 2010-2011 Leadership Directory that appeared in the August 2010 issue of Counseling Today incorrectly listed Alan Burkard as the incoming president for the American School Counselor Association. Instead, Brian Law (blaw@gocats.org) will take office as ASCA’s president on Oct. 1, while Burkard will become the association’s president-elect on that date. Counseling Today regrets the error.

Editorial policy

Counseling Today welcomes letters to the editor from ACA members; submissions from nonmembers will be published in rare circumstances.

Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Submissions can be sent via e-mail or regular mail and must include the individual’s full name, mailing address or e-mail address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication.

Counseling Today will not publish any letter that contains unprofessional, defamatory, incendiary, libelous or illegal statements or content deemed as intended to offend a person or group of people based on their race, gender, age, ethnicity, religion, sexual orientation, gender identity, disability, language, ability, ideology, social class, occupation, appearance, mental capacity or any other distinction that might be considered by some as a liability. ACA will not print letters that include advertising or represent a copy of a letter to a third party. The editor of Counseling Today will have responsibility for determining if any factors are present that warrant not publishing a letter.

E-mail letters to ct@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
Addressing spiritual diversity

Forty-three-year-old Alba had made a decision. At the suggestion of a trusted friend, she drove to an agency to offer her services as a volunteer. She understood something needed to change in her life and that if she continued on her current path, she would eventually lose her will to live.

Four months had passed since Alba’s 20-year-old son had committed suicide. Wasn’t the pain supposed to decrease with time? Instead, Alba had been moving deeper and deeper into depression. She repeatedly recounted the anguish she felt to her friend. Alba talked about the signs she should have picked up, the words she could have spoken and the words she never should have said.

Alba’s pain was exacerbated by the knowledge that her son had rejected her religion. Her deepest fear now was that her son was not in heaven and that she was somehow to blame. This lack of assurance was the most painful aspect of her guilt. It left her feeling without hope. Making an effort to divert and occupy her mind, she got involved with volunteer work. But this would prove challenging. Eventually, Alba decided not to continue. If my son’s not in heaven, I’m to blame. How do I live with that?” she would ask.

If Alba decided to see a counselor, what are the chances she would find someone capable of addressing her spiritual needs with understanding and competence? If her beliefs regarding life and death affect the way she processes her son’s suicide, how important is it that she address these beliefs in counseling? Because Alba’s religious beliefs are inextricably linked to who she is and how she experiences life and death, they will inevitably have an impact on her psychological well-being. Would it be possible to explore Alba’s world without addressing the spiritual belief system that influences her worldview? Is it possible to address her problem without addressing her spirituality? Even if it were possible, would it be ethical to exclude this aspect of the person from counseling?

Is it important to address spirituality?

A diversity perspective is the trend in counselor education today. This approach encourages counselors to gain a greater understanding and appreciation of the various cultural aspects that clients bring into counseling as a part of who they are. The ACA Code of Ethics requires that counselors “respect the diversity of clients” (Standard A.4.b., Personal Values). The question is, how does that look in the counseling room? A therapist can begin by becoming educated regarding clients’ cultural backgrounds and working toward greater self-awareness in the area of culture.

From a counseling perspective, spirituality is one of many dimensions of culture and diversity. Relating to Alba’s religious experience with acceptance and understanding (and without condescension) could make all the difference in the counseling process. Could there be a more spiritually defining time in a person’s life than when he or she comes face to face with the death of a loved one? How questions of spirituality are resolved may have a significant impact on a person’s mental health.

According to a literature review by Elizabeth Oakes and Mary Raphael, in the early days of psychology, spirituality was of interest mainly as an intriguing phenomenon encountered in the clinical setting. The importance of spirituality in psychology and counseling has since grown, particularly as the literature increasingly supports the assertion that an individual’s spirituality may have a significant impact on the person’s emotional, psychological and even physical well-being (see, for example, Loren Mark’s 2006 article “Mental Health, Religious Belief and ‘The Terrifying Question’”). The 2001 Handbook of Religion and Health analyzed more than 1,000 studies on various aspects of health in relationship to religion. Among a few of the findings that seemed to support the correlation between spirituality and mental health: More than 80 percent of the studies on optimism found a positive correlation between religious practice and optimism; 86 percent of the studies on anxiety showed less anxiety among religious participants; studies on drug abuse found lower usage among individuals who identified as being religious.

Is spirituality being addressed?

In a 1995 study, E. W. Kelly indicated that many counseling graduates didn’t think they had received sufficient training to address their clients’ spiritual issues. Since that time, some changes have been made in an attempt to address this lack of preparation. For example, with its 2001 standards, CACREP listed competence in addressing spiritual values as one of the foundational skills required in counselor training.

Although there is growing acceptance of the rationale behind incorporating spirituality and religion into counseling as an aspect of diversity and in an attempt to treat the whole person, many counselors in the field may remain unprepared to address this aspect of diversity in a competent way. In their 2006 overview titled “Multicultural Training in Spirituality: An Interdisciplinary Review,” researchers Sally Hage, Amy Hopson, Matthew Seigal, Gregory Payton and Elizabeth DeFanti found that spiritual diversity may be a neglected aspect in multicultural training, noting that many graduate program instructors did not have the necessary preparation to adequately teach about spirituality. Moreover, evidence suggested spiritual diversity was not given the same priority as other aspects of diversity in many of the training programs.

Perhaps the relatively recent emphasis on developing competence in an area that just 25 years ago was generally avoided — both in therapy and in the classroom — has created a cohort of instructors who, having never been trained to address this topic, still feel inadequately prepared to do so. Whatever the reason, Hage and the other researchers did observe that many instructors addressed spiritual and religious issues in supervision, if not didactically.

Do we have answers?

