Feeding the mind, body and spirit
Counselors use holistic approach to treat eating disorders

BY ANGELA KENNEDY

From Twiggy to Kate Moss to Gisele, wafer-thin models have for decades been idolized for their slim frames. Now, "thinspiration" websites — online, pro-eating-disorder support networks — are providing anorexics with photos of stick-thin celebrities. The websites are superficial safe havens in which eating-disorders are not considered a problem but a lifestyle choice. Their message boards are filled with tips on how to go for days without eating and tricks on how to keep it all a secret from family and friends. Those who frequent the message boards personify and glorify the eating disorders and take diet pills or diuretics, exercising excessively or fasting. People with bulimia nervosa usually have feelings of being out of control. They diet constantly and have a preoccupation with body weight and shape.

Anorexia nervosa is self-starvation. It is characterized by the refusal to eat or maintain a healthy weight for one's age, sex, height and activity level.

Advocacy is easy!
A quick guide to making counselors' voices heard on Capitol Hill

BY CHRIS CAMPBELL

Your members of Congress are desperate for information about what’s going on back home. But unless counselors speak up, there is no way for lawmakers to be familiar with the issues that matter to you.

One of the best ways to advocate for counseling is to meet with your member of Congress or his/her staff — either in town hall meetings or meetings in district offices. Both ways are easier than you think. Use this guide to make sure your voice is heard on Capitol Hill.

Contact senators’ and representatives’ district offices either by looking in your local phone book under the “Government Listings” section of the yellow pages or by using the Internet and visiting http://capwiz.com/counseling, www.senate.gov or www.house.gov. From there, follow the links to your lawmakers’ personal webpages.

Call your lawmakers’ office and ask the scheduler for information on upcoming town hall meetings or to schedule an appointment so you can speak to the member of Congress on a particular topic. Meetings should be limited to one or two issues.

Town hall meetings provide an opportunity, however brief, to raise an issue directly with a member of Congress. At town hall meetings, you should be able to bring up a specific issue during open discussion, perhaps by waiting in line to ask the senator or representative a question. Simply identify yourself and explain who counselors are, then raise the issue and make it clear what you’d like the senator or representative to do. By doing this, you put the senator or representative on the spot publicly!
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Texas will require the NCE Exam for licensure after September 1, 2005!
ACA teams up with Chris Knight for PSA

Chris Knight, better known to many as middle son Peter Brady on the popular 1970s TV sitcom The Brady Bunch, is collaborating with the American Counseling Association on an effort to make the availability of counseling services known to a larger audience and to dispel the myths and stigma sometimes associated with seeking counseling. Knight is featured in a public-service announcement that highlights the crucial role counseling can play in both helping people deal with past or present difficulties while also preventing future troubles. The public-service announcement is scheduled to debut on television stations nationwide in August.

“The purpose (of the public-service announcement) is to raise awareness of counseling and provide an easy way for people to locate a counselor,” said Debra Bass, ACA’s marketing coordinator. “The PSA will direct them to the ACA website (www.counseling.org), where they can click on the link "Locate a Counselor."

The public-service announcement has been distributed to 150 TV stations in the top 25 U.S. markets, including 10 national and cable networks. It is set to debut in large markets such as New York City, Los Angeles, Chicago, Philadelphia, Boston, San Francisco, Washington, D.C., Atlanta and Detroit in August.

Melanie J. Drake Wallace of the University of Montevallo-Birmingham helped develop the script for the public-service announcement. Samuel T. Gladding presented Wallce with an ACA Presidential Citation at the ACA Convention in Atlanta in April for her role in the project. Attendee of the convention’s Opening Session also received a sneak peek at the new PSA.

Knight has put his celebrity status to good use by serving as a host or spokesperson for several public-service campaigns and issues, and the current PSA is not his first collaboration with ACA. He has served for a number of years as the spokesperson for ACA’s "Healthy Skin, Healthy Outlook" campaign. For the last two years, the campaign has received the Golden Triangle Award, which recognizes excellence in public education on dermatology issues.

In 2002-2003, Knight was the spokesperson for the National Consumer League’s “AD/HD Outlook” campaign. During that time, he spoke at the Park National Press Club in Washington, D.C., on the sensitive subject of attention deficit/hyperactivity disorder. Knight was diagnosed with lifelong ADD at age 40.

The Last Word

"I think it's one of those topics that doesn't get looked at until people are in retirement. They wait until there's a crisis (to notice the implications)."

—Summer Reiner, speaking on the importance of leisure habits to human development and life satisfaction

(See “Living a life of leisure” on page 10)

By the Numbers: Body image and eating disorders

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The National Association of Anorexia Nervosa and Associated Disorders states that approximately 8 million people in the United States have an eating disorder. Health magazine and the National Eating Disorder Information Centre, a Canadian eating disorder advocacy group, compared the measurements of a Barbie doll (converted to life-size), a typical store mannequin and the average woman. See page 1, “Feeding the mind, body and spirit” for more information on eating disorders.
Praise extended for recognizing counseling’s spiritual elements

I just wanted to write a note to say thanks for two great articles in the July 2005 issue of Counseling Today — “Breaking the silence, breaking the cycle” and “How to avoid marrying a jerk.”

As a pastor and counselor, I can identify with John Van Epp’s concerns and appreciate his efforts in the domain of dating and marriage relationships. Thanks for a great presentation of another option.

I also appreciate very much the recognition of the spiritual elements found in more of Counseling Today’s articles.

Clint Schults
Spokane, Wash.
clschults@bigplanet.com

Family appreciates sharing of fond memories about Robert Rencken

I would like to thank those who assisted in creating a most wondrous tribute to Robert Rencken in the July issue of Counseling Today. Bob would have greatly enjoyed the appreciative stories of his wit and wisdom. I know that I did, and so did his family. I have sent the article to the children, and they were impressed with all their
gatherings and marriage relationships.

The American Counseling Association Ethics Committee does not offer specific structural recommendations regarding counseling facilities. However, the committee asserts that confidentiality, privacy and safety are essential features of the counseling process. Therefore, facilities wherein counseling is performed should essentially provide for the basic protection of legal rights and the security, confidentiality and privacy of students, clients and patients and the information shared in a counseling process.

In addition to guidance provided by the ACA Code of Ethics (1995) and this ACA Ethics Committee interpretation, the committee refers counselors who provide services in post-secondary settings to Standard E.6.a. of the accreditation standards for university and college counseling centers (International Association of Counseling Services, 2000), which reads: "Individual soundproofed offices should be provided for each professional staff member and intern.” In addition, the committee suggests reviewing the introduction to Standard C and Standard C2 of that document (http://aaccinc.org/uccstand.htm).

Donald Anderson
Horrit L. Glissof
ACA Ethics Committee Co-Chairs

Letters

Your opinions are valuable to Counseling Today.

Readers are encouraged to write with feedback on articles, columns, features and/or other letters.

Letters must be brief (below 300 words) and include your full name, city and state at the end of your letter. If you are submitting your letter by e-mail (our preferred method), please indicate whether or not you wish for your e-mail address to appear if your letter is published. Letters are selected at the discretion of the editor-in-chief. We reserve the right to edit for Associated Press style, grammar, length, clarity and other professional standards. Please limit letters to four per year.}

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Building relationships in the midst of human tragedy

Hay gue tener fi y confianza tenemos que tener fe y confianza. Nous devons avoir la foi et la confiance.

Bonjour! July 8-9 signaled the annual meeting of the Council of Presidents and Region Chairs (COPARC), this time in Montreal. It was with great anticipation that I prepared for a return journey, after 15 years, to one of the most beautiful "small" cities in North America. However, while I was completing some last-minute packing at my home in Phoenix, I heard the news on National Public Radio about the bombings in London. My heart sank as I flashed back to the train bombings in Madrid last year and, of course, to the events of September 11, 2001. Just the day before, news reports had shown the exhilarated citizens of London celebrating the selection of their city as host for the 2012 Olympics. In less than 24 hours, cheers turned to shock, fear, and senseless deaths and injuries. The bombings left many wondering about the "why" behind this deliberate, hostile behavior that affected innocent people and once again shattered our trust in humankind.

Counseling professionals cannot ignore this event or other forms of violence. We can mourn from across the sea, but we must also be action-oriented, empowering others to find their inner and relational strengths in times of confusion and uncertainty. Because the American Counseling Association’s mission is to promote dignity, diversity and multicultural competence, we must provide leadership and voice, condemning terrorism as we promote cross-cultural respect and understanding. We also must instill hope and confidence in others that people are basically good. If anything, the terrorism in London gave all of us at the COPARC meeting greater resolve about the importance of working together on shared goals.

Shared leadership through COPARC

Operating from a worldview that people are basically good is a premise that guides the work of ACA leaders. We must also have faith, hope and trust in one another; this is what shared leadership requires. As volunteer leaders or "servant leaders," COPARC participants (your elected division presidents and region chairs) were exemplars of a shared leadership model at the Montreal meeting. I am certain you will hear from these 23 individuals (visit the ACA website at www.counseling.org for a complete directory) in the next month or so as they communicate about ACA plans that affect all of us.

In the meantime, I shall begin this communication process by telling you that we, your leaders, are planning collaboratively: for membership development, the new graduate student association, promotion of division-specific competencies, international counseling partnerships, and more "we" and "us" practices in ACA. As the largest counseling association in the world, we want to model teamwork, problem-solving and shared decision-making for the good of the whole, both locally and globally.

Our work took place in the Centre Sheraton, which will serve as headquarters for the first internationally based ACA Convention in 2006. We were joined by leaders of the Canadian Counseling Association (www.cccac.ca), all expressing a desire to make this a first-class conference and promising to introduce us to local cultural rituals such as "sugaring-off" when we return for the convention March 30-April 3, 2006. A common practice at COPARC summer meetings is to tour the city hosting our annual conference. Let me tell you about some of our experiences in Montreal.

Cultural competency development in Montreal

Bienvenue, bonjour, bonsoir and merci were salutations regularly extended to us during our visit to Montreal. Many of us dusted off our high school and college French, attempting to reciprocate or initiate communication. We tried!

