Dr. Rebecca Daniel-Burke: This is Dr. Rebecca Daniel-Burke, your host for the American Counseling Association's 2015 podcast series. Today, John Duggan, ACA's new manager of Professional Development, and I will be discussing counselors in transition. I will soon be retiring, and John will be stepping into my position here at ACA. This will be a little different, as John and I will be asking one another questions as we both currently are counselors in transition. Welcome, John.

John Duggan: Hi Rebecca, thank you.

Rebecca: Please, let's start by telling us a little bit about yourself.

John: Sure. I have three unique career paths that I bring. My first was training in radio and television, and probably my early 20s, I had a little bit of an existential crisis, one of those a-ha moments, and that's when I went on to join a religious congregation, earning a Master's in Theology and working as a chaplain in different community centers, in university parishes and in the hospital. And then, I left that way of life, that commitment, and that's when I got my training in counseling and jumped into a whole new profession in helping relationship field, and working as a professional counselor.

Rebecca: And how long have you been working as a counselor?

Duggan: I've been doing that for about 13 years, and most of that time has been focused on private practice setting, but that's also included things such as managing a geropsychiatric at-home counseling service for seniors for a county, and a whole bunch of other settings. So I'm almost amazed and humbled at the amount of experience that I've been able to have over the years.

Rebecca: Amazing.

John: How about you? You're going to be retiring soon. Can you talk to us about what that transition's like for you?

Rebecca: Yes. John, I'm 63 years old, and I've been working since I was 15 years old. And as many of those of you out there who have a background of a lower socioeconomic status, grew up in a poor family as many of us say, you've had one, two, three more jobs at a time. So I've been working hard for many, many years and my husband and I saved money towards our retirement during all of those years, and I suggest you all do that, because it's wonderful to be able to retire earlier than later and to take some time to enjoy life. One of the things that I'm looking forward to is what I'm calling the chapter three of my life.

Chapter one, I say, is all about getting set up in your profession, going to college, learning everything you need to know, going through school. And then chapter two is actually working in that profession you've prepared for, getting your kids through college in my instance, and working in that profession and working your way up. And then
eventually, chapter three, that I hope everybody gets to have, is a retirement where you really get to do something different in your life. Let’s say you want to do art, or you want to have a vegetable garden, or you want to travel -- well, hopefully chapter three is that chance for you to do all of that. So yes, I'm looking forward to it, but it's not easy. I've been a working person all this time. It's a transition that's different for me. I don't know exactly what I'm going to do with my days, but in the beginning I know I want to get a lot of rest, because that's one thing I probably haven't had in 30 years being a counselor and being in all these different positions. So I look forward to that in the beginning.

John: That sounds like a really big change and a lot of opportunity. It sounds like you're open to the possibility of having something new emerge, whether that's art or finding time to enjoy some hobbies or time with your kids.

Rebecca: Yes. I also volunteer now and I'm going to volunteer a little more. I volunteer for an organization called CASA, Court Appointed Special Advocates for Abuse and Neglected Children. I'll put a little pitch in there for CASA, because we always need more volunteers, and you're usually working with one or more children who have been abused or neglected and are suffering all the consequences of that.

So we're talking about counselors in transition today, and I know John, you've done some research on transitions. I think it will really set the stage for today's podcast and for our conversation with each other on how counselors manage transitions in their personal and work lives, if you tell us a little about your research on transition?

John: Sure. My first graduate degree really focused on transitions and also ritual, in how it is that we as humans go through this process of making sense of these changes that we have. I'll do a little bit of namedropping to bring some of us back to some of our early courses in counseling, if we look at the developmentalists, folks like Erik Erikson, Daniel and Judy Levinson really borrowed from the work of Arnold Van Gennep and Van Gennep was a Dutch anthropologist who wrote in 1908 a book, and it's a seminal piece of work called the Rites of Passage. If you're familiar with folks Joseph Campbell, Victor Turner, Mark Sorell; these are all folks who have either studied myths, ritual, human development, and it really doesn't matter if we're looking at it in terms of developmental theory, if we're talking about standing at Stonehenge and seeing the sun rise at a certain time during the year, and the movement that that creates for a person; it could be attending the Super Bowl or a particular ceremony or ritual. There are usually three phases that we'll go through, and in his book the Rites of Passage, Van Gennep talked about this.