What can be done to change the current situation and ensure that counselors obtain the training they need to become competent in this area? Hage et al first recommend that counselor trainees strongly encourage educators to include spiritual diversity as an integral part of the multicultural perspective, both throughout the curriculum and within classes dealing specifically with multiculturalism and diversity. For practicing therapists, specifically seeking out continuing education in this area will help to further this goal.
A second suggestion would be to ensure that trainees have adequate supervision from a competent individual who can provide training on how to assess, integrate and understand clients’ worldviews and spiritual perspectives. Ideally, this would include taking the time to learn about various religious interventions. Hage et al also propose that therapists share information with colleagues and students about the empirical support for the connection between spirituality and mental health, thereby promoting the need to address the whole person.

In their article “Incorporating Spirituality Into Core Counseling Courses: Ideas for Classroom Application,” Michele Briggs and Andrea Rayle provide approaches educators can use to help trainees become more comfortable with the issue of addressing spirituality in counseling. Among their suggestions are to encourage open discussion, model empathic understanding of client spiritual beliefs and engage in self-exploration regarding one’s own beliefs and biases on spiritual issues. The Association for Spiritual, Ethical and Religious Values in Counseling’s Competencies for Addressing Spiritual and Religious Issues in Counseling, revised in 2009, can also provide guidance to counselor educators.

In conclusion

The understanding that human beings have a spiritual component cannot be overlooked. Spirituality can influence who people are and how they respond to their environment, giving rise to the movement to integrate spirituality into the counseling process.

Though change has been slow in coming, the acknowledgment that it is needed has been confirmed. As members of the counseling profession, it is up to us to ensure that this change continues to gain momentum so clients may be better served in the very near future.

Angela St. Hillaire is a community counseling student at Andrews University. Contact her at thehills5@rogers.com.

Letters to the editor: ct@counseling.org

Two New ACA Podcasts Just Posted!

**Podcast HT019**

*Microcounseling, Multiculturalism, Social Justice, and the Brain: A Conversation with Dr. Allen Ivey and Dr. Mary Bradford Ivey*

**Learn more about:**
- Microcounseling—what is it?
- Rogerian vs microcounseling frameworks
- Social justice and its role in counseling today
- Neuroscience and current research on the brain

*Running time: 59:50*

**Podcast HT020**

*Tough Kids, Cool Counseling With Dr. John Sommers-Flanagan*

**Learn more about:**
- How counseling children and adolescents is like multicultural counseling
- Empirically supported treatments and why the presenter does not support them
- Rapid emotional change techniques and how they work
- Traditional suicide assessment and the presenter’s constructive critique of it
- Medication vs counseling and effectiveness for adolescents

*Running time: 61:04*

All podcasts are free to ACA Members. Add to your iPod or download to your computer. Visit counseling.org and click on ACA Podcast Series.
Counselors gathered in New Orleans next March for the 2011 American Counseling Association Annual Conference & Exposition will be treated to the insights of a widely respected television news anchor and investigative correspondent whose work serves as a catalyst for social change and to the expertise of one of the world’s foremost authorities on cognitive therapy.

Soledad O’Brien will be recognizable to many counselors as the host of CNN’s In America series, as well as an anchor and special correspondent for CNN: Special Investigations Unit, while Judith S. Beck is the president of the Beck Institute for Cognitive Therapy and Research, a nonprofit organization that trains mental health professionals in a form of psychotherapy proved by numerous clinical trials to be effective for a variety of disorders.

Soledad O’Brien

In her work for CNN’s special investigations unit, O’Brien reports hourlong documentaries throughout the year and files in-depth series on the most important ongoing and breaking news stories for all major CNN programs. She has covered Hurricane Katrina and the South Asian tsunami, as well as breaking news in the war in Iraq and across the country.

As the host of CNN’s In America series, she has reported for Black in America, Black in America 2 and, most recently, Latino in America. She is also the author of the recently released companion book to Latino in America. The critically acclaimed Black in America broke new ground in revealing the current state of the African American community 40 years after the assassination of Martin Luther King Jr. The landmark programming featured documentaries and weekly reports with fresh analysis about the real lives behind the stereotypes, statistics and identity politics that frequently frame the national dialogue about the African American community.

O’Brien joined CNN in July 2003 as coanchor of the network’s flagship morning program, American Morning, and distinguished herself by reporting from the scene on transformational stories that broke on her watch. Her efforts following Hurricane Katrina and the tsunami in Phuket, Thailand, earned her numerous awards and critical acclaim. Her initiative, “Children of the Storm,” provided video cameras to young Katrina survivors so they could tell their stories of trial and triumph in their own words and images. She also served as CNN’s point person for President George W. Bush’s visit to Mexico, delivering a series of eye-opening reports on conditions south of the border that fuel illegal immigration to the United States.

O’Brien has received numerous honors for her work, including a Gracie Allen Award for her 2007 coverage of the Israeli-Hezbollah conflict and the George Foster Peabody Award and the Alfred I. DuPont Award for team coverage with CNN. Also in 2007, the NAACP honored her with its President’s Award in recognition of her humanitarian efforts and journalistic excellence.

Community Voices of the Morehouse School of Medicine also created the Soledad O’Brien Freedom’s Voice Award in her honor to recognize professionals who serve as catalysts for social change within their fields. She was presented with the award for her commitment to covering news stories that others fail to pursue and her willingness to be a voice for those in society who are unable to speak for themselves.

Before arriving at CNN, O’Brien anchored NBC News’ Weekend Today show and contributed reports for the weekday Today Show and weekend editions of NBC Nightly News. In 2003, she also anchored NBC’s weekend coverage of the war in Iraq.

O’Brien is a member of the National Association of Black Journalists and the National Association of Hispanic Journalists.
Judith S. Beck

Beck directs the three major functions of the Beck Institute: educating professionals in cognitive therapy through a variety of training programs, clinical care and research. In addition, she is a clinical associate professor of psychology in psychiatry at the University of Pennsylvania, where she teaches psychiatry residents. She divides her time among teaching and supervision, administration, clinical work, program development, research and writing.