Multicultural competency development became a lived experience in Montreal. I have always believed that learning about another culture involves learning about "their" history, beliefs and values and how these...
Executive Director's Message  BY RICHARD YEP

My occasional Montreal journal

Last month, the American Counseling Association's division presidents and regional chairs met in Montreal, the site of the 2006 joint ACA and Canadian Counselling Association Convention. The meeting was to start on a Friday morning. To maximize my time at ACA headquarters, I chose to fly to Montreal from Washington, D.C., early in the morning the day we were to begin. As my plan was to wake at 4 a.m. and be out the door by 4:30 to catch a 6:15 flight to Montreal. Our meeting was set to begin between 8:30 and 9, and the flight was scheduled to arrive just after 8 in the morning. OK, I knew I wasn't likely to make it on time.

Despite the rain and wind, I made it to the airport and boarded my Air Canada flight, which made it to the airport and boarded at 8:40. Not bad. I was still OK, and then found a ride to the hotel. Upon arriving in Montreal, I was amazed at the many customs counters at the airport and even more amazed to find there was virtually no waiting to pass through customs. I quickly learned that "sortie" means exit and then found a ride to the hotel. I landed in Montreal at about 8 a.m. and was in the meeting room at the Sheraton by 8:40. Not bad.

Since I figured my luck would certainly run out on my way home, I planned on leaving the hotel the following Sunday morning at 6:15 for an 8:15 flight back to Washington. Using the Sheraton's "express checkout," I was in a cab by 6:15 and off to the airport, knowing of course that I couldn't possibly repeat my expeditious trip of a few days earlier.

As it turns out, I arrived at the airport, obtained my boarding pass, went through customs for my flight back to Washington, passed through two more security checkpoints (they are quite thorough) and bought a Starbucks coffee. I looked at the clock as I sipped my latte and was amazed to see that it was only 6:45! Thirty minutes from the hotel to the airport departure gate!

For those of you who are contemplating attending the joint ACA-CCA Annual Convention next year (pre-convention Learning Institutes are scheduled for March 30-31, and the convention runs from April 1-3), here are three "to-do" items that should be considered right now:

- Register for the convention, as the special summer rate will expire on Sept. 30. You can register online at www.counseling.org/convention or call 800.347.6647 ext. 222 for more information.
- Make your housing reservations now that the housing bureau is open. You can do this one of three ways: going online (www.tourisme-montreal.org/housing/ACA2006), e-mailing reservation@tourisme-montreal.org or calling toll free from North America (888.722.2220).
- Obtain your passport now. The ACA website has passport information at www.counseling.org/convention. Avoid last minute rush changes and get your passport now.

There will be other things "to do" over the next few months, so keep reading Counseling Today (or visit the ACA website) for the latest updates.

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Preparing for comprehensive examinations can be downright scary and overwhelming. The comprehensive examination process I’ve been involved in consists of two parts. First, you write answers to four questions over the course of 10 weeks. Then you defend your document in front of a committee of three professors (the oral defense). The professor determines the student’s knowledge and skills and whether he or she is prepared to pass the examination. To prepare for the examination, I not only gained knowledge, skill and awareness that might help others preparing for large-scale academic challenges.

There were times when the examination process felt easy and times when I was overwhelmed. Sometimes I struggled with organizing the volumes of research. At other times I had trouble acquiring the skills to help me complete the examination. This included difficulty maintaining awareness of the support systems needed to churn out page after page of the examination. I not only passed in the end, but in the process gained knowledge, skill and awareness that might help others preparing for large-scale academic challenges.

Knowledge
Research preparation. Conducting a thorough literature review was the first task. I found it valuable to review the references provided in the most recent articles so I could discern whether previously published studies of value existed. At other times I located great material just by browsing through recent journals in the library. Reading my peer mentor’s written examination and locating well-written dissertations also proved helpful. Computers may be great, but keeping paper copies of articles gave me hands-on review information for the oral defense.

Present preparation focused on meeting with faculty to discuss possible topics of interest. During meetings, I listened for their favorite authors, collected ideas about authoritative sources and asked for advice. The notes from these discussions helped immensely when I outlined articles and conducted searches. Studying the list of one professor’s favorite authors, for example, added authoritative sources and several references to one part of the examination. It also made me better able to judge which sections of the examination were more noteworthy.

Social preparation. Setting limits with clients, family members, friends and my support system (referral sources, neighbors, etc.) was difficult but essential. I let them know that my undertaking would be a three-month excursion into a quiet research bubble from which I would emerge after the examination. I tried to communicate the purpose behind my isolation and minimal availability. It wasn’t easy, but it was important to tell those close to me: “Know that I will silently love you and would appreciate phone calls being limited to emergencies. Feel free to leave other messages on my cell phone, but know that I may not call back immediately.” I also gave my clients information about the best days to call and notified referral sources of when I would again take on new clients.

Environmental preparation. I developed a “war room” with computer, printer and extra paper. Office supplies (extra printer ink cartridges, floppy disks, paper clips, staplers, highlighters, manila folders and sticky notes), amenities (hand cream, bandages and fingernail file) and file boxes were pre-arranged. The file boxes were actually plastic tubs that contained stacks of articles and books organized by subject. The room was stocked with the latest edition of the Publication Manual of the American Psychological Association, a dictionary, the Diagnostic and Statistical Manual-IV-TR, recent textbooks and, of course, candy and gum. The bandages and fingernail file were there to cover paper cuts and fix chewed nails (which are common for me). The telephone was purposely excluded from the war room.

Another important preparation was a computer checklist. I was unaware that computers have fans that can provide blue smoke instead of articles. I would recommend that everyone have their computer checked and cleaned by a computer repair shop (prioritized on speed dial) before beginning an extended task.

Physical and emotional preparation. Examining and renewing wellness goals were key to my physical and emotional preparation. While the candy and gum stashed in the...
LOOK BEYOND Make an impact on the future of others. You can change the world. Even when it's just one person at a time. Extend a hand and see what a difference you can make.
Grief's crushing enormity: Theory into practice

There is no perfect manual on how to help a client continue in life when a loved one dies. As therapists, we typically use all our years of experience to help the client feel better, if only for an hour. Do we follow a psychoanalytic, behavioral, cognitive or eclectic approach to therapy? This is a question every counselor grapples with at some point in his or her career.

But what happens when we—counselors and therapists—experience the loss of a significant loved one ourselves? We feel as though we have to go on. We have to keep seeing clients, teaching, writing, serving and the like. Life continues as if nothing has happened... or does it? This article is about me—a professor and nationally certified counselor—and my experience after losing my mother through a critical juncture in my career. If a client had been going through a similar situation, I would have advised her to handle it quite differently than I did.

When a therapist sees people who are in the grief cycle, the therapist usually draws from his or her training and experience to help them cope with the loss of their loved one. Therapists listen intently to try to identify where the client is functioning from and to determine the best strategy to use in this individual circumstance. Information is gathered as the client describes the details of the ordeal he or she has experienced. Elisabeth Kubler-Ross' stages probably come to mind: Denial, anger, bargaining, depression and, finally, acceptance emerge in turn as the story is heard—at least in textbook form.

As a client talks about the experience and is probed further, this may lead the therapist to recall the stages of bereavement introduced by Hart, Norris, Murrell et al. The therapist here might try to bring a sense of relief to the client's hurt that has been so vividly expressed, even if only for a brief period. I will try to describe how I handled my mother's death using the stages of bereavement—shock, protest and yearning, despair, and detachment and recovery—as my framework.

Shock

My family learned of my mother's illness by happenstance. She was such an independent woman that she didn't want to worry her children. A friend stopped by the family home on a Sunday to visit my mother after not seeing her at church. To our friend's surprise (and to ours), she found my mother so sick that she had to be rushed to the hospital. As most therapists know, in the stage of denial, we refuse to believe what is happening or has happened. In our minds, we try to tell ourselves that life is as it was before our loss. This can't be happening! We might even make-believe to an extent by re-enacting rituals that we used to go through with our loved one.

I remembered preparing a full breakfast for my mother, not thinking that she could ingest only a small amount of food. I flashed back to just a month

Continued on page 20

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Counselling Today  ■  August 2008
Living a life of leisure

All work and no play? How leisure participation affects life satisfaction

BY JONATHAN ROLLINS

Summer Reiner wasn't a doctoral student with an all-important research paper due. She wasn't a professor on the tenure track feeling the pressure to publish. She wasn't being required to perform a fact-finding mission related to her work as a school counselor at Gates Chili High School in Rochester, N.Y.

Instead she was totally immersed in a research project of her own making. Spending hours of what otherwise could have been "free time" poring over the available literature and conducting surveys, Voluntarily, Without coercion. No suggestion of possible monetary gain involved.

And what subject matter had so consumed her that she was willing to give up more relaxing and pleasurable activities in its pursuit? Ironically, the topic was the importance of participating in leisure activities throughout the life span and their impact on life satisfaction.

According to both the research she reviewed and her own findings, all work and no play makes Jack much worse than dull. People who consistently fail to incorporate leisure into their lives are more likely to feel depressed, disconnected and dissatisfied. The research suggests leisure participation can also have a significant impact on physical well-being.

Reiner is a member of the Association for Adult Development and Aging, a division of the American Counseling Association that looks at human development from the very beginning to the very end of the life span. Her research had a two-prong focus:

- The importance of leisure activities at each developmental phase of life
- The importance of developing leisure habits early in life

Although her research was not directly related to her work, Reiner believes it has helped her in her position as a high school counselor. "I really look at everything I do as how it's going to affect them (the students) when they grow up," Reiner said. "I want to help develop them into healthy adults with healthy attitudes. And (leisure planning) impacts the rest of their life."

After examining her own curiosity about the importance of leisure activities to quality of life and life satisfaction, Reiner thought the results were important enough to share with other counselors. With the help of Christine Moll, a counselor educator at Canisius College and a past president of AADA, Reiner presented an Education Session at the 2005 American Counseling Association Convention in Atlanta titled "Leisure Development and Planning Throughout the Lifespan and Its Implications on Life Satisfaction in Older Adults."

A perception problem

For most people, the thought of leisure has pleasant connotations, but in a society generally driven by work, money, status and achievement, it also carries hints of indulgence, extravagance or even laziness. As much, leisure doesn't always receive much respect in the general population as a tool for human development.

"Some people have a hard time even coming to grips with having leisure," said Reiner, who pointed out that many baby boomers and members of preceding generations don't view the idea of leisure as constructive. But according to Reiner's research, people who nurture leisure activities throughout the life span have a much healthier outlook across the board — physically, mentally, emotionally, socially and in their sense of self.

