Aloha State gains licensure

BY ANGELA KENNEDY
STAFF WRITER

Hawaii Gov. Linda Lingle signed Act 209 (04) into law July 12, establishing licensure for mental health and other professional counselors, making it the 48th state (along with the District of Columbia and Puerto Rico) to achieve state-level counselor licensure/certification laws.

The law makes particular note of the cost-effectiveness of counselors and states in a preamble that "Regulating professional mental health counselors makes good economic sense for the state and demonstrates a compassionate concern for the mental health needs of Hawaii’s citizens."

The law establishes the title of "Licensed Mental Health Counselor" and defines the practice of mental health counseling to include "the assessment, diagnosis, and treatment of, and counseling for" both mental and emotional disorders and substance abuse and conduct disorders.

"There have been many people and organizations that have provided invaluable assistance over the years," Eastlack said. "I would like to acknowledge Betty Seestak, a Certified Rehabilitation Counselor and National Certified Counselor, who worked endlessly throughout the years as the liaison to the Hawaii Rehabilitation Counselors Association and stood by my side through all the thick and thin — with a lot of thin."

Eastlack noted that the Hawaii Counseling Association and HRCA boards and members

Child’s play: sharing through play therapy

BY ANGELA KENNEDY
STAFF WRITER

Lions and tigers and bears — oh my! Dolls, trucks and blocks — where does a kid start?

This isn’t a trip to the mall’s toy store but, rather, a child’s first reaction to play therapy. Play therapists use toys, art supplies, storytelling and metaphors as ways to communicate with their young clients. Terry Kottman, author of "Play Therapy: Basic and Beyond," is an expert in the field. She is the founder of The Encouragement Zone, a training center for play therapists and other counselors in Cedar Falls, Iowa.

She said play therapy clients are divided into two categories — clients with life problems or psychopathology problems. Life problems can be the issues of children whose parents are going through a divorce, children of individuals with substance abuse problems or other circumstances that present problems in the child’s life. Psychopathology problems are diagnosed problems such as anxiety, depression or other behavior issues.

"Play therapy doesn’t fix organic problems — it won’t make someone with ADHD not have it. What it can do is help the people with those organic types of problems learn to cope with things. It helps them with social skills and self-esteem. From that perspective, play therapy can work for all types of clients if the assumption is that you are not going to replace medical intervention," she said.

As for those who are considering the use of play therapy with young clients, therapists must be able to play and have fun but also be able to set firm limits for the children. "You have to be a person who likes
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SOS: teen suicide prevention effort cut attempts by 40 percent

The Signs of Suicide (SOS) High School Suicide Prevention Program reduced suicide attempts by 40 percent in high school students exposed to the program, according to a paper in March 2004 American Journal of Public Health. The SOS program is the first school-based suicide prevention program to show a reduction in suicidal behavior in a randomized controlled study.

SOS is a program of the non-profit organization, Screening for Mental Health, Inc. and is co-sponsored by the American Counseling Association, whose members were also involved in its development. The American Counseling Association has signed on as a national sponsor.

"What makes these findings unique is that it is the first time in 20 years of research on school-based suicide prevention programs that we have seen this type of effect on suicidal behavior," said study lead author Robert Aseltine, of the University of Connecticut Health Center.

Researchers observed significantly lower rates of suicide attempts as well as greater knowledge and more adaptive attitudes about depression and suicide in the intervention group.

According to the CDC, suicide is the third-leading cause of death among U.S. residents aged 10-24 years, accounting for 4,243 (11.7 percent) of all deaths in this age group. The SOS program gives young people a "mental health check-up" as well as the knowledge to recognize depression when it occurs in themselves or a friend at any time in their lives," said Sharon Pigeon, manager of the SOS program. "It is important to convince our youth that suicide is a tragic, permanent solution to a temporary condition. That condition is usually depression or a related disorder, which is treatable."

The SOS program is the only school-based suicide prevention program selected by the Substance Abuse and Mental Health Services Administration of the U.S. Department of Health and Human Services to be included on SAMHSA's National Registry of Effective Programs.

The cost to schools is less than 50 cents per student. To register for the 2004-05 program, call 781-239-0071 or visit www.mentalhealthscreening.org.

The Last Word

"I want other therapists to take play therapy seriously without being serious about it. It is a legitimate way of working with kids, and it does work."

—Terry Kottman, play therapist

(See story "Child's play" on page 1)

J. D. Crowe

The key to play therapy is learning when play IS METAPHorical AND WHEN PLAY IS SIMPLY PLAY.

Johnny Seeks in need of a father figure.... or maybe a dart board....

Alcohol abuse increases, dependence declines across decade

The number of American adults who abuse alcohol rose from 13.8 million (7.4 percent) in 1991-92 to 17.6 million (8.46 percent) in 2001-02, according to results from the 2001-02 "National Epidemiologic Survey on Alcohol and Related Conditions," a study directed by the National Institute on Alcohol Abuse and Alcoholism.

The study showed that the rate of alcohol abuse increased from 3.63 to 4.65 percent across the decade while the rate of alcohol dependence, commonly known as alcoholism, declined from 4.38 to 3.81 percent.

Overall, the data show that rates of alcohol abuse and dependence in 2001-02 were substantially higher in men than women and among younger study participants aged 18-29 and 30-44 years. Across the decade, the prevalence of alcohol abuse significantly increased for both genders of whites, blacks and Hispanics.

Full text of the article is available at www.sciencedirect.com. Additional alcohol research information and publications are available at www.niaaa.nih.gov.

Recovery Month to highlight success of substance abuse treatment

The Substance Abuse and Mental Health Services Administration unveiled a new kit and other materials to be used as part of the 15th Annual Recovery Month celebrations in September.

Recovery Month— themed “Join the Voices for Recovery... Now!”— spotlights the need for alcohol and drug abuse treatment and recovery and honors both those in recovery and treatment providers.

The planning kit includes TV and radio public service announcements (in English and Spanish) and other Web-based and print materials. The kit contains materials that can be adapted by each participating community and multiple lists of alcohol and drug addiction treatment agencies and program resources.

Materials are available online at the Web site www.recoverymonth.gov. This site contains a virtual kit; a series of one-hour Webcasts on topics related to alcohol and drug addiction and people in recovery from this disease; a section where communities can list events and activities related to recovery, issues and Recovery Month; and a number of other areas of interest.

SAMHSA also released a new report — "State Estimates of Persons Needing But Not Receiving Substance Abuse Treatment" — showing that, overall, 2.7 percent of persons 12 and older nationwide needed, but did not receive treatment for an illicit drug problem; and 7.3 percent needed but did not receive treatment for an alcohol problem. This report on state estimates of persons needing but not receiving substance abuse treatment is available at www.oas.samhsa.gov.

NAMI: stop putting sick children in jail

The National Alliance for the Mentally Ill last month condemned state and local governments that warehouse children and adolescents with mental illnesses in the juvenile justice system — simply because inadequate treatment and services in their communities are unavailable.

In criminal justice settings, symptoms of mental illnesses are misinterpreted as disobedience, defiance, or threats. Well-meaning, but poorly trained corrections officers respond with anger, discipline or force. Minor incidents escalate. Risks of harm increase. Many techniques used in correctional settings — like prolonged isolation and restraint — actually worsen symptoms, leading to greater acting out and self-harm, through self-mutilation or suicide.

The full text of NAMI's testimony is available online at www.nami.org/kidsjails.
An open letter to ACA
President Sun Gladding

I enjoyed reading the “peel” at your annual meeting in the July 2004 Counseling Today. It looks like you’ve already been busy with the business of the profession.

I’ve been thinking about your statement that you’ll work on public relations and marketing in order to build back declining membership. I don’t disagree that good P.R. and marketing programs are necessary, but that effort may be missing the root cause of declining membership and the prevailing attitudes of persons who join for a year or two but not longer. If P.R. is intended to put the best face on the profession (and professional associations), then it still won’t overcome the lack of commitment to professionalism that I expect to see as a core value of the new (and experienced) professional.

I share two beliefs with you: (a) I believe that graduate students who are immersed in a culture that values professional association membership will carry that orientation into their association membership will carry that orientation into their practice, and they will be members long after they have received their degree; and (b) I believe that many American Counseling Association leaders at local, state and national levels testify to the people in their lives who they’ve had at meetings rather than what good work they’ve done. I believe that new graduates should be able to name many ways that membership is and will be a benefit to them—there may be no way that they haven’t heard and seen quality examples from their mentors. And I have heard too many leaders give reports to their constituents that emphasize the good time they had at a meeting rather than what they accomplished. If I were a new member listening to some of those reports, my question would be, “Am I paying my dues so that someone can have a good time?”

Sam, don’t back off your P.R. thrust, but dig a little deeper to look for causes. You and I know that membership is a value-added condition. The reason that many counselors don’t see it that way won’t be solved by a marketing strategy.

Good wishes on the year ahead. I believe we’re in good hands.

Brooke Collison
Corvallis, Ore.

Editor’s note: Brooke Collison is a past ACA president.

Pro-Choice

I recently appreciated your article in Counseling Today (June 2004) about William Glasser’s approach to couples counseling. I’ve read a lot of Glasser’s work, and your article really captures the spirit of what he has to say. I’d like to share the article with my colleagues.

Bob Keteyian
Bar Harbor, Maine

Not so pro-‘Choice’

As a professional counselor at a psychiatric hospital and an educator, I was completely appalled by the June 2004 Counseling Today article on Choice Theory. While I have found Choice Theory itself to be very helpful in my practice, I found writer Angela Kennedy’s choice to include William Glasser’s diatribe on mental illness both disturbing and irrelevant to the purpose of the article. Glasser’s assertions that “All the people in the DSM-IV—or, the big book of unhappiness—... are not mentally ill,” as well as “mental illness... in the DSM-IV... are not mental illnesses in the sense that something is wrong with a person’s brain,” and “there is no chemical imbalance until they take drugs; then they have a chemical imbalance” were both misleading and irresponsible.

Current genetic, psychiatric and biomedical research has overwhelmingly demonstrated that illnesses as varied as depression, schizophrenia, dementia and Post-Traumatic Stress Disorder alter brain chemistry, brain composition and even the size of particular areas of the brain. Technology such as the PET, CAT and ECHO have disproven archaic beliefs such as those espoused by Glasser and communicated by Kennedy. While I am clear that psychoanalytic stress as such relationship difficulties may impact the development or intensity of certain DSM-IV disorders, it is a gross overstatement that all such disorders are “not illnesses.”

As professional counselors, we are ethically responsible to be advocates of truth for our clients. I believe it is my responsibility every day to fight myths such as those communicated in this article to promote healing and mental health in my clients. By choosing to print these comments, Kennedy and CT have not only neglected their ethical responsibilities, but they have also made advocacy more difficult. Thanks for the support, ACA. CT can now be a source to demonstrate that “DSM-IV disorders are not illnesses.” I certainly hope no member of Congress reads this article when considering appropriating funds for treatment, research or reimbursement of professional counseling services.

Tara C. Samples
Riverdale, Ga.

Letters Policy

Counseling Today welcomes letters to the editor. Only letters from individuals will be published. Individuals may write as often as they like, but Counseling Today will print only one letter per person per topic in each 35-day period. Counseling Today will publish letters anticipated to be of interest to readers. Due to time and space limitations, letters cannot be acknowledged or returned, and Counseling Today reserves the right to edit letters. Include your home and e-mail addresses for contact purposes. If you wish to have your e-mail address listed with your published letter, please specifically note that in the body of your letter.

Letters should be concise but may require editing for length. Please do not exceed 250 words. Letters may be edited for grammar, length, clarity and other professional standards. Please limit letters to four per year.

Send letters to: CT@counseling.org
Territory folks should stick together

In the Rogers and Hammerstein musical “ Oklahoma,” there is a somewhat humorous and energetically performed song and dance about differences and relationships titled “Territory Folks Should Stick Together.” It is a production number that initially highlights the dissimilarities between farmers and cowboys — for example, “One man likes to push a plow/the other likes to round up cows.” Based on this premise, the lyricist then they can’t be friends.” Based on state, “But that’s no reason why we can’t so with a common core of skills, such as those outlined by nationally accrediting agencies. Given this shared foundation, it is to the benefit of our profession and those we serve to form bonds personally and professionally and to stick together as an association in friendship and in vision.

In our collective history as ACA, we have sometimes forgotten this fact and regressed into emphasizing how specialties in counseling make us unique and give us an identity. More recently, we have begun to stress the universal nature of who we are as counselors in regard to competencies and training. That is a trend that must continue.

Why? Well, there are at least three reasons.

First, stressing our differences instead of our similarities weakens us and upsets us internally. When we perceive specialties and the people in them as fields not connected with the field as a whole, we may react with hostility instead of with hospitality. We may even become defensive (which often wins athletic events that operate by a zero-sum formula but does not promote positive outcomes in an association or in human relationships). Such a mentality leads to a trading of internal barbs and jabs and a posturing that is pretentious and unproductive. Our various counseling specialties attract dedicated professionals for a number of reasons. Everyone is important, and all have a place around the ACA table, for each contributes to the good of the whole regardless of its size or scope. Thus, we need to hold in check our mindsets as specialists first, for such thinking leads to isolation and alienation as those who practice it begin to believe they are the only island of truth in a turbulent and chaotic world. The result is a focus on the petty as opposed to the profound.

A second reason why we need to concentrate initially on what unites us is that it strengthens who we are in the public arena and promotes the common good. A clearer and stronger definition of counseling gives us more power and greater possibilities in passing legislation that supports the welfare of our clients and the profession. Physicians (who also have many specialties) are well-known for their success in getting legislation approved nationally and locally. The reason is that they first claim to be doctors and then put emphasis on their special skills. Thus, for the good of the profession of counseling and for the benefit of our clients, I believe we should introduce ourselves initially by using the noun “counselor” or terms such as “professional counselor” or “licensed/certified counselor.” Then we should employ one or more adjectives or descriptors that denote our particular niche within the field. Such a stance will hopefully promote ACA as well as its divisions, regions and branches positively while simultaneously making it clearer to the general public who we are as a group and what we do.

Finally, highlighting the universal nature of counseling will enable ACA and other entities such as the National Board for Certified Counselors, the Council for Accreditation of Counseling and Related Educational Programs and Chi Sigma Iota to work together more productively while not distracting any of them from their distinct missions. An example of such collaboration recently occurred in Indiana where ACA and NBCC worked with other entities, including the Indiana Counseling Association, to successfully prevent the restriction of test use. Collaboration of this nature also happened in Hawaii, which, because of a similar effort,
The good thing about a swelling, humid summer here in the Washington, D.C., area is knowing that just around the corner, in less than six weeks, the heat will start to subside before the fall season begins. For many of us who have school-age kids, this also means a change in the daily schedule. The school year will be upon us. For many of us, this year will be the last one at the family school (either as a student, counselor, or educator or someone who has a family member in school). The fall also means that the American Counseling Association will be releasing the rollout of a number of new products and services designed to facilitate your work as a professional counselor.

Because of the response to the ones that are currently operational, we are in the process of developing additional online training opportunities for you. Those who wish to check on the status of their membership, place book orders or simply ask questions about ACA have told us that extended phone hours would also be welcomed. So, beginning last month, our member services department began staying open until 7 p.m. EST; an additional 12.5 hours each week, just for you.

One of last year’s most popular ACA resources was the HIPAA Compliance Guide subscription service. As a practicing counselor, you are well aware of HIPAA. This 24-issue subscription, authored by the attorney who services the ACA Risk Management Hotline, helped explain the nuances of the law and how it impacts those who provide professional counseling services. Soon, we will be releasing the “sequel” product that builds upon the information provided in the HIPAA Compliance Guide. In addition, the new product (to be released early this fall) will feature subject matter that you who are working in the field requested.

For those of you who are able to travel to professional conferences, I would highly suggest that you reserve April 6-10 for the ACA Annual Convention and Exposition in Atlanta (featuring ACA intensive Learning Institutes on April 6-7, followed by the convention and expo on April 8-10). The final program review committee completed their work last month, so all of the learning institutes, education sessions, roundtables and poster sessions have been selected. From my perspective, there is an impressive array of programs focusing on a number of specialty areas within professional counseling. Once again, the format for programming and the subject areas were created in response to needs that you and your colleagues identified.

As many of you know, the ACA fiscal year runs from July 1 through June 30. As we have now closed the books on what we call Fiscal Year 2004, I am pleased to note that the association did finish with excess revenues over expenses. This represents the sixth time in the last seven years that ACA has completed the year in a positive financial position.

I need to acknowledge and commend the leadership and the staff of ACA for their perseverance to develop good products and provide exemplary member services during a time of fiscal austerity. Working as a team, the volunteer leadership and staff have been able to deliver more of what ACA members have identified as a priority in their professional lives.

We cannot, nor will we, rest on our laurels (financial or otherwise), for as long as you are providing such important and critical services to children, adolescents, students, adults, couples and families, we must continue to take our role seriously in providing resources that support the good work you do each and every day.

As always, please contact me at ryep@counseling.org or 800.347.6647 ext. 231 if I can be of help or if you would like to share some thoughts. Enjoy and be well.
Finding a personal professional identity

I enjoyed my career as the director of multicultural life at a private liberal arts college in Western Michigan. The most enjoyable aspect of the job was developing the leadership skills of students of color at a predominantly white institution. The daily contact, interaction and personal coaching sessions with these students were also great. What I did miss, though, was the opportunity to be a graduate student again, discussing theories and professional practice. The desire to be a student continued to grow until it became clear that a leap of faith was needed to start the process of researching and applying to various doctoral programs.

Researching options and applying to an academic program is the first step in the process of pursuing a doctorate, but this part was more difficult than I expected. The major challenge was deciding which program of study would be right for me. I had earned a master's in secondary, adult and higher education with an emphasis in college student affairs, so considering a graduate program in educational leadership or higher education seemed reasonable. It would have been a logical choice, given my educational and professional background, but I had no sense of compelling desire to follow this path.

Careful reflections caused me to look into counseling programs. Counseling seemed ideal, but I did not anticipate the magnitude this adjustment would have in shaping a new professional identity. Changing professional affiliation from student affairs to the counseling profession would create challenges and demand new coping strategies. Many graduate students experience similar challenges in their academic and professional lives as a result of making a career shift. The two challenges of taking additional courses and finding my new professional identity brought the most struggle and also the most growth along my journey.

Taking additional courses

One of the major issues I faced in changing my professional focus to counseling included taking more courses. It is common for students who do not have the educational background in a particular course of study to be required to take additional classes in that area. Having an education background and graduating from a program that wasn't accredited by the Council for Accreditation of Counseling and Related Educational Programs automatically meant that I would need additional master's-level courses. Licensure eligibility was also a significant factor that added more courses. The extra work increased the length of the academic program, but it did not deter me from following the counseling program, because my motivation to become a counselor and educator was strong. It was this deliberateness in career selection that provided me with the energy to endure the catch-up work.

Taking more courses was not a major crisis for me, but completing more classes may be an issue for other graduate students who come from different disciplines and are considering counseling programs. Some may turn away from a counseling program because of the added requirements. In addition, many counseling programs have strict criteria and standards that students from other disciplines can find intimidating or overwhelming. Such high standards and requirements may deter graduate students from other disciplines to apply to a counseling program if they don't have sufficient motivation and opportunity.