I often use this when working with clients as well. I found it to be very helpful. If you imagine, right now we're sitting in an office, and things make sense, and we can look around. I know where the telephone is, where the coffee cup is, where the light switch is; we're oriented to a certain phase or space of our life experience. And then what happens is, is we look towards a transition and the doorway is a symbolic portal to a new phase. And if you remember some of the older buildings, we don't see it in new
construction, but in the older buildings, the doorways always had a marble or a wooden, or perhaps a piece of metal that was what's called a threshold or a limen.

And what this rites of passage talks about, is there is a second phase where we go from being in this room, being in this stage of life where things just make sense, I know what to expect, I have a sense of what to anticipate. And then either by choice, such as I'm going to retire, I'm going to start a new career, or it could be something that just happens to us. There could be the death of a loved one, or a significant pay raise; we can look at those different types of transitions. It doesn't have to be a plus or a minus, it can just be some form of a change that we choose or that's thrust upon us, and we find ourselves in the doorway, in the portal, in the midst of this change, and theorists would call that being in the threshold.

There's a lot of ambiguity. They would see we're betwixt and between. I'm no longer just in the space of life that I knew and understood, and I'm not yet in that next room which is a whole new stage or season of my life. But right now, I'm stuck in this place in between, so there's a lot of ambiguity. And for clients and perhaps for us as counselors in transition, that can create a lot of anxiety, a lot of uncertainty and we find ourselves maybe asking that what-if question or the one that leads us more into more of, "Well, gosh, I don't know about this and I don't know about that."

I like to change the question to "how?", "How can I?", because "how" helps with behavior, and it can helps us stay oriented and focused as we're moving through the portal. So that's stage two. And then eventually, we come to the third part of this theory, which is when things start to make sense again. We call it re-aggregation, re-orientation. I'm able to look around in this new phase of my life or an experience, and it starts to make sense again. I begin to get a little bit more familiar and comfortable, anxiety drops down, and things start to really make sense again.

I think the thing that's going to be most accessible to counselors, and maybe we can put a link on the webpage about this, is a book by William Bridges, and he was an organization psychologist, and wrote a really nice short book called Transitions: Making Sense of Life's Changes, and in this book, Bridges talks about this three-stage or three-seasoned experience that I just described. But for me, it's always helped to find some of the things that we study early on in counseling that are from folks like Erik Erikson and Levinson and so on.

Rebecca: I remember Erikson talking about the doorway as a portal to the other side. So there's what we know on this side of the door, there's the doorway, and then there's walking through to a territory that perhaps we don't know that well. And also, Jung talked about the seashore in dream analysis. He talked about how we are on the sand and we're going into the water, and the breaking of the waves is like the portal. And then we go into the water, and in his case he talked about the water being the unconscious, that that's where we don't really know what's going to happen. Sometimes, the waves are big and they toss us around, and sometimes they're calm. You don't quite know
what happens. So I think it's great to think about some of our predecessors as we talk about transitions.

**John:** Speaking of how we move through these different transitions, Rebecca, how was it for you when you first had to say goodbye to clients in your last private practice? That's quite a change.

**Rebecca:** Yes. It was very difficult, John, I'll tell you. I got a job overseas, believe it or not. I was a consultant for the army in Korea and Japan, and I had a private practice in Portland, Oregon, and I was leaving that private practice. I had a lot of clients, and I gave them ample time. I started notifying everybody three months ahead of time, and I did not know how tumultuous it would be. So sometimes, you think you're meeting with the client, and you think, "Well, things have gone well and I think we're moving towards a time when we could end the therapeutic relationship", and then I would tell this particular client that I was leaving. And a client would start decompensating, so I actually saw some people actually -- their symptoms increased, and I think it was for them again facing the unknown, and I would go all the way through the three months, all 12 sessions with these clients, helping them move towards another counselor which is what we have to do as counselors. We have to make sure that we never leave a client without adequate resources.