Beck has written nearly 100 articles and book chapters and given hundreds of presentations, both nationally and internationally, on a variety of topics related to cognitive therapy. She is the author of the widely adopted textbooks *Cognitive Therapy: Basics and Beyond* (translated into more than 20 languages) and *Cognitive Therapy for Challenging Problems: What to Do When the Basics Don’t Work*. Her other books include *Cognitive Therapy of Personality Disorders* and the *Oxford Textbook of Psychotherapy*. She has also written extensively for consumers on a cognitive behavioral approach to weight loss, including the books *The Beck Diet Solution: Train Your Brain to Think Like a Thin Person* and *The Complete Beck Diet for Life*.

In addition, she is a founding fellow and past president of the Academy of Cognitive Therapy, a nonprofit organization that certifies mental health professionals in cognitive therapy, and has served as a consultant for several research studies conducted by the National Institute of Mental Health.

Judith Beck is the daughter of Aaron Beck, recognized as the “founding father of cognitive therapy.” The two cofounded the Beck Institute in 1994. In addition to offering training in cognitive therapy to health and mental health professionals, the Beck Institute’s mission includes helping to create and improve cognitive behavior therapy programs at universities, hospitals, community mental health centers, health systems and other organizations.

As described on the Beck Institute’s website (beckinstitute.org), cognitive therapy is a form of psychotherapy in which the therapist and client work together as a team to identify and solve problems. Therapists help clients to overcome their difficulties by changing their thinking, behavior and responses.

“In contrast to other forms of psychotherapy,” Judith Beck writes in “Questions and Answers About Cognitive Therapy,” an article that appears on the institute’s website, “cognitive therapy is usually more focused on the present, more time-limited and more problem-solving oriented. Indeed, much of what the patient does is solve current problems. In addition, patients learn specific skills that they can use for the rest of their lives. These skills involve identifying distorted thinking, modifying beliefs, relating to others in different ways and changing behaviors.”

The 2011 ACA Annual Conference & Exposition will take place March 23-27 in New Orleans. Soledad O’Brien will provide the opening keynote March 25; Judith Beck will deliver the second keynote March 26.

For more information or to register for the ACA Conference, visit counseling.org/conference or call 800.347.6647 ext. 222. Register early to receive the best rates.
Ensuring the validity of the NCE

The National Certified Counselor (NCC) certification program, developed and maintained by the National Board for Certified Counselors, has been accredited by the National Commission for Certifying Agencies for more than 20 years. As part of the certification process, applicants must take and pass the National Counselor Examination for Licensure and Certification (NCE). Therefore, establishing the validity of the NCE is crucial. This can be done by proving content validity, or the degree to which the items on a licensure/certification examination are representative of the knowledge and/or skills necessary for competent performance.

The federal Uniform Guidelines on Employee Selection Procedures (1978) states that content validity is an appropriate strategy when the “job domain is defined through job analysis by identifying important tasks, behaviors or knowledge and the test … is a representative sample of tasks, behaviors or knowledge drawn from that domain.”

Every five to seven years, NBCC conducts a job analysis to serve as the basis for documenting the content validity of the NCE. The purpose of the NBCC study is twofold: 1) to determine and comprehensively describe the job of the professional counselor and 2) to evaluate this description through the ratings of job experts to define areas that should be assessed in a certification/licensure examination.

The NBCC NCE Job Analysis Advisory Committee prepares a comprehensive list of activities and issues related to the job. This inventory is completed by a representative sample of job experts throughout the United States, and the rating results are reviewed by the advisory committee. These results are used to develop test specifications directly related to the important activities performed and the client issues dealt with by practitioners. These test specifications, empirically derived from a national job analysis study, represent the plan for development of a criterion-referenced examination. Each form of the exam contains the exact number of questions as identified in the test specifications. Each test form developed to match these job-related specifications has strong evidence of content validity.

Every NCE item is reviewed by the NCE Examination Development Committee. This committee is composed of 12 subject-matter experts representing a variety of ethnic groups, degree levels, geographic regions, work settings and specialty areas of practice. The committee includes at least three representatives from the state counseling boards.

Every six months, the NCE Examination Development Committee performs the following to ensure the validity of the NCE:

1) Classifies items according to the Detailed Content Outline derived from the national job analysis of professional counselors.

2) Refines the item pool by rejecting items that are too specialized. These are items considered to be “out of the domain” in terms of the content knowledge considered to be necessary for a “minimally” competent professional counselor.

3) Reviews each item every time that item is scheduled to be used on an examination. The committee checks for psychometric properties of each item; ensures content accuracy, content distribution and overlap; and conducts verification of quality items. The items are also rechecked for potential gender, race/ethnicity, geographical/cultural or other types of bias.

4) Reviews each form of the NCE to ensure the examination contains the specified number of items, with representative sampling of tasks within each major category. The committee is guided by the test specifications, which were empirically derived from the job analysis study.

5) After each administration of the NCE, committee and staff psychometricians review the psychometric properties of each of the items and the examination as a whole.

6) Reviews item and examination development processes to ensure the NCE adheres to the Standards for Educational and Psychological Testing (1999) and the Uniform Guidelines on Employee Selection Procedures when evaluating the test, testing practices and the interpretation of test scores.

The NBCC examination program is indebted to the dedicated professional counselors who volunteer their time and talents as subject-matter experts. These individuals provide the counseling content knowledge needed to create and maintain a professional job-related licensure and certification examination.

NBCC welcomes qualified professional counselors to serve on one of the several examination-related committees. If you are interested in serving your profession in this capacity, please contact NBCC at examinations@nbcc.org to receive a screening application.

Shawn W. O’Brien is NBCC vice president, Center for Credentialing and Education Inc.

Letters to the editor: ct@counseling.org
The ACA Conference & Exposition • March 25-27, 2011

March 23-24, 2011 (Pre-conference Learning Institutes*)
New Orleans

Judith S. Beck, PhD
President and co-founder with her father Aaron T. Beck, MD, of the Beck Institute for Cognitive Therapy and Research in Philadelphia—an international training ground for cognitive and cognitive-behavioral therapists.