Finding a new professional identity

The second obstacle I experienced was finding a new professional identity as a counselor. This caused the greatest amount of confusion and isolation because I had worked as a student affairs professional for a number of years, where I was confident and assured in my knowledge and skills.

(Continued on page 12)
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A note to new counselor graduates

Imagine if you will a small, rural farmhouse on a country road. There is an elderly woman sitting on the big front porch that runs the full length of the house. The air is dry in this summer season. So hot and dry that even insects are quiet. The dogs rise and shake their heads with imagined delight. Even the leaves on the oak tree seem to be stretching outward to be refreshed and cleansed. The elderly grandmother smiles. And the rain passes.

This story is an example of how different perspectives influence our reactions to change in our lives. Change occurs with minimal warning, but yet a savvy counselor can anticipate coming change. Let’s examine the four constructs in the story that require closer consideration: awareness, anticipation, attitude and advocacy.

Awareness
The initial part of the story could be described as people being “comfortable in their discomfort.” This discomfort was not debilitating but tolerated. And yet, the grandmother had developed a heightened sense of awareness of her environment and surroundings, which gave her the ability to smell the rain coming.

As counselors in preparation, many of you may have become comfortable — in your discomfort. You developed skills that increased your awareness of your academic and professional environments in practicum and internships. Some may have developed these skills for personal safety reasons; others may have been seeking counselor educators, peers, mentors or professional colleagues who understood what this experience was like for you. Whatever your learning experiences, each of you probably can name one or more individuals who helped you increase your awareness on how to negotiate the system, thus leading to the positive success celebrated at graduation ceremonies.

This initial awareness of the potential for success may be the driving force behind encouraging and mentoring new professional counselors.

Continued on page 18
Escaping the killing fields
One woman's journey from hell to healing

BY ANGELA KENNEDY
STAFF WRITER

She was just 6 years old in April 1975, fleeing about the bad haircut she just endured at the hands of her older sister when the bombing started.

"My mom wanted to find out where the noise was coming from. She took me and my little brother with her to the rooftop of the house so we could see what was going on. That's when my mom told us, 'There is something really bad happening. War has started' That is my memory of the beginning of the bloodshed during the civil war."

Hoang Taing, the youngest girl of nine siblings, had no idea what her family was about to experience. "I was wearing black pajama-like outfits, armed with AK-47 rifles, and they told us, You have to leave your house in 15 minutes. The Americans are going to bomb us," she said. "My family had no choice but to start packing up. We left our own home not knowing we wouldn't see it again for four years. We didn't want to leave but the soldiers insisted, and they threatened to execute anyone who refused to follow their orders."

For the next four years, there was no peace or freedom for the once-quiet country known as the Paris of Southeast Asia. Taing and her family became slaves to their captors who were led by the genocidal Pol Pot. They were forced to work as laborers on farms in the countryside, far away from their home. "The children, like me, had to clean out cow stalls and pick up cow manure so the farmers could use it for fertilization," she said. "The communists of Cambodia's motto was 'If you don't work, you don't eat,' and they meant it literally. Even children and the elderly had to work or starve to death. Otherwise, people were taken to re-educational camps, from which no one ever returned and where people were presumed to have been executed. Everything that belonged to us now belonged to the Communist government. There was no school, no play or rest. Life as we knew it ceased to exist."

The elderly and the young started to perish within months of the invasion. "Often malaria was caused by mosquito bites because we had to sleep outside. Death and dying was everywhere," she said, adding that her older brothers — a doctor, a businessman, a university professor and a student — are presumed dead. They were taken in the night to the "re-educational camps" and were most likely executed.

According to Yale University's Cambodia Genocide Program, from 1975 to 1979, Pol Pot and his Khmer Rouge soldiers killed 1.7 million Cambodians, or 21 percent of the population. Those who weren't executed were left to suffer from starvation and diseases such as cholera, dysentery and tuberculosis caused by forced labor without adequate food, rest and sanitation. Today, nine miles from Phnom Penh, the "killing fields" of Choeung Ek have become a tourist attraction. Visitors and mourners pay their respects to a large horrifying, glass shrine that holds more than 8,000 human skulls. Even now, 25 years later, after heavy rains, bones will be unearthed in the pastures and fields of Cambodia.

The rest of the Taing's family managed to survive and flee to Vietnam. Unfortunately, shortly after the family started to put their lives back together, both parents died, in all likelihood from the years of malnutrition and torture.

In 1980, an American couple in San Antonio sponsored the three youngest of the Taing children through a local Catholic church. "They did not have any children and wanted to help one refugee child. Instead, they took all three of us — me, my little brother, Kheam, and my older sister, Nai — because there were three of us who came together to America; we didn't want to be separated," said Taing. "Once we were in America, all we wanted was to go to school because we had been deprived of school for so many years. We also simply wanted enough food to eat because we had been starving for so long during the war."

Hoang Taing, who didn't speak a word of English, quickly became accustomed to American life. She flourished in school and even became a cheerleader. She was voted "most likely to succeed" and graduated third in her class. "My parents always loved us and instilled in us the importance of education. They often said, 'Once you have an education, no one can steal it from you.'" she said. Taing received a full scholarship to the University of San Diego, where she earned a bachelor's degree in leadership and international relations. She was given the prestigious opportunity to study abroad at Oxford in England before graduating from American University in Washington, D.C., with a master's in international affairs and diplomacy.

She has served in a variety of professional roles in public affairs and government. Among these were service as a liaison to government agencies on the status of refugees and related issues for the Cambodian Network Council in Washington. She has worked as a public outreach officer during her tenure as a White House intern. Since arriving in America, she has succeeded in overcoming a series of obstacles — all the while main-
Taing has always been a runner. I ran cross-country for my college. I have run 5K, 10K and marathons to promote good causes for different organizations such as the Leukemia Society, American Cancer Society and the Red Cross,” said Taing. “When I realized that my running ability could help others, I wanted to do something more and to give something back to my adopted country, America. So, I got together with some friends to talk about what we could do. Our mission was to ask people for money, but not to ask people for money, but rather to inspire all Americans to give volunteer time to charitable service in their communities.

Taing said she still feels the effects of the war, both physically and emotionally, but she is determined to shine on and hopefully soon fulfill her parents’ dying wish — bringing her two older sisters, who still are in Cambodia, to America.

“I still have pain in my chest when I wake up every morning because of Post-Traumatic Stress Disorder due to the suffering of the war. I still miss my deceased parents very much and the two sisters who were left behind. I have sponsored my sisters to come here since 1994, yet even after 10 years, I have been unable to obtain immigration visas for them.”

She said she will not give up trying and will continue to help others through her words of survival and triumph.

Taing is the embodiment of the American dream and an inspiration to many.

Resources for counselors working with survivors of torture:
- Torture Survivors Network
  www.pacinfo.com/eugene/tsnet/
- Survivors International
  www.survivorsintl.org/
- Program for Survivors of Torture and Severe Trauma
  www.crahsweb.org/services/torture/
- The Advocates for Survivors of Torture and Trauma
  www.astt.org/missiongoals
- The National Consortium of Torture Treatment Programs
  http://westside.com/defaultview
- Resources Finder for Torture Victims, Asylum-Seekers & Refugees
  www.kspope.com/torvic/torture.php
- Survivors of Torture, International
  www.notorture.org/
- Torture Abolition and Survivors Support Coalition International
  www.tassc.org/
- Women's Search for Meaning.
  www.womenssearch.com
- Journey to Freedom: A Woman’s Search for Meaning.
- Refuges for counselors
  www.survivorsintl.org/
identity was affirmed by attending various national student affairs conferences such as the National Association of Student Personnel Administrators and the American College Personnel Association, serving on the board of the Michigan College Personnel Association and presenting workshops at several regional and state conferences on student affairs issues. So when professional identity as a counselor was discussed in one of my first counseling classes, I really felt lost.

What exactly did it mean to identify as a professional counselor? There was clearly a gap between my current professional identity and my new direction. I began to feel isolated and fearful that my counseling colleagues would develop negative perceptions of me. Privately, I was seeking a new professional identity as a counselor and educator, but publicly I was hesitant to reach out to others. Fortunately, it did not take long for my professional identity as a counselor to develop. Taking counseling courses, attending professional conferences and reading counseling journals quickly helped that professional identity to emerge. Becoming more knowable and fluent in counseling jargon rekindled the confidence to connect with fellow counseling students, which further expanded my counselor identity.

It was a struggle finding my identity, but five coping strategies seemed to make the most difference. I expect they would work for you as well.

Know your professional and educational goals

The first major strategy is to know your own professional and educational goals. Pursuing a master’s or doctoral degree in counseling is a huge investment, both in time and finances. I was sure that a counseling program was the right choice, and my goals provided the motivation needed to maintain a determined attitude in pursuing this new academic venture. Graduate students from different disciplines who are unsure about what an advanced degree in the counseling profession will do for their career need to take time to consider if returning to graduate school is going to be worth the effort. Without the proper motivation, you may constantly question whether the program is right for you. Having confidence in your professional and educational goals is a key to this motivation.

Become familiar with the professional jargon

The second strategy that helped me tremendously was reading articles, magazines and books affiliated with the profession. Every career field has its own jargon or professional terminology. Analyzing the literature created familiarity with terms like third-party payments, systems theory and credentialing. I also gained greater insight into the pressing issues of the profession, such as multicultural counseling competencies and technology. Learning the professional jargon gave me the confidence that I needed to talk and intellectually connect with faculty and fellow students.

Get involved in professional associations

One of the best pieces of advice I followed was to become immediately involved in local, state and national professional associations. I quickly became a member of the Association for Counselor Education and Supervision, Michigan Counseling Association and the American Counseling Association. Participating in the MCA conference, joining the national counseling associations and reading literature produced by ACA such as Counseling Today and the Journal of Counseling & Development, created a bridge in the gap between the two professional worlds I was struggling. It made a huge difference in the transition from student affairs to a counseling profession. As a new professional identity emerges, it is strongly reinforced by associating with other counselors who care about similar interests and issues related to clients, the profession and advocacy.

Connect with other graduate students

Making connections with other graduate students who have come from a counseling program is the fourth coping strategy that many students from other disciplines should find useful. Establishing collegial relationships with fellow graduate students helps in obtaining the additional information that you wouldn't get because you might feel uncomfortable asking a professor or sharing with the class. All students are anxious about asking a question that may seem "stupid," so those of us not familiar with counseling theories and terminology should find connecting with other colleagues much less intimidating than asking questions in a class. I felt much more comfortable asking fellow students to provide clarity on basic information regarding counseling because they framed the information in a way that fit my situation. Making the connections with other students also engendered support in preparing for exams and working on research projects.

Never give up on your dream

There are many obstacles to challenge you along the way to reaching your dreams, but if you Continued on page 18

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provided testimony, legislative contacts and other necessary activities. During the years, the American Counseling Association has provided funding for the fight. In 1993, David Kaplan, ACA's associate executive director for professional affairs, and Joe Dene, Western Region chair, met with legislators and other government officials to help collect support for licensure. "My special thanks goes to Tom Clawson and Susan Ebbanks, as well as the other staff at National Board for Certified Counselors, as their support was endless," Eastlack said. "They provided the opportunity for me to learn all sorts of tips I would have never thought of on my own."

Requirements
The law will lead to the establishment of the following requirements for licensure:

- Master's or doctoral degree in counseling or an allied field related to the practice of mental health counseling, with a minimum of 48 semester hours or 72 quarter hours with coursework in certain identified areas from an accredited institution.
- Completion of two academic terms of supervised internship or practicum in mental health counseling.
- Completion of a minimum of 3,000 hours of post-master's supervised experience relevant to the practice of mental health counseling.
- Passage of the National Counselor Exam.

Those who passed the exam to become an NCC, a Certified Clinical or a Certified Rehabilitation Counselor between Jan. 1, 2000, and June 30, 2005, will not have to retake the exam in order to become licensed.

"For most of us, we will have to retake the exam," Eastlack said. The NBCC will be contacting NCCs who need to do so and providing them with examination registration forms in the near future. There will be three opportunities — October, January and April — to retake the exam. Hawaii NCCs will have until Sept. 15 to apply for the first exam in October.

"The good news is that, for this one time only, NBCC will accept applications and allow Hawaii counselors to write the NCE in January 2005 along with the April exam in order to become an NCC," said Eastlack. "Exams given by NBCC in January and July are normally reserved for state licensure candidates; however, as Hawaii is getting started on this process, NBCC wants to assist in every way they can."

Certified individuals will have one year after July 1, 2005, to apply for and obtain their license. However, for those who need to retake exams, exams must be passed by June 30, 2005. If someone is not currently certified or does not become certified by June 30, 2005, he or she will have to wait to take the exam and provide documentation after that time.

"We worked really hard to see what we could do to "grandfather" certified counselors. I think almost every other state has allowed complete grandfathering, but Hawaii is usually different," said Eastlack. "The current act (law) is the best of any other past versions of the bill (and there were many). The legislative process is one of compromise and trade-offs. I personally think we did well and we couldn't have done any better. I have every confidence that currently certified counselors will be able to pass the exam."

With the support of NBCC and the Center for Credentialing and Education, the HCA is pleased to be able to offer to its members the CCE Study Course for the National Counselor Examination for Licensing and Certification for $135. The regular price of this is $275, providing a savings of $140 only to HCA members. The offer ends Dec. 31, 2004. For additional details on the interactive study kit, visit www.cce-global.org/nce.htm.

To order the discounted study guide, receive an application or inquire about study groups, contact Sandra Joy Eastlack at sandrajoyl@hawaii.rr.com.

"I think the success of Hawaii in obtaining licensure for counselors is one that shows what can be accomplished with persistence, dedication, leadership and support," Sam Gladding, ACA President. "Sandra should be especially commended. She envisioned what could be and stayed faithful to her vision."

resulted in it becoming the 49th state to enact legislation for counselor licensure/certification.

So, in a way, we all are Oklahomans — cowboys, cowgirls and farmers — in the territory of counseling. We have a choice to continue to be cooperative or to be in conflict. Personally and professionally, I believe the decision is clear in regard to its results. As the poet Maya Angelou wrote in her poem "Friends," "We are more alike, my friend, than we are unalike." Or to put it in a more prosaic form from the Chick-Fil-A Cow Superheroes, who advertise for this restaurant, "United we stand; divided we're steaks."

Being more unified in our attitudes, focus and identity will enable us to be more of a creative and dynamic force in promoting change and competence within and outside the profession of counseling. It is a position we cannot afford to shrink from or to shirk; rather, it is one we must continue to emphasize with courage and conviction.

The reason is simple. Our futures as generalists and specialists depend on it, as do the futures of those we serve. 

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including re-authorization of the "Individuals with Disabilities Education Act" establishing special education programs and services, re-authorization of "Temporary Assistance for Needy Families" welfare, programs, and re-authorization of the "Workforce Investment Act" and the "Rehabilitation Act" establishing the nation's system of one-stop employment centers and the vocational rehabilitation system. None of the programs are threatened with termination, though, and many advocates favor postponing their consideration until next year, given the serious flaws in the bills on these topics passed by the House of Representatives.

One issue that appears to have gained some momentum recently, however, is re-authorization of the "Carl D. Perkins Vocational and Technical Education Act" of 1998. In Fiscal Year 2004, more than $1.2 billion in "Perkins Act" funding supported career and technical education programs to prepare students both for postsecondary education and for careers, as well as to support training programs for adults. Although the federal investment amounts to only about 5 percent of local spending in this area, "Perkins Act" programs play an important role in improving the quality and availability of career and technical education programs. Currently, about half of all high school students and one-third of college students are involved in career and technical education programs as a major part of their studies.

At presstime, the House Committee on Education and the Workforce was scheduled to mark up H.R. 4496, its version of legislation to re-authorize "Perkins Act" programs, on July 14. The Senate Health, Education, Labor & Pensions Committee is expected to take up its own version of re-authorization legislation later in the month. Thankfully, both House and Senate proposals would maintain the basic structure of the "Perkins" program and reject the Bush administration's re-authorization proposal — the president's FY 2005 budget proposal called for eliminating most existing programs under the "Perkins Act" and significantly reducing funding for others.

The American Counseling Association is working both individually and in coalition with the Career and Technical Education Coalition on "Perkins" re-authorization, focusing primarily on raising the profile of school counselors within the statute and establishing professional development support for counselors using "Perkins" funds. Despite the recent activity, the odds of passage of "Perkins Act" re-authorization legislation this year remain difficult to predict. For more information on this issue or to share your concerns, contact Chris Campbell (800.347.6647 ext. 241, e-mail: ccampbell@counseling.org) or Scott Barstow (ext. 234, e-mail: sbarstow@counseling.org) with ACA's public policy staff.

Emotions high as Senate passes suicide prevention bill.

On July 8, the Senate considered and passed by voice vote the "Garrett Lee Smith Memorial Act" (S. 2634), after an emotional day of personal stories by senators. The bill would authorize federal aid for state suicide prevention programs directed at youth and is sponsored by Sens. Gordon Smith (R-Ore.), Christopher Dodd (D-Conn.), Harry Reid (D-Nev.), Mike DeWine (R-Ohio) and Tom Daschle (D-S.D.). The legislation is named for the son of Smith, who committed suicide last year at the age of 21. Smith has made suicide prevention a priority since the loss of his son and expressed his grief on the Senate floor. Smith was joined on the floor by Sen. Don Nickles (R-Okla.), each of whom shared stories of losing a parent to suicide. S. 2634 incorporates aspects of Dodd's "Youth Suicide Early Intervention and Prevention Expansion Act of 2004" (S. 2175) and the "Campus Care and Counseling Act" (S. 2215). In addition to establishing grants for suicide intervention efforts aimed at youth, the bill would authorize a technical assistance center for local suicide prevention programs and would establish a grant program for institutions of higher learning to expand mental and behavioral health services for students.
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Anticipation

The second portion of the story describes an anticipation of change. Anticipation must always follow awareness. Each of you has anticipated graduation. By this time, the ceremonies and celebrations have concluded, and you are anticipating or embracing the career choices you have made. This anticipated change is a critical decision point for the profession of counseling. The choices you make at this time will build the counseling profession or make it stagnate. This includes involvement in professional organizations through active participation at the local, state and national levels. Anticipation of changing from a counseling student to a counseling professional is an important shift for you to make. Whatever the choice, change is inevitable.

How you view change is within your power, which leads to the next part of the story.

Attitude

"The children danced with joy, the dogs shook their heads in delight, the oak leaves stretched outward. The grandmother smiled."

Life happens — it is not stagnant (and the rain passes). You determine your reaction to change. This attitudinal choice may be based upon personality. It is my belief, however, that optimism and pessimism are not only learned but can also be passed from one individual to another. Your attitude combines with the attitude of other counselors as you enter the profession. What attitude will you bring to the counseling profession?

As you embrace changes in your life, your attitude about your educational experiences — your experiences in your counselor preparation program and your experiences in your state counseling organizations and your experiences with the American Counseling Association — are invaluable.