So I worked in transitioning with a number of clients. There were some clients who wanted to end the therapeutic relationship and I understood that too, and I made sure that they had names of other counselors when they left. Some of them said I'm taking a break from counseling and some of them said, "Yes, I'm going to connect with this person right away." And then there was the part of me personally, where I felt such positive regard for my clients. And again, I'm quoting Carl Rogers when I said that, I had such positive regard for my clients that it was painful for me personally to have them not be a part of my life anymore. And I always say that my clients taught me everything I know about counseling. It's really true.

So each time a client opens themselves to me and when talked about their problems, and we worked together to solve their problems, I learned something; I learned something from all of these people. And so, it was painful, it was more painful than I realized, to leave my clients. Now, I had to because I was moving to a different country.

**John:** You had a strong deadline.

**Rebecca:** Yes, I had a strong deadline, and I had to leave them. And I made sure they all had three months’ notice and they all had 12 sessions available to them, to work through this. But it was painful. I found it very painful to leave some of them, and then there were some who were a little more difficult that it wasn’t as sad to leave those. But the ones who, for whom I felt -- actually, I felt unconditional, positive regard for all of them. So it was tricky leaving, and I had to work on myself and I had to work on myself in terms of grief and loss. There was definitely a grieving process, and I also felt -- you
can see, I felt several things -- I also felt a certain pride that one feels when somebody goes out there and is able to be more functional in the world. I felt a pride about them and I was so proud of the work they had done towards facing their dragons, whatever their dragons were.

So it was a number of feelings, but more pain than I thought. And I also didn't expect the part where some clients would decompensate and their symptoms actually got a little worse during this period. But I learned. They taught me and I learned, and hopefully I've been able to talk with other counselors about knowing these kinds of things that are going to happen in transition.

**John:** It's such a powerful experience I think, having that model of the rites of passage that I spoke about a few minutes ago; that also fits in with the experience of grief that we can have, as a counselor, saying goodbye to some of our clients, even when the time is right. When things are going well and they've achieved their therapeutic goals and they're ready to go off, there still is that heartache, that loss, and I don't think that I ever had the preparation. I always knew that it was going to be there, but it's such a profound feeling to have come up in those final sessions when you're knowingly saying goodbye. It's very moving.

**Rebecca:** It's very moving and not easy. What about you, John? What are some of the significant challenges and transitions you've faced as a counselor?

**John:** Wow, that is such a great question, and I'm smiling because I'm thinking of that moment of whether it's the new counselor who's leaving in graduate school and entering into the next phase, that first phase of their training, their work. I'm remembering the transition of going to get my first professional license, and I had to actually go to the state board's office and take the jurisprudence exam, and that feeling of, "Yes, I've done it!" all the way to -- I think some of the more poignant moments. There are times in our lives when we can experience some heartache or some loss.

There was one point in my career recently, in past 10 years, when I lost two members of my immediate family. And so, having my brother and my mother die unexpectedly and being there to care for them as a family member, and then to come back to my work of day world as a counselor and recognize that I needed to stand back, I could no longer be the person who was the go to for grief and loss, because I myself was experiencing this in such a profound, new way, that I just had to stand back and redirect; take care of myself.

I think also, recognizing some of the other things that come along in terms of making this type of shift. If we were talking a year ago, I was really focusing on, "Do I expand my practice? Do I start working with medical specialties to provide specialized counseling services in the primary care setting? Do I hire clinicians?" It's kind of expanding, and then all of a sudden getting feedback saying, "Hey, wait a minute, why don't you try something different?" And then more recently seeing this opportunity,
learning about your retirement and saying, "Well, I think I might try this. I think this sounds like a good fit." And recognizing that as a counselor, who from day one, when I was back in graduate school, was planning my business for a private practice; was designing the logo, was putting together the first website, the first of three websites. Every piece of the puzzle of developing a private practice was really thought through with mentors and consultants.

