A Team Building Project in a Doctoral Professional  Orientation Class
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Purpose:
To provide a learning experience where students entering administration and counselor education create a growth promoting professional culture.

Materials Needed:
Paper and pens

Procedures:
Students receive the following instructions:
You are a Director of a community agency or Program Director in a Counselor Education Program. Your charge is to educate your team on positive culture-building practices. Create a model that delineates (a) common challenges to a team and (b) possible solutions for overcoming these challenges. Please describe how (c) your unique strengths could facilitate this process and reflect on how your (d) areas for growth could be particularly challenging. Finally, please list three obstacles within a work climate that could be particularly frustrating and (e) illustrate how you would proactively navigate the process in each case. Take into account your understanding of personality factors, cultural context and other related issues that could impact the work climate.

Process Questions and Follow-Up:
Group process and feedback: Personality inventories can be used to deepen awareness.

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Take advantage of the three-month installment plan. Contact the ACA Member Services Department at 800-347-6647 x222.

Professional Liability Insurance, ACA members are offered a full line of professional liability insurance through the Healthcare Providers Service Organization (HPSO).

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From fighting for critical legislation on Capitol Hill to promoting the value of professional counselors and counseling to the public. ACA ensures that you receive the respect and support you deserve.

ACA Conference & Expo, no other meeting brings together a more diverse cross sections of the counseling profession, representing every counseling specialty form every corner of the globe.

ACA Divisions & Branches, take your membership to the next level by joining a division or branch specializing in your specific interest and practice area.

ACA Connect, an online networking tool for members only will allow you to find friends and colleagues with similar interests and more.

Social Media, ACA is active in Facebook and Twitter. Like and follow us to get news, special promotions, contests, deals, and more.

For more information visit us at counseling.org
There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age and/or disability.
Five Steps to your ACA Membership 2013–14

**STEP ONE: Personal and Contact Information**

Referred by ___________________________  Referrer’s ACA ID# ____________  source code N14X

Full Name of Applicant __________________ M.I. ____  Last Name ____________________________

Mailing Address ____________________________

City __________________________  State/Province ________  Zip ________  Country __________

Work Phone ( ) ___________  Home Phone ( ) ___________  Cell Phone ( ) ___________

Email ___________________________  Fax ( ) ___________

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

☐ Please add me to the Governmental Relations Listserv.

**STEP TWO: Select Your ACA Membership**

☐ $165  Professional: Individuals who hold a master’s degree or higher in counseling or a closely related field from a college or university accredited by the Council for Higher Education Accreditation. Proof of academic credentials may be requested.

☐ $165  Regular: Individuals whose interests and activities are consistent with those of ACA, but who are not qualified for Professional Membership.

☐ $94  New Professional: Individuals who have graduated with a master’s or a doctorate within the past 12 months. Status is good for one year. Please indicate date of graduation (month/year) / and institution ____________________________

☐ $94  Student: Individuals who are enrolled at least half-time in a college or university program. Please indicate date of graduation (month/year) / and institution ____________________________

☐ Optional: I would like to receive print copies of Journal of Counseling & Development (JCD) for a fee of $35.

**STEP THREE: Choose Your Division Membership Dues (optional)**

I wish to enhance my professional opportunities by joining the following Divisions. Print Division acronyms in spaces provided below, select member type and enter appropriate fees. Visit counseling.org/membership/beyond-aca for Division and print fees.

1) ____________________

☐ Professional  ☐ New Professional

☐ Regular  ☐ Student

Dues $ ____________________

2) ____________________

☐ Professional  ☐ New Professional

☐ Regular  ☐ Student

Dues $ ____________________

**STEP FOUR: Make a Voluntary Contribution (tax deductible except PAF)**

☐ ACA Foundation $ ____________________

☐ David K. Brooks Jr. Distinguished Mentor Award $ ____________________

☐ Human Concerns Fund $ ____________________

☐ Legal Defense Fund $ ____________________

☐ Professional Advocacy Fund (PAF) $ ____________________ (not tax deductible)

☐ Gilbert & Kathleen Wrenn Award $ ____________________

**Total of Membership Dues (add total amounts from steps 2 and 3)**

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

1-Year

ACA Membership $ ____________________

Division Membership $ ____________________

2-Years

ACA Membership $ ____________________

Division Membership $ ____________________

$10 Processing fee* $ ____________________

Voluntary Contribution(s) $ ____________________

Journal Print Fee (optional) $ ____________________

Total Amount Remitted $ ____________________

*Applies only when you join one or more of the following WITHOUT also joining ACA, AARC (any category); AADA [Regular (Associate)]; ACCA (any category); ASERVIC (Regular Affiliate); ASGW (any category); CSJ (any category); NCDA [Regular, New Professional, Student]; or NECA (any category); Add $10 in space provided.

**ACA Automatic Renewal Option**

Continuous Member benefits without interruption.

☐ I authorize ACA to automatically renew my membership annually in my anniversary month, at the rates effective at that time for my ACA/Division membership(s) using my credit card information. (Your membership card and receipt will be provided). To update your membership information, and/or cancel the Automatic Renewal Option, please contact ACA Member Services at 800-347-6647, x222, or 703-823-9800, x222, M-F, 8 a.m. – 6 p.m., ET.

**STEP FIVE: Payment Method**

Total amount enclosed or to be charged $ ____________________

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

☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

Credit Card # ____________________

Exp. Date ___________  Security Code: (3 or 4 digits front or back of card) ___________

Cardholder’s Name (print) ____________________

Authorized Signature ____________________

Date ____________________

Three-month Payment Plan Option

☐ I elect to pay in 3 equal monthly installments (only available for payment by credit/debit card). A $2 processing fee will be charged on both the 2nd & 3rd installments.

Total Amount to be charged (divide total by 3) $ ____________________

☐ Visa  ☐ MasterCard  ☐ American Express  ☐ Discover

Valid through 6/30/2014

ACA Membership Cancellation/Refund Policy: Membership cancellations received within 60 days of membership may be eligible to receive a full refund less $25 service fee. Cancellations received after the stated deadline will not be eligible for a refund. Cancellations will be accepted via phone, fax or email, and must be received by the stated cancellation deadline.

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