Moll, who leads "Freedom From Frazzlement" workshops that partially focus on the importance of leisure, agrees. While stress management workshops have blossomed nationwide, she said, leisure planning is a parallel topic that often gets overlooked or isn't even encouraged. Many Americans view leisure as a luxury, she said. Even when U.S. workers go home for the day or take a vacation (if they take a vacation), many stay in constant contact with their office via e-mail or cell phone, she pointed out. "But leisure is a very important component of our lives that impacts multiple dimensions of our lives," Moll said. "That suggests it's not a luxury, it's a necessity."

Another area that leisure can enhance is spirituality, she said. In fact, Moll's interest in the role that leisure plays in human development goes back to when she was earning her bachelor's degree in religious studies and education. During her coursework, she read a book that described play as a taste of the timelessness that eternal life offers. "Play is very timeless," she said. "People lose track of time when they're watching or playing games."

Moll believes a healthy leisure life helps "put us in touch with the bigger picture of the universe. ... We need to take time out to laugh and appreciate the grandeur of the world."

Defining leisure

To fit the definition of leisure, Reiner said, activities must:
- Be freely chosen by the participant
- Provide satisfaction
- Arouse interest
- Provide a sense of adventure
- Require a sense of commitment
- Provide a sense of "separation" or "escape"
- Provide pleasure

According to the research, Reiner said, there was no evident difference in the benefits received from leisure activities based on personality type or level of physical activity. In other words, an introvert completing a crossword puzzle can experience the same development benefits as an extrovert playing a pickup basketball game with five friends, as long as both are doing what they truly want to do.

However, Reiner said, research does show that people who get overly involved in competitive activities and whose main motivation is winning risk crossing back over the leisure-work divide. As Moll explained, "If you get so wrapped up in winning, it's no longer leisure. If you find yourself in a better space when all is said and done, great. But if your blood pressure is up and you're making others around you miserable, that's not leisure. That's something ugly."

Pursuing leisure across the life span

One of the themes that emerged during Reiner's research was the pivotal role that leisure plays in promoting development throughout the life span. In addition, she found that each developmental stage presents new obstacles to participating in leisure activities.

Children and adolescents

One of the most important conclusions Reiner drew from the research is that children who actively participate in leisure activities tend to grow into active adults. On the other hand, people who don't participate in many leisure activities as children do not tend to nurture life activities outside of work as adults, leaving them more susceptible to a general dissatisfaction with life.

Moll pointed out that this is one of the main concerns with allowing television to become the de facto baby sitter for children. In those instances, children do not tend to develop other interests and leisure habits that will benefit them later in life.

One way that leisure promotes development at this stage, Reiner said, is by enhancing what is taught in the classroom, including the acquisition of social, physical and intellectual skills.

She also found that structured activities tend to be more advantageous for this age group than unstructured activities. As a whole, Reiner said, young people who participate in structured leisure activities have higher grades, are less likely to drop out of school or get involved in criminal activity, and exhibit better overall mental health.

Working adults and adults with children

Many young adults gradually allow leisure activities to get crowded out of their life by the competing priorities of work and/or raising a family. Reiner and Moll said, and that trend often continues throughout mid-life. Because of this likelihood, it is important for people at this
Adults who were overly focused on work or family earlier in their life often have a hard time finding a purpose or setting goals upon reaching retirement age, Reiner said. But leisure activities can provide retired adults with numerous goals (whether it's finishing a quilt, playing a set of tennis, tending a flower garden or writing their memoirs) and an accompanying sense of reward, she said.

One of life's conundrums is that we rarely seem to have enough free time to truly pursue our passions, yet when we retire and finally have more free time, we're often not in the physical condition to pursue those same passions any longer. But just because retirees can't necessarily perform an activity at peak level, Moll said, doesn't mean they still can't enjoy it. She regularly advises older adults to rediscover the joy they once felt in pursuing hobbies and activities outside of work usually grown up to value the benefits of leisure themselves, she said.

However, Reiner warned, many parents fool themselves into thinking they are maintaining their leisure time for their children's activities. It is important, she stressed, for parents to make sure they are still developing their own leisure interests based on the definition she supplied.

Retirees

The nurturing of leisure activities (or the lack thereof) throughout the life span often comes to a head at retirement age. Without a job to report to and with their children out of the house and living lives of their own, many retirees find themselves facing a hole that they don't know how to fill. But according to Reiner, that "hole" is a lot less ominous for retirees who have embraced leisure activities throughout the course of their life. Research indicates that these retirees aren't nearly as likely to lose their sense of self, she said, in large part because they have learned how to spend their free time in a satisfying manner.

According to Reiner's research, retired adults who continue to pursue leisure activities tend to maintain their mental, physical and emotional health significantly longer than other retirees. The activities serve to give them a sense of both independence and competency, she said, even as they may be losing some of their other skills.

The goal may be as simple as getting the person to do something that they really enjoy once a week or even once a month, Moll said. "I don't want it to be a burden for them," she said. "I want this to be something they really look forward to."

"Leisure graphs" are one of the most effective tools for helping clients cultivate their leisure life, Moll and Reiner said. Reiner used leisure graphs as part of her survey process when conducting research and also utilized them with attendees of her presentation at the ACA Convention. The graphs help clients chart which leisure activities they have most enjoyed over the course of their life while giving them a better understanding of why those activities were important to them. In the process, themes or commonalities emerge that shed light on what was being met or what meaning was behind a particular activity.

For example, Moll said, until she turned 16, "riding my bike was my world." When she examined why this activity had been such a "peak experience" for her, she saw that it gave her a sense of freedom (it expanded her neighborhood), a sense of independence (her mom didn't know where she was all the time) and a sense of adventure. Eventually, Moll's bike was replaced by a car. Not coincidentally, one of her favorite leisure activities today is taking long road trips, in part because they meet the same needs once satisfied by her local bike excursions.

When people recall the activities they once enjoyed and get a better understanding of why those pastimes provided such satisfaction, Moll said, it helps them to consider how those needs might be met in the here and now. They might be encouraged to reclaim an activity they once loved, modify an activity to fit their current life stage or find a satisfying replacement, she said.

Themes and meanings that emerge on the leisure graph also give clients a better grasp of what provides them with a sense of purpose and life satisfaction, Reiner said, allowing them to plan more effectively for the future.

In fact, Reiner said, because leisure graphs help students to assess their interests, abilities and needs, they are an especially useful tool for career planning. In turn, she tries to impress on students and others Carl McDaniels' definition of career as "work plus leisure." Too many people, she said, are focused solely on the job part of the career equation, but she is a firm believer that leisure plays a meaningful role in both career development and satisfaction.

Leisure can provide a big boost to clients in whatever job they're in, Moll said, by helping them to clear their minds and gain perspective. One of her clients regularly took bike rides of 40 to 50 miles and claimed that it helped him to be more creative at work. "It gave him time to pedal through ideas," Moll said. "It let those creative juices flow." And when the client got stuck on a problem, either on the job or in his life, Moll knew exactly what question to ask. "When was the last time you were on your bike?"
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The Challenge of Counseling Teens: Techniques for Engaging and Connecting With Reluctant Youth

Self-awareness: I am goal-directed and task-oriented when the need arises, preferring to start early and work often on projects. The limited-time nature of the examination required new insights about my work habits and abilities. Reflecting on and initiating personal time management behaviors before the clock started ticking was very helpful. Procrastination is one issue that can certainly get in the way of success. The best advice I received came from my adviser, who said: "But to chair?" I would only add that the chair should be flexible and comfortable but not too cushy.

After spending hours in front of the computer screen conducting online searches and writing and rewriting, I found reading from paper copies very valuable. Trust me, the blind spots that eventually appear in front of your eyes may be due to staring at the computer screen for too long. Luckily, those spots went away when the examination was all over because I stayed away from the computer screen and added more breaks and time for hugging my children into the equation.

Support system awareness. I learned that asking for help or support is vital to surviving a candidacy examination. Friends provided comforting ears and encouragement, but support also came in other ways. Feeling friendly to the library staff turned them into active members of my support team. They not only saved me time wandering around but also saved me great amounts of frustration by telling me things such as which microfiche machine was operable rather than letting me try out several dysfunctional ones on my own first.

Family support often came in small doses at crucial times. My son was very understanding when I hugged him and asked him to step standing outside my war room "just to jitter." My mother's doorstep delivery of a much-needed gallon of milk and some hugs during the final week leading up to the examination was a precious gift. The best assistance possible came from my husband when he "enabled" me to the computer to work and check the day before the print deadline. Letting others know how to support you is truly a gift you can give yourself.

I hope my experiences will be as helpful to others as I know they would be for me if I had to do it all over again. Perhaps my experiences can create a template for others to use in recognizing support systems and preparing for a major project. So to fellow students, I say: "I have knowledge, skills, and awareness be there for all who venture into challenges such as comprehensive examinations.

Barbara A. Mahaffey is a graduate student at Ohio State University.

Richard Hazel is the column coordinator for Student Focus. Submit columns for consideration to hazelr@psu.edu.
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Current Transportation Department regulations define SAPs to include all licensed physicians, psychologists, social workers and employee assistance professionals who "have knowledge of and clinical experience in the diagnosis and treatment of substance abuse disorders." The regulations also recognize as SAPs those individuals certified by the National Association of Alcoholism and Drug Abuse Counselors or the International Certification Reciprocity Consortium, or those certified as Master Addictions Counselors by the National Board for Certified Counselors. State-licensed professional counselors are not allowed to apply for designation as SAPs regardless of how much expertise they have in diagnosing and treating substance abuse disorders.

As of press time, the American Counseling Association and the American Mental Health Counselors Association were working together to convince Senate conferences on the measure to adopt the House language. The legislation is moving quickly, as a temporary authorization measure was due to expire on July 19.

House passes appropriations bill

At the end of June, the House of Representatives passed a $602 billion Fiscal Year 2006 spending bill for the Departments of Labor, Health and Human Services, and Education. The legislation (H.R. 5010) changed little from the version approved earlier by committee and provides about $115 million (0.2 percent) increase for the Department of Education. A chart of funding levels for selected programs is on the ACA website at www.counseling.org/public. The bill provides $34.7 million for the Elementary and Secondary School Counseling Program and rejects President George W. Bush's proposal to eliminate vocational education programs.

Of note, the report accompanying the legislation expresses concern regarding the Bush administration's decision to close regional offices of the Rehabilitation Services Administration. The report states, "The Committee is interested in ensuring that the Department [of Education] has a replacement system and plan in place for accountability, monitoring and technical assistance of these [vocational rehabilitation] programs prior to the dismantling of the current system."