It is my observation: our counseling profession — yours and mine — values you as a reflection of the outstanding scholars working across this nation on a daily basis. Each of you will continue to represent your families and individual communities as well as your counselor preparation programs as you continue in your life’s journey. In truth, the reputation of ACA will continue to represent you in the future. This is indeed a reciprocal arrangement and one that should be taken seriously. Change will occur.

Recognizing and reflecting upon your awareness, anticipation and attitude toward change is an internalized process that requires minimal risk and is just the beginning. What will you do with this self-knowledge? Let’s consider this concept in a different light.

The path was cleared for you by other professional counselors.

Many of you may be first-generation college graduates, as I am. I am thankful to those who walked this path before me and

**Reader Viewpoint**

Continued from page 9

**American Counseling Association**

**Counseling as an Art: The Creative Arts in Counseling, Third Edition**

Samuel T. Gladding

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—David Capuzzi, PhD, LPC

Johns Hopkins University

Professor Emeritus, Portland State University

Dr. Gladding demonstrates how music, dance, imagery, literature, drama, and humor can be used in counseling on primary, secondary, and tertiary levels. Clients of all ages and cultural backgrounds will benefit from the clinically tested techniques presented in this inspiring book. Counseling as an Art is sure to become a treasured resource that you will reach for time and time again in looking for new ways to enhance your skills and effectiveness as a helping professional. 2005 225 pages. ISBN 1-55620-234-2

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**CounselingToday Quiz — August 2004**

As you are reading the following articles you should be able to answer the questions below. This is an "open-book" exam. Make your answers by pressing down hard and completely filling in one circle per question. Then mail it with a $12 payment to the address below. Please do not send cash.

"The Aloha State gains licensure"

1. Eastlick notes Hawaii is different from almost every other state because:
   - a. its certification process is unusually exacting
   - b. it does not allow complete grandfathering of certified counselors
   - c. it is getting extra assistance from the National Board of Certified Counselors
   - d. all of the above

"Escaping the killing fields: a woman's journey from hell to healing"

2. What did Taing want most when she came to America?
   - a. safety
   - b. acceptance
   - c. school
   - d. family

"Lose a pound, gain a hobby: exercise yields mental as well as physical benefits"

3. When Taing ran Across America, she gave speeches to enlist support for:
   - a. Cambodian charities
   - b. refugees
   - c. human rights
   - d. community service

4. Hinkle declares "your mind can just let go" when you do:
   - a. outdoor physical activity
   - b. challenging aerobic exercise
   - c. meditation while walking
   - d. exercise as a therapeutic practice

"Play Therapy"

5. Kottman says the most difficult play therapy concept for counselors to grasp is:
   - a. how to handle the multiple roles of play partner, teacher and counselor
   - b. the balance between play and setting limits
   - c. that the play is the communication
   - d. that they have to engage in the play themselves

"Washington Update"

6. The author mentions likely delays in re-authorization of bills addressing all the following EXCEPT:
   - a. welfare programs
   - b. special education programs
   - c. technical education programs
   - d. vocational rehabilitation programs

7. In this article, Kottman explains that she expects parents to be:
   - a. active participants
   - b. non-interfering
   - c. open-minded
   - d. confused

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8. The information was well presented
   - a. active participants
   - b. non-interfering
   - c. open-minded
   - d. confused

"Drop a pound, gain a hobby: exercise yields mental as well as physical benefits"

9. This survey showed that ___ states’ juvenile detention facilities hold mentally ill youth with no charges against them.
   - a. 12
   - b. 28
   - c. 33
   - d. 41

10. The federal government is granting funds for the Elementary and Secondary School Counseling Program that are ___ than last year’s.
    - a. more than
    - b. less than
    - c. the same as
    - d. none of the above
Lose a pound, gain a hobby

Exercise yields mental as well as physical benefits

BY JENNIFER SIMMONS FOR COUNSELING TODAY

By now, Americans are getting used to the cold, hard truth: we're getting fat. Nearly 65 percent of Americans are overweight and 31 percent are considered obese.

Both the U.S. Health and Human Services Department and the Centers for Disease Control and Prevention have released studies on the obesity epidemic. HHS launched a "Healthier U.S. Initiative," targeting exercise, diet and diagnosis and prevention. The CDC cited that 400,000 deaths in the United States in 2000 (17 percent of all deaths) were related to poor diet and physical inactivity. But with all this focus on the body, wellness experts seem to have overlooked the mind. Fortunately, where the body goes, the mind must follow. And when the weather turns, warm and daylight lingers past 8 p.m., the mind can often be found reaping the benefits of the body being outdoors. Outdoor exercise and recreation are widely recognized within the mental health community as not only great ways to stay physically fit, but also powerful combatants to anxiety, depression and a bevy of other mental illnesses that can make the strongest body weak.

Take a walk

Scott Hinkle, clinical administrator for the National Board for Certified Counselors in Greensboro, N.C., has been conducting research on aerobic exercise, outdoor pursuits and outdoor education as they relate to mental well-being for most of his 25-year career. He noted that an identifiable link exists between positive mental health and outdoor recreation and exercise.

"It's well-known that aerobic exercise, in and of itself, enhances mental health," Hinkle said. "And we know about being outdoors versus being indoors also enhances mental health. So it would be logical that if you are exercising out of doors, like on a trail, then you would get more benefits than (from) doing either one alone."

The CDC agrees and encourages those looking to become physically active to use the thousands of miles of trail systems in the United States for many reasons, among them reduction of symptoms of depression and anxiety. Rails-to-Trails Conservancy (RTC), a national nonprofit that helps convert unused railroad corridors into public trails, is one of the resources listed by the CDC. There are more than 13,000 miles of rail-trail in the United States, many of which have direct access into neighborhoods and cities.

"Rail-trails provide a safe and pleasant environment for people to get outside and be active," said Keith Laughlin, president of RTC. "Trail users can direct experience nature, either alone or with family and friends. Trails are places for social interaction, recreation and even commuting."

While Laughlin noted that the mental health benefits of trails have yet to be thoroughly researched, there is no denying that trail use can reduce stress. "The reduction of stress from a physical activity like commuting on a rail-trail can help you get home or to work in a more positive frame of mind," he said.

Hinkle said outdoor physical activity, like on a rail-trail, creates a sense of isolation and detachment from the everyday worries of life. Stress is significantly reduced as the mind gets a chance to wander.

"You could do the same running and walking at the gym, but you get an added benefit of being outside and being able to decompress," he said. "Your mind can just let go."

Jon Carlson, professor of counseling and psychology at Governors State University and chair of the American Counseling Association's Publications Committee, has used running and walking outdoors with clients as a mode of therapy for years.

"The idea of getting out into nature to exercise, for me, is a meditative experience," Carlson said. "I'm much more grounded and more aware as I go along and take in the sights that I too often miss or don't take the time to appreciate when I'm in my car." Carlson considers walking outdoors to be good couple's therapy, where one will talk and the other will listen in a non-threatening environment. Additionally, anxiety, depression, addiction, anger and other concerns can all be addressed within the freedom provided by an open trail and open mind.

"Exercising outdoors requires that you do something -- you're actually moving, not sitting around feeling sorry for yourself," Carlson said. "To me, it's an anti-depressant and anti-anxiety action. It shows self-care."

Carlson added that it's an easy concept for a client to integrate into his or her life. "Something like a physical activity program is very specific. A lot of times, counselors make requests of their clients that they can't do, like go on a date. If I want to get someone to change a relationship or solve problems differently, that's very complicated. But if you tell them to go for a walk, they might. It's very direct."

He prescribes outdoor activities to his clients and has joined them on runs and walks. "You have to take care of your mind, body and spirit. For people who are in the counseling area, they have to be healthier than their clients. You also have to practice what you preach. You need to model behaviors."

Both Carlson and Hinkle noted that outdoor exercise also results in a boost of self-esteem as clients begin to accomplish activities they previously thought unmanageable, like rope courses and marathons.

"The key to the change in the individual is transferring that feeling of well-being and self-confidence back into the real world," Hinkle said. "I've walked and run trails with clients and patients before. A couple of years ago, I was working with a diabetes patient. Our counseling session was a walk-and-talk every week. He continued his hikes after we stopped and has successfully managed his diabetes."

Mind over matter

When Carlson advises someone to "take a walk," he knows that they will listen -- particularly Harold Sibbing, who ran with this advice literally. Sibbing is a 60-year-old professional counselor with the Lake Geneva Wellness Clinic, where he practices family counseling under the supervision of Carlson. Sibbing said he spent most of his life looking for his purpose. One day in 1990, his purpose found him.

"In 1990, I had my first heart attack," Sibbing said. "Prior to this, I ate at McDonald's every day and had cheeseburgers every night. I was always in the car, always on the run. I smoked two packs of cigarettes a day and drank my share of alcohol beverages."

His physical well-being wasn't the only thing suffering. Divorced -- with custody of his five children -- he worked 12- to 14-hour days as a lawyer and experienced the death of a child of the woman he later married in 1984. After the birth of his fifth child with his new wife, Sibbing was stretched to capacity.

"I didn't take care of my physical health, and my mental health was never really considered an issue," he said. "As long as there was plenty of work to do, beer to drink and cigarettes to smoke, counseling wasn't necessary. You self-medicate in so many different ways, using alcohol and nicotine and work those ations serve as medication."

But at the age of 46, his "medications" proved his undoing. His heart attack left him with significant heart damage and a model behavior."
A bicyclist heads into a former rail-road tunnel on the 30-mile Btz Johnson Trail in Northern California.

Find an oasis

Washington, D.C./
Maryland

Capital Crescent: Running 11 miles from Georgetown to Silver Spring, Md., this rail-trail winds peacefully along the Potomac and through suburban woods.

California

Ojai Valley Trail: This 9.5-mile trail runs through beautiful low-desert country from Ojai to Ventura, just outside of Los Angeles.

Idaho

Route of the Hiawatha: Nine cavernous tunnels and seven breathtakingly high trestles will wow any visitor to this 15-mile rail-trail running from Mullen to Lookout Pass.

Georgia

Silver Comet: Just outside bustling Atlanta, a 38-mile ribbon of trail offers a respite from urban concerns.

Massachusetts

Cape Cod Rail-Trail: With sandy beaches, pine forests and quaint villages, a trip on this 25-mile rail-trail can wipe away cares with each passing mile.
**Critical Incidents in Group Counseling**
*edited by Lawrence E. Tyson, Rachelle Péreuse, and Jim Whitledge*

This practical text examines frequently occurring issues that arise in group counseling settings. The incidents provide a means to explore difficult decisions that group leaders face and create learning opportunities for further discussion. Issues considered include confidentiality, member screening, establishing trust, goal development, dual relationships, coercion, self-disclosure, referrals, and termination.

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**Career Development Across the K–16 Years: Bridging the Present to Satisfying and Successful Futures**
*Richard T. Lapan*

Lapan presents an integrative contextual model for career counseling with children and young adults that serves as a framework for exploring how fundamental career constructs develop within an interconnected network of cultural, social, economic, and political contexts. Exemplary career counseling techniques for all educational levels are provided to link theory and practice in a concrete way.

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**The Professional Counselor: Portfolio, Competencies, Performance Guidelines, and Assessment, Third Edition**
*Dennis W. Engels and Associates*

This popular handbook provides knowledge, skill, and performance guidelines in the core areas of counselor preparation. Ideal for use as a student portfolio or supplementary text, the third edition continues a 30-year tradition of focusing on counselor competencies and work behaviors. Competency areas outlined include professional identity development, addiction counseling, assessment, school counseling, group work, career development, multiculturalism, relationship counseling, counselor education and supervision, and diagnosis and record-keeping, and more.

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**Youth at Risk: A Prevention Resource for Counselors, Teachers, and Parents, Fourth Edition**
*edited by David Capuzzi and Douglas R. Gross*

Youth at Risk provides tested prevention techniques from individual, family, school, and community perspectives for work with diverse populations. Topics discussed include casual factors of destructive behavior, dysfunctional family dynamics, resilience, stress, depression, counseling queer youth, violence, eating disorders, pregnancy, suicide, AIDS, and gang membership. A complementary test manual for instructors' use is available by written request on university letterhead.

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**Ecological Counseling: An Innovative Approach to Conceptualizing Person–Environment Interaction**
*edited by Robert K. Conyne and Ellen P. Cook*

In this book, the authors provide a theoretical foundation for ecological counseling and suggest strategies for incorporating ecological interventions into the therapeutic process. Case studies, competencies, and techniques, designed for use in psychotherapy, counselor training, and supervision, group work, career counseling, community outreach, organizational development, advocacy, and prevention efforts, are included in this one-of-a-kind text.

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**Using Technology to Improve Counseling Practice: A Primer for the 21st Century**
*J. Michael Tyler and Russell A. Sabella*

This hand resource provides an overview of current technology as it relates to practice and training and offers easy-to-understand, jargon-free applications of technology. Tyler and Sabella include tips on how to save time and increase efficiency, automate record keeping, learn computerized statistical packages and testing and diagnostic programs, master recording technologies, and search for reliable information on the Internet. Ethical and legal issues are explored in detail, as are electronic counseling services.

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**Suicide Across the Life Span: Implications for Counselors**
*edited by David Capuzzi*

In this definitive guide, Capuzzi and his contributing authors offer concrete directives to mental health professionals that will greatly benefit their clients. Detailed information on the risk factors for suicide; suicidal assessment; the ethical and legal issues surrounding suicide; and counseling techniques for work with children, adolescents, adults, and survivors and their families is provided.

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Continued from page 1

Kottman’s book, she focused on seven of the most documented and researched approaches, including the one she developed—Adlerian play therapy.

“The Adlerian approach to play therapy combines the concepts and strategies of individual psychology with the basic ideas and techniques drawn from play therapy,” she said. “Adlerian play therapists base their work on the belief that all people are unique and creative.” Personally, Kottman doesn’t work with children with severe developmental delays, though she noted that other approaches to play therapy may be successful with those clients.

The role of the therapist in Adlerian play therapy is, in essence, a play partner with the child. In some instances, the therapist will lead the client toward certain activities, like playing with a doll or drawing a picture. “Sometimes, we will just follow and listen, reflect feelings, track and restate content—just follow the child’s lead,” she said. “The idea is that we are (the client’s) play partner who might know a little more about life and can be objective about their situation in order help them get inside what is going on.”

She noted, however, that the role of the therapist would also change during the four stages of the Adlerian play therapy process.

Stage 1. Building a relationship with the client
In this stage, the therapist will mostly follow the child and try to get to know him or her.

Stage 2. Exploring the client’s lifestyle
The role of the therapist will change to “examiner,” where he or she will explore the child’s attitudes, perceptions, thinking process and feelings. Clients are asked to draw pictures or perform a play in which they may unveil their own interpretation of their life, issues or problems.

Stage 3. Helping the client gain insight into his or her lifestyle
The therapist will then take on the role of play partner for this phase; however, this time the “partner” communicates essential information to the child. At times, the therapist will be non-directive and supportive, while at other times, he or she will be challenging the child to make changes or decisions about his or her behaviors or perceptions. Metaphors and storytelling are used in this stage of play therapy to re-enact and explore issues with the client.

Stage 4. Re-orientation and re-education
In the final stage, the counselor will be a teacher and encourager. He or she will set up ways to teach skills and help the client practice those skills during the session and at home. “Part of what Adlerians want to do is help clients be less discouraged, think more positively about themselves and others and develop positive behaviors and coping skills,” Kottman said.

For the largest collection of resources for child and play therapists available, check out our products at www.childtherapytoys.com!
Washington Update
Continued from page 16

http://capwiz.com/counseling.

Congress questions 'warehousing' of children with mental illness

The Senate Governmental Affairs Committee, chaired by Sen. Susan Collins (R-Maine), held a hearing on July 7 on the disturbing trend of juvenile detention facilities "warehousing" children with mental or emotional disorders who have not committed a crime. At the hearing, Collins released a report prepared by House Committee on Government Reform staff on the issue. The report was commissioned by Collins and by Rep. Henry Waxman (D-Calif.) and is available on the committee's website at www.senate.gov/~govt-aff/_files/070704juvenilert.pdf. The report constituted the first national study of its kind and covered the period from Jan. 1, 2003, through June 30, 2003. Three quarters of the nation's 698 juvenile detention facilities responded to the investigators' survey.

Investigators found that in 33 states, youths with mental or emotional disorders as young as 7 years old are held in juvenile detention facilities without any charges having been filed against them. Nearly 2,000 children are held on any given day simply because they cannot access treatment. The survey is just a first step in addressing the role the juvenile justice system plays as a de facto mental health system and did not research the prevalence of mental illness among the juvenile detention population as a whole.

The American Counseling Association joined more than 130 organizations in signing on to an open letter to Congress urging action on this issue. The letter, authored by the Bazelon Center for Mental Health Law, called for Congress to enact the "Keeping Families Together Act" (S. 1704/H.R. 3243) and the "Mentally III Offender Treatment and Crime Reduction Act" (S. 1194/H.R. 2587).

The "Keeping Families Together Act," sponsored by Collins, establishes a grant program for states to develop systems of care to prevent families from being forced to relinquish custody of their children with serious, emotional disturbances in order to access treatment. The "Mentally III Offender Treatment and Crime Reduction Act" was passed by the Senate in 2003 and would facilitate collaboration among the criminal justice, juvenile justice, mental health treatment and substance abuse systems to provide treatment for youths with mental illness and prevent re-arrests. The House has not yet taken action on either bill.

For more information on juvenile justice and mental health, contact Dara Alpert with ACA's public policy staff (800.347.6647 ext. 242, e-mail: dalpert@counseling.org).

2004 ESSCP grant recipients named

On June 30, the U.S. Department of Education announced grant recipients for the "Elementary and Secondary School Counseling Program" for the 2004-05 school year.

For FY 2004, the Department of Education is awarding just above $11.5 million in "ESSCP" grants to 32 school districts in 15 states and the District of Columbia. In addition, the Department of Education continues to fund the 60 school districts that were awarded grants in FY 2003 and the seven school districts that were awarded grants in FY 2002. "ESSCP" is the only federal program that helps school districts hire more school counselors, school psychologists, school social workers and appropriately trained psychologists or psychiatrists. Although the program is small, it plays a critical and fundamental role in expanding students' access to counseling services.

For more information, contact Chris Campbell in the ACA Office of Public Policy and Legislation (800.347.6647 ext. 241, e-mail: ccampbell@counseling.org) or Loretta McDaniel with the Department of Education at 202.260.2661. Information is also available on the Department of Education's website at www.ed.gov/programs/esccounseling/index.html.

House appropriation subcommittee allocates FY 2005 money for school counseling program

On July 8, the House Appropriations Subcommittee marked up its FY 2005 spending bill for the Departments of Labor, Health and Human Services and Education (Labor-HHS-ED). Despite rumors that funding for the "Elementary and Secondary School Counseling Program" was again in jeopardy this year — and the elimination of the program under the president's FY 2005 budget request — the subcommittee approved a bill providing $33.8 million for "ESSCP," the same amount allocated for the program in FY 2004.