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Fax: 800-473-2329

* Separate registration fee applies
ArCA invites submissions for Annual Conference
Submitted by Danette Heckathorn dheckat@uark.edu
I want to take this opportunity to invite you to register and submit a program for the 2010 Arkansas Counseling Association Annual Conference Nov. 17-19 in the beautiful Hot Springs Convention Center.

The theme of this conference is “The Amazing Race for Prevention.” Prevention has always been at the heart of the counseling profession; however, it is sometimes pushed to the side as we put out the fires of day-to-day challenges. It is our hope that this conference will remind us of our prevention roots and encourage us to share ways to further our prevention efforts as counselors. Contestants on the TV show The Amazing Race are often challenged with obstacles such as pit stops, road blocks, flight delays and more. As counselors, we are also faced with such challenges, and our final destination may seem unobtainable. It is our hope that this conference will provide you with the tools and fuel needed to overcome the obstacles you may face and put you on the road to your destination.

To register and submit a program proposal for the annual conference, please visit arcounseling.org, enter your member ID and password, and click on the 2010 Conference link to begin the registration process. If you are not a member of ArCA, simply follow the steps outlined when you click on registration and program proposal. Thank you, and I hope to see you in November!

ACCA hosts conference, webinar
Submitted by Sylvia Shortt sshortt@westga.edu
Make your plans now to come to the fifth American College Counseling Association National Conference in St. Louis, Oct. 6-9. The registration form and a list of programs that will be offered are posted on our website at collegecounseling.org. With a theme of “The Gateway to Excellence in College Counseling,” the conference will be held at the Hyatt Regency St. Louis Riverfront. Our last four conferences have been extremely successful, so I encourage you to join us. This is an event you will not want to miss!

Brett Sokolow, president of the National Center for Higher Education Risk Management, will deliver the keynote address. He will also offer a preconference session on “The Role of Counselors in Campus Threat Assessment.” We have been approved for continuing education units for licensed professional counselors and social workers. We have applied for CEUs for psychologists and expect for some sessions to be approved. Stay tuned to our website for more information on the conference. If you have questions, contact Sylvia Shortt at accaorg@metal.com. Meet me in St. Louis!

In other news, ACCA and PaperClip Communications are presenting an online seminar for college counselors, educators and student affairs staff entitled “Suicide Attempts & Hospitalization: Seven Critical Issues for Higher Ed.” This program will be aired on Sept. 14 and is available for purchase on CD after the event for staff training. Join us for the low price of $239, regardless of how many staff attend. CEUs will be offered. To learn more or sign up, visit paper-clip.com.

NECA offers fall training events focused on today’s economy
Submitted by Kay Brawley kbrawley@mindspring.com
The National Employment Counseling Association has a busy training schedule this fall. It kicks off Sept. 22 with an opportunity for workforce practitioners to attain the Global Career Development Facilitator Credential via a new online course with full instructor support. The curriculum, “Working Ahead, Moving Forward,” is approved by the Center for Credentialing and Education and the National Board for Certified Counselors and leads to the credential and listing on the NECA registry.

In today’s challenging economy, this credential will furnish the best skills and resources to work as a private counseling practitioner or to run a workforce development center, one-stop career center or community college or university career center. Most important, the training is designed to help counselors provide clients with the skills to do a better job with personal career management—a solution for success and a high priority with the employability issues most adults face today. Register for the next online course by Sept. 15 at employmentcounseling.org. Twelve weeks of instruction are broken up by a holiday season break from Nov. 24 to Jan. 11, and the training will complete on Feb. 9. The cost is $900 with a 10 percent discount for NECA members.

Miami’s Blue Lagoon Hotel is the setting for a second training opportunity: an Oct. 9 workshop on “Employment Solutions for Success.” The focus will be centered on today’s economy and tools and information to help clients and counselors in the continuing tough economy. The workshop will be held in conjunction with the Florida Counseling Association’s Annual Conference and will run from 1 to 5 p.m., with a fee of $45 (including a $10 discount for FCA attendees). Attendees can earn up to four CEUs.

With the lowest reported level of job satisfaction in two decades, this workshop offers topics focusing on counselors and their clients, including “Helping Counselors Make More Money,” “Entrepreneurial Career Opportunities,” “Bouncing Back From Unemployment” and “Writing Winning Proposals for Corporate and Federal Work.” For more information, visit employmentcounseling.org or contact Kay Brawley, NECA professional development director, at kbrawley@mindspring.com.
CALLING MENTAL HEALTH COUNSELING STUDENTS...

AMHCA membership offers unparalleled benefits at a low student rate of

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Visit [www.amhca.org](http://www.amhca.org) to learn more and join today!

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

**Why do students join AMHCA?**

1. You are the future of the profession. The leaders and most successful mental health counselors belong to AMHCA and use it to form strong professional relationships.
2. We are your lifelong career partner. Think back to when you first decided to become a mental health counselor, and all the things you have learned and done since then.
3. It is the right thing to do for yourself. **What can you gain by being a member of AMHCA?**

   - Professional development
   - Job search support through our Job Board at [www.amhca.org](http://www.amhca.org)
   - Graduate Student Committee
   - A nationwide network of students and practicing professionals, with unique opportunities to meet and interact with peers
   - AMHCA Annual Conference
   - Online and print resources: research, clinical studies, critical guidance for counseling practice
   - Publications: AMHCA Legislative Alerts, the online Advocate newsletter, and the Journal of Mental Health Counseling

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

AMHCA exists to help you address all of your professional challenges. You need the benefits designed exclusively for you and offered only by AMHCA – the one association dedicated exclusively to the needs of professional mental health counselors. AMHCA is a division of the American Counseling Association.