And so now, as I make this transition, moving into professional development here at ACA, letting go of that and not only just saying goodbye to those clients that I've worked with over the years, but also saying goodbye to a dream and a private practice that I helped established and really became a successful opportunity over the years. And so, stepping back from that and recognizing that, "Wow, this is pretty big. This is a significant transition." And there again, are those feelings of joy and excitement and anticipation, and there's also feelings of grief and loss. And so, it's hard.

Rebecca: You mentioned the death of your mother and your brother, and so I wanted to add something, and that is that a few years ago, my mother, my sister, and my dog of 15 years all died in one year. And what I had to do, was take myself back to counseling. I've thought over the years, I certainly am no stranger to counseling as many of those listening to us today are also not strangers to counseling, but I've had to take myself back to counseling for a year during the period where my sister was dying and I was helping her out. I had to take myself back to counseling, and I had to have 50 sessions, 5-0 sessions. I had to have to really work through that grief and loss of my sister, my mother and my dog.

And it was through counseling that I was able to keep working, keep being a mother, a wife, a worker, and all of that -- it was through counseling that I was able to do that. And so, I'm hoping that a lot of people out there listening, know that even if we've been a counselor for 30 years like I have been, that we still, from time to time, need to go back to counseling and work through whatever we need to work through.

John: I think that's an important reminder, and thank you for sharing that piece. You know, be not afraid. Sometimes, we're going to have these circumstances in life that will just appear, and to know that it's okay for us to reach out in a supported, confidential way. And I, too, did the same thing, where I went back to counseling and got some support. And I think also, looking toward things that support and give a little bit of meaning and structure. I had a hobby that I hadn't used in years, and I thought, "I need to do something that is completely different. I need to get back and take
some steps to be able to get out and meet with people, and help normalize this very, very profound experience." And it reminded me of him, and so many good childhood memories.

So that actually was an inspiration to then move into disaster mental health and counseling that way, and actually brought me into a new phase of my professional development. And so, I think it's just really critical that we spend time looking at the ebb and flow in our life, both personal and professional; recognizing, yes, we need to have those boundaries with our clients and some things are not appropriate to share with them, but also recognizing that we can tap into hobbies or experiences, and family and friends and get that support, or reach out to a colleague that can be a consultant and help us navigate that change in a professional level.

Rebecca: Yes. I've had many counselor friends over the years, some of whom I had what we called counseling sessions together, and they would take time and I would take time -- we might visit each other in the evening one night and have these mutual counseling sessions, where we would help each other through a transition, and that's also a wonderful thing out there that's available to all counselors.

John: And you know, Rebecca, you have been a really important colleague/friend/resource in this transition as I come to ACA, and have been a wonderful mentor in this crash course that we have. And also, a consultant in how to respond to the needs of our members. I am loving it, and I am so grateful. What I'd like to know is, is it difficult for you in your current position to say goodbye to our members?

Rebecca: You know, it really is. I have certain members who have called me a lot and I in fact have used them as consultants too. So let's say we needed an expert to talk on ABCD subject matter, I have reached out to them to help us. And one of these people the other day, I said, "I want to remind you that I'm retiring, and it's June 30 of 2015, so it's coming right up." And he said, "You are not." And I said, "I said I am." And he goes, "No, it's not going to work for me to not be able to call you and to run things by you."

One of the things I love about your experience, John, is that you have over 10 years. I know you've been in the counseling world for 13 years, but you have over 10 years of private practice, and so many of our members who are clinicians and who are in private practice, felt that we weren't quite attending enough to some of their needs. And so, I wanted to talk to them about this. I wanted to say, "How can we help you? What can we do to help the private practice clinician?" And also, the agency clinician, the clinician working for the federal government or other arms of the government, how can we help them feel like they're not alone in the world? We're very interested in helping them.