During House floor consideration, members overwhelmingly defeated an amendment offered by Rep. Ron Paul (R-Texas) to ban federal spending on universal mental health screening of children. Mental health advocates opposed the Paul amendment as unnecessary given the administration's clear position against carrying out broad mental health screenings. The amendment was also viewed as potentially stigmatizing for those families with children in need of mental health services. ACA joined other mental health advocacy organizations in opposing the amendment.

The Senate Appropriations Committee planned to mark up its FY 2006 Labor-HHS-Education bill in mid-July, but full Senate consideration may not occur until after Labor Day.

ACA announces changes on Public Policy staff

On July 1, Dana Alpert left ACA's Public Policy and Legislation staff to pursue a master's degree in public policy degree at the University of Michigan. While she will be sorely missed, we are pleased to announce that her position has already been filled. Brian Altman will take Dana's place in spearheading work on mental health counseling issues.

Like Dana, Brian received his bachelor's degree from Duke University. In 2003, Brian obtained a juris doctor from Georgetown University Law Center. Before joining ACA, Brian worked on behalf of health care providers at a small lobbying firm and conducted political and policy work for a trade association. Brian can be contacted at 800.347.6647 ext. 242 or via e-mail at baltman@counseling.org. Please join us in welcoming Brian to ACA!

Advocacy is easy!

August recess has begun, and senators and representatives are back in their states to meet with constituents. Now is a great time to share your concerns with your lawmakers. Counselors are trained to advocate for their clients, but counselors must also advocate for their own right to practice!

It's easier than you think. Starting on the front page of this issue of Counseling Today, we have included a quick guide that will show you how to link up with your lawmakers and help you to make sure your voice is heard on Capitol Hill without ever leaving the state! Please contact Chris Campbell of ACA's Public Policy and Legislation staff at 800.347.6647 ext. 212 for more information, or visit our website at www.counseling.org/public.
Finding Your Way - BY SEDDIGHEN LENJAVI

Always a minority

The journey of finding my way has to do with discovering who I am despite feeling like a minority in every aspect of my life. I always felt like an outsider, whether I was dealing with racism and oppression or just trying to fit in. There were countless moments in my life where I felt ashamed of my skin color, my heritage, and my very being. I remember times when I hated my reflection in the mirror because of the unhappiness it stirred up in my soul. Today, as I look in the mirror, I am no longer unhappy, but I have yet to discover my true self and where I might belong.

I have many names and no real identity. My real name is complex: There are actually two correct ways to pronounce it and two ways to spell it. Seddigheh is the Persian way to spell my name and Siddiqua is the Indian way. My name has the same meaning in both languages: the goddess of truth. It was also the name of a woman from history who would be considered a Persian princess.

Depending on what country I am in or which of my family members I am around, my name changes due to a slight difference in pronunciation based on the language being spoken. Even though I love my name, very few people in America can pronounce it. So I am also known as “Cindy” to friends and to those who cannot say my real name. Furthermore, my mom calls me Seddigh, my brother calls me stupid and, when I was little, my father would call me Sisi. My Persian last name, Lenjavi, stems from the coastal port city of Lenghe, located south of Iran in the Persian Gulf.

When individuals ask me my ethnicity, I tell them I am half Indian and half Persian. I identify more with my Indian heritage because I was born in India and spent most of my life there, but I still feel connected to my Persian roots as well. My grandfathers were Persian, coming from lands that existed in the time of the Persian Empire, yet my grandmothers were from India. To make matters more complex, every family member born in the last three generations calls India home. Since the majority of my family migrated from Iran to India, we refer to ourselves as Persian Indians. After living in the United States for almost 17 years, I have mostly assimilated with American culture, yet I still feel like a stranger at times.

The odd thing is that when we are in Iran because we do not have typical Persian features and our skin color is too dark according to their standards. Moreover, we are viewed as non-Iranians because we do not have typical Indian features. We are treated differently in shops and restaurants and are stared at as we walk down the streets. We often hear people speaking about us behind our backs in a language they wrongly assume we cannot understand.

Yet we are also treated poorly when we are in India because we do not have typical Persian features and our skin color is too dark according to their standards. Moreover, we are viewed as non-Iranians because we were born in India and do not possess the typical Persian accent. In other words, both sides see us as foreigners.

Here in America, I am also a minority and get treated as such. People cannot tell what I am because I do not possess the typical facial features of any one race. I am almost always mistakenly identified as being Mexican or Hispanic because of my brown skin color. Even when I meet Indians or Persians, I have to resort to speaking one of the native languages to "prove" I am what I say I am. To this day, when I tell people my ethnicity, they often ask me stereotypical questions: Do my father own a gas station or a convenience store? Do I have an Indian accent like Apu on The Simpsons? Am I a terrorist, or do I know any of them?

We moved from India to America when I was 8. When we were leaving, my brother told his friends he was going to New York City where Batman and Spiderman lived. I consider that a funny yet poignant example of immigrating to a foreign land. The only thing we knew about America came from our comic books. Everything was so strange to us, and it was hard to adjust for many reasons. For one

Continued on page 22
Those dealing with anorexia nervosa have a distorted body image and an intense fear of weight gain. They are also preoccupied with body weight and shape. Additionally, women may suffer from amenorrhea, or the loss of a menstrual period.

The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition lists two subtypes of anorexia nervosa: restricting, where weight loss is accomplished primarily through dieting, fasting or excessive exercise; and binge eating/composite overeating, which includes episodes of impulsive binging or continuous overeating followed by periods of fasting or dieting.

“In my 17 years of ED practice, I have found that a multidimensional approach works best to address all areas of the complex problem,” said Rebecca Compton, a Licensed Professional Counselor in Houston, and ACA member. “Research has confirmed my experience, which is not surprising, as these biopsychosocial disorders uniquely involve all aspects of a person.”

Compton noted that she provides psychotherapy to address clients’ psychological issues. Clients are also required to see physicians for medical monitoring and a dietitian for food planning.

“These professionals also provide another objective source of education about the health implications and consequences of eating disorders,” she said. Dentists, psychiatrists and other health providers may also be called on to provide optimal care.

Compton’s approach integrates theory and intervention strategies from psychodynamic, cognitive-behavioral and family systems orientations in which relaxation, guided imagery and dream work may sometimes be used. “Because eating disorders are often extremely serious challenges,” she said, “my style includes eliciting creativity and humor — significant resilience factors often lost in the midst of the current problem. I consistently tailor the therapy to meet the needs of the individual client, with an emphasis on establishing and maintaining a strong working relationship, which is the basis of good treatment.”

Her tailored approach focuses on five potential problem areas that can contribute to eating disorders.

1. **Psychological:** Feelings of low self-esteem, perfectionism, depression, anxiety, anger, emptiness or loneliness; and feeling a lack of control over life and/or a sense of inadequacy.

2. **Interpersonal:** Factors include difficulty identifying and expressing feelings, family discord and troubled relationships, unrealistic family expectations for achievement, a history of being ridiculed based on body shape and weight, and a history of abuse (sexual, physical or emotional).

3. **Social:** Cultural pressures that place extreme value on thinness, physical appearance and obtaining the perfect body, as well as media messages that encourage dieting as a means for achieving beauty.

4. **Genetics:** This area is still being researched, Compton said, but studies indicate a correlation between eating disorder and biopsychosocial disorders may or may not be connected to social and emotional problems.

5. **Spiritual:** This area deals with life’s meaning and purpose. For clients who already have or create a sense of connection to spirituality, these resources may provide great support in recovery. Compton noted that spirituality comes in many forms that may or may not be connected to organized religious practices.

“I think this is one of the most challenging populations to work with,” Compton said, “but it’s highly rewarding. However, the (counselor’s) education should be continual. You have to be prepared and willing to do a lot on your own, your knowledge and beyond the CEUs (continuing education units) that are required to keep up on your licensure. Because there is no specializing track in any counseling program for this, we have to educate ourselves.” In part because of this, she noted the importance of good supervision when working with this high-risk group. “I encourage other therapists to work in this area, but to seek out good information, resources and consultation,” she said.

“For me, the most challenging part — especially in the beginning, but this could occur at any time — is when a client is limited inside, and how to balance my role in this area with the expertise of the client’s own authority and expertise on herself,” she said. “The issue of control is of great significance with these clients.”

‘**Diet is a four-letter word**’

Lynda Bynum is a Licensed Professional Counselor in Winston-Salem, N.C. After working for several years as a substance abuse counselor, she moved to the private sector to focus on eating disorders. “Since I had a particular interest in women’s issues, I decided that it only made sense for me to specialize in the most pertinent and frightening area facing women today — eating disorders,” she said. During the next few years, she relentlessly researched the disorders and presented on the subject at several conferences. Based on her studies, she agrees that a team approach is best when working with this population.

Bynum works closely with a local nutritionist, Barbra Andrews, who has more than 20 years’ experience with eating disorder clients. “I’ve developed a very close relationship with her,” Bynum said. “I think that’s the key to our success. We communicate at least a couple of times a week about clients, but we do keep things very separate.”

Bynum said she strongly opposes counselors trying to act in both roles. “I think it’s very wrong for counselors to be in-patient nutritionists,” she said. “Barbra has a master’s in nutrition, and I let her do that part of it. I think many times counselors know enough to be dangerous.”

Bynum and Andrews help their clients to re-establish a healthy relationship with food.

“Bynum, also an ACA member, said she takes a holistic approach by treating the mind, body and spirit of her clients. She has an emphasis on relaxation, anxiety control and increased self-confidence.

“We are very opposed to diets,” Bynum said. “Diet is a four-letter word. For people with an eating disorder, there isn’t such a thing as a healthy diet.”

Diet makes the person focus and obsession on calories or carbohydrate intake, she said. “Clients with eating disorders can often trace their problems with food back to a single incident or hurtful comment that pushed them over the edge,” she said.

Bynum also noted that these clients can present special challenges. “ED clients are very into control and can be very very very resistant,” she said. “They tend to split the team a lot. That’s a way for the client to regain control.”

Bynum and Andrews are very open with each other about their cases and compare notes to make sure the client isn’t being pitted against each other. “We respect that (we’re each) an expert in our own field,” Bynum said. “If something comes up about food in my session, I will tell them that there is something that they can take back to explore more with Barbara. A lot of times, when they leave my office, I will call right then and leave her a message about what came up. ... There are some therapists who try to do it all, but it’s just such a very complex illness. It’s hard enough for me to deal with all the emotional issues, much less trying to be an expert with the food issues, too.”