While we are pleased that the House Appropriations Subcommittee chose not to follow President Bush's request to eliminate all funding for the school counseling program, much work still needs to be done. The full House Appropriations Committee was set to take up the Labor-HHS-ED bill on July 14, with House floor consideration to follow. A funding level of $33.8 million will continue to leave secondary school counseling programs without support, given that — under current law — the first $40 million appropriated for the program must be devoted to elementary school counseling programs. The
Teen suicide

Plight on the rise in Northern Ireland; two American counselors asked to help

BY ANGELA KENNEDY
STAFF WRITER

Suicide has become a significant public health issue in Ireland in recent years, especially in Northern Ireland where the sectarian conflict continues.

Northern Ireland has been sharply divided for decades between Unionists/Protestants, who want Northern Ireland to remain a part of the union with Great Britain, and Nationalists/Catholics, who are opposed to the union. The years 1969 to 1994 have been named the “Troubles” after the intense politically motivated violence that took place. Though conflict severity has diminished some, streets and buildings are still lined with barricades and military tanks continue to make their rounds. After visiting there, two American counselors believe that the “Troubles” are the core reason behind the increasing youth suicide rate.

Fred Bemak, a counselor educator at George Mason University, and Bob Conyne, a professor and director of the counseling program at the University of Cincinnati, went to Northern Ireland to meet with their mental health counterparts, government leaders and teens to discuss the youth suicide epidemic.

The trip was sponsored by the Northern Ireland Children of Ireland Group, Inc., Friends Without Boarders, the Department of Health and the North Ireland Friends Without Boarders. They became aware of the “Troubles” after the intense politically motivated violence that took place. Though conflict severity has diminished some, streets and buildings are still lined with barricades and military tanks continue to make their rounds. After visiting there, two American counselors believe that the “Troubles” are the core reason behind the increasing youth suicide rate.

The trip was sponsored by a collaboration involving The Children of Ireland Group, Inc., Friends Without Boarders organization, the Northern Ireland Department of Health and the North and West Belfast Health and Social Services (Trust). This effort began in February, when CIG President J. Terry Ryan became aware of 13 adolescent suicides in North Belfast since the beginning of the year. Discussions among the non-profit organizations and the Northern Ireland government officials identified that the mental health system was eager to draw on international models of programs to complement local expertise and services. Ryan invited Bemak and a guest to be a part of a this international mental health volunteer effort and visit Ireland to make recommendations for future programs and plans to be implemented in order to diminish the suicide rate.

“Troubles” continue to make the “Troubles.”

They wanted me to come over there and take a look at what is going on, and how they might improve their service system to deal with the very high youth suicide rate. I was able to invite one person, and I asked Bob Conyne, knowing his work in communities and prevention. My focus has been working with youth at risk, so our two backgrounds coincided (with the needs of the trip),” said Bemak.

In May, Bemak and Conyne toured various community service agencies in Belfast, Craigavon, Banbridge and Down. The trip was funded by supporters of The Children of Ireland Group. It was a very intense and interesting trip. Though conflict severity has diminished some, streets and buildings are still lined with barricades and military tanks continue to make their rounds. After visiting there, two American counselors believe that the “Troubles” are the core reason behind the increasing youth suicide rate.

“Great trust was shown to Fred and me as we walked a wide range of government personnel, mental health workers in the trenches and some people from each side of the religious divide,” said Conyne. “This consultation was one of the most challenging ones for me — sometimes frightening, always complex. We had to feel our way as we went.”

The counselors provided their continued on page 22...
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Early in the fall you will receive a copy of the Advance Registration Brochure (ARB) that will provide you with information on the Learning Institutes, Education Sessions, Special Ticketed Events, Housing and Transportation information. You will need to use the form in the Advance Registration Brochure to purchase meal tickets and to register for the Learning Institutes.

There are three ways to register:
1. Register online at www.counseling.org/convention
2. Fax or Mail: You may download the registration form in PDF format and fax to 800-473-2329 or 703-461-9260
3. Over the Phone: Call ACA at 800-347-6647 x222 (M-F, 8:00 a.m. to 7:00 p.m., ET)

Housing Now Open!
$139 Single or Double Occupancy.
Reserve your room now by calling the toll free number: 800-400-1700
Please mention the ACA Annual Convention to get the discounted rate of $139

OMNI Hotel At CNN Center - The luxurious AAA Four-diamond Omni Hotel at CNN Center is located in the heart of downtown within the CNN Center Complex. Situated across from Centennial Olympic Park, connected to Philips Arena and the Georgia World Congress Center, it is the closest hotel to the Georgia Dome. Just 15 minutes from Atlanta Hartsfield International Airport.

About Atlanta, GA- Experience the Big City Southern Hospitality
Experience big city entertainment and southern hospitality when you visit Atlanta! From culture to cuisine, sports and shopping, Atlanta has it all covered. Because of Atlanta's airport and accessible location, 80% of the US population is within a two-hour flight. There are approximately 59 international destinations with direct service from Atlanta. Find out more about the city by visiting Atlanta's website at www.atlanta.net
made my educational experience a bit easier, if only to say I knew it could be done because someone else accomplished it.

You have paved the road for someone else by your mere success in graduating from a counselor education program.

Your presence and successful graduation increases the opportunities for other people whom you may or may not know and many you will never know. We can each share in the joy of counseling graduates regardless of socio-cultural factors and backgrounds.

Each one who comes after you will continue to broaden the highway for future generations of counselors.

The task of encouraging others, representing all areas of diversity, to follow or just apply to counselor education programs falls on each of us, so that the inequalities of the past remain in the past and the future offers more hope for all in need of counseling services.

This requires involvement outside of ourselves in the form of advocacy.

Advocacy

Advocacy for others is important. Many of us would not have reached this milestone had it not been for the advocacy of others. Advocacy occurs on different levels — international, federal, tribal, state, local, familial or one-on-one.

Social justice issues of the past — from the civil rights movement to Stonewall, from Stonewall to Alcatraz, from Alcatraz to Wounded Knee on to Pine Ridge — have led to this day of change. We must continue to advocate for all peoples and stand against instances of power and oppression.

This means personal advocacy to increase the number of counseling graduates, especially culturally diverse counselors from institutions of higher education. This means advocacy for increased numbers of culturally diverse faculty and administrators on our college campuses. To do this we must work together to illuminate the need for change, initiate change in conjunction with others and interact with change to create more opportunities than obstacles for culturally diverse students in the future.

Change can be positive for us and for our descendants. Poet Maya Angelou wrote:

What a wonder!
To think about your life
And have something meaningful to say
About those thoughts.

May these humble words inspire you to be constantly aware of your responsibilities as you enter the counseling profession.

Counselors are advocates for change.

Our anticipation for change must be nurtured.
Our attitudes influence opportunities for others and ourselves.
Our awareness of change must be publicly acknowledged.

I encourage you to sit quietly on a front porch and focus on awareness. Then speak up and declare "Smells like rain" — change is coming.

Tarrell Awe Agathe Portman
is an assistant professor in the Division of Counseling, Rehabilitation and Student Development at the University of Iowa.

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### ACA Products and Services Survey

The American Counseling Association is committed to offering quality products and services that are valued by members. In this brief survey, ACA is asking members to address the value of existing and prospective products and services. Following each question below, please offer your candid response. This information will guide ACA in determining how to allocate resources for membership services in the future.

Members can go to the ACA website (www.counseling.org/survey) and complete this survey electronically. Or you mail or fax it to the address/number listed at the bottom.

Please respond to the following questions:

1. What ACA products and services give you value for your money? Why?

2. What ACA products and services do not give you value for your money? Why?

3. What ACA products and services would give you more value for your money if they were done differently or better? How should ACA improve these products and services?

4. What products and services do you see offered by other professional organizations that you wish were available through ACA?

5. What new products and services would make your ACA membership more valuable or indispensable?

6. Some professional organizations have a "signature product" that is clearly identified with the association and used by the majority of its members. As examples, the American Psychological Association has the DSM and the American Psychological Association has its publication manual (aka APA format). If ACA were to develop a signature product, what would it be?

7. Please indicate the type of setting (e.g., mental health, school, counselor education, etc.) in which you work.

8. Estimate the number of years you have held ACA membership:
   - Less than 1 year
   - 1-3 years
   - 4-6 years
   - 7-9 years
   - 10 + years

9. Do you currently hold a leadership position in ACA? If yes, check below:
   - Governing Council
   - Division/Region
   - Branch
   - Committee

Please provide the following information for purposes of prize notification:

Name:

Telephone:

E-mail address:

Thank you for participating in the survey.

Complete this survey online at www.counseling.org/survey or mail it to:

ACA Survey,
5999 Stevenson Avenue,
Alexandria, VA 22304.
Surveys may also be faxed to: 703/823-0292.
The perfect playroom

Kottman noted that play therapy can be done anywhere with just a few toys or art supplies on hand. “A lot of people I train carry a small suitcase of materials to the client’s home,” she said. She, on the other hand, has a large space for her practice filled with toys, dolls, an art center with a desk, puppets, costumes and a sand tray. “That is the high-end type of playroom. I don’t think that there is an ideal room but, rather, it is whatever the therapist feels comfortable with and that is appropriate for his or her particular setting and client population.”

She describes play therapists as either maximalists or minimalists. The maximalist approach relies more on the client’s creativity and imagination, she said, adding that generic toys are best for play therapy because children may have a difficult time projecting feelings onto a toy with which they are familiar, such as a Barbie doll or Spider Man action figure. “They may have some sort of positive or negative attachment to the toy before coming into the session.”

There are five categories of toys used in the Adlerian approach:

- Nurturing/Family toys — dollhouse, baby dolls, animal families, kitchen appliances, pots and pans — can represent family members.
- Scary toys — large bugs, snakes, monsters, dinosaurs and dragons — can be used to represent abuse, danger or fearful situations.
- Aggressive toys — handcuffs, guns, swords, punching bag — allow the client to symbolically express anger or aggression or to protect himself or herself and explore control issues.
- Expressive toys — art supplies, paints, crayons, glue and clay — give the client an opportunity to be creative, express feelings and have a sense of mastery.
- Pretend/fantasy toys — masks, costumes, hats, wands, jewelry, blocks, puppets and puppet theater — provide the client a chance to “make believe” and act out a variety of roles and situations.

Kottman noted that toys should be returned to their appropriate spot at the end of every session. “The purpose of this is to help establish the playroom as a space where the child can count on routine and structure, a place where things are predictable and consistent.”

Informing the parents

Often, parents have many misconceptions about play therapy. It is up to the counselor to clarify and explain how the process works. “A lot of parents think that their child will come in and talk to you about their problems, or a parent will ask the therapist to talk to the child about his or her behavior yesterday. Their assumption is that counseling children is the same as adults — (e.g.) talk therapy,” she said. “I also have the expectation that the client’s parents or guardians must be active participants in the therapeutic process.”

Kottman does parent consultation in conjunction with play therapy for the child, and she will not take on the child as a client unless the adults also participate. “One of the misconceptions is that I just work with the child, and the child who is the identified patient is the only one who needs to make changes. I disagree with that. I think it’s a collaborative process among the child, the parents and me — all bringing knowledge and information and making changes.”

She believes that the parents have a responsibility to look at their own issues and the roles they may have played in creating or sustaining the problem with their child. “They need to know that they have to work at this too,” she said, adding that parents also must be aware that the play therapist and the child may never actually talk about the issues or problems, but the child will get better. “It’s good for parents to know up front that they shouldn’t ask or encourage their child to talk to the counselor about certain issues. They shouldn’t tell their child, ‘talk to (the therapist) about that’ or ‘ask about that.’ The process will unfold through the therapy.”

Kottman also said it is important to explain to the parents that play therapy is not a quick fix and they must be patient with both the child and the therapist.

Communicating through metaphor

“In play therapy, you always remember what the child does, because that is the most important mode of communication. A lot of times, when the child is playing, he or she is not talking at all. The majority of what goes on in play therapy is metaphoric,” Kottman said. However, that doesn’t mean that every toy chosen or action done by the child is symbolic for something in his or her life. Through time and practice, play therapists hone their intuition and expertise in child behavior to determine what play is metaphoric and what is simply just play.

For example, Kottman said, a child who is witnessing domestic violence may take a small puppet and a much larger puppet and re-enact the violence as he or she interprets the family situation. As the counselor, she can then use that play to help the child express feelings, figure out ways to keep safe in the situation or even help the client from feeling guilty about what is happening — all within the play and never talking directly to the child. By, for instance, introducing another puppet into the scenario, she can speak through the puppet character and delve into what she thinks the child is feeling, or she might use the additional character as someone who can offer help or alternative solutions. “That would be one way to communicate through the metaphor to get at the kinds of things that I want to get out of the clients, without shutting them down by saying, ‘let’s talk about this.’ Many kids are not going to directly talk about their situations.”

Directly asking the child about the situation is what Kottman calls “breaking the metaphor.” She noted that some children are able to go back and forth between the metaphor and their real-life issues, but counselors must allow the child to make that first move.

Kottman said she would like other counselors to see play therapy as a valid approach to positive mental health. “I want other therapists to take play therapy seriously without being seriously about it. It is a legitimate way of working with kids and even adults, and it does work.”

Licensed or certified counselors can apply to become a Registered Play Therapist (RPT) through the Association for Play Therapy. Applicants must have two years (2,000 hours) of clinical experience (one year post-master’s), have provided a minimum of 500 hours of supervised play therapy experience and must document supervision of both general and play therapy clinical experience. For complete supervision requirements, see the APT website at www.apltf.org.

Play therapy survey

Since November, the American Counseling Association and the APT have been working on a joint research project on play therapy. The collaborative effort will examine how professional counselors implement play therapy in their practice and how successful is this type of treatment. Simone Lambert, co-chair of the project and a Licensed Professional Counselor, said they have finished compiling questionnaires for a survey that will be sent out via e-mail to the national group of play therapists. “We are still in the planning stages right now, but during the next few months, we are going to see a lot of momentum in terms of the data collected and evaluated.”
10 ways to increase your marketability

The current economic market has made job hunting a vital set of skills for increasing numbers of people. But even in the best of economic times, it pays to understand what you can do to make yourself more appealing in the marketplace.

Current career trends suggest that an individual will change careers at least seven times during a lifetime. This reality presents us with the opportunity to fulfill several of our aspirations. No longer do we have to choose only one road. Instead, we can pursue a career at least seven times during a lifetime. This reality presents us with the opportunity to fulfill several of our aspirations.

Increasing marketability is a sure way of being more prepared for a career change. The following are 10 strategies for sharpening skills and increasing marketability:

1. Visualize. Sit aside some time to think about where you are in life and where you want to be. Are you happy? What parts of your career excite you, and what frustrates you? Where do you want to be in five years? In 10? Give yourself permission to dream.

2. Take inventory. What activities are you currently doing, both on the job and in your leisure time? What skills do they require? How would you rate your skills? Which ones need improving? How could you sharpen them? Which skills do you enjoy using and which skills do you wish you used more often?

3. Update your resume. Regularly update your resume. Visiting a local career center or scanning current resume books can keep your resume looking polished. You also may want to have resumes that highlight different skills. For example, you might have one specifically for management positions and another for advertising positions. Also, keep hard copies of your resume close at hand and distribute those freely.

4. Attend workshops. Take advantage of workshops offered by your employer. Dare to go to a training that doesn’t “exactly fit” your job. For example, if your job requires computer skills, in addition to computer-related workshops, then consider attending a workshop on leadership. If your organization doesn’t offer workshops, consider taking a course at a local community college.

5. Cross-train. Make your current job more interesting and enhance your skills at the same time by varying your job responsibilities. Continuously hone your skills that are transferable to other positions, corporations and even career fields. Always be quick to volunteer for opportunities to learn different skills.

6. Join committees. Committees are a great way to network and to improve skills. Vary the committees on which you serve. Chair a committee. Choose to be on a committee that will challenge you intellectually, emotionally, skill-wise, etc. In other words, make a decision to grow.

7. Do something different. Been doing the same thing for years? Maybe now is the time for change. Try something you’ve always wanted to do but, for whatever reason, haven’t yet. You’ll learn more about yourself, enhance skills, make contacts and feel alive again.

8. Make a new contact, and strengthen the old. Networking is the main way people get interviews. View every opportunity as a networking one. The goal isn’t to determine, “What can this person do for me?” but, rather, finding out what you and the other person have to offer each other. Form and maintain relationships at work, through your family, in social organizations and in your community. Remember, you will need to nurture relationships through staying in touch with your contacts, sending cards, being alert to interesting articles and creating other “thinking of you” activities.

9. Volunteer. Volunteering can expand your network and enhance skills. It’s also an easy way to try out some of your career aspirations. Considering a career change that will take you out of the corporate world and into the lives of kids? Try volunteering at your local school. There’s no career risk, just a chance to grow, learn about yourself and give back to your community.

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Counseling Today | August 2004

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Counseling Today | August 2004
Counseling clients with hearing loss

Considering that several multicultural counseling experts emphasize that the definition of multicultural counseling needs to be thought of in broad terms, we commend Counseling Today for bringing issues related to clients who are deaf or hard-of-hearing (HOH) to the attention of counselors (See March 2004 issue of CT). The two descriptions of two very different cultures within the deaf community in the article are very useful for counselors to consider.

Individuals who are born deaf have a well-defined culture with which to identify. Persons in this unique cultural group primarily depend on vision and usually prefer American Sign Language as a way to communicate with others. However, unlike their deaf counterparts, hard-of-hearing persons do not have as well a distinguished group with which they can establish such a unique cultural identity. Individuals who are hard-of-hearing rarely become fully integrated into the deaf culture, and they primarily depend on auditory channels of communication. The lack of cultural identity, connection with persons who experience similar challenges and limited means of communicating with other people all contribute to the stressors HOH persons experience in their lives. Counselors need to be knowledgeable of these and other issues HOH individuals face if they are to work effectively, respectfully and ethically with persons in this unique client population.

Increasing numbers of HOH persons; unique challenges they face

Hearing loss is expected to become an increasingly common experience as the number of older adults continues to rise in the United States. Recognizing the increasing number of HOH persons in our society and the need for counselors to become more aware and knowledgeable of the unique needs of persons in this group, we are concerned that issues related to late-deafened clients were only peripherally covered in the article published in the March issue of CT. For instance, it is important for counselors to be aware that many late-deafened clients are estranged from the hearing world to which they once belonged. They are also typically excluded from the deaf community because they are "oral" and lack fluency in American Sign Language.

Given their situation, many HOH persons are unable to communicate as effectively as they did in the past with their families and peers. This communication breakdown often results in decreased socialization and adversely impacts the HOH individual’s sense of self-esteem. HOH persons will then predictably resort to compensation and avoidance strategies as they struggle to cope with daily communication barriers. Being aware of the different needs, coping strategies and strengths that HOH persons bring to counseling are all important considerations that counselors need to be aware of when providing mental health services to individuals in this unique group. The important issue of cultural awareness as it relates to the work counselors do with persons in this group is briefly discussed below.

Counselor awareness

As noted above, one of the key issues counselors need to be aware of regarding HOH persons is that the number of individuals who are experiencing hearing loss is increasing in our society. A second point to keep in mind is that the psychosocial impact of hearing loss varies extensively and is as distinctively different as are HOH individuals themselves. The culturally competent counselor is aware of the within-group differences that characterize HOH persons and avoids generalizing or stereotyping individuals in this group.