And a big part of hiring you was getting somebody who knew the clinical work. It was really important, because I wanted to hand off my advocacy for clinicians to somebody who really had a heart for clinicians. And that's what you have, so we're so lucky to have you. And it is difficult saying goodbye, but as I tell everybody, I'm retiring, I'm not
dying. So I'm still around, and I will miss many of the ACA members a lot and I will always think of them fondly.

John: And I know that Orlando was the last conference that you attended. What was that like for you?

Rebecca: You know, the conferences have always been interesting because people come up to you and they say, "Oh, Rebecca, I've heard podcasts, I've heard webinars. I once called you, and I love it." And then often, the truth is for ACA employees, is we don't remember everybody because we've talked to so many members each day. But once they started telling me their story, I completely remembered who they were, and it's delightful for me to meet members when I'm at the conference. And many of those members have become speakers in podcasts and webinars, and I will miss them terribly. But let's step back for a minute, because you're winding down a full private practice to take this job at ACA. What's it like for you to wind down your private practice?

John: It's a humbling experience. As I said a few moments ago, I have really worked over the past decade to look at all aspects and that means that I've been the guy who manages the accounts, balances the books. It is the lead clinician -- designed the website, does the marketing, so all of the stuff that we can imagine in terms of what a private practice clinician is responsible for, I get it, and I can also appreciate the nuances that we bring to each session, with each client. And having that deep respect for somebody who might be struggling with managing bipolar spectrum disorder and working through seasonal changes to the person who is experiencing PTSD or dissociation, and all of the stuff in-between; helping out college students with transitions, whether they're starting a new semester or wrapping up their degree. And so, for me, it's a difficult experience as I said earlier. I think it's a sense of joyful grief.

Rebecca: Joyful grief, I like that.

John: Yes, to really work with those folks who have achieved a good place and either are transitioning to a new counselor, or they're saying, "You know what? I'm at an okay point in life. I'm ready to end this and to be okay with that." And there are moments where -- I'm a counselor who loves having moments of laughter and joy in the session. And also, moments where it's very poignant, where I've had a few people who have said, "You know, if it wasn't for you John, I wouldn't be here today." And it might feel a little easier or more convenient or comfortable to say, "Yes, I know." and just, "Let's move on." But really, to pause and to sit with a client and say, "I know. I remember the day and the time. Can we talk about that?" And I remember that, as some of these sessions and conversations were happening, there were moments where tears could come up for both of us, and part of my training and theoretical orientation as a relationship-orientation relational counselor, is to be in the moment with the client.
I remember reaching out to different colleagues at times and saying, "Wow. This is so much more difficult than I thought it would be." And so, I'm deeply -- not understating when I say I'm humbled by this. There's a fair amount of the administrative stuff, of certain contracts that I'm continuing on with some and also letting go of some others, and wrapping some things up. And so, there's many hats that I wear as the sole proprietor, and navigating those -- And this is going to sound silly, but I had an online ad that I put together many, many years ago, and it was a really strong referral source. It wasn't as strong as, let's say, some different physicians and colleagues that I had known once I was working in the community and had really built up some professional relationships, but this was a good referral source. And the day that I canceled that ad -- boy, I cried. It was a profound experience.

It's also helping me to really focus on the work that I'm doing here now at ACA, and I really am loving some of the phone calls that come through, because members will call with some very important clinical or private practice issues, and I feel like I really get it. I'm invested. I'm looking forward to those stories that you described, where somebody will say to you at a conference, "Gosh, do you remember? I called you about this." I can't wait for that to happen. I really can't.

Rebecca: Yes. It's absolutely wonderful to walk around in ACA conference. And for me, counselors, the working counselor who sees clients all day, every day, whether it's in private practice or agencies or hospitals, or wherever they are -- those are my heroes. They will continue to be my heroes, because it's not easy to see clients all day, every day and to keep your head on straight and to remember all of the skills that you have in your clinical toolbox every day, and you use them; some of them you haven't used for a while, but you still have it in your toolbox and you're able to take it out. Those members who are doing that are my heroes, for sure. They are my heroes.