Bynum steers as clear as possible from the food issues. “I don’t have a scale in my office,” she said. “I don’t want to be the weight police or food police, and that really frees the client up to deal with the emotional issues that come along to develop an eating disorder.”

Bynum said she gets concerned when fellow counselors say they work with eating disorders “a little bit.” She explained, “I don’t think this is an area that you can work in a ‘little bit.’ I think you really need to put in a lot of energy and time into training yourself, because I’ve never met an ED client who wasn’t extremely intelligent. They intellectualize a lot. It’s not an illness that can be approached from an intellectual standpoint. You can’t get too cognitive with them because it really is an emotional illness.”

She added that most of her clients are very driven, almost to the point of being addicts. “They are coping with life stresses with food,” she said. “You have to help them develop more positive coping skills so that they don’t need the eating disorder anymore.”

Bynum explained that many times ED clients feel as though food is the only thing they can control in their lives. “If you get in a struggle with an eating disorder, you are going to lose every time,” Bynum said. “You just can’t come at them and try to take the power away from a person who has an eating disorder. You have to help them build assertiveness and self-esteem.”

Bynum also pointed out that there are personality differences between eating disorders and addictions. People with anorexia tend to restrict not only their eating but also other activities in their life, she said. “They are not risk-takers,” she said. “Their relationships and experiences are very restricted, so recovery would be based on helping them be more adventurous and expanding their life spectrum.”

It’s almost the opposite approach for bulimics, Bynum said. In general, they take in more than they can handle, she said, so recovery should focus on helping them make better choices.

Craig Johnson, a pioneer in the field of eating disorder research and treatment, compares the two disorders to a turtle and a rabbit. Anorexics are like shy turtles who have to be coaxed out of their shell, while bulimics are like rabbits who need to slow down so they don’t feel so overwhelmed.

“They are very different disorders, and I think that’s the main reason why I feel like you just can’t dabble in this area,” Bynum said. “You need to get lots of training and experience and know that you can’t treat all eating disorders the same.”
The 'Paris' of North America

Known as the Paris of North America, Montreal is home to the largest French-speaking population outside of France. But Canada's second largest metropolis is becoming more notable as a truly multicultural and cosmopolitan city of the world. In the early 1970s, Canada embraced its expanding immigrant population by becoming the first country in the world to declare itself officially multicultural. Only 57 percent of Canada's population is Aboriginal, French or English. The remainder come from countries all over the world, and Montreal reflects that diversity with its blend of African/Black, Chinese, Indian, Asian, Persian, Muslim, Jewish, Irish, Italian, Scottish, Greek and Latin cultures.

The site of Montreal was originally an Iroquois village called Hochelaga. The region was shared by the First Nations people of the Algonquin, Huron and Iroquois. Jacques Cartier visited Hochelaga in 1535 in search of gold, which he never found. Samuel de Champlain, founder of Quebec City, explored the islands around Montreal in 1603, but the first settlers did not stake claims to the land until 1642, when Paul de Chomedey de Maisonneuve, a military officer leading a small group of nuns, planted a cross on Mont Royal and established a village in the name of the Virgin Mary.

According to most legends, the colony of Ville Marie was later renamed Montreal after the nearby hill. People of the First Nations waged war against the settlers and on for a century as Montreal grew into a prosperous fur trading capital. In 1670, the British joined the fray, establishing the Hudson's Bay Company to cash in on the lucrative trade. The British eventually seized Montreal from New France in 1760, converting Canada into a British colony in 1763 and officially beginning Montreal's duality as a French- and English-speaking city.

American troops invaded Montreal in 1775 at the behest of Benjamin Franklin and Thomas Jefferson but found few Canadian supporters for the American colonial war against the British and returned home dejected in 1776. Throughout the 1800s and early 1900s, Montreal's cultural diversity broadened, much like that of New York City, with the arrival of Scots, Irish, Italians and Chinese, mostly as laborers.

Today the city of Montreal boasts a population of approximately 2 million people, of which 500,000 are immigrants, representing more than 150 different countries. Montrealers enjoy a wide variety of cultural activities, including the International Festival of Films on Art held annually in late March (www.artifils.com/en/index.html) and the 6th Blue Metropolis Montreal International Literary Festival to be held April 5-9, 2006 (www.blue-met-blau.com). See www.montrealnow.com for a full schedule of festivals and dates.

Culturally, Montreal offers a taste of many countries. Its Little Italy is one of the finest and most true to its origins of any Italian community in North America. In Chinatown, visitors can experience a full range of exotic sounds and smells as merchants market their authentic Chinese specialty cuisines. Physically, Montreal is two cities. Beneath the sidewalks and basements is a bustling underground metropolis that spreads out through 13 kilometers of tunnels and contains approximately 2,000 shops. The tunnels connect most of upper Montreal, keeping shoppers and commuters warm and dry during the city's frigid winter. Montreal underground is the largest in the world. For a glimpse of Montreal, check www.montrealcam.com/en-spectacles.html.

The city of Montreal reflects that diversity with its blend of French and English. In Chinatown, visitors can experience a full range of exotic sounds and smells as merchants market their authentic Chinese specialty cuisines. Physically, Montreal is two cities. Beneath the sidewalks and basements is a bustling underground metropolis that spreads out through 13 kilometers of tunnels and contains approximately 2,000 shops. The tunnels connect most of upper Montreal, keeping shoppers and commuters warm and dry during the city's frigid winter. Montreal underground is the largest in the world.
Visit the local district office. You should ask to meet with the senator or representative if he or she has the time, but prepare to be told that you will instead need to meet with a staff member due to the senator’s or representative’s heavy schedule. Your chances of actually getting to sit down and talk with your senator or representative will improve if you are flexible enough to wait until the lawmaker is back in the state or if you gather a larger group of counselors. The American Counseling Association’s Public Policy and Legislation staff will be happy to help you prepare for a legislative visit should you succeed in getting one scheduled.

Go prepared with pertinent questions. Some sample questions for town hall meetings:

- Do you support covering Licensed Professional Counselors as mental health service providers under Medicare to make treatment more accessible?
- What can you do to support federal funding of high-quality school counseling programs?
- Do you support giving welfare beneficiaries access to rehabilitative services for longer than six months if they need them and are also working part time?
- What are you doing to gain passage of a meaningful federal mental health parity law?
- (For senators) The Department of Defense has inconsistent policies in place that limit TRICARE beneficiaries’ access to counselor services. Can you work this year to adopt House-passed language to fix this?

Nearly 70 counselors from 26 states and the District of Columbia participated in advocacy training offered at the ACA Legislative Institute earlier this year.

- What can you do to support federal funding of high-quality school counseling programs?
- Do you support giving welfare beneficiaries access to rehabilitative services for longer than six months if they need them and are also working part time?
- What are you doing to gain passage of a meaningful federal mental health parity law?
- (For senators) The Department of Defense has inconsistent policies in place that limit TRICARE beneficiaries’ access to counselor services. Can you work this year to adopt House-passed language to fix this?

Ask us for more! ACA’s Public Policy and Legislation staff is at your service with background materials, lobbying packets and technical information that will better prepare you to contact your lawmakers. Call Chris Campbell at 800.347.6647 ext. 241 for more information or visit the PP&L website at www. counseling.org/public.

Reader Viewpoint

Continued from page 9

before when I had visited her. She was a bit slower. “Her leg must be bothering her a little more these days,” I had rationalized, “She’s just getting older.”

As with any family who has a strong mother, coping with her was usually a challenge. My mother decided she didn’t want treatment. We were shocked yet again! We tried to protest, but it was futile. She had made up her mind, and as she would say, “That’s the end of it?” My seven siblings and I decided to alternate weeks to take care of her since she was such a private person. We developed a schedule, and each of us flew home week after week to care for her. During the latter stage of her illness, it took two siblings just to lift her. Yet we never had a cross word with each other, and we always kept faith that God would care for our mother next.

A few weeks before the end, I flew home for the weekend just to relieve one sister and to help another transport my mother to a third sister’s home. Awaiting our arrival were two other sisters who would be with her until the end. As for me, I returned to work because I was beginning my third year as a tenure-track professor; what a way to start this important year! She passed away just two weeks into the fall semester.

Protest and yearning

This is an extremely difficult period with a mixed bag of emotions for a person who has lost a loved one. We resist the loss and are prone to getting angry. Protest manifests itself in many ways. For example, we can blame others for our loss. Personally, I blamed my mother at first for not wanting to get help. I was hurt, but I kept telling myself that it was her choice, not mine, though that didn’t really help much.

We can become easily agitated and have emotional outbursts. I didn’t have an outward, but I would never advise a client to do what I did, which was to walk right through the hurt, protest and yearning! I rationalized that it was my third year on the tenure track and that I had to do what I could to keep my career progressing. I would stay focused.

Still, thoughts of my mother came often — at work and on the way to work, to and from class, and at home. When appropriate, I talked about her a lot with friends. When asked, I talked about her at work. I yearned so deeply for my mother over the next three months that it seemed unbearable in many ways, but I just kept on going.

My outlets for releasing these feelings included exercising regularly, talking with friends, attending church and working. These outlets helped, but getting through the holidays proved extremely exhausting, even though I was with family. What I really needed was time to grieve my mother’s death — and therapy.

Despair

One definition of despair is “a state in which everything seems wrong and will turn out badly or the feeling that everything is wrong and nothing will turn out well; to abandon belief, to lose heart and to give up hope.”

Most therapists have seen clients walk into their office who appear to have given up and be at their wits’ end. I say “appear” because at the end of February a colleague told me that it looked as though I had given up. While I was having a very difficult time, I responded, I had not given up. My faith would not allow me to do that. My family didn’t believe “giving up” was an option. We always persevered! I have always been an optimistic person, always hopeful, and my Christian faith has served as an impetus in developing this trait even more.

However, after the holidays, I was at a place I had never been before in my life. Even though I felt despair, I resisted it because I knew it wasn’t consistent with my faith. I fought it with all I had. But in the end, my mother’s decision not to seek medical treatment affected me more than I realized. I started to zip into a form of cognitive dissonance of despair, all the while trying to fight it with my faith. And it ended up being a period of paralysis.

Many therapists may see a person and wonder if he or she has given up. If you witness that “look of despair,” I challenge you to gently tell the person what you think you see because that person may not be aware of it (as was the case with me). Who knows? It may serve as a stimulant for that person to get help or to do something different.