Culturally sensitive counselors are aware of the fact that many late-deafened clients are embarrassed by their hearing loss and may attempt to conceal it in counseling situations. Many of these persons may not exercise effective assertiveness skills when they cannot hear what counselors may have said in the hearing counseling relationship. Sometimes they may nod and smile in response to what has been said in counseling rather than asking counselors to repeat themselves.

Culturally competent counselors who work with HOH persons are aware that hearing aids have become superbly smaller. However, these practitioners are equally aware that, with age, individuals' abilities to manually manipulate such small devices can diminish. Miniature hearing aids can also be difficult for many HOH persons to adjust when they are suffering from arthritic conditions in their hands. This can further impede their ability to effectively adjust their hearing aids in various situations, including when they are in counseling.

Most importantly, culturally competent counselors are aware of their own attitudinal biases when it comes to working with HOH persons. With this awareness in mind, they actively seek to increase their knowledge of the unique strengths and needs of persons in this cultural group by seeking publications that expand their thinking in these areas, attending available workshops at counseling conferences and conventions and talking with other persons in the field who are more knowledgeable about HOH clients than the counselors are.

Knowledge

In terms of the second domain of multicultural competence—multicultural knowledge—it is important for counselors to understand that not many late-deafened clients know sign language, nor are they able to lip-read. Too often, family members and friends of HOH clients do not know sign language and have little desire to learn this mode of communication. Although these are common barriers that negatively affect
HOH clients’ ability to communicate with others and their general sense of psychological well-being, these barriers do not justify taking shortcuts in counseling by directing questions and making comments to family members, friends or other caregivers who may accompany HOH clients instead of communicating directly with clients with whom they are working.

An important step in fostering positive counseling outcomes with HOH persons is to address the importance of having these clients use all the resources that are available to them that will increase their ability to effectively communicate with other people with whom they have contact. This includes but is not limited to providing information about community resources that help individuals learn sign language and using assistive listening devices.

Providing such information in a supportive and encouraging manner is important in motivating HOH clients to accept the responsibility to learn new communication strategies that will enable them to load more satisfying and productive lives. To further motivate these individuals to strive to realize new aspects of their own personal empowerment, it is important for counselors to be knowledgeable of other available technologies that might be useful to facilitate the counseling process. This includes being knowledgeable of the various types of environmental modifications that can be used when counseling HOH persons, such as assistive listening devices, oral interpreters, computer-aided real-time translation, video captioning, the latest developments with cochlear implants, and available community resources, including organizations, publications and facilities that are intentionally designed to address the unique needs of HOH persons.

Culturally competent practitioners clearly understand that hearing loss is typically accompanied by an increased sense of social isolation. This common phenomenon can have serious negative implications for the short- and long-term mental health and psychological well-being of many HOH clients. Understanding the importance of dealing with the potential social isolation that these clients predictably experience as a result of losing their hearing capacity, culturally competent counselors make an effort to learn about the various groups that may be available locally to support the needs of HOH persons.

Groups like Self-Help for the Hard-of-Hearing and the Association of Late-Deafened Adults are increasingly becoming available in many communities across the country. These organizations offer many services that can complement and extend the work counselors do with HOH clients in clinical settings. However, before making referrals to these types of groups, counselors must be knowledgeable of the ways in which pertinent socio-cultural characteristics of the clients match the particular group or organization.

In many instances, counselors have simply not received the sort of professional training that enables them to operate from a knowledge base that leads to effective and respectful counseling with HOH clients. Rather than allowing deficiencies in their training to limit their overall effectiveness when working with persons from diverse cultural groups and backgrounds, culturally competent counselors will seek help from other experts who are knowledgeable of the unique strengths and needs of the persons they are counseling. When working with HOH clients, this might involve seeking consultative assistance from a board-certified otolaryngologist who can better help define the challenges and approaches that might be used to promote the dignity and development of HOH clients.

When seeking this sort of consultation, counselors may seek a second opinion if the recommendation to secure a hearing aid for the HOH client is made too quickly. Generally speaking, it is advisable to seek consultation from medical professionals whose specialty includes working with HOH persons, as this may result in safer and less expensive recommendations for hearing aids in comparison to seeking advice from hearing aid vendors who are in the business of selling such devices on a limited-trial basis. Typically, HOH persons need an extended period of time to try out their hearing aids so that they can be sure that the technology matches their specific auditory needs.

Recognizing the need for such individualized attention and experimentation, the Massachusetts Eye and Ear Clinic in Boston offers HOH persons six months to test out their prescribed hearing aids. This is in sharp contrast to the 30-day trial basis that many hearing aid vendors offer clients.

Skills

Many clients who are late-deafened often manifest grief reactions to loss of communication, feelings of social isolation and questions about their personal identity. These clients may be forced to undergo a slow and agonizing process of gradual hearing loss, or the loss may have been sudden, often through reactions to loss of communication. These clients face situations that may be available locally to meet their specific needs. This is in sharp contrast to the 30-day trial basis that many hearing aid vendors offer clients.

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Continued on page 34
assessments and recommendations to Clive Gowdy, permanent secretary of the Department of Health, and Richard Black, CEO of the Trust, shortly after returning to the states.

In their initial letter, Bemak and Conyne stated:

- Youth suicide programs are limited to the many associated issues particular to Northern Ireland that cause the higher rates of youth suicide as compared globally to other counties.
- Prevention programs must have a greater emphasis in funding and delivery. Current programming focuses overwhelmingly on intervention and crises.
- Facilitate inter-agency coordination in programming.
- Develop a protocol for sharing “best practices” that address youth suicide prevention and intervention programs.
- Strengthen university counseling and social work programs linkage with the actual work in the community.
- Expand public awareness campaigns so that there is a continuum of services.

Develop a comprehensive youth mentoring program, with youth and community leaders helping other youth.

- Facilitate more systematic intra-agency dialogue about sectarian issues facing youth, families and communities.
- Facilitate greater cross-community communication between sectarian groups. Youth suicide is a problem common to all groups in Northern Ireland and could be a significant potential bridge for opening up dialogue. It is our strong impression that the intra-sectarian and inter-sectarian conflict has great bearing on the high rates of youth suicide and therefore requires critical attention to the reduction of future youth suicides.

There are a number of crisis intervention programs going on, and there are some excellent programs. On the other hand, our sense was that there needed to be a greater emphasis on prevention in terms of delivery and funding.” Bemak said, adding that they also recommended that a comprehensive mentoring program be established, as well as peer support services.

“A lot of what is going on in terms of Protestant and Catholic relations in Northern Ireland is conflict mediation and conflict resolution, and some of it has taken and some of it hasn’t. Bob and I, both having strong backgrounds in group work, wanted to talk about bringing together the two sectors in some kind of process intervention, where we could begin to open up dialogue rather than only mediate conflict.”

In response, Black provided a reply letter on behalf of the Trust to the counselors that addressed the aforementioned concerns and suggestions. Black gave additional information on the government’s efforts and additional programs to prevent youth suicides. In his letter, he said, “The emphasis that you have placed on prevention programs is certainly in accord with our own thinking. Your report is already influencing our strategy for promotion of the emotional and psychological well-being of our young people.”

However, the entire letter was not so gracious. Black disagreed that the sectarian conflicts are at the root of this problem. He wrote, “You have been forthright in addressing the issue of intra-sectarian and inter-sectarian conflict, and it is only right that I should be just as straightforward in responding. I have some difficulty with what you write. I am not convinced that we can assume only a causal relationship between the conflict and our suicide problem. The experience (that we acquired through) many years has helped us to identify the conflict as a very important part of the context for the suicide problem and many other mental health issues. However, our analysis of the suicides and suicidal behavior suggests that this is a most complex issue and that there are often a whole range of factors involved, including family relationships, unemployment, lack of hope and poor self-esteem.”

Black said that the Trust’s first responsibility is to deliver treatment, care and support within each segregated population. He said the conflict is a factor they have to consider when delivering services, and they address those issues through a range of community development approaches in each community and across communities. This includes interagency initiatives to support displaced families, support for interface projects.

...The Trust is active in all these initiatives, but it is not our remit to lead on the resolution of the conflict, which, as you appreciate, is fundamentally located in the political realm.”

Civilians clashes are happening throughout the world and the problems sparked by these conflicts are the same regardless of where it is taking place.

“It’s relevant — it’s not just Northern Ireland. This is happening in other areas of the world — South Africa, Israel, Palestine — the sense of despair and hopelessness is related,” said Bemak.

For more information on this collaborative suicide prevention project or to view the complete letters, visit www.childrenofireland.us.
Questions without answers

After reading Jeffrey Kottler’s thoughtful column in the May issue of Counseling Today, I e-mailed him a letter, raising questions about the relationship between multiculturalism and values. Dr. Kottler graciously replied, inviting me to expand my letter to fill the column I have enjoyed through the years.

I must warn the reader that this letter contains more questions than answers. Even more disturbing, the questions I raise might not even have answers—at least not in the traditional sense. However, one of the things I enjoy most about counseling is that it is a profession specializing in the art of asking questions. Take away questions, and we counselors are dead in the water. In fact, questioning is the way we invite self-reflection on the part of our clients, and questioning makes it more difficult for us to impose our own worldviews on those who seek our help. This is not really a digression, because the imposition of worldviews is the topic of my letter.

Dear Dr. Kottler:

I read with interest your piece in Counseling Today about multiculturalism in counseling. In the example of a woman with the arranged marriage—you touched on an ethical and cultural issue with which I have struggled for many years.

I work at a university counseling center. One of the aspects of the job I love most is the opportunity to work with students from a wide range of cultural backgrounds. The struggle to which I refer involves gray areas in which respect for culture collides or simply bumps up against values usually involving human rights—that I hold dear (which, I might add, others might not hold to be so).

For example, I did some research a few years ago in which I administered a childhood abuse and neglect measure to college students. Without fail, after each test administration, several students approached me to say, “In my culture, hitting your child with a rod or a stick is acceptable discipline.” If it leaves a mark or a bruise.

How should I answer these types of questions on your test?” At first, the answer seemed obvious. This is the custom of their culture (and used to be a custom of ours, without question). We do not have the right to label an acceptable childrearing practice as abusive from the perspective of our Western value system. But I was troubled by my own thinking. If this is an acceptable childrearing practice, then why did we pass laws in our country forbidding it? Why are we constrained to report cases involving such practices to the appropriate authorities? Is it absolutely wrong, or only relatively wrong? Can something be relatively wrong?

Here is another example. I read some comments from women in Afghanistan after the fall of the Taliban. They said they tried for years to enlist the help of Western relief organizations in their struggle for basic human rights, to no avail. Some bitterness, they said it took Sept. 11, 2001, and a hefty dose of self-interest, to bring about the rights they so desperately sought—education, employment, property ownership, legal representation. Should the rest of the world have intervened sooner to challenge the cultural practices that resulted in their oppression? In Afghanistan, the oppression of women was institutionalized by a minority group of religious fanatics, but what if it were a mainstream religious group, supported by the majority of the population? Is there a continuum of concern, so that intervention would be required if Afghan women were being stoned to death, but not if they were deprived of education or property ownership? Are these fundamental human rights or just nice ideas? My right to pursue an education seems fundamental to my lifestyle and livelihood, but I can envision a society in which this would not be the case. Who decides?

All of the above would be only an interesting exercise for me if these questions did not touch down in my professional life, but they do. In a sense, counseling is a cross-cultural experience. Every human being who comes into my office represents a unique subsociety that is similar to and different from my own. Sometimes there are more similarities than differences, but often the reverse is true. In your column, you cited the case of a woman in an arranged marriage, who sought to improve her relationship with her husband. In this case, she was neither questioning the foundation of the marriage nor expressing a desire to leave it. But what if both partners were in counseling, and the husband wished to arrange a marriage for their daughter, while the wife no longer agreed with this custom?

As counselors, how objective can we be when we are asked to facilitate a couple’s discussion about our cultural buttons? It is easy to say: “Follow the lead of the client,” but questions often follow and lead at the same time. Otherwise we would be like automatons, bringing no part of ourselves into the counseling dialogue. Let’s play out the counseling scenario I outlined above, with a couple of possible counselor responses.

Wife (to husband): “Darla should be allowed to choose her own husband. She does not love the man you have chosen for her. He is 10 years older, and he is fat!”

Husband (to counselor): “Please explain to my wife that this is not negotiable. The decision has been made. She needs to stop putting ideas into the head of our daughter. She is creating problems in the family.”

Counselor response No. 1 (to husband): “How do you think it might affect the family if your daughter refused to marry the man you have chosen for her?”

Counselor response No. 2 (to wife): “Your husband says this is non-negotiable. How are decisions like this usually made in your family?”

Clearly the two counselor responses above will take this couple’s discussion in different directions. In the first instance, the counselor is asking the husband to examine his assumption that the wife’s behavior—rather than either the conflict at hand or the husband’s unilateral style of decision-making—is creating family turmoil. In the second response, the counselor is asking the wife to examine (and in effect reject) the husband’s behavior. The choice about which question to ask is also subjective. By choosing to question one part of the client’s experience, and not another, we direct the dialogue in a particular direction—our chosen direction. Here is another example—one that hits closer to home for me.

I have done quite a bit of research about self-injury. Through my research and clinical practice, I have come to the conclusion that self-injury (e.g., self-cutting, burning) is usually a form of affect regulation. It calms people down. It is not primarily self-destructive, although it certainly involves destroying body tissue, and it is a self-directed communicative response, who can ask someone who is self-cutting, not because they are concerned about their self-injurious behaviors, but because their behaviors have what I call unpleasant side effects—the actions are upsetting to family or faculty members. Usually, I am able to work with the client toward eliminating self-injury as a self-defeating behavior. However, I am aware that somehow, one of my clients will probably ask me to help her. How do the self-injured become more subtle or ingenuous about self-injury, so that its unpleasant social ramifications are minimized or avoided. How would I answer this request? It is, after all, legitimate to ask for help in making behavioral changes to avoid negative social consequences.

If I am honest with the client—and with myself—I have to admit that I do not believe self-injury is a healthy way to manage negative emotional states. “Ah!” says the bright and perceptive college student. “You are not truly objective about this behavior!” This is true. Not only am I not truly objective, but I also cannot in good conscience tell someone who is self-injurious to stop, and then not be there to help her. The truth is, when we assume that all values are relative and that all counseling is subjective, we back ourselves into a corner. There are certain values we hold dear, if not universal, whether we acknowledge them or not. Otherwise, we would not feel tugged to confront some attitudes or behaviors in counseling, while ignoring others. We would not report child abuse, attempt to prevent suicide or prevent that our clients speak respectfully to one another. The post-modernist might suggest shared values are simply that—shared—hence void of any inherent worth. I would argue that simply sharing a set of values does not always make them worthy.

Slavery was abolished in this country, not because a majority of the population no longer valued it but because enough people began to believe it was morally wrong to treat other human beings as possessions. But for the moment, I am suggesting that freedom is a universal value, regardless of whether one person or a million people hold it dear. This brings me full circle to the example you gave in your article, Dr. Kottler. If the woman in your example wanted to choose her mate, purchase property or practice birth control, how would we determine whether the choice was truly objective? Or would you feel “tugged” to support her, prod by a value system that views freedom and self-determination as somehow fundamental? If you did feel this tug, would you tell her so, or would you simply ask a question?

Editor’s note: Are you a counselor who is “Finding Your Way”? Column editor Jeffrey Kottler is looking for new submissions from counselors who are willing to share their personal stories and struggles and practitioners. Articles must be written in a personal style, telling the stories of “finding your way” and sharing them or your experience. E-mail submissions and inquiries to Kottler at jkottler@fullerton.edu.

John S. Kimball is a counselor at the University of Washington’s Counseling Center in Seattle, Wash.
become assertive in culturally appropriate ways when dealing with people who have difficulty understanding you. Speaking to him or her, and trying another way of stating a phrase if the client appears to have difficulty understanding what the counselor said.

The skilled counselor who is called upon to work with HOH persons strives to assist these clients in learning new empowerment strategies that are useful when dealing with people who are not sensitive to their unique needs or respectful of their personal strengths. This can be accomplished by providing assertiveness training services in counseling so that HOH clients can acquire the ability to become assertive in culturally appropriate ways when the situations call for such action.

Culturally competent counselors will demonstrate this kind of assertiveness themselves within counseling sessions by asking HOH clients to paraprase or summarize key points that they made in their meetings. These are important considerations to keep in mind when working with HOH clients. You may notice that, in asking HOH clients to acquire the skills of paraphrasing and summarizing, they are doing the same thing that counselors are expected to do in the early stage of their own professional training.

Culturally competent counselors go beyond providing individual and family counseling services to HOH clients. In doing so, they implement numerous client advocacy services that are aimed at promoting a greater level of social justice by helping to ameliorate some of the forms of discrimination and injustice that HOH persons routinely experience in their lives. Some of the practical ways in which this can be done is by advocating on behalf of their HOH and late-deafened clients by encouraging community organizations and churches where these persons are members to provide hearing amplification systems at events that are sponsored at their facilities.

Culturally competent and social justice-minded counselors take steps to prevent and minimize a client's discomfort caused by his or her hearing loss. They do so by speaking up against noise levels that are created in various ways by other people and lobbying for support to have hearing protection equipment made more widely available for workers in extremely noisy situations.

Finally, when making presentations in front of an audience, culturally skilled counselors use a microphone. They do not say, "You can hear me, can't you?" or "I hate microphones." This is a poor selection of words to use in situations as, there may be someone in the audience who needs the presenter to speak up and use the amplifying system in ways that demonstrate his or her level of comfort and willingness to respectfully meet the needs of HOH individuals. From an organizational perspective, it would be helpful if the American Counseling Association would include a statement in the organization's annual call for program proposals that explicitly states the importance of having presenters speak up and use the available microphones in all programs as a courtesy, particularly to any HOH or late-deafened persons who may be attending future ACA conventions.

In closing, we hope that this month's column has stimulated your thinking about various issues that need to be considered when working with HOH persons. By addressing these issues individually and collectively with the support of our national counseling organization, we can do much to promote the dignity and development of persons in yet another diverse cultural group in our society.

Brenda Cartwright (beccart@hawaii.edu) is an assistant professor in the Department of Counselor Education at the University of Hawaii, Allen Ivey is a distinguished university professor (emeriti) at the University of Massachusetts-Amherst.
Association for Assessment in Counseling and Education (AACE)

David Lundberg, President

For nearly 40 years, AACE has contributed a crucial element that spans all aspects of the counseling profession. Today, as much as ever, assessment is a key focal point binding us together.

How human beings can prosper in a world of technology and rapid change is the issue today. How AACE can contribute most relevantly is our challenge. During the past few years, our division has changed in a way that counselors often encourage their clients to change. We have become less dependent on our parent organizations. It is apparent that this evolution and maturation will continue.

Our Executive Council provides a multi-year leadership continuum, and as we move into the next year, certain evolving goals are essential and clear.