John: Absolutely. You know, I'm aware that we're recording this podcast today, and you've put your heart and soul into this work. You really have. What's it like for you to hand these programs over? Both the podcast series and the webinars? To honor your successes and also to transition and to hand them over? Because I want them to be in good hands.

Rebecca: They are going to be in good hands. I have hosted the podcast series, and I produce the webinars for ACA. I started both of those programs, and again, the members, the members are the reason those programs are successful. Some of you know who you are. I would be talking to you on the phone, and you would bring up something that had to do with Rogers or Adler or Erikson, or Corey or Glading or any of these people. I'd be talking to somebody on the phone, and I would say, "Have you heard about our podcast series? You know who you are out there." And I would say, "I would love to do a podcast with you. You seem like really an expert at play therapy, at Adlerian, at Rogerian -- whatever the school of thought or the piece of counseling that was represented by this individual." And so, I would ask them to be in a podcast or I would ask them if they'd wanted to be part of a webinar. And then it's our wonderful
members who basically said to me, "I'd like to be in a podcast" or "I would like to be in a webinar" and they would pitch it to me.

Sometimes, they would pitch it to me at a conference, sometimes they'd call up and pitch me an idea, and then sometimes I'd be at governing council or something like that, and members of governing council would come up and say, "You know, I'm interested in doing this," and we would try to figure out a way to do it. And there's been a lot of changes for members in the last few years. The CPT codes changed. We went from ICD-9 to ICD-10, October 1st is when that's going to happen.

And because of going to ICD-10, we have to go to the DSM-5. And all of these were huge, huge mountains that our members had to climb over that aren't easy. It really changed a lot about the way we diagnosed clients, the way we assess clients. The way we write our assessment, the way we write our treatment plan, the way we write our progresses -- all is dependent on that set of diagnostic principles that we all use. And it has not been easy for our members to transition to all of these new things, and if you're in private practice, you'll have to transition to all of them. The CPT codes, the ICD-10, the DSM-5, and it's not easy. And I have been really thankful that I've been able to get so much training on how to help our members deal with these things.

And then, we have a very good publications department, and a book came out. Here's one example, a book came out, The Companion to the DSM-5 for Counselors, and I basically called the authors of that book and I said, "Why don't we do a webinar series on this?" And before you knew it, we had seven sessions, figured it out, and we had seven sessions scheduled. And we just ended that webinar series a couple of weeks ago. Our members loved it. They called me, they wrote to me, they said, "Okay, that was really good. That really was hands-on." And because I was producing the webinar, I could say to each one of these presenters, "You know, I want these to be boots-on-the-ground webinars. I want them to be, "How do we look at a cluster of symptoms, and how do we come up with a DSM-5 diagnosis from that cluster of symptoms?" And they were open to it. I said, "This is not going to be a webinar series that's theoretical, what we're going to talk about the possibility of maybe diagnosing someone someday. No, these webinars are geared towards our members who are having to do this every day; who have only so much time."

I can't tell you the hundreds of, maybe even thousands at this point, of members who have called me and said, "I'm on my 10 minute break between clients, and I need an answer and I need it quickly." And I said, "Okay, shoot, let's do it." And either I have the answer for them or I said, "Let me find it out and I'll call you back at five minutes to the hour and a couple of hours after I've researched this." And so, I'm very aware of what clinicians have in terms of time throughout the day, and for some people it's that 10 minutes, and I know. Because I saw clients all day, every day for many years. I know what it's like, and I would see a client, then I would want to run to the restroom, then I'd want to get a glass of water, then I'd want to come back and write a brief part of my progress notes so that I wouldn't forget it before the next client came in.
And I'm aware that that's how our clinicians live. That's how they make their living. These clinicians are -- they don't have a boutique practice, they don't have a small little practice. They have a big practice, and they have that 10 minutes between each client, and they're paying their mortgage with this practice. They're paying for their children's school tuition with this practice, their retirement with this practice. This isn't play time, this is really serious work time for them. And so, I would try to be aware of that at all times.