Personally, I thought about what had been said to me and confided in a well-respected friend who helped me start moving in a more positive direction. I thought back on what I knew about helping people get better. I also started rereading a book I had encountered years before in my graduate counseling program. The book, Feeling Good by David Burns, immediately and radically helped me change the way I was thinking, and any cognitive psychologist will tell you that changing your thinking will change your life.

A therapist can also encourage clients to write out their feelings. I did this quite often after reading Feeling Good. The process was cathartic. As mentioned earlier, therapists can offer encouragement, support and a gentle push to clients during the despair stage. The book, my friend’s encouragement and some gentle nudging made a huge difference in my life and helped me move me to the final step or stage of bereavement.

Continued on page 1
Active job search pays higher dividends

I recently received an inquiry from an American Counseling Association member that went something like this: "I've sent out about a dozen resumes in response to ads I've seen, but so far, no one has called me. Why am I not getting an interview?"

This member has described a passive approach to a job search — send out applications to advertised positions and wait. (The passive-aggressive approach is to send out applications to advertised positions, wait and then ask, "Why am I not getting an interview?"

tions provided in the advertisement, wait and then review your application packet before submitting it. Any resume that is shabbily prepared or is accompanied by a cover letter with spelling errors and grammatical mistakes will not make the cut. Once you've reviewed the application packet that submitted a cover letter in crayon (I'm not making this up, by the way), you won't be taken seriously as a candidate.

Make it easy for the reviewer to see that you meet qualifications for the advertised position. Consider providing a one-page summary of your vitae that specifically addresses the qualifications requested in the advertised position. Another solution is to address the qualifications in your cover letter using a two-column format. In the left-hand column, list "Advertised Qualifications"; in the right-hand column, respond with your "Appropriate Experience." You might even provide corresponding page numbers to your curriculum vitae as helpful reference information.

Determine yourself from other candidates. So you meet all the minimum qualifications set forth in the advertisement? Great. So will half of the other candidates who are applying. What else do you have to offer? The "above and beyond" qualifications are the ones that will move you from the pile of minimally qualified candidates to the more slender stack of outstanding candidates who merit further consideration.

Apply through multiple venues. You may have advertised in one source and followed the application instructions to the letter. Is it also advertised online with different instructions? If your credentials come to a hiring manager in multiple formats, it may increase your chances of being recognized as a viable candidate.

Follow up. A simple phone call to ensure that your application packet has been received can lead to an informal conversation about the hiring process. Be polite and professional to the person who answers the phone. If you can determine that the ultimate hiring authority is, ask to speak to that individual. If she or he is not available, jot the name down and try again later. A positive conversation with someone involved in the process will enhance your chances for a phone or onsite interview later.

Make it easy for the employer to meet you. If you live in the area (or can arrange to be there at your own expense), try to schedule a (professionally) casual meeting. Budget-minded hiring managers welcome no-cost opportunities to evaluate qualified applicants.

Update your status. Particularly if a search has extended over a period of weeks or months, you may need to complete a new certification or celebrate other significant achievements. Send an updated packet reasserting your interest in the position and affirming your availability, while simultaneously drawing attention to your new qualification.

Don't just wait for the phone to ring. Getting a job is a full-time job, and responding to advertisements is only one avenue to that end, representing about 25 percent of all new hires. Once you've done all you can to enhance your application process for advertised positions, continue your networking efforts to identify other opportunities. Uncovering an employment vacancy that hasn't yet been advertised puts you in a more competitive position with organizations eager to replace an employee who has moved on. Actively seeking employment opportunities, advertised or not, is the key to concluding your job search successfully.

Amy Reec Connelly in ACA's member services. She earned a master of arts degree in student personnel administration in higher education from Ball State University and has nearly 20 years of experience in university career services, recruitment and executive recruiting. Questions may be directed to her at ACACareers@acuounseling.org.

Reader Viewpoint

Continued from page 20

Detachment and recovery

Detachment may be defined as "the act or process of disconnecting, detaching or separating from something," and recovery as "the act, process or instance of returning to a normal condition." Most therapists have watched these phenomena occur in the lives of clients. It's miraculous how and when it happens. No one ever knows just why or when; it is just apparent that release has occurred and the person is getting better. I have observed this repeatedly when working with students and as a therapist, when working with mental health clients. It's the "ah-ha" moment when we know the person finally "got it."

I believe that my faith helped sustain me through this tumultuous time and that the three steps mentioned earlier (encouragement, support and gentle prodding) helped me move to a new place entirely in early May. My "release" was immense. I began to smile and see life as full of possibilities again. I started to talk about my mother in a new way and began to acknowledge and "remembering" the legacy she left me: the wonderful things she taught me, how proud she was of me and how much she loved me. I once again felt "free" to live my life, and this felt fantastic! With a new sense of hope and possibility, I could move on with my life and career. It's ironic that the one thing I wanted to stay focused on — my career — took a turn for the worse by the end of my third year. In spite of that, I still felt better about life, and that was a good thing.

Afterthoughts

Just how long does the bereavement process take? Every therapist is aware that this time-frame varies from person to person, client to client. Many factors play a role in its duration: whether the loved one's death resulted in a high or low grief experience for the client, the amount of social support (both personal and professional), the client's self-esteem, spiritual development and the like.

My firsthand experience with the crushing enormity of grief is, however difficult it is to navigate this process when isolated from family or otherwise without an adequate support system, and while attempting to maintain a normal lifestyle and career — has given me a new appreciation for students, clients and colleagues who must deal with a death in the family.

Now, if I were to see a client who was in a similar situation, I would say, "Don't work through this trauma as if it didn't happen. Take some time off to absorb this tremendous loss in your life. Go talk to a therapist and take antidepressants if you start to feel worse. Don't just get down on yourself because your faith is being tested. You're human, not divine. Go be near someone who really loves you. This is the only life you have, so take the time you need!"

I will never know if things would have been different or better for me had I taken the advice I would now give to clients. However, what I do know is this: "If I had to live through this experience again, I would not do things the same way. I'm so very grateful to finally be free to move forward."

Ophra A. Davis is an assistant professor of psychology at Bentley College in Waltham, Mass.
thing, the area where we lived was primarily Caucasian, so we didn't fit in well or know anyone. I remember how awkward I felt being the only student of color in a Caucasian school environment.

When I left India, I was supposed to go into the fourth grade. But to make the situation worse, when I came to America I was put in the second grade. By education standards, I was too young to be in the fourth grade. Consequently, I already knew everything being taught. I was teased by my classmates and called a nerd and teacher's pet, but I didn't even understand why.

We lived in New York for two years, then relocated to California. We moved into the cheapest place we could find. These were some of the most trying times. We didn't have anything — no furniture, no television, no beds, no refrigerator. I remember having a couple of crackers for breakfast and honey sandwiches for lunch because it was the only food that would not spoil. At recess, I was teased for the grumbling noises my stomach made. As the result of my hunger, I could not afford the school lunches and did not qualify for the free lunches, so I was forced to eat the same thing every day (honey sandwiches) and was teased about it constantly by the other kids. Sometimes I resorted to running to the bathroom and quickly and quietly eating my sandwich inside one of the stalls so no one would see me or have a chance to make fun of me.

My experiences in New York were repeated at my school in California. I was again known as the teacher’s pet because I was smart and received good grades. I was teased daily, had gun, spit and many other disgusting objects put in my hair and had my chair pulled out from under me several times a day. I also dealt with a lot of racism and prejudice. Kids teased me by calling me a camel jockey or asking if my father owned a 7-Eleven. I was also mocked because of my clothes. My family didn't have enough money to buy me clothes that were similar to those worn by other children, so I stuck out. The constant taunting from my peers and the racism I endured made me question my identity and my self-worth. I recall spending every single day of fourth grade recess and lunch by myself, sitting under a tree and crying. I was a loner with very low self-esteem who felt out of place everywhere. I believe the racism I dealt with in school destroyed any sense of self that I had. I felt defective and ugly for being different. Whether I was in India, Iran, New York, or California, it was the same story for me over and over again: I did not fit in anywhere.

I also felt like a minority within my own family. I never felt as though I fit in and always felt different. I learned most of the gender roles about being a girl from my family. I was always to be quiet, obedient and soft-spoken — the good Muslim daughter my family expected. I became accustomed to being seen and not heard. I was not allowed to speak unless spoken to. On those occasions when I did speak out, my parents became angry. They considered my behavior a result of being Americanized and saw it as a threat to their belief systems.

My family viewed me as the weird one who was too sensitive and emotional about everything. I was not interested in religion as others in my family were or in following my parents’ standards. Despite being the outsider in my own family, I worked extremely hard to get good grades in order to please my parents and to try to fit the mold they expected.

When I got to college, I thought I was finally going to fit in somewhere. I felt as if I had lost my voice growing up in my family. Now I would have a chance to move out on my own and finally learn what my voice sounded like. To my surprise, I again ended up feeling like a minority. I had trouble finding any group or culture I could identify with in my college environment. I tried to take part in various cultural groups but felt awkward because I didn't relate to my peers or their interests. Truthfully, I already felt too different by previous experiences and had all but given up hope.

The Indians and Persians on campus gravitated toward the more lucrative fields of business, medicine or law, while I was attracted to majors they considered unorthodox, such as psychology and education. The people who shared my education major consisted of either Caucasian or Hispanic women who entered the program with existing groups of friends. I tried my best but yet again because the loner who couldn’t find things in common with her peers. While my peers were attracted to making money, I was interested in the helping professions, despite the numerous naysayers who teased and mocked me.

Finding a teacher seemed like the most natural thing in the world for me; yet in my work environment, I again began to feel like a minority. I felt very isolated because I was the youngest teacher in the school. My colleagues all seemed to have interests and values different than mine. In addition, my college education had been in the profession for more than 10 years and thus had pre-existing and long-term friendship groups that I was not allowed to enter. I began to feel my self-confidence evaporating to the point where I was beaten and depressed. I cried in my car on my way home from work every day. It was just like I had felt in fourth grade sitting under the tree — utterly alone.

Three years later, I finally believe I am doing what I want. I have returned to school as a student and feel like I am at the right place in life to stop feeling so empty inside. The trials and tribulations I have faced throughout my life have not been in vain. Rather, those challenges I once viewed as insurmountable have led me to my role as a wounded healer.