- **Professional Development** - AACE held its first "stand-alone" national conference last year in Baltimore, Md. It was a service and financial success. This year's conference will be held in Charleston, S.C., on Nov. 11-12. Please be sure to visit our website (http://aace.ncat.edu) for updates on conference details.
- **Publications** - Our publications, in particular our assessment monographs, are being used more and more. They are a service and financial success. Our two recent monographs, "Standards for Educational and Psychological Testing - What Counselors Need To Know" and "Parents' Survival Guide to School Testing," are increasingly used by counselor educators as essential elements in their curricula. These documents represent a unique bargain. Ordering details are on the Resources page of our website.
- ** Civility** - The crucial element that has motivated me, and many others, to continue with AACET throughout the years has been the opportunity to professionally collaborate with wonderful human beings. This has been a thrill, and in the end, it is what makes service inspiring and ultimate financial success worthwhile.

Association for Adult Development and Aging (AADA)

Donna Ford, President

I am looking forward to serving the members of AADA as your president for 2004-05.

My goals include the following:

- Provide ongoing support and service for the AADA board and AADA membership.
- Update and improve the AADA newsletter.
- Enhance the AADA website, to include more resources and references for our members.
- Serve as an advocate for AADA and monitor public policy.
- Provide outreach and development of AADA branch divisions.

I would like to hear from members who have ideas, suggestions and recommendations for the ongoing improvement of services to members. Please feel free to send an e-mail to me at dmn.ford@concast.net.

Association for Creativity in Counseling (ACC)

Thelma Dufy, President

The Association for Creativity in Counseling was granted status as an organizational affiliate last April. A primary goal of this association is to create an inclusive forum for counselors, counselor educators, creative arts therapists and counselors in training to explore unique and diverse approaches to counseling. A natural byproduct of this goal is that we, as counselors, would also acknowledge and appreciate our own diverse and creative expressions to deepen our own self-understanding and to form more authentic interpersonal connections.

An immediate goal of my presidency is to create a smooth launch for our organization by working with the American Counseling Association staff to provide easy access for ACC members to receive ACC-related news. Relative to this goal will be creating user-friendly communication and Internet access so members can join, support and participate in ACC activities. ACC will develop a website to include information on various issues and trends in the counseling professions. This website will be a forum for members to share ideas on current issues and trends. ACC members will be encouraged to contribute to this website by submitting articles on current issues and trends. ACC will also provide a newsletter to members to keep them informed of current issues and trends.

American College Counseling Association (ACCA)

Mark S. Freeman, President

One part of our vision for ACCA involves increasing our writing and interviews throughout our leadership and membership of college counseling. We are visible on the radar screen nationally with the media, parents, students, faculty and our government. This spotlight affords us the unique opportunity to make a difference in our collective voices. More importantly, we must speak as a membership with one voice - in supporting college students on campus by providing quality college counseling services. Promoting ourselves as an essential service on campus is key to our future. Nationally, we will be extending the number of our publications.

We need to work more effectively pooling our collective resources, which are scattered around the field of college counseling in various national organizations. I plan to build better liaison relationships with other organizations that support college counseling. To do so, we may achieve one voice heard in the community and political arena that promotes the importance of college counseling.

ACCA will develop relevant online courses for college counselors at low cost. The content of these courses will include our most effective national presenters on the topics most requested by our members. We will begin with two three-credit courses.

We will co-sponsor with a region or state training centers and professional colleges of faculty and educators, for the most effective national presenters on the topics most requested by our members. We will begin with two three-credit courses.

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inviting and retaining underrepresented groups into the profession, and contributing to a spirit of community devoted to a better world. My goals center on strengthening the stability, visibility, visibility and capability of ACES in order to support the invigorating work of the association members.

Association for Gay, Lesbian and Bisexual Issues in Counseling (AGLBIC)

Ned Farley, President

I want to thank you all for supporting the board in having me "recycle" into leadership again. It has been a busy time for AGLBIC, and under the leadership of Colleen Connolly, with whom I feel privileged to have worked so closely for the past two years, AGLBIC has continued to move toward stabilization in the midst of declining membership across ACA and its divisions. In terms of this next year, we want to work toward new opportunities to serve this organization for a second time, to focus on "staying the course." I laid out some ambitious goals for my first term as president (2002-03); I now want to work at continuing to make them unfold. I believe that because we as a board made a commitment to a five-year plan, we shall succeed. I feel that we have shown some successes in increasing the diversity of our membership, have more voices of our members of color, and have instituted a successful search for a diversity consultant from within our ranks to work with us to further our goals in this area. In addition, we have re-constituted our committees to be more active and to include more member volunteers. I look forward to working with such a wonderful board. So, thank you in advance to Colleen Connolly (past-president), Joy Whitman (president-elect), Melissa Lidderdale, Reggie Tucker, Ed Wierzulis (trustees), Colleen Logan (Governing Council representative), Susan Seem (CACREP representative), and our new Diversity Consultant Annamalaa Singh. Finally, our contract with Haworth Press is signed, and our first edition is currently slated for July 2005. I will commit our Executive Council to be more active and to include more members of color in order to provide support and encouragement for my work.

2004/2005 Division/Region Goals

Association for Multicultural Counseling and Development (AMCD)

Wyatt D. Kirk, President-Elect

My presidential theme will be "Counseling: Community Involvement in the 21st Century and Beyond." Community means that we will develop partnerships and work collectively across all divisions, thereby bringing together values from a worldview perspective. Nationally and internationally, we must broaden our focus of ethnicities, culture, language, gender, religion and socio-economic status. In addition to individual and group approaches, we must become more involved in addressing the community because many of our problems are systematic in nature. We need new paradigms/models to match our knowledge skills to build better communities by working toward a common goal in the 21st century.

Our profession must be in close contact with the forefront of change nationally and globally. This kind of thrust will keep us on the cutting edge of advocacy and growth in the 21st century. My goals are threefold: collaboration, connectedness (linkages) and communalities/cohesiveness. Other issues of importance would be to redefine multiculturalism in terms of counseling competencies, ideologically and politically, given the multicultural shift and conservative mood in America today. I will support accountability, fiscal responsibility and creative use of the association's resources. The issues mentioned are not mutually exclusive and may overlap.

We have the resources to be proactive so that neither counselors nor the public we serve will be at risk. As president, I will work diligently with AMCD in support of communities, divisions, regions and branches, as well as our membership to facilitate implementation of my goals. Finally, my agenda as a leader will be to find a common vision that is the authentic commitment to a long-term involvement. "Together we stand, apart we fall." I believe that because we as a board made a commitment to a five-year plan, we shall succeed. I feel that we have shown some successes in increasing the diversity of our membership, have more voices of our members of color, and have instituted a successful search for a diversity consultant from within our ranks to work with us to further our goals in this area. In addition, we have re-constituted our committees to be more active and to include more member volunteers. I look forward to working with such a wonderful board. So, thank you in advance to Colleen Connolly (past-president), Joy Whitman (president-elect), Melissa Lidderdale, Reggie Tucker, Ed Wierzulis (trustees), Colleen Logan (Governing Council representative), Susan Seem (CACREP representative), and our new Diversity Consultant Annamalaa Singh. Finally, our contract with Haworth Press is signed, and our first edition is currently slated for July 2005. I will commit our Executive Council to be more active and to include more members of color in order to provide support and encouragement for my work.

American School Counselor Association (ASCA)

Judy Bowers, President

As president, I will implement ASCA's mission to represent professional school counselors and promote professionalism and ethical practices. I will look at two of our goals and update members on how ASCA is working to provide direction and consistency for all educators to model as together we advocate for all students.

1. The goal of providing timely, relevant information to enhance the skills of school counselors is realized in the success of the February 2004 release of "The ASCA National Model: A Framework for School Counseling Programs." A successful reception from practicing school counselors, college educators and school counseling supporters is evident in the sale of 17,000 books. A companion workbook was released in June 2004 to use in developing school counseling models and is receiving similar success.

2. ASCA's goal of initiating and supporting relevant research and evaluation is evident in the establishment of a National School Counseling Research Center. A collaboration of counseling groups has been working for a year to bring the center to reality, and it was officially launched at ASCA's 2004 Annual Conference.

3. As president, I will be involved in carrying out these as well as the other goals. ASCA's theme of "One Vision, One Voice" will be realized as we collaborate with other divisions to achieve the academic success of all students.

Executive Council is prepared to implement strategic plan directed toward that goal, and all members are encouraged to participate.

Association for Spiritual, Ethical and Religious Values in Counseling (ASERVIC)

Tracey Robert, President

I am deeply honored and excited to assume the office of president of ASERVIC, an organization that has been an important part of my professional and personal development. I have been privileged to work with the association for more than 10 years and to be a part of an effective, collaborative and "spirited" group of colleagues. ASERVIC leadership has provided support and encouragement for my research interests in work and spirituality, and I'm blessed to have the opportunity to work with the board.

Making meaning of our lives has become even more important for many of us in our profession and those we serve. Many of us have struggled to integrate spirituality, ethics and values in our counseling. ASERVIC has offered inspiration, leadership and strategic support for the counseling profession through the Code of Leadership developed for ACA, the "Summit on Spirituality"; its continued commitment to education and training in spirituality at the annual conferences; and its journal, Counseling and Values, and Interaction, the association's newsletter. My goals and objectives for 2004-05 are as follows:

1. Continuing the legacy of infusing the importance of spiritual, ethical and religious values in counseling is part of my mission. ASERVIC is a rich resource for the sharing of research and literature in the area of counseling and spirituality. The interest and need for information and expertise in the spiritual domain is growing, and ASERVIC's mission is dedicated to scholarship and leadership for our profession and our personal growth.

2. Encouraging ASERVIC's membership to contribute to the literature on spirituality and counseling through presentations and publications at ACA.

3. Continuing the service-based leadership that ASERVIC has championed and to remain open to the needs of our membership and offer them the opportunity to explore and develop the spiritual, ethical and religious value domains in their practice and their lives by supporting new charters and existing state divisions.

4. Increasing our outreach efforts through expansion of our website, www.aservic.org. We will be adding links and resources throughout the year.

5. Providing resources for speakers by recruiting our Speakers' Bureau as a service to members.

6. Supporting our membership committee in enhancing communication to retain and recruit new members.
Supporting the journal and newsletter teams to continue to provide excellent professional resources for our members.

I look forward to an exciting, creative year!

Association for Specialists in Group Work (ASGW)
James P. Trotzer, President

Professional development will be the theme of my tenure as president. The purpose of my leadership will be to build member-ship quantitatively and qualitatively as a means of promoting and expanding the field of professional group work. To that end, the goals of ASGW are to:

1. Develop our website (www.asgw.org) as the hub of ASGW’s communication wheel. The website will serve as the primary means of dispensing information, marketing, and creating links to branches and regions and will have a fully operational members only site that will provide access to The Group Worker, The Journal for Specialists in Group Work and back issues of the “Group Work Practice Ideas” column.

2. Enhance professional development of members and group workers via grass-roots efforts to provide group training workshops sponsored by ASGW state and regional branches featuring ASGW expert presenters, and Advanced Group Work Training Institutes sponsored jointly by ASGW and geographically dispersed universities offering graduate credit and CEUs in accord with an umbrella curricula emanating from ASGW Professional Standards, Best Practices and Diversity Principles.

3. Expand membership by incorporating ASGW membership into the registration fees of local group conferences and Advanced Group Work Training Institutes presented as an option to non-members.

4. Provide fiscal incentives in the form of research grants to promote group research and start up grants to branches to host local group training workshops.

5. Engage in joint venture professional development initiatives with other ACA divisions combining ASGW group work expertise and resources with the resources, interests, and expertise (e.g. addictions, mental health, schools, etc.) of the division to generate workshops, publications and training programs.

6. Develop the international orientation of ASGW by expanding the network of international members and exploring the potential for international group work conferences hosted by countries other than the United States.

ASGW is committed to sharing its resources with other divisions and welcomes the opportunity to assist in formulating tailor made group workshops, designing and implementing emerging leader programs, and providing process observation to executive leadership teams. Contact me, and let’s see what we can do together. (jrotzer@yahoo.com)

Counseling Association for Humanistic Education and Development (C-AHEAD)
Nancy G. Woodward, President

The Counseling Association for Humanistic Education and Development is one of the founding divisions of the American Counseling Association. My goal is as president of C-AHEAD is to promote humanistic principles at the annual ACA Convention through the C-AHEAD Wellness Center and the Empty Plate Project.

The Wellness Center features five programs that are experiential and focus on topics such as spiritual awareness, holistic healing and self-care. The Empty Plate Project raises funds at the convention to donate to a local charity that provides food or shelter to individuals in need.

C-AHEAD’s Journal of Humanistic Counseling, Education, and Development, edited by Mark Scholl, is one of the most prestigious journals in the counseling field. Support for the publication of the journal is an important aspect of my leadership role. This publication offers the most recent information about the human experience as it relates to the counseling profession.

C-AHEAD’s newsletter, InfoChange, provides members with opportunities to share ideas and stay current with the activities of other ACA/C-AHEAD members through interviews, book reviews, and commentaries. My goal for the newsletter is to explore alternative ways to provide this information to members either through an electronic newsletter or a format that allows more frequent communication to members.

C-AHEAD is facing several momentous changes in our membership and organizational activities. My challenge as president is to lead us through this process of change and new direction.

Counselors for Social Justice (CSJ)
Sandra L. Lopez-Baez, President

CSJ is composed of more than 550 professional counselors, counselor educators and students in the United States and abroad. We are working towards greater equity and social justice within all systems. Members of our division share convictions stemming from a sense of responsibility to work toward systemic changes that improve the quality of life of all individuals.

Consonant with our mission of “changing systems one at a time,” my work this year will build upon the legacy of my predecessors. Our goals center around the following themes:

- Establishing cooperative links with educational and corporate systems, both statewide and national, to foster equity and social justice within their practices.

- Supporting the disseminating of ACA’s advocacy competencies as a means of educating counselors on how to “neutralize” injustices.

- Challenging the “profit motive” within healthcare and promoting health benefits for all.

- Continue the work of closing the existing achievement and opportunity gaps in our public schools.

Specific goals include but are not limited to:

1. Producing an e-journal with articles that address issues related to social justice, equity and advocacy.

2. Establishing contact with educational groups (schools and universities) as well as corporate entities whose influence (financial, political or otherwise) can bring greater equity and social justice.

3. Designing ways of disseminating the advocacy competencies within the context of counselors working towards greater equity and social justice.

4. Developing a network and cooperative agreements with other professional groups interested in social justice both stateside and abroad.

5. Nurturing existing e-groups and developing new ones to address issues related to these goals.

6. Empowering graduate student members to develop ways of promoting equity and social justice through our mentoring program.

7. Working with other ACA divisions and regional groups who share our “passion” for issues of equity and social justice.

International Association of Addictions and Offender Counselors (IAAOC)
Kelly Burch-Ragan, President

IAAOC’s leadership history is strong, effectively creating a foundation supporting professionals dedicated to improving the lives of persons exhibiting offender and/or addictive behaviors. During my presidency, I will place a premium on celebrating the excellence that past leaders have nurtured through reflection, planning and promoting our members’ needs in a dynamic society. Toward that end, the following goals will allow IAAOC to meet present challenges and create future opportunities:

- Encourage and support members’ voices through communication (e.g., website and online surveys); consistent interaction among leaders will be pursued actively, and the “Critical Incidents in Addiction” book will be published.

- Implement IAAOC’s interactive website, providing a primary resource for disseminating cutting-edge information, connecting members through a members-only forum, and providing an online newsletter and a vehicle for online journal submissions. Support for IAAOC committees, resourceful links, marketing, e-mail communication and legislative opportunities will be provided. This represents an inkling of the website’s fluidity.

- Continue building on past ACA/IAAOC convention activities while adding new opportunities like the “Carousel of Best Practices,” which will feature graduate students’ creative efforts.

- Collaborate with other divisions to develop training programs and expertise enhancing the specialized work of not only counselors and offender counselors, but also the counseling profession.

- Expand our international focus.

- Maintain a fiscally sound division while creating initiatives supporting grant activities.

My primary goal is to learn from our past successes and struggles while considering new and effective means to meet a rapidly changing society’s needs. Through collaborative leadership and member interaction, growth-oriented plans will be developed and implemented. Thereby, IAAOC can successfully meet future challenges while providing opportunities for members to have an active voice, engage in creative activities, expand knowledge and provide optimum service to our division, profession, state, nation and clients whom we passionately serve.

International Association of Marriage and Family Counselors (IAMFIC)
Lynn Miller, President

As a founding board member of IAMFIC when we were organized in 1988 from an organizational affiliate to division status in 1989 (becoming the fastest-growing professional association in the behavioral sciences in the early 1990s), I feel I am in a unique position to capitalize on previous leadership direction.
Skilled professionals have led IAMFPC for the past 14 years to a place of prominence in the counseling and helping field. Now perhaps more than ever, with strong leadership, IAMFPC can help professionals make a difference in the lives of their clients. Many initiatives have already begun. I would like to integrate these into solid, practical activities to benefit our members and the public who is served by family counselors.

My new direction would focus toward empirically validated interventions. In order to remain competitive in the marketplace, and to practice ethically, our members need education, training and support for using evidence-based approaches with their families. This demand by consumers is well-documented and highly warranted. Family counselors need to provide proof of efficacy in services to an increasingly educated public. Our training and expertise differentiate us, and we need to continue to exact leadership.

The National Career Development Association (NCDA)
Janet G. Lenz, President

The National Career Development Association is looking forward to an exciting and productive year in 2004-05 that will build on the many successful events and activities of 2003-04, with an eye to the future focused on some new projects and strategic goals. In my role as NCDA president, I am supported by a committed group of board members and an excellent headquarters staff. My goals for the 2004-05 year include:

1. Using data gathered at the 2004 national meeting, continue to study alternative structures for NCDA board and committee functions that will better meet the needs of members from a variety of settings as well as enhance the growth and development of the association.
2. Recruit and appoint a new editor for the Career Development Quarterly.
3. Pursue funds to conduct a fifth national survey on the career development experiences of American workers.
4. Oversee the redesign of the NCDA website to expand career development resources and information delivered electronically to members and the broader public.
6. Pursue opportunities for collaboration with related professional organizations through sharing of resources, event promotion, professional development and conference activities.
7. Increase member access to information on opportunities for participation in NCDA committees.
8. Provide ongoing support for NCDA’s "Each One Reach One Campaign," launched in 2003-04 as a membership recruitment and development activity.
9. Build on the activities of the Graduate Student Outreach Task Force to further increase graduate student involvement in the association.
10. Provide leadership and support with respect to the revision of selected NCDA standards and ethical statements.

National Employment Counseling Association (NECA)
Cheri Butler, President

The National Employment Counseling Association is dedicated to assisting its members to help people prepare for, enter, understand and progress in the world of work. Its members come from a variety of settings including schools, colleges and universities, one-stop centers, family life centers for the military, government agencies and private practice. My mission as president of NECA for 2004-05 is to continue the work of my predecessors through advocacy, establishing and maintaining standards and guidelines, showcasing best practices, offering educational opportunities and networking. We will hold our annual workshop on April 6 and 7, 2005, in Atlanta just prior to the annual ACA Convention.

Next year’s NECA workshop title is “Employment Counseling: Facing the Challenges of Work in the Global Economy.” A broad range of perspectives will be offered including non-custodial parents’ challenges for work, dealing with returning heroes, and job practices presented by a panel of experts that will share their stories and answer questions.