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

Plan to attend AMHCA’s 2011 Annual Conference in San Francisco!
July 14-16, 2011
Parc 55 Wyndham Hotel on Union Square
Accessing the Language of the Body in Treatment
Sept. 23 
Brooklyn, N.Y.
This full-day seminar for those who treat eating disorders will offer counselors a chance to learn how to discover and trust their ability to attend empathically and translate nonverbal experiences into cognitive insights. Experiential body/mind exercises will be used, along with didactic presentation, to integrate a more embodied approach into counseling theory and practice. Participants will learn how embodied methods can be used to treat eating disorders. For more information, contact the American Dance Therapy Association at 410.997.4040 or e-mail gloria@adta.org. Attendees can earn as many as six CEUs.

NZAC & ACA Conference
Sept. 30-Oct. 2
Auckland, New Zealand
The New Zealand Association of Counsellors and the Australian Counselling Association invite colleagues to their annual conference, being held at the Langham Hotel. Conference workshop topics include culturally appropriate counseling, holistic counseling, bullying, play therapy and substance abuse. For more information, visit registration.ozac.com.au/ac/2010/acc10.

ACCA Conference
Oct. 6-9
St. Louis
Make your plans now to come to the fifth American College Counseling Association Conference, themed “ACCA: The Gateway to Excellence in College Counseling.” Brett Sokolow, president of the National Center for Higher Education Risk Management, will be the keynote speaker. Preconference sessions will be offered for those who would like more in-depth workshops, including “Best Practices for Behavioral Intervention and Threat Assessment” presented by Sokolow. For more information, visit collegecounseling.org or contact Sylvia Shortt at accorg@mindspring.com.

FCA Annual Convention
Oct. 10-11
Miami
The Florida Counseling Association’s 61st Annual Convention returns 10-10-10 to the excitement, energy and "sabor" (flavor) of south Florida. Scheduling the conference on a Sunday and Monday allows attendees to make this year’s event a destination vacation. Launching sailboats into Biscayne Bay during the Columbus Day regatta and holding an alligator after experiencing an Everglades airboat ride are part of the conference experience. Preconference is Oct. 9. For more information, e-mail FCAPresident2010@yahoo.com.

ACAM Seminar
Oct. 23
Kansas City, Mo.
The American Counseling Association of Missouri and the Avila University Department of Psychology will present a seminar featuring Harriet Lerner, a leading voice on the psychology of women and family relationships. Lerner, a distinguished lecturer, therapist, consultant and workshop leader, will speak about “Shame: A Blueprint for Restoring Voice and Self-Esteem.” For more information, visit counselingmissouri.org.

ACAM Day of Continuing Ed
Oct. 30
St. Louis
The American Counseling Association of Missouri, the American Counseling Association of Missouri-St. Louis and Missouri Baptist University will host a day of continuing education seminars at Missouri Baptist University. The morning speaker will be Charles E. Stikes, professor of psychology at Missouri Baptist, speaking on the topic of “Assessment and Diagnosis.” The afternoon presenter will be Tricia K. Brown, who teaches and supervises in the Play Therapy Certification Program at MidAmerica Nazarene University, and she will focus on play therapy. Attendees can earn up to three CEUs. For more information, visit counselingmissouri.org.

Expressive Therapies Summit
Nov. 12-15
New York
Attention, Association for Creativity in Counseling members! The first Annual Expressive Therapies Summit will be held in New York City’s Times Square in November. The event will offer more than 50 distinguished clinicians, researchers and educators offering papers, panels, workshops and classes. This extraordinary gathering of creative arts therapists will feature art, dance, music, drama and poetry therapies, as well as psychodrama, play therapy and sandplay. Behavioral health care professionals and educators are welcome. Daily and package registrations are limited, and CEUs are available. For more information, visit summit.expresivmedia.org.

FYI
Call for editorial board reviewers
The ACA Publications Committee invites you to apply for a position on the Editorial Advisory Board. This review board serves in an advisory capacity to the ACA director of publications and the ACA Publications Committee. Members review proposals for publications and other media that are submitted to ACA for possible inclusion in the publishing program. The Publications Committee considers these reviews when determining which projects ACA will pursue. For more information on position and application requirements, contact Carolyn Baker, director of publications, at cbaker@counseling.org. The application deadline is Sept. 8.

Call for submissions
The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling invites submissions for The Journal of LGBT Issues in Counseling. The intent of this journal is to publish articles relevant to working with sexual minorities and articles of interest to counselors, counselor educators and other counseling-related professionals. Topic areas include new research, new or innovative practices and theoretical or conceptual pieces that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For submission guidelines, contact Ned Farley, editor, at nfarley@antiochseattle.edu.
Judge: University didn’t infringe on ex-student's religious rights

As Counseling Today went to press, the American Counseling Association received word that a federal court had handed down a decision in the landmark case Julea Ward v. Roy Wilbanks et al. U.S. District Judge George Caram Steeh ruled for the defendant, Eastern Michigan University (EMU).

EMU dismissed Ward from its graduate counseling program in March 2009 because she refused to counsel an assigned practicum client on the basis that he was homosexual. The Alliance Defense Fund, a Christian legal group, then sued the university on behalf of Ward, accusing EMU of violating her First Amendment right to religious freedom.

Steeh ruled that EMU did not discriminate against Ward because of her religion. He stated that the counseling program was upholding the ethics standards of the profession as expressed through the ACA Code of Ethics and that refusal to counsel a client on the basis of sexual orientation was a clear violation of the nondiscrimination section within the ACA ethics code.

Counseling Today will follow up on this case in greater detail in a future issue.

ACA adds web sections on disaster mental health, counselor wellness

ACA recently unveiled two new sections on its website focusing on disaster mental health and counselor wellness and impairment, respectively.

The disaster mental health section includes more than a dozen fact sheets for counselors on trauma and disaster and also provides a wealth of additional references and links. This new section of the website came out of the work done by the ACA Traumatology Interest Network.

The new counselor wellness and impairment section provides information on risk factors for impairment, wellness assessment strategies, wellness strategies and much more. It is the result of the outcome of the ACA Task Force on Counselor Wellness and Impairment.