As I look at the other faces in my class, I realize they're all trying to find their way as well. My classmates are like me: struggling to understand and overcome challenges in order to find their way. As for my own journey, I may have finally found my culture. It is neither Persian nor Indian nor American. I am a card-carrying member of the counseling culture, a group where I am finally beginning to feel accepted. Perhaps I belong somewhere after all.
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CounselingToday Quiz – August 2005

As you are reading the following articles you should be able to answer the questions below. This is an “open-book” exam. Use this page or a photocopy. Mark your answers by pressing down hard and completely filling in one circle per question. Then mail it with a $15 payment to the address below. Please do not send cash.

Living a Life of Leisure

1. Rainer’s research project was:
   ○ a. encouraged by her boss
   ○ b. suggested by a friend
   ○ c. supported by a grant
   ○ d. of her own making

2. Moll believes that a healthy leisure life helps put us in touch with:
   ○ a. the bigger picture of the universe
   ○ b. an expanded sense of identity
   ○ c. an experience of wholeness
   ○ d. the pleasurable aspects of personal growth

3. Moll’s 80-year-old father:
   ○ a. fell into a depression once he retired
   ○ b. played golf at a comfortable pace with peers his age
   ○ c. modified his game so he could still get out and play
   ○ d. started walking when his body was compromised

Parenting Pride

4. Logan worries about the stereotype of “two women can’t raise a man.”
   ○ a. True
   ○ b. False

5. Chen-Hayes’ sister has said that the number one reason for wanting to be their surrogate was:
   ○ a. to provide a genetic link to the child
   ○ b. to put them in the best possible legal position
   ○ c. to experience birth herself after years as an obstetrician
   ○ d. love for her brother

6. Who was able to legally achieve second-parent adoption?
   ○ a. Colleen Logan
   ○ b. Stuart Chen-Hayes
   ○ c. Sue Marriott
   ○ d. all of the above

Washington Update

7. Whose version of the federal transportation legislation includes language recognizing counselors as substance abuse professionals?
   ○ a. House
   ○ b. Senate
   ○ c. both House and Senate
   ○ d. none of the above

8. Why did Dana Alpert leave ACA’s Public Policy and Legislation staff?
   ○ a. to take a position with the government
   ○ b. to do research abroad
   ○ c. to pursue a master’s degree
   ○ d. cancer

Feeding Mind, Body and Spirit

9. Why did Lynda Bynum decide to specialize in eating disorders?
   ○ a. a particular interest in women’s issues
   ○ b. having suffered from an eating disorder herself
   ○ c. having lost a daughter to an eating disorder
   ○ d. all of the above

10. Bynum identifies what way that ED clients often “regain control”?
    ○ a. roasting other parts of their lives
    ○ b. intellectualizing
    ○ c. splitting the therapy team
    ○ d. developing self-esteem

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Program learning objective is to increase awareness of current issues and trends in counseling.
Please rate the following on a scale of 1 to 5 (1 is poor, 5 is excellent):
The information was well presented __________ 
I would recommend this home study program to others __________

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8.

Bynum identifies what way that ED clients often “regain control”? 

9.

Why did Lynda Bynum decide to specialize in eating disorders? 

10.

Bynum identifies what way that ED clients often “regain control”? 

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Phone:

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Parenting pride
Gay counselors share their challenges and victories in parenthood

BY ANGELA KENNEDY

Recently, the American Counseling Association Governing Council adopted a resolution in support of same-sex families. Though controversial to some, the resolution means ACA now can be added to the growing list of national organizations that publicly oppose any discrimination based on sexual orientation in matters related to creating and maintaining families.

Colleen Logan, past president of the Association for Gay, Lesbian and Bisexual Issues in Counseling, a division of ACA, was a strong supporter of the resolution and felt personally affirmed by its passage. Logan is both a counselor and a lesbian mother.

"Gay and lesbian families are no different from other families," she said. "They have all the same joys and challenges that other families have, except gay and lesbian families face and struggle with oppression and homophobia. All counselors need to be aware of that and understand the complexity of the process of becoming a GLBT (gay, lesbian, bisexual, transgender) parent."

Coincidently, Logan met her partner, Deborah, at the 1998 ACA Convention in Indianapolis. They were united in marriage in a traditional Jewish ceremony in Houston two years later. According to Logan, theirs was the first same-sex marriage in Houston officiated in part by a conservative rabbi. Both of the women knew early on in the relationship that they wanted to start a family together.

"We didn't know how or what we were going to do, but we knew we wanted children," Logan said. "After we were married, we became very focused on building a family."

They first considered the available options — adoption or artificial insemination, either by a known donor or an anonymous donor. The couple decided they wanted to know the father of their child and have him be a part of the child's rearing. Logan chose someone she was extremely close to and had known for more than 17 years to be the sperm donor. The father, also gay, was in a committed relationship of 15 years. The two couples considered the advantages and challenges of creating a child together. One of the first challenges was finding a doctor in Houston to perform the insemination procedure. At that time, in 2001, many fertility clinics would not use a man's sperm to inseminate a woman he was not married to — especially a gay man's sperm.

"Even though we had documentation showing the father was HIV-negative, the only way they would do it is if they froze the sperm for six months and tested it again," Logan said. Neither of the couples wanted to wait that long, so Logan and her partner flew to Washington, D.C., every month to have the procedure done. In January 2002, Deborah became pregnant.

In the end, it worked out to their advantage not to have a local doctor perform the insemination. Texas law states that if a man doesn't have actual intercourse with the mother, he cannot be named the father. "That loophole allowed me to adopt in Texas, because there is no father," Logan said. "Even though he is on the birth certificate and we recognize him as the father, because of that loophole, I was able to do a second-parent adoption." With that, Logan and Deborah, the birth mother, are both protected legally.

To better serve GLBT families, Logan said, counselors must be aware of these types of issues and the idiosyncrasies that pertain to this special population. In addition to working around a legal minefield, gay parents are faced with several other complex matters, including choosing the method of having a child, coming up with the financial resources to pay for adoption or insemination and trying to ensure that they have a caring network of family and friends to support them along the journey.

"There's that old saying about raising a child in a village," Logan said. "My son actually has one! He has three sets of grandparents and tons of aunts, uncles and cousins. We all chose to do this. We were very methodical and intentional about this. Our families have just gathered around us, and my son has a whole village of people who love and support him."

Although they have a strong support network, Logan said she does sometimes have to battle the stereotype that "two women can't raise a man." The father and his partner do provide a connec tion, she said, but Logan believes that she and Deborah are just as capable of imparting those attributes traditionally associated with men. "Our son just happens to be blessed with four people — two men and two women — in his life to provide guidance and create his primary family system," she said.

Logan also noted that when a gay couple chooses to have a child, it brings the "coming out issue" back to the forefront. Whether it's enrolling the child in preschool or interacting with other parents, new environments and childhood milestones trigger a never-ending coming out process.

"That's not typically what a hetero family has to deal with, but it can be challenging for gay and lesbian parents," Logan said. "However, I really want to be strong in saying that we are no different except for that."

Daddy and Baba

Stuart Chen-Hayes, a past president of Counselors for Social Justice, a division of ACA, is an associate professor of counselor education at the City University of New York-Lehman College. He and his partner, Lance Chen, just celebrated their 10th-anniversary together. The two actually spoke about their desire to become parents on their first date but didn't really contemplate their options for starting a family until 2001. At that time, the two began researching international adoption, local adoption and surrogacy. They even thought about the women of childbearing age from both their families. "But we never would have asked them to do that — it's just too much," Chen-Hayes said.

Instead, they initially decided on international adoption. "We wanted our child to match us in at least one of two categories — either gender or ethnicity," he said. "We felt that would be important in the connection with the two of us."

Lance was born and raised in Taiwan, so China seemed like the best place for the two men to adopt a child. However, they quickly realized that adoption officials in China were not eager to place children with single parents. "China had really cracked down on single parents because they realized many of the single parents were actually gays or lesbians with partners," Chen-Hayes said. "So we knew that wasn't something we wanted to pursue because we didn't want to go back into the closet or pretend to be single or heterosexual. It just wasn't right for us."

Disappointed but not down for the count, the couple next considered hiring a surrogacy. They quickly realized that adoption and surrogacy also found the process too problematic. Surrogacy was next on the list, but they were taken aback by the expense. Desperate for a child, however, they decided to sell their home to fund the surrogacy. Then, out of the blue, Chen-Hayes received a phone call from his sister volunteering to be their surrogate mother.

"How could we not accept?" Chen-Hayes asked. "My sister
and her husband have no children of their own, and they had no interest in becoming parents. She has very good boundaries, and we were very close to her and her husband, so we thought it would be a good plan.”

At the time, Chen-Hayes’ sister was 38, but she was able to conceive on the third attempt with artificial insemination. Lance’s sperm was used in the procedure so both men could be genetically linked to the child. In August 2003, she delivered a healthy baby boy into the world, and the two men jumped on a plane to meet their new son.

“We made it very clear that she would be the birth aunt and after the first nine months, we were in charge of everything else,” Chen-Hayes said. “She has a relationship with our son, just like any other aunt would. Certainly, our son will know the whole story on how his very special aunt helped him come into the world.

Though both families accepted and supported the birth, plenty of legal concerns plagued the two men. After Chen-Hayes’ sister offered to be the surrogate, the couple decided to move from New York to New Jersey, where there are stronger case laws supporting second-parent adoption.

“New York is also one of four states where it’s illegal to enter into a surrogacy contract,” Chen-Hayes explained. “My sister has said that the No. 1 reason for wanting to be our surrogate was to put us in the best possible legal position.”

After a lengthy nine-month adoption process riddled with red tape, Chen-Hayes finally succeeded in being legally connected to his son. “The biggest reason why it’s so important that ACA went on record for supporting same-gender families is that it comes down to all the agreements about civil unions and gay marriage,” he said. “It’s not about adults, it’s about protecting the children of GLBT adults. My son was legally at risk because we have a government that would not allow the two of us to be a couple legally and have those benefits right away. Fortunately, nothing happened to my partner during that time.”

Through some legal wrangling, their lawyer was able to get both fathers on the child’s birth certificate because the New Jersey second-parent adoption policy overrides the mother’s resident state laws. Having both their names on the document meant so much to both men. They hold those small victories close to their hearts, Chen-Hayes said.

Taking a stand

Sue Marriott is a licensed therapist in Texas. She is also a former board member of the Family Pride Coalition, the only national nonprofit organization solely dedicated to equality for GLBT parents and their families. She has her own private practice in Austin, where half of her client base is made up of GLBT individuals, and she has been involved in GLBT family advocacy for a number of years.