We will continue to publish an award-winning journal highlighting the work of professionals in the employment field. We publish an informational newsletter that offers up-to-date and practical tips for our members. We continue to maintain a professional presence on the Web and continue to sponsor other professional development training including the “Train-the-Trainer” program for the Working Ahead Global Career Development Facilitator credential, the “Real Game” career management series and the new Distance Career Counseling certification.

We will continue to explore ways to attract and retain quality members through identifying and addressing the changing needs of our constituency. We have brought together a team of dedicated professionals that will strive to offer valuable information and support to our members as leaders of NECA. Contact me at cherib@uta.edu with questions or comments. The NECA website is www.employmentcounseling.org.

Western Region
Joseph D. Rees, Chair

Goal: To fulfill the duties and responsibilities to the American Counseling Association and the branches of the Western Region of ACA.

Action Plan:
- Meet the deadlines for reports and correspondence from and to ACA.
- Attend and actively participate in the meetings of the Council of Presidents and Regional Chairs.
- Respond to the branches in the Western Region and ACA as the needs arise.

Evaluation:
- Were all reports submitted on time?
- Was all correspondence responded to in a timely and professional manner?
- Were the Chair and Chair-elect in attendance at the appropriate meetings?
- Did Western Region Branches and ACA receive responses to requests?

Goal: To provide leadership development for state branch officers in the ACA Western Region.

Action Plan:
- Identify the leadership needs of branches.
- Work with the on-site coordinator and other volunteers to plan and implement a successful fall leadership conference to respond to branch needs.
- Provide assistance to branches requesting further assistance in leadership development.

Evaluation:
- Was there a process for branches to identify and inform the Western Region of their leadership needs?
- Do post-conference evaluations report a successful conference?
- Is there evidence that the Western Region responded to further requests for leadership development?

Goal: To focus on the development of struggling branches and increase membership in all the branches of the ACA Western Region.

Action Plan:
- Develop a conference with membership development as a main focus.
- Assist all Western Region branches, but especially struggling branches, with membership development.

Evaluation:
- Has membership increased in the Western Region?
- Were struggling branches strengthened and developed?

Editor's note: Counseling Today has edited only for style and grammar.
Join EB-ACA in Germany for 2004 Annual Conference
Submitted by Rebecca Brickwede

The European Branch of the American Counseling Association would like to announce its Annual Conference, to be held in Germany on Oct. 28-31. This year's theme is "The Professional Counselor: Integrating Practice & Science With Client Advocacy.\" We are pleased to welcome ACA Executive Director Richard Yep as the keynote speaker for our evening banquet.

The conference will be held in the south of Germany in Sonthofen, in the beautiful Allgauern Stern Hotel. Situated approximately 400 feet above sea level, the Allgauern Stern Hotel has a breathtaking panoramic view of the Oberstdorfer and Ostrachtauer mountains. Conference attendees will receive a full-board conference price for their hotel stay, so be sure to mention EB-ACA to get your discount when making reservations. Additional information about the Allgauern Stern Hotel, Sonthofen, Germany, can be found at www.allgaeuern.de.

The 2004 EB-ACA Annual Conference will provide a wide variety of two-hour mini sessions on Oct. 28-29, followed by two-day Learning Institutes on Oct. 30-31. A full list of the mini sessions will be posted on the EB-ACA website.

Mark E. Young will present a Learning Institute on "Brief Couples Counseling," teaching counselors to work with couples using the integrative model. Each participant will receive the Certificate in Brief Couples Counseling from the Couples Counseling Institute.

Lary Ashley will present a Learning Institute on "Trauma and Substance Abuse," clarifying the many ways that substance abuse and personal trauma affect each other, with emphasis placed on identifying signs and symptoms. Ashley will discuss the diagnostic criteria for various trauma categories and appropriate treatment approaches.

Ja'Nitta Marbury and Sherlon Pacq-Brown will present a Learning Institute on "Biracial Identity: A Counselor's Guide to Working With Biracial Populations," providing insight into the racial identity development and socialization process of Biracial populations, as well as a framework and foundation for counselors to aid in engaging and helping them resolve and integrate both racial facets of their identity.

EB-ACA is dedicated to the support of counselors living and working in Europe. One of our main functions is to provide opportunities for continuing education in Europe. We invite you to join us at our Annual Conference or any of the Learning Institutes we provide throughout the year. The constantly updated website provides ample information about ongoing training opportunities. The Neues Perspektiven, our ACA award-winning newsletter, is also available online. Additional information about the upcoming conference can be found at the EB-ACA's website www.online-infos.de/eb-aca/main.htm.

If you have any questions about the Annual Conference, or EB-ACA in general, please contact President-Elect Laura Cobb at laura.cobb@us.army.mil.

NECA reaches out to California community
Submitted by Cherri Butler

On June 29, members of the National Employment Counseling Association, the National Career Development Association, and the California Career Development Association came together for a community outreach program in conjunction with NCDA's annual conference. Three workshops highlighted successful job search techniques were presented by Judy Hoppin of NCDA, Sandy Gelardin of CCDA, and NECA's new President Cherri Butler. NECA and NCDA plan to collaborate on several programs in the next year.

NECA's annual workshop will be held on April 6 and 7, 2005, in Atlanta, just prior to the ACA convention. The theme will be "Employment Counseling: Facing the Challenges of Work in the Global Economy." Contact Cherri Butler at cherib@uta.edu for information or to submit a proposal.

International Association for Counselling convenes in Jamaica
Submitted by Courland Lee
clee@umud.edu

The International Association for Counselling held its annual conference outside of Ocho Rios, Jamaica, from April 24 to 27. The theme of the conference was "Coping Boundaries in Counselling: Global Issues - Local Context." The purpose of the conference was to present ideas for international collaboration among counselors and related professionals to address contemporary global cultural, economic and social challenges. This conference helped participants to think globally about systemic challenges to human development and then proceed to act locally to eradicate these problems.

The conference drew delegates from approximately 30 countries, including a large number of American Counseling Association members from the United States. As part of the conference proceedings, elections were held for IAC officers and executive council members. Two IAC members were elected to leadership positions within IAC. Courtland Lee, a past ACA president, was elected President-Elect of the association. In addition, Rita Chai-Ying Cheung, a past chair of the ACA International Committee, was elected to the IAC Executive Council.

Plans are underway for the 2005 IAC conference that will be held in Buenos Aires, Argentina. In the coming months, conference information will appear on the IAC website at www.iac-irtac.org.

NCDA names Pope as CDQ editor

The National Career Development Association announces that Mark Pope, the immediate past-president of the American Counseling Association, has been appointed as the incoming editor of the NCDA journal, Career Development Quarterly. CDQ is the premier journal for career counseling and career development in the world and has been published continuously since 1935. It is consistently ranked in the top 10 of all journals in applied psychology. Pope is the 14th editor of this journal and previous CDQ editors have included Ellen Cook, Spencer Niles, Mark Savickas, David Jepsen, Norm Gysbers and several others.

Manuscripts are also now being accepted for upcoming issues of CDQ. Please send all new manuscripts to Mark Pope, Incoming Editor, Career Development Quarterly, at cdq@ncda.org or you may contact Pope via the Division of Counseling & Family Therapy, College of Education, University of Missouri-St. Louis, 415 Marillac Hall, One University Blvd., St. Louis, MO 63121-4499, USA. Consult the most recent issue of CDQ for "Information for Authors" as to the proper format for manuscripts.

Further, applications are invited for positions on the Editorial Board of the Career Development Quarterly. Interested candidates must submit a cover letter along with a curriculum vita and a copy of one representative published manuscript to Pope's mailing address above.

ACA calendar updates

The following are changes and additions to the 2004-'05 "Calendar of Events" that appeared in the July 2004 issue of Counseling Today.

Changes:
- The Western Region Meeting will be held Nov. 10-13 (it was listed as Nov. 11-14).
- The Idaho Counseling Association Annual Conference will be held Jan. 28-29 (it was listed as Jan. 30-31).

Additions:
- April 24-25, 2005

Texas Counseling Association Secondary and High School Counselor Conference
Location: Austin, Texas
Contact: Diana Villarreal
Phone: (512) 472.3403 or 800.580.8144
Fax: (512) 472.3756
E-mail: dvillarreal@esc4.net

Texas Counseling Association Elementary School Counselor Conference
Location: Austin, Texas
Contact: Diana Villarreal
Phone: (512) 472.3403 or 800.580.8144
Fax: (512) 472.3756
E-mail: dvillarreal@esc4.net
Resource Reviews

I'm OK, You're My Parents (How to Overcome Guilt, Let Go of Anger and Create a Relationship that Works)  

Most North American adults will spend an average of 20 years providing significant, if not extensive, care for at least one aging parent. The numbers will only increase as medical care leads to increased longevity. With these statistics, Atkins begins to build a case for why adults need to improve their relationships with their parents. This book is intended for adult children who experience combinations of guilt, remorse, anger and frustration due to thorny relationships with over- or under-controlling, meddling, manipulative or irritating parents.

It is important to note that Atkins has not written this book as a support to adult survivors of incest, physical abuse and criminal neglect. Rather, this book is intended for those whose adult relationship with their parents is somewhere between idyllic and abusive. Ray and Debra Barone, characters from the popular situation comedy “Everybody Loves Raymond,” are the kind of people this book is intended to help. Atkins refers to this show twice as an example of the kinds of problems that exist between adults and their parents.

This is not a textbook on the cutting edge of family therapy. Indeed, what is presented here is not new. Instead, drawing from her own experience and case history as a licensed psychologist, Atkins does a nice job of stripping away the counseling jargon of family therapy textbooks. This ease of language makes her book a useful bibliography resource for clients who present with parent relationship issues.

Atkins outlines many forms that these troubled relationships between parents and adult children can take, covering relationships with in-laws, dealing with a spouse/partner who has his or her own parent problems, and dealing with a situation in which your spouse is at war with your parents.

Much of the guidance Atkins provides revolves around boundary-setting; role-playing, being sensitive to body language, humor, empathy, putting up a united front with one’s spouse/partner, and realistic goal-setting. These ideas are not new; however, Atkins backs up these strategies with useful tips, exercises and warnings about potential pitfalls that readers might face as they work to improve these relationships. A particularly good bit of advice she gives is to spend some time selecting and choosing an “exit strategy.” The S.O. is a person who honestly evaluates and gives feedback as to whether one is overreacting or underreacting to their parents’ behaviors. The S.O. may also pick up on things that are missed by those who are fully involved in the situation.

Atkins finishes by addressing a number of specific hot spots that might complicate relationships between parents and their adult children. These include real and imagined health crises, being thrown into the middle of marriage problems between parents, being embarrassed of one’s parents, parents using money as a tool of manipulation and grandparents’ criticism of their children’s parenting. For each of these hot spots, Atkins provides a description of the problem and how they typically manifest themselves, along with specific examples and tips for getting through the crisis.

Laced throughout her book are cartoon illustrations that are humorous yet poignant. In this way, Atkins demonstrates the “line between harrowing and hilarious” (p. 148) that readers may be walking.

In the first paragraph of this review, it was mentioned that most people will end up taking care of at least one parent, in a significant way, for an average of 20 years. Twenty years is longer than most parents spend rearing their children. Atkins’ book helps to lessen the gap between the number of books available that teach parenting skills and the number of books teaching adults the skills they need to relate to their parents.

Reviewed by Robert M. Winters, director of personal counseling at Dordt College.

The Culture of Emotions: A Cultural Competence and Diversity Training Program (Video)  
By Harriet Koskoff, 2002, 88 minutes, $649, order no. ER-387, fax orders to 201-624-9736, available at TheraSeed Productions Media Library, PO Box 1084, Hartsim, NY 10926.

Analognous to an older sibling sharing cherished information or passing on a family heirloom to a younger sibling, such is the case with this new resource. Members from the discipline of psychiatry assembled together to express the importance of considering the “culture” of the client when conducting case-for-case presentations. Each category has a specific group of respondents examine some facet of the global topic of cultural formulation and then provide a creditable, reasoned response to a category topic.

When considering the first category, “Cultural Identity of the Individual,” a series of caveats were offered. Along with attending to the racial self-identification of the client, the viewer is cautioned to consider age, gender, religion, sexual orientation, disability and class. Furthermore, just as intercultural variability is accepted and understood when considering difference, the astute clinician will recognize that intraracial variability is equally prevalent and informative. A brief discussion on the impact of and tension between assimilation and acculturation was presented as well.

In conceptualizing the “Cultural Explanation of Client’s Illness,” the viewer is asked to consider stigma, the patient narrative and culture-bound syndromes. The ethno-physiological presentation from the client is wholly grounded in their socio-environmental, cultural and idiosyncratic identification of distress experiences. In short, every client’s problem or disease, as well as how the individual understands it must be understood as both biological and cultural in nature.

The presenters use Axis IV (DSM-IV) Psychosocial and Environmental Problems as a basis for conceptualizing the third category, “Cultural Factors Related to Psychosocial Environment and Levels of Functioning.” Stressors were the focus of this section. A cogent discussion on the distinction between immigrants’ versus refugees’ reason for relocation, degree of trauma and loss and intergenerational stress was presented. The assimilation/acculturation tension highlighted this section. Additionally, a brief discussion on the nature of familial and social support, and the stress that can emanate from the use of indigenous healers versus mainstream healers, was evaluated.

Finally, a succinct statement was presented related to wisdom of some ethnic client’s maintaining a healthy functional paranoia (which contributes to psychosocial stress) in light of the historical injustices meted out against them.

A most intriguing presentation on “Cultural Elements of the Relationship Between the Individual and the Clinician” followed. An understanding that the clinician is value-laden, environmentally influenced and culturally impacted is something of which all attune helping professionals are aware; however, a pointed reminder has benefit. Counselors are asked early in the training process and repeatedly throughout their professional lives to “know thyself.” As a result, counselors are acutely aware that myopia about themselves could negatively impact the therapeutic relationship.

Reminders related to similarities and distinction between clinician and client in social status, gender and race alone create cross-matched or matched dyad relationship. Trustworthiness and acceptance/rejection on the client’s part are all possible outcomes of the clinician’s own cultural presentation. Finally, the onus to protect and nurture the therapeutic alliance rests in the domain of the culturally competent clinician. Consequently, assessing those personal influences on the clinician’s case formulation process constitutes sage practice.

The summative nature of the last category, “Cultural Assessment for Diagnosis and Care” is clear. The presenters explained how information acquired in the previous sections of cultural formulation culminates in the treatment plan. Avoiding misdiagnosis and iatrogenic harm is greatly reduced when a conscientious effort is made by the clinician to understand the idiographic presentation of the client.

Members of the mental health counseling profession will find great familiarity in the information presented when viewing this tape. Although familiarity and similarity exists, the counselor will be exposed to clinicians who use pharmacological interventions as an option, thus
F.Y.I.

Want to write for "Counseling Today"?
Counseling Today is seeking submissions for its regular monthly columns: Practitioners, students, counselor educators and supervisors are encouraged to share their firsthand experiences, struggles, journeys and triumphs in a first-person, conversational format. For more information, or to submit a query or completed story, please contact the following editors at the e-mail addresses provided:

■ "Reader Viewpoint" or "OpEd": Dawn Pennington, ct@counseling.org
■ "Student Focus": Richard Hazler, hazler@psu.edu
■ "Finding Your Way": Jeffrey A. Kottler, jkottler@fullerton.edu
■ "Dignity, Development and Diversity": Michael D’Andrea, michael@hawaii.edu

Call for manuscripts
Career Development Quarterly invites manuscripts about work and leisure, career development, career counseling and education. Authors should be sure that manuscripts include implications for practice because the CDQ is concerned with fostering career development through the design and use of career interventions in educational institutions, community and government agencies and business/industry settings. Publication guidelines are available at the NCSDA’s website at www.ncsda.org. Mail submissions to: The Career Development Quarterly, c/o National Career Development Association, 10820 East 45th Street, Suite 210, Tulsa, OK 74146.

Mark your calendar
The Suicide Prevention Action Network has scheduled its ninth annual awareness event for Sept. 19–21 in Washington, D.C. This year’s activities will include a memorial/awareness event, a full day of advocacy training and visits to legislators on Capitol Hill. Additional details will be posted in the coming weeks online at www.spansusa.org.

The Renfrew Center Foundation’s 14th Annual Conference, "Feminist Perspectives and Beyond: Hungers, Health and Healing," will be held Nov. 4–7 at the Philadelphia Airport Marriott.

The foundation, the nonprofit arm of The Renfrew Center— the country’s first freestanding facility dedicated to treating eating disorders and related women’s mental health issues—is invited mental health professionals and dietitians to attend.


The special guest presenter is Emma, the first plus-size model to cross over into supermodel status and break stereotypes, with a Model and Role Model: The Journey from Shame to Activism.

Topics include "Treatment Techniques and Programs that Address Eating Disorders," "Research and Treatment in the Field of Obesity and Weight Loss Surgery," "Perspectives on Weight Loss and Dieting," "Eating Disorders Among Diverse Populations" and "The Therapist at Mid-Life."

For more information about the Center or any of its programs, call 800.RENFREW or visit www.renfrewcenter.com.

Scholarship opportunities
Wendy’s has begun the quest to find its next class of Heisman recipients who best represent the nation’s top high school citizen–scholar–athletes. From May through September, high school administrators can nominate two high school seniors from the Class of 2005 (one male and one female), who demonstrate exceptional talents in and out of the classroom. The Wendy’s program strives to honor students who don’t always get the recognition they deserve for juggling multiple responsibilities—maintaining good grades, playing sports and making time to volunteer in their community.

Nominations should be completed online at www.wendyshighschoolheisman.com. All nominations must be submitted by Oct. 1— at that point, 1,020 state finalists and 102 state winners will be selected by ACT Inc. Twelve students will be selected as national finalists and will receive a trip to New York City for the Heisman Awards Ceremony, where one male and one female finalist will each be named a Wendy’s High School Heisman National Award winner and recognized in a televised ceremony on ESPN2.

For more information, go to www.wendyshighschoolheisman.com or call 800.244.5161.

Do you know a hero? If you do, consider nominating your hero for the Volvo for Life Awards, the nation’s largest annual search for and celebration of individuals making outstanding contributions in the area of safety, environment or quality of life. For example, people who have accomplished things such as opening a community center for children in need, developing recycling programs for their schools, or helping to develop a new life for homeless young adults are examples of excellent candidates. Think you know someone who fits this description? If so, go to www.volvoforlifeawards.com to nominate a hero. Volvo just might feature your nomination on the front page of the media.

You have until Jan. 10 to submit a nomination. In February, Volvo will select 100 semi-finalists, who will receive a framed Certificate of Merit to honor their accomplishments. From those 100 semi-finalists, Volvo will select the top three finalists in three categories: Safety, Quality of Life and Environment. From those finalists, celebrity judges including Hank Aaron, Bill Bradley, Maya Lin and Paul Newman will name one winner for each of the three categories; they will each receive $50,000 to be donated to the charities of their choice.

The remaining six finalists will each receive a $25,000 charitable donation. The three category winners will be flown to New York on March 23, 2005, to be honored at the Volvo for Life Awards Ceremony in Times Square Studios, where an overall winner will be unveiled and presented with a Volvo car or SUV for life.

To learn more and to nominate a hero, visit www.volvoforlifeawards.com.