**John:** And I think you have done a wonderful job of being so aware of that. Your clients taught you just like they taught me, and you've brought that then into -- this position into the podcasts and webinars, and I hope to continue that, because it's not all that long ago that I was -- with the changes of the CPT codes, I lost that five or 10 minutes where I had two or three 45 minute sections back-to-back, and you get a little bit of a break, and then boom, you're off again seeing several more clients. And I remember having to grab my iPhone and listen to one of the podcasts during my lunch break, and I would have exactly one hour, and I would run down to our break room in the suite where I have an office, warm up the lunch, get things ready, be listening to one of those podcasts--

**Rebecca:** Or webinars, yes.

**John:** Yes, and then getting ready to jump back in. It is. It's a very, very complex and sometimes stressful world that we're in, and I think that it's so important to have these things, and I want to thank you if I can on behalf of all of our members, and all the people that you've helped over the years, that that's been so important. You've really done a great thing for all of us, thank you.

**Rebecca:** Well, thank you so much John. And equally, when I was part of the hiring process to hire somebody to step into my position, when I saw how much clinical practice you had, I thought, "That's what matters." And then, the fact that you were in television production years ago, and even the fact that you were studying to be a priest for a while -- all of these things will work for you in this position, and I think we hired the exact right person for this position. I'm absolutely delighted about it.

Let's see, let me ask you a question that I'm asking myself, but I really want to hear from you. What are you doing to take care of yourself during this current transition, and are you getting support? I think we're used to giving support, we're used to caring for people, and we know technically we have the book learning to know that we need to take care of ourselves during a transition. So what are you doing to take care of yourself, and are you getting support during this transition?

**John:** What comes to mind for me is the phrase from a variety of writers is the wounded healer, and I think part of that is from the Jung too, where it's recognizing that it's like I need that help and support. One of the biggest things has been the professional staff here at ACA. You and other colleagues have had such a wonderful sense of hospitality
and welcome, and helping me to orient as I'm moving through that portal, through that threshold into a new space. I know where the coffee machine is, I know where the resources are, and so I'm able to take so many of those experiences. Meeting and spending time both in small groups and one-on-one with people here, has been so vital. And engaging in some of my hobbies and leisure activities, getting out and going for walks, getting some exercise.

My husband and I spent time the other day just looking at the front lawn. We might want to say it's a contemplative practice. But we were out there Memorial Day weekend, getting all the soil and getting the grass planted, because we thought we have got to get this thing back in shape. And so, quite seriously, went outside and just sat there and looked and walked around the front lawn and said, "Ha, this is happening. This is finally growing. These seeds have taken root, and all that hard work that we've put in for several days in a row is paying off."

So working with my hands, spending time with friends, calling family members; those nice things like a summer time vacation and all, that's on the back-burner, but just doing a variety of things to slow down and take care of myself, because it is a very different routine and rhythm. And even with -- my commute is much longer. I used to have a five minute drive to my office, coming here is a little bit longer. And so, just finding ways to step back and enjoy a little bit of time too. We're still working very hard, but it's important. Are there things that you're doing, that feel like they're helpful?

**Rebecca:** You know, you mentioned times with your husband, and so time with my husband is very important to me, because he's so not a counselor. And so, we just do things that are completely different, and it's been wonderful having that. I've taken two vacations recently, one to San Diego and one to the Hamptons, and both vacations were just getting out of my present world and going somewhere else, and being with family and friends, and it was just wonderful.

But also, taking some time to pack up my office and with each book I pick up I think, "Oh, blah-blah gave me this book. I remember that." and "Oh, we did a podcast on this one." And so, that's helping me say goodbye. There's no way I can personally say goodbye to all of the people I've worked with, but that helps me say goodbye to them. I've sent a positive thought out to them when I look at that book, so that's been wonderful. And then I've just accepted the fact that there's going to be a lot of hours of work while I am helping you orient to the new position, and leaving my position and doing all -- there's going to be more hours, but it's okay. I used to always talk to clients about managing expectations. I said, "What are your expectations about whatever?" This session, the counseling process, whatever.