These new sections of the ACA website contain important information that should prove to be of great interest and help to professional counselors around the world. Both sections can be accessed through the “Resources” tab of the ACA website at counseling.org.

Counseling Today recognized for writing, design excellence

Counseling Today received four awards for writing and design in two national publications contests this summer.

Senior writer Lynne Shallcross was the recipient of a Communications Concepts APEX Award for Publication Excellence in the category of health and medical writing for “A national obsession,” her February 2010 cover story on eating disorders and body image issues.

Graphic designer Carlos Soto earned an APEX Award for cover design for his February 2009 cover that illustrated an article on mind-body wellness.

Editor-in-chief Jonathan Rollins received an APEX Award for feature writing for “A natural resource,” the October 2009 cover story on the connections being drawn between nature and mental health.

In addition, Rollins’ two-part series on working with clients who have strong religious beliefs (July and August 2009) received a Silver Award in the category of best series of articles appearing in a print magazine in the Publications Management Magnum Opus competition. Magnum Opus awards gold, silver, bronze and honorable mention citations in various writing and design categories.

Counseling Today has won 20 awards for writing and design since 2005. This is the sixth straight year that the monthly publication has received recognition in at least one national-level publications contest.

Over 300 drugs being developed to treat various mental illnesses

According to a report from the Pharmaceutical Research and Manufacturers of America, 313 medicines are currently undergoing research and development to treat a variety of mental illnesses. All of the drugs are either in clinical trials or waiting to be reviewed by the U.S. Food and Drug Administration.

According to the report, 90 different medicines are in development to treat forms of dementia, 71 to treat depression, 54 to treat schizophrenia, 38 to treat anxiety disorders and 33 apiece to treat addictive disorders and eating disorders. Multiple drugs are also under development to treat attention-deficit/hyperactivity disorder, developmental disorders and personality disorders, among other conditions. The report notes that some medicines are in development for more than one disorder.

The report states that researching and developing new medicines costs $1.3 billion on average and that it generally takes 10 to 15 years to bring a new medicine to patients.

According to the National Institute of Mental Health (NIMH), an estimated 26.2 percent of Americans ages 18 and older contend with a diagnosable mental disorder in any given year. Of those with a mental disorder, 45 percent meet the criteria for two or more disorders.

Nominate deserving ACA members for National Awards

The ACA Awards Committee is currently seeking nominations for the 2011 ACA National Awards, which will be presented at the ACA Annual Conference & Exposition in March.

ACA members can nominate one or more fellow ACA members who have made noteworthy contributions to the counseling profession at the local, state or national levels. ACA divisions, regions, branches, organizational affiliates, chapters or committees may also submit nominations. All nominations must be submitted by Nov. 8, 2010.

Complete information on the nominations process is available on the ACA website at counseling.org under “Resources.” You may also request a 2011 National Awards Packet by calling ACA Leadership Services at 800.347.6647 ext. 212. Contact Holly Clubb at hclubb@counseling.org for additional information.
WASHINGTON UPDATE

Continued from page 10

2011. This is a victory for ACA and other school counseling supporters because it represents a $2 million increase over the program’s current funding level. However, this funding increase is in danger of slipping away as the appropriations process continues. The full Senate still needs to vote on the bill, and the House Appropriations Committee has yet to consider its own spending bill for these agencies.

ACA asks all counselors to contact their two senators and their congressman/congresswoman to advocate for increased funding for ESSCP (as described in The Two-Minute Advocate on page 11), and we thank those of you who already have done so. Advocacy such as this is crucial because ESSCP has a target on its back; the Obama administration has asked Congress to eliminate funding for ESSCP and similar small programs in favor of a new, larger, less focused Successful, Safe and Healthy Students program. For more information or to share your school counseling successes and challenges, contact Dominic Holt with ACA at 800.347.6647 ext. 242 or dholt@counseling.org.

War funding bill passes Congress without education jobs aid

Congress has sent an emergency war-spending bill to the president that does not include education funds to prevent massive layoffs of school counselors, teachers and other school staff for the upcoming school year. Experts predict as many as 300,000 layoffs in the education system nationwide because of state budget crises in the wake of the nation’s economic recession. The House of Representatives had passed a version of the war-spending bill that included $10 billion for education jobs aid. The Senate, however, passed a much leaner bill that excluded the aid. House leaders eventually embraced the Senate version of the war bill.

Legislators who support the education jobs aid are considering attaching the aid to other legislation moving through Congress. ACA asks counselors to continue to ask their lawmakers to support the education jobs aid to help save school counselors’ jobs. For more information or to share your ideas and concerns on fighting for school counseling jobs, contact Dominic Holt.

School counseling program awardees announced

The U.S. Department of Education Office of Safe and Drug-Free Schools announced new FY 2010 grantees for ESSCP. Forty-one school districts are receiving grants of as much as $400,000 a year for three years to establish or expand school counseling programs in elementary, K-12 or secondary schools. The Education Department opens the grant competition every other year depending on the number of enrolled students in the state.

For more details, visit the Education Department website at www2.ed.gov/programs/safesupportiveschools/applicant.html.

ACA congratulates grant winners for this competitive, underfunded program. For more details, including a list of new grantees, visit the ACA Legislative Update/Latest News webpage at counseling.org/PublicPolicy/LegislativeUpdate.aspx.

States vie for new safe and supportive schools grants

The Education Department has opened the grant competition for its pilot school climate survey initiative, spearheaded by Office of Safe and Drug-Free Schools Assistant Deputy Secretary Kevin Jennings. ACA and other organizations have provided the Education Department with significant input throughout the initiative’s development, attending a series of stakeholder meetings held by Jennings and his staff. The department intends to award five to seven grants to state education agencies to support statewide measurement of learning environments and targeted implementation of programmatic interventions to address identified problems. Grants will focus on improving school safety and reducing substance use. Awardees will have the grant for as long as four years, for $1 million to $12 million each year, depending on the number of enrolled students in the state.