The Jack Kent Cooke Foundation Announces the first National Graduate Scholarship Competition offering large awards for exceptional students with financial need, including recent graduates. Candidates must be nominated by the faculty representative at their undergraduate institution. For more information, visit www.jackkentcookefoundation.org, or call 800.498.6478.

ACA journal giveaway
The American Counseling Association has a small back inventory of journals that we would like to donate to counselor education programs in developing nations that lack the funding to purchase journals. Our shipping budget is limited, and requests will be taken in the order that they are received. Please send requests to Carolyn Baker at cbaker@counseling.org.

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Counseling Today Advisory Board
Call for Applicants
The American Counseling Association (ACA) Publications Committee is currently accepting applications for a new, 5-member Counseling Today (CT) advisory board. Board members will serve as consultants to the CT staff in the generation of story ideas and special issues and will provide assistance in recommending experts to interview for the variety of articles published in the newspaper.

Selection criteria for this position include the following:

- An understanding of and commitment to the mission of the association
- Familiarity with current trends in counseling and an interest in the future of the profession
- Commitment to promoting the profession of counseling
- Understanding of the complexities of multiculturalism and issues of diversity
- A publishing record that includes scholarly publications
- Basic knowledge of publishing and journalism
- Involvement in and contribution to ACA through its divisions, organizational affiliations, branches, governing bodies, or committees

Appointment to the board is for a 3-year term beginning October 2004. Applications should include a statement of intent and a curriculum vitae, which includes a list of published works. Applications should be sent to:

Carolyn Baker
ACA Publications Director
(cbaker@counseling.org) by September 24, 2004

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Resource Reviews

Continued from page 40

limiting complete kinship of case-formation and treatment planning.

The great benefit of this training video is in its reminders. Repeatedly, the presenters reiterate the need to be mindful of the complexity of culture in the client’s life, that inter racial and intraracial variability is imperative to recognize, and that the clinician bears a professional responsibility for adhering to the five categories of cultural formulation.

This well-edited and well-designed video features colorful visual vignettes from various ethnic groups designed to permit the viewer to “see” the lived experience delineated by the presenter. This resource would be a good investment and supporting supplemental tool for every counselor education program. Although these professionals do not identify themselves as counselors, it is evident that our profession owes a debt of gratitude to their work as we continue to forge our young and developing professional identity.

Reviewed by Jeffrey M. Smith, assistant professor of counseling and director of the counseling program at Creighton University.

Counseling with Choice Theory: The New Reality Therapy Video

By William Glasser, 2001, Alexandria, Va.: IAP/PC Publishing, 130 minutes, $79.95 (Hard or $39.95 ACA members), ACA order number: 79726.

In “Counseling with Choice Theory: The New Reality Therapy,” William Glasser describes the need for a new approach to counseling. Glasser states that people who are unsuccessful in relationships use what he calls external control psychology in their interactions. Seven habits are associated with external control: criticism, blaming, complaining, nagging, threatening, punishing and rewarding people to control them. Glasser’s answer is Choice Theory, which helps people reconnect with each other. He articulates three premises of Choice Theory. The first is that all behavior is chosen and is under the client’s direct control. The second premise is that people try to control others or let others control them, both dysfunctional approaches in relationships. The third premise of Choice Theory is the belief that “I know what is right for everybody.” Choice Theory is based on learning that we control only ourselves and that no one knows what is right for others.

One of the controversial ideas advanced by Glasser is that the DSM-IV is a book of unhappiness, a list of behaviors used to control others or behaviors that respond to the controlling behavior of others. He said that both cause an inability to get along with significant people in our lives.

The video contains a couples counseling demonstration. Glasser’s structured reality therapy method is simple and brief: two sessions. Glasser first asks each individual, “Are you here to get help for your marriage?” If the answer is affirmative, Glasser then uses a series of questions: “Whose behavior can you control? What would you say is going wrong in your marriage right now? What is good about your marriage right now? Tell me something constructive you will do this coming week that you believe will help the marriage.” Glasser bluntly tells his clients that if they cannot do this for a week, then they should not come. The second session is oriented around the relationship that makes marriage successful. Glasser emphasizes that it is a relationship where the marriage takes precedence over the individual.

For the full text of the poll, visit www.pbhi.com/Prop Clients/Harris_Interactive_Survey_Results.asp.

Counseling in the news

PersonalSolutions.com recently received a call from the “Dr. Phil” show in need of a referral for a counselor regarding a couple that appeared on his show. PersonalSolutions hosts ACA’s exclusive National Counselor Referral Directory, offering the public secure access to the Web offices of Licensed Professional Counselors. The partnership provides counselors a HIPAA-compliant site of practice management tools equipped, with a real-time appointment scheduler, secure Web messaging, a merchant account, and a professional practice website. ACA members are welcome to register with the referral directory at www.personalsolutions.com or via www.counseling.org/resources.

In Brief

ACA members urged to vote in upcoming elections

Each year, members of the American Counseling Association have the opportunity to participate in the work of the association by voting in the annual election of officers, both for leadership positions for ACA as well as for divisions and regions that are scheduled to host elections during a particular year.

ACA will mail personalized election ballots to members from mid-November to early December. Candidate information will be posted on ACA’s website, located at www.counseling.org, as well as in the December edition of Counseling Today.

To be eligible to participate in this election, you must be a member in good standing of ACA, the division or organizational affiliate by midnight on Oct. 31. Thus, your membership renewal must be received by Oct. 15 to ensure that it can be processed on time. To confirm that your membership is current or to renew so that you are eligible to vote in the upcoming election, call ACA Member Services at 800.347.6647 ext. 222.

Therapy in America 2004 poll: MH treatment goes mainstream

■ A surprising number of Americans receive help; report satisfaction with treatment.
■ More than one-third of those who need treatment do not receive it.
■ Prescription medication is the predominant type of mental health treatment.
■ Stigma is down but not out.

More than one in four American adults has received treatment for a mental health problem in the past two years, via talk therapy, medication, or a combination of the two, according to "Therapy in America 2004," the first study of its kind to examine the emerging trends in mental health care. The clear indications are that an unprecedented number of Americans are seeking talk therapy and medication. Treatment options and access to treatment are expanding and improving to meet consumer need while stigma is diminishing.

The study suggests that efforts should be made to further facilitate access to treatment, to publicize its effectiveness and to educate primary care physicians and nurses as well as consumers about the value of talk therapy as well as medication.

The study was conducted this March using a nationwide phone survey of 501 adults and a follow up online survey of 1,731 people known to have received or received treatment. Psychology Today, its online Therapy Directory, and PacificCare Behavioral Health, a national behavioral health care organization, were its sponsors.

Among the key findings: Mental health treatment has become an important part of American life. 27 percent of adults, or an estimated 59 million people, have received treatment in the past two years. Of these, the large majority reports high levels of efficacy and satisfaction, regardless of the type of treatment received.

More than one in three who need treatment are not getting it. The leading barriers to receiving care include cost, lack of confidence that treatment helps, and lack of health insurance.

Eighty-one percent of those with a treatment history report taking a prescription medication. Forty-seven percent have used medication alone, 34 percent have used drugs and psychotherapy and 19 percent have received psychotherapy only.

Consumers lack key information for selecting a therapist. Respondents seeking a therapist make their choice based on physician recommendations, their health plan’s network and geographic considerations, with little opportunity to learn in advance about the therapist’s personal style or listening skills – the factors that they identify as being most associated with successful therapy.

For the full text of the poll, visit www.pbhi.com/Prosp Clients/Harris_Interactive_Survey_Results.asp.

Counseling in the news

PersonalSolutions.com recently received a call from the “Dr. Phil” show in need of a referral for a counselor regarding a couple that appeared on his show. PersonalSolutions hosts ACA’s exclusive National Counselor Referral Directory, offering the public secure access to the Web offices of Licensed Professional Counselors. The partnership provides counselors a HIPAA-compliant site of practice management tools equipped, with a real-time appointment scheduler, secure Web messaging, a merchant account, and a professional practice website. ACA members are welcome to register with the referral directory at www.personalsolutions.com or via www.counseling.org/resources.

Continued on page 46
Policy 301.5, Published Membership Figures, of the American Counseling Association's Policies and Procedures directs that a table of specific membership figures for ACA's divisions, organizational affiliates and regions will only show the ACA members in each entity and may not reflect the total membership of a division or organizational affiliate which does not require membership in ACA.

The table shows ACA membership in divisions, organizational affiliates and regions by month for the previous fiscal year, and the mean total, numerical and percent change in total ACA membership for each entity. The chart presents that information for fiscal year 2004. The chart does not reflect the information for the American Mental Health Counselors Association and the American School Counselor Association, as they maintain and publish their own membership figures.

ACA began the year with 50,132 members and ended the year with 43,004, a decrease of 7,128 members. The mean for the year was 45,672. This decrease was also reflected in the membership of almost every division, organizational affiliate and region. The Association for Counselors and Educators in Government and Counselors for Social Justice reflected increases.
Classifieds

CALENDAR

Seventeenth Cape Cod Symposium on Addictive Disorders
"Linking Treatment: Before, During and After," September 9-12, 2004 Sheraton Hyannis, Hyannis, Cape Cod, Massachusetts. Featured faculty to include: Carlo DiClemente, Ph.D., Robert Ackerman, Ph.D., Carlton Erickson, Ph.D., Terence Gorski. Over 50 challenging workshops including EMDR, DBT, and special 2 day DOTS/AP training sponsored by NAADAC. Earn up to 30 contact hours/PDHs. 80 exhibit booths. To request a copy of the brochure, please call 800-514-9211 x 10 or mail request to: AMEDCO, PO Box 17980, St. Paul, MN 55117. Check www.csad.com for more information or to download a brochure.

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Professor consults with doctoral and masters students on research design, instrumentation, and statistical analysis. Services range from choosing a topic to final editing. Dr. S. KopeI, E Mail: saskopei@bellsouth.net 561-375-6704.

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UNIVERSITY OF PHOENIX
Associate Dean for Human Svcs.
SALARY RANGE: $48,000 - $92,000 HIRING RANGE: $56,000 - $65,000 ELFA STATUS: Exempt POSITION SUMMARY: This position directs the academic quality and operational aspects of the respective Academic Affairs program. REQUIRED
**Counseling in the news, continued**

The American Counseling Association’s David Kaplan, associate executive director for professional affairs, was recently quoted as an expert source in a WebMD article on “Counseling wives: women and infidelity.” The article, posted last month, can be found online at [http://my.webmd.com/content/article/90/100725.htm](http://my.webmd.com/content/article/90/100725.htm).

**DAD group: advice for parents, professionals**

Up to 80 percent of new mothers experience the “baby blues,” a mild mood disorder that includes crying and feeling low and lasts a few days or weeks. Some 10 to 15 percent experience a more severe clinical depression, which may include insomnia, anxiety, panic attacks, fears/obsessive behaviors, thoughts about hurting the baby/self or inability to care for self/boy. One or two in 100 new moms experience psychosis, a break from reality and a medical emergency.

Depression After Delivery Inc., a national nonprofit providing support, education, and referral to families at risk during antepartum and postpartum depression and related illnesses, offers a toll-free line, 800.944.4PPD, for families and professionals to obtain information. It offers parent packs with national volunteer phone support, and support group listings, a national professional referral registry, professional pack with screening tools as well as publications and an educational video.

**Most schools not screening for MH issues**

A recently completed national survey of more than 1,400 mental health professionals in public schools serving adolescents indicated that most do not screen for depression and use of alcohol and illegal drugs are seen as serious behavior problems in high schools, even more serious than various forms of violence, including bullying, fighting and use of weapons.

Identifying adolescents in need of mental health counseling is a public health priority considering that about 20 percent of adolescents are estimated to have a diagnosable mental disorder and that 10 percent are at risk for serious self-destructive behavior.

**TEXAS**

SAM HOUSTON STATE UNIVERSITY

**DOCTORAL ASSISTANTSHIPS**

A limited number of doctoral assistantships for full-time students in a Ph.D. counselor education program are anticipated for Fall of 2005 and Spring 2006. This is a doctoral cohort program with the next group beginning Summer 2005.

Currently positions pay a salary of $1,000/mo. and require 20 hours a week of work. The faculty are interested in coursework in higher ed., supervision, and counseling ed. research as well as MFT, play therapy, group, and individual counseling, with emphasis in school and community counseling. For further information contact: Dr. Judy DeTrude, Sam Houston State University, Center for Research and Counselor Education cdjald@shsu.edu

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**ILLINOIS COUNSELING ASSOCIATION**

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ICA is seeking applications for an Executive Director. Please include a cover letter or vita, two letters of recommendation which address administrative, management and leadership skills, and 3-5 additional references with phone numbers, addresses, and e-mail. See ICA web site for application and details.

Web site: [icounseling.org](http://icounseling.org)

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28 Shorewood Dr.

Macon, IL 61545

**PRIVATE PRACTICE?**


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LOYOLA UNIVERSITY NEW ORLEANS

Department of Education and Counseling, CACREP Accredited Community Counseling Program Seeks to Fill a Tenure-Track Position. Responsibilities include: Teaching graduate counseling courses including child, marriage, leadership, counseling, measurement and assessment, practicum, multicultural counseling and career counseling; advising graduate students in the counseling program, research, community and departmental activities; grant writing and grand administration. Doctorate in counseling education or equivalent from a CACREP accredited program with an emphasis in child/family therapy or closely related field preferred. The applicant should have strong teaching and clinical skills. Send resume and three letters of recommenda-
We need your help! Letters and phone calls from constituents are the most effective way of getting members of Congress to take action. Following are a few of the current high priority federal policy issues on which the American Counseling Association is working, and contacts by counselors can make a big difference in level of success. If you are unsure who your Representative and Senators are, visit the ACA legislative action center on the internet at http://capwiz.com/counseling, or contact Chris Campbell with ACA’s Office of Public Policy and Legislation at 800.347.6647 ext. 241, or via e-mail at ccampbell@counseling.org. Remember, in any communication with your elected representatives — whether by letter, postcard, phone, fax or e-mail — be sure to leave your name and postal address.

Appropriations for the Elementary and Secondary School Counseling Program

Despite President Bush’s FY 2005 budget request eliminating the ESSCP program, the House Appropriations Subcommittee on Labor, Health and Human Services and Education has approved a FY 2005 spending bill which would provide $33.8 million for the program, the same amount the program received in FY 2004. While we are encouraged by this action, we are continuing to push for an appropriation of $75 million for ESSCP, in order to allow support of secondary schools in addition to elementary schools. Student-to-counselor ratios in both elementary and secondary schools remain far too high.

Who to Contact
Your Senators and Representatives
Capitol Switchboard 202.224.3121
www.house.gov
www.senate.gov

Message
“I am contacting you to ask for your support for the Elementary and Secondary School Counseling Program (ESSCP). ESSCP is the only federal program devoted solely to supporting counseling programs in our nation’s schools. I’d like the (Senator/Representative) to support an appropriation of $75 million for ESSCP for FY 2005. This would allow support of counseling services in secondary schools, which have yet to receive funding under the program. Current law requires the first $40 million appropriated for the program to be devoted to elementary school counseling programs. ESSCP was funded at $33.8 million last year.”

ACA Resource
Chris Campbell
800.347.6647 ext. 241
ccampbell@counseling.org

Internet briefing paper:
www.counseling.org/public

Capwiz ‘contact Congress!’ site:
http://capwiz.com/counseling

Medicare Reimbursement of Licensed Professional Counselors

Congress is in a short legislative cycle due to the impending November elections, and after the passage of major Medicare legislation in 2003, Congress is unlikely to consider Medicare legislation until next year. We still need significant pressure on this issue; however.

ACA’s major goal on Medicare in 2004 is House introduction of legislation covering Medicare mental health services provided by state-licensed professional counselors. Counselor coverage legislation passed the Senate as part of the Medicare prescription drug bill in 2003, but was excluded from the final bill because of opposition in the House. Therefore, we must push House members (especially Republicans, who are in the majority) to sponsor and support Medicare reimbursement legislation for counselors.

It is imperative that we maintain the momentum established through Senate passage of counselor coverage legislation in order to be on members’ “to-do” list when the next significant Medicare legislation moves through Congress.

Who to Contact
Your Representatives
Capitol Switchboard 202.224.3121
www.house.gov

Message
“As a constituent, I am calling to urge the Representative to sponsor and support legislation to establish Medicare coverage of medically-necessary outpatient mental health services provided by state-licensed professional mental health counselors. Legislation accomplishing this — the “Seniors Mental Health Access Improvement Act,” S. 310, introduced by Senator Craig Thomas — passed the Senate last year, but was unfortunately not included in the Medicare prescription drug legislation ultimately enacted. S. 310 is a cost-effective way to address the devastating problem of mental illness among the elderly, which contributes to older Americans being the demographic group most at risk of committing suicide. I urge you to consider sponsoring a House counterpart to Senator Thomas’s legislation.”

ACA Resource
Dara Alpert
800.347.6647 ext. 242
dalpert@counseling.org

Internet briefing paper:
www.counseling.org/public

Capwiz ‘contact Congress!’ site:
http://capwiz.com/counseling

Suicide Prevention and Campus Counseling Legislation

The Senate has passed the “Garrett Lee Smith Memorial Act” (S. 2634), legislation to help develop and implement statewide suicide prevention programs and expand and strengthen mental health services on college campuses. Companion legislation has been introduced in the House (H.R. 4799) but has not yet been considered.

The bill was sponsored in the Senate by Sens. Gordon Smith (R-Ore.), Christopher Dodd (D-Conn.), Jack Reed (D-R.I.) and others, and is named for the late son of Senator Smith, who took his own life last year. The House bill is being sponsored by Representatives Bart Gordon (D-Tenn.), Danny Davis (D-Ill.) and Tom Osborne (R-Nebr.). The legislation is a merger of two other bills, the “Youth Suicide Early Intervention and Prevention Expansion Act of 2004” (S. 2175/H.R. 4557), and the “Campus Care and Counseling Act” (S. 2215/H.R. 3595).

Suicide rates among children and young adults has tripled during the last 50 years. If the House passes H.R. 4799 — which is identical to the Senate-passed bill — without amendment, it can be sent to the president to be signed into law this year. Urge your representative to follow the Senate’s lead and pass HR. 4799 immediately.

Who to Contact
Your Representatives
Capitol Switchboard 202.224.3121
www.house.gov

Message
“As a constituent, I am calling to urge the Representative to co-sponsor and support immediate passage of H.R. 4799, the “Garrett Lee Smith Memorial Act,” sponsored by Reps. Tom Osborne, Danny Davis and Bart Gordon. The bill, which has already passed the Senate, is a bipartisan, cost-effective approach to help prevent the needless tragedy of youth suicide. Suicide is the third-leading cause of death overall for young people; clearly, not enough is being done to address this problem. H.R. 4799 would help states and college campuses coordinate and expand mental health services and suicide prevention efforts for young people. Congress has the opportunity to take great strides to help protect our children. Please become a co-sponsor today.”

ACA Resource
Dara Alpert
800.347.6647 ext. 242
dalpert@counseling.org

Internet briefing paper:
www.counseling.org/public

Capwiz ‘contact Congress!’ site:
http://capwiz.com/counseling
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