And so, I'm managing my own expectations. I know that there will be a few extra hours between now and the time I leave on June 30th, but I also know that that's okay, because then I'm going to be retiring, and so it's all right. I've looked at the expectations, they're realistic, and I think that's one of the things I could say to everybody, is you need
to take care of yourself, is manage your expectations and when I say manage your expectations -- when I worked in a college counseling center, I would say to clients, "You need to manage your expectations, but you also need to talk to your mother and your father about their expectations. If they're expecting you get all straight A's, and you know that's not going to happen, you need to also talk to them." And so, I suggest that to anybody who is working through any transition, manage your expectations and you will be probably be happier.

John: Well, I want to try to manage some expectations. But one thing I'm hoping that is okay, is that I don't want to let you go. I want to stay in touch with you, and it's not just out of, "How do I do a podcast?" but it's about really deeply respecting our work together and our friendship. How is it that you want to say goodbye to ACA?

Rebecca: You know, I want to tell all of the counselors out there who are listening, that it is extremely important to recognize how important your work is with your clients. You save people's lives all the time. It's not like the firemen or like the policemen who comes in and tries to save a life of a burning building, it's different. But you save people's lives; we take all of that wonderful learning that we did in graduate school, with all of the theories, and we develop our own theory of counseling and of change. And we do all of this, we work on it, we get CE's so that we continue to work on it. But you're helping people change their lives, you're helping people save their lives, you're helping people understand and get clear about where they are, you're helping families, you're helping children, some of the biggest kudos I have are those people who work with children; who've learned about play therapy, who understand what it is to help a child deal with a trauma. That's very, very important.

And those of you who work with couples. It's not easy to work with a couple. It's not easy. And then family systems, oh my goodness. That is not easy at all. Clients come in and they say, "This is the person who's the problem in our family." We know that's the IP, the identified patient, we know that's who it is. But it turns out to be, is usually somebody different than who the family suggested when they walked in. So all of these are difficult skills. They're skills that we have to go to school years to learn, and my heart goes out to working counselors. I think you're amazing and I will never stop thinking about you and the important role you play in your family, in your community, in the world. That's how I want to say goodbye to ACA.

John: That's a beautiful tribute. And If I can be bold enough, I have been waiting to ask you this question. This is the last one. ACA now has over 55,000 members, most of whom are clinicians like us. Is there anything I've not asked you that we haven't talked about, that you want our members to know?

Rebecca: Well, I love it John. That's my last question. That's my line.

John: I had to steal.
Rebecca: That's my 11th question, and somebody in an elevator at the conference said to me, "ACA now has over 55,000 members, most of whom are clinicians. Is there anything I've not asked you that you want our members to know?" And she knew that because she listened to all of the podcasts. She knew that that's always my last question. And the thing I want our members to know, is without a doubt, unequivocally, you are my heroes. You will continue to be my heroes. I cannot say enough positive stuff about this profession and about those people who work the profession. You know who you are, you and I have talked to people off a ledge, literally, and are still alive today, and some of us have also lost clients and we had to work on how to deal with that. And so, the work you do is extremely important, and I want you to know that you are my heroes.

And I'm going to say to you, Mr. John Duggan, ACA now has over 55,000 members, most of whom are now clinicians, is there anything I've not asked you that you want our members to know?

John: I want our members to know that I deeply appreciate the work that we do, that you do, and that I'm learning well from a very respected mentor and colleague, Rebecca, and that I want to give my very best to support members of the American Counseling Association; to answer your questions, to help you grow and develop personally, professionally, and to help you carry on the work that is so vital to our society, to our community, to our families; to one another. And if there's something I don't know, my gosh, I'm going to reach out, I'm going to network, and I'm going to learn, and I want to help others to do the same. And so, that's my greatest wish.

Rebecca: I used to say my clients taught me everything I know about counseling, but also I feel like my members, our members at ACA, have taught me everything I needed to know about this job. Thank you so much, John Duggan, for joining me today to discuss counselors in transition. To view links to this program, to write the presenter or the host, please go to www.counseling.org and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 podcast series, signing off.