For more details on the program, visit the Education Department webpage at counseling.org/PublicPolicy/LegislativeUpdate/LatestNews.

FROM THE PRESIDENT

Continued from page 5

groups, but do we actively engage in this type of practice ourselves? Even within our own organizational structure, we could be at risk of perpetuating this separateness if we were to practice “divisiveness” among our divisions and regions.

Thankfully, this couldn’t be further from our goal. In fact, the 2010 American Counseling Association Institute for Leadership Training, which took place in July, embodied collaboration at its best. This is fitting because of the ACA leadership’s emphasis on the importance of working together. In another example, while in Africa, I was able to connect with some of our counseling colleagues in Malawi to discuss ways we might be able to facilitate their growth organizationally. This connection was made possible because of a great collaboration with the National Board for Certified Counselors.

I know how comfortable it can be to connect with “like” people or organizations. That is how we all became a part of this great organization. But we cannot stop there. Professionally, it is our responsibility to explore and expand our worldviews through our active participation with “differentness.”

58 | Counseling Today | September 2010
Help Your Clients Work Learning Into Life

THE CENTER FOR PROFESSIONAL DEVELOPMENT AT EXCELSIOR COLLEGE

Here is a great piece of advice that can make a tangible difference in someone’s future: The Center for Professional Development at Excelsior College, offering the education and skills needed to advance in a current job or start a new career. And like the degree programs at Excelsior College, the Center’s non-credit programs are designed to provide a first-rate online learning experience for adult students.

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- Classified advertising categories include: Calendar; Merchandise & Services; Consulting; Office Space Available; Business Opportunities; Educational Programs; Call for Programs/Papers. Other categories can be added at no charge.
- Rates: Standard in-column format: $10 per line based on 30 characters per line, $60 minimum. $8 per line for advertisers prepaying for six months. No cancellations or refunds. Classified ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Employment ads are listed under international or national by state.
- Rates: $10 per line based on 30 characters per line, $150 minimum. $8 per line for advertisers prepaying for three months. No cancellations or refunds. Employment ads can be placed online only at a rate of $8 per line, based on 30 characters per line; 30-day posting.
- Display ads in the employment classified section are available and can be designed by ACA’s graphics department. Call for details. Classified and employment ads are not commissionable and are billed at net rate only.
- ACA Members: If you are seeking a position you may place a 45-word ad for $10. This is a one-time insertion only.
- Deadlines: Vary per issue. Contact Kathy Maguire at 607.662.4451 or kmaguire@counseling.org for further details.
- Direct all copy or inquiries to Kathy Maguire via e-mail at kmaguire@counseling.org.
- Phone: 607.662.4451
- Fax: 607.662.4415
- Ads are subject to Counseling Today approval; however, Counseling Today cannot screen or evaluate all products or services advertised in the classified section and does not guarantee their value or authenticity. The publication of an advertisement in Counseling Today is in no way an endorsement by ACA of the advertiser or the products or services advertised. Advertisers may not incorporate in subsequent advertising or promotion the fact that a product or service has been advertised in any ACA publication. ACA endorses equal opportunity practices and will not knowingly accept ads that discriminate on the basis of race, sex, religion, national origin, sexual orientation, disability or age.
- Counseling Today reserves the right to edit all copy, request additional documentation where indicated and to refuse ads that are not in consonance with these practices. ACA is not responsible for any claims made in advertisements nor for the specific position title or working of any particular position listed in employment classified ads.

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EMPLOYMENT

NEW jersey

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Primary duties include teaching both Psychology undergraduate and graduate level courses in the Master of Arts Clinical Mental Health Counseling program. The successful candidate will demonstrate excellence in curriculum development, teaching undergraduate psychology and graduate courses in general psychology, psychopharmacology, crisis intervention, addictions counseling, drugs and alcohol and substance abuse, theories of counseling, practicum and internship in counseling. The individual must be able to engage in academic advisement and have the ability to interact positively with students, peers, administrators, and others. Earned doctorate in clinical or counseling psychology, LPC in Counseling, LCADC, SAC, NCE certification, Approved Clinical Supervisor. Employment is contingent upon a satisfactory background check. Candidates for hire will be required to sign a waiver authorizing the background check and produce a Social Security Card. Fairleigh Dickinson University is an Equal Opportunity/Affirmative Action Employer committed to a diverse workforce M/F/D/V. Interested candidates can learn more about and apply for this position through the University’s Web site (www.fdu.edu) by clicking on the Employment link at the bottom of the page.

Ohio

Mount Carmel

EAP Account Manager

Serving more than a half million patients each year, Mount Carmel is the second-largest healthcare system in central Ohio. Our more than 8,000 employees and 1,500 physicians utilize state-of-the-art facilities, advanced technologies and the latest procedures to accomplish our mission of healing patients’ minds, bodies and spirits, and improving the health of the communities we serve. Reporting to the Director of HelpNet. In accordance with the mission of Trinity Health Battle Creek Health System dba HelpNet, the Account Manager is responsible for managing multiple EAP accounts. Candidates for the EAP Account Manager position must have:

- Masters Degree required in Behavioral Health field; Social Work or Counseling
- Independent licensure preferred.
- Maintain applicable State Licensure or Certification. Three years experience post Masters preferred in EAP and/or social work or counseling. Mount Carmel offers a competitive salary and benefits package, including tuition assistance, medical/dental coverage, childcare discounts and more. Mount Carmel is an equal opportunity employer committed to a diverse and inclusive workforce. Interested candidates, please view full position descriptions and apply online at www.mountcarmelhealth.com.

Pennsylvania

Duquesne University

Director, University Counseling Center

Duquesne University seeks nominations and applications for the position of Director of the University Counseling Center. Under the general direction of the Executive Vice President for Student Life, the Director of the University Counseling Center is responsible for the administration, planning and evaluation of campus counseling and psychiatry services, including training and supervision of the professional counseling, administrative, and support staff. The Director also oversees and provides direct clinical services to students. The Director works closely with other departments in Student Life and facilitates partnerships and collaboration with other University departments, administrators, faculty, staff, and community agencies to ensure the provision of adequate mental health services that support student development, academic achievement, and student success. The University Counseling Center also oversees the classroom test scoring program, administers national testing programs, supervises coordination of all aspects of student evaluation surveys, and reviews disability documentation and write accommodation recommendations. The successful candidate will possess a Doctorate degree in Clinical or Counseling Psychology from an APA accredited program, Pennsylvania Psychologist License or Counselor License with supervision certification, and at least 5-7 years or more clinical experience in a university counseling center setting with experience in a supervisory capacity. Applicants must also be willing to contribute actively to the University Mission and to respect the Spiritan Catholic identity of Duquesne University. The Mission is implemented through a commitment to academic excellence, a spirit of service, moral and spiritual values, sensitivity to world concerns, and an ecumenical campus community. Duquesne is a private, coeducational university with more than 10,000 students. An extensive selection of undergraduate and graduate degree programs is offered across 10 schools of study. Duquesne is consistently ranked among the nation’s top Catholic universities for its award-winning faculty and tradition of academic excellence. Nominations and expressions of interest will be treated in confidence and shall consist of a cover letter, curriculum vitae, and contact information for three professional references. Complete application may be forwarded to: Director of University Counseling Center Search, c/o Office of Human Resource Management, Duquesne University, 600 Forbes Avenue, Pittsburgh, PA 15282. View complete job posting at www.duq.edu/hr. Applications will be received until position is filled. Duquesne University was founded in 1878 by its sponsoring religious community, the Congregation of the Holy Spirit. Duquesne University is Catholic in its mission and ecumenical in

September 2010 | Counseling Today | 61
LASALLE UNIVERSITY
Assistant Professor, Psychology
The Psychology Department of La Salle University invites applicants for a full-time tenure track position starting January, 2011. Primary responsibilities will be in the master's program which prepares students for licensure as professional counselors and marriage and family therapists, but courses may also be taught in the doctoral or undergraduate programs. Responsibilities include teaching courses in mental health counseling, participating in program development and providing student advisement. Scholarly research and university service are also expected. Candidates shall have obtained a doctorate in Counseling or Counseling Education or a closely related field from a CACREP accredited program or equivalent. Candidates with expertise in counseling with underserved minority populations are encouraged to apply. Please send a letter of application describing your counseling, teaching and research interests, curriculum vita, 3 letters of recommendation, copies of transcripts and evaluations of teaching, if available to: John J. Rooney, Ph.D., Chair, Psychology Search Committee, La Salle University, Box 828, 1900 W. Olney Ave., Philadelphia, PA 19141. Review of applications will commence immediately and will continue until the position is filled. La Salle University is a Roman Catholic university in the tradition of the De la Salle Christian Brothers and welcomes applicants from all backgrounds who can contribute to our unique educational mission. For a complete mission statement, please visit our website at www.lasalle.edu AA/EOE.

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You’ll provide timely assessment, counseling, evaluation, referral, recommendations and follow up for a wide range of problems and concerns for employees and their family members in areas of general mental health/counseling; chemical dependency and recovery issues. Provide supervisory coaching and consultation, and education and training to business and industry. Ensure safe environment of care. Apply principles of continuous improvement to all aspects of the job performance. Requirements: Master’s degree in Social Work, Guidance and Counseling, Marriage & Family Therapy or related field. CISD Mitchell Basic Training eligible. Certified Employee Assistance Professional eligibility. 4 years experience in Behavioral Health Counseling, Licensed as a Marriage & Family Therapist, Social Worker, or Professional Counselor by the State of Wisconsin Division of Community Services. Luther Midelfort offers a competitive wage, full benefits package, and on-site child care

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YELLOWSTONE BEHAVIORAL HEALTH CENTER
Hope House Team Leader
Yellowstone Behavioral Health Center (YBHC) is searching for a person who is eligible for provisional or full licensure in WY. The position will involve providing individual and group therapy services in a clubhouse setting for the Severely and Persistently Mentally Ill (SPMI), assisting in program design/development, and providing brief therapy services to SPMI and non-SPMI clients in crisis. Support will also be provided in preparing for the licensure exam, for provisionally licensed therapists. You will work closely with many community agencies. YBHC is located in historic Cody, Wyoming, 50 miles east of Yellowstone National Park and within a short drive of many ski resorts, scenic mountain hiking, and world class trout fishing. Benefit package includes; 4 weeks paid vacation (20 days) per year, sick leave, family leave, retirement plan, medical benefits, productivity based bonus, and mileage reimbursement for travel. We are looking for a positive person to join our cohesive, energetic, and dedicated team. We are also a National Health Service Corp Loan repayment site. The position is with Yellowstone Behavioral Health Center in Cody, WY, a private, non-profit center. The title is HOPE House Team Leader. The contact person is Steve Humphries-Wadsorth. You may contact me at 1-800-949-8839 or steveh@ybhc.org and our fax number is 1-307-527-6218. Salary range is $36,300 (for provisionally licensed applicants)--approximately $45,000 and is based on experience.
A counselor’s story…

8:00 a.m. Get to the office early. Start the coffee. Check voice mail. Leave a brief message for my client Brad. Don’t want his wife over-hearing anything confidential.

9:00 a.m. First client, Mark. Dealing with depression. Lost his job of 15 years. Body language anxious. Admits he is contemplating shooting his ex-boss.

10:00 a.m. Christine has a long-running drug and alcohol problem. Making great progress. Offers to clean my house in return for counseling sessions.

11:00 a.m. Mary gave me a big hug, again. She wants me to testify at her son’s child custody hearing. Let’s me know husband is going to subpoena her records. Sheinvites me to dinner.

12:00 Grab lunch at desk. Check email. Sign up for CE class on crisis management.

Read an article on lawsuits filed over ‘client confidentiality.’ It is important to know when to protect a client’s privacy and when it’s required by law to report certain behavior.

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