Recently, Marriott founded the Austin Alliance for Social Justice. Within 13 days of its initial meeting, the group coordinated a vigil that took place over the Independence Day weekend on the State Capitol’s steps. More than 400 people attended to protest a proposed constitutional amendment by the Texas Senate that would prohibit state recognition of marriages for same-sex couples, civil unions and domestic partnerships. If this amendment passes in Texas it would be a couple legally and have those benefits right away. Fortunately, nothing happened to my partner during that time.”
Are satisfied trainees more self-confident?

An article in the June 2005 issue of Counselor Education & Supervision (pages 293-304) will remind you of the influence that different supervisors had on your own training as a counselor. Delini Fernando and Diana Hulse-Kilhecy looked into supervisory styles in relation to trainees’ satisfaction and their feelings of self-efﬁcacy as counselors.

Fernando and Hulse-Kilhecy obtained 82 trainees’ ratings of their supervisors on three styles: Attractive (friendly, trusting, supportive); Interpersonally Sensitive (intuitive, invested, supportive); and Task-Oriented (structured, goal-oriented, evaluative). These ratings were statistically analyzed in terms of each trainee’s satisfaction with supervision and perceived self-efﬁcacy as a counselor.

An Interpersonally Sensitive style was the only one that signiﬁcantly predicted satisfaction, and the Task-Oriented style was the only signiﬁcant predictor of self-efﬁcacy, with the other styles contributing very little. Overall, style was more strongly related to satisfaction than to self-efﬁcacy. Furthermore, satisfaction with supervision and self-efﬁcacy as a counselor were not related to each other.

Jobless clients wish for more counseling

Because of corporate downsizing and restructuring, many companies offer terminated employees outplacement counseling, both to facilitate a smooth transition to a new job and to protect the morale of continuing employees. In the June 2005 issue of Career Development Quarterly (pages 306-316), Lee Butterﬁeld and William Borgen report on a qualitative study of 15 volunteers who had recently experienced unexpected job loss and received outplacement counseling through their ﬁrms.

The researchers interviewed each participant twice and grouped their responses into categories. Many of the categories were predictable, such as whether job search skills training was helpful or whether reference materials were adequate.

Of most interest to our ﬁeld, the majority of comments on career assessment inventories were positive. Participants mentioned that these standardized measures increased reﬂection, self-knowledge and awareness of areas requiring change. This ﬁnding supports the use of such inventories throughout a person’s working life instead of only during youthful career exploration. Second, 40 percent of the volunteers wished for more psychological counseling services and group work to help them deal with the emotional shock and vulnerability of being terminated.

The outplacement counseling representatives in this study were experienced in business, not in counseling. The authors suggest several directions for counseling professionals’ involvement in outplacement counseling programs and research.

More than Monster for older workers

James Kirk and Robert Belovics offer help to career counselors working with older adults (so-called “gray labor”) in the latest Journal of Employment Counseling (June 2005, pages 60-66). The authors list websites for 28 online resources and provide thoughtful annotations about what the sites offer. Sixteen sites are speciﬁcally aimed at older workers, while 12 are general sites with relevant information for all ages.

Career counselors may not have known about the nonprofit organizations whose sites coordinate training, peer support, networking, employment leads and advice for older workers. These organizations include Experience Works, Forty Plus, Senior Service America Inc. and National Able Network.

PRIVATE PRACTICE: Starting or Expanding?

Robert Walsh, MA, NCC, LCPC and Norman C. Dasenbrook, MS, LCPC, consultants and authors, have helped hundreds of counselors start and expand successful private practices. Since 1999 Walsh and Dasenbrook have lectured throughout the country and co-authored, “The Complete Guide to Private Practice for Licensed Mental Health Professionals,” now in its 3rd edition.

The Complete Guide 3rd edition contains over 170 pages of ideas and examples, included are all the private practice forms on CD-ROM. Some of the topics covered:

- Marketing strategies and advertising
- Referral sources
- Office set up with minimal investment
- HIPAA disclosure and clients’ rights documents
- How to bill insurance
- Dealing with managed care
- Office procedures
- How to get on closed panels
- And more

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

on Nov. 8, it could deny thousands of families and children in the state health care, inheritance rights and the ability to make life-saving medical decisions. In other states with similar amendments, Marriott said, conservative groups have sued private companies to prohibit the provision of domestic partner benefits.

Marriott said she is fighting for the rights of all children of GLBT parents, including her own. She and her partner, Tanya, have been together for 17 years and have two sons, ages 6 and 3. Through artificial insemination (anonymously), each of the women has given birth to one of their children while adopting the other. Marriott has given birth to one of their two sons, ages 17 years and have had another through artificial insemination (anonymously). Each of the women has given birth to one of their children while adopting the other. Marriott has given birth to one of their two sons, ages 17 years and have had another through artificial insemination (anonymously). Each of the women has given birth to one of their children while adopting the other. Marriott has given birth to one of their two sons, ages 17 years and have had another through artificial insemination (anonymously). Each of the women has given birth to one of their children while adopting the other.

"This proposed amendment can have devastating consequences on families," Marriott said. "We have gone through the process of merging families, and I don't want to leave it up to a judge to say whether or not we are seen as the parents to our children. For the average person out there, try and understand this: What if someone would just come into you, they aren't your child's parents? It's just hurtful. We just want to have a normal, boring family like everyone else."

She noted that many GLBT families are depressed because the obstacles feel insurmountable, but she urges those individuals to be publicly vocal about their families' rights. "We've got to go down fighting," she said. "Psychologically, it's a better place to be. We are the current shipping post, and whether people are talking about it or not, they are being affected by it. I think a lot of people have trouble feeling entitled to a response. There is a lot of internalization of it, and that's why I felt obligated to speak up, for not only my family but also my clients."

She continued, "As a therapist, just because it's invisible or people aren't talking about it doesn't mean it's not impacting people. To publicly, nationally and internationally be the object of derision, and have that be socially acceptable and even institutionalized in our laws, is just awful — and that's an understatement."

All three counselors strongly encourage others in the mental health professions to become aware of national and local laws, bills and issues concerning GLBT individuals and families. Following are some national resources:

- Association for Gay, Lesbian and Bisexual Issues in Counseling: www.aglibic.org
- National Center for Lesbian Rights: www.nclrights.org
- Gay & Lesbian Advocates & Defenders: www.glad.org
- American Civil Liberties Union Lesbian and Gay Rights Project: www.aclu.org/LesbianGayRights/Main.cfm
- Human Rights Campaign Family Net: www.hrc.org/familynet
- Lambda Legal Defense and Education Fund: www.lambdalegal.org
- COLAGE (Children of Lesbians and Gays Everywhere): www.colage.org
- National Gay and Lesbian Task Force: www.naglf.org
- PLGAL: www.pflag.org/
- GLAAD: www.glaad.org/
- GLSEN: www.glsen.org
- Rainbow Endowment: www.rainbowworld.com/endowment
- Freedom to Marry: www.freedomtomarry.org
- Gay Parenting Page: www.gayparentingpage.com

Angela Kennedy is a senior staff writer at Counseling Today. E-mail comments about this article to askennedy@counseling.org.
ACA strengthens its ties with overseas counseling organization

BY ANGELA KENNEDY

The American Counseling Association's immediate past president, Sam Gladding, sent written correspondence congratulating the Malaysian Association of Counselling on its 25th anniversary. The letter was read on June 24 to those attending the MAC Convention in Malaysia's capital, Kuala Lumpur.

MAC Secretary Abd Halim Mohd Hussin first contacted Gladding in hopes of developing a cultural exchange of counseling ideas and practices. Hussin said the Malaysian organization often looked to the United States and progress of ACA as a model for its own work and development. Additionally, MAC referred to the Council for Accreditation of Counseling and Related Educational Programs for curriculum design.

Like ACA, the Malaysian Association of Counseling encourages and enhances counseling practices and professional development, and is active in research projects. The association has played a major role in the public's understanding and acceptance of mental health services in Malaysia.

Similar to ACA's own annual convention, the MAC conference featured paper presentations and plenary sessions on issues such as family counseling, substance abuse, legislative matters, counselor competencies and multicultural studies. Interactive learning workshops focused on reality therapy, cognitive behavioral therapy and play therapy. More than 300 counselors attended the convention, themed "Counselors as Catalyst for a Cultured Society." Attendees paid tribute to the living founding members of MAC with an anniversary dinner, which was initiated with the reading of Gladding's letter.

"We were so excited to have ACA's letter to be addressed in our celebration," Hussin said. "I must say that we have a lot to learn from ACA in providing better service to humankind." Although MAC and ACA are culturally different, Hussin said, many MAC counselors were educated in the United States. Specifically, a number attended schools in Michigan, Indiana and Ohio.

"This is just the beginning," Hussin said, "and I'm very sure there is a lot more to go, as far as doing what we are doing for societies around the globe. We recognize and salute ACA for its outstanding organizational services."

Gladding noted that the newly formed tie with ACA is an added link in ACA's efforts to connect with other counselors around the world. "It gives us an opportunity to share and learn from one another," he said.

Hussin agreed, stating, "We would like to establish a strong relationship with ACA so that we can have joint professional development activities, conduct workshops and forums to enhance knowledge and skills, so (we may) produce and prepare highly competent counselors."

Currently, MAC is preparing to launch an English-language version of its website with tools and information for both counselors and the public. The Malay version of the website is at www.perkams.org.

"Thank you for your willingness to share with us," Hussin said on behalf of his organization. "May our professions grow and shine and light up the soul of those who are in search for their meaning of life."

Angela Kennedy is a senior staff writer at Counseling Today. E-mail comments about this article to akenedy@counseling.org.

In Brief

Mental health advocates: Tom Cruise's comments perpetuate stigma, shame

Recent remarks about mental illness made by actor Tom Cruise as part of a movie publicity tour have outraged mental health consumers and family members. The National Alliance for the Mentally Ill, the National Mental Health Association and the American Psychiatric Association coordinated and released a joint response to Cruise's comments:

"While we respect the right of individuals to express their own points of view, they are not entitled to their own facts. Mental illnesses are real medical conditions that affect millions of Americans.

"Fact: Over the past five years, the nation has more than doubled its investment in the study of the human brain and behavior, leading to a vastly expanded understanding of postpartum depression, bipolar disorder and attention-deficit hyperactivity disorder. Much of this research has been conducted by the National Institutes of Health and the nation's leading academic institutions.

"Fact: Safe and effective treatments are available and may include talk therapy, medication or a combination of the two. Rigorous, published, peer-reviewed research clearly demonstrates that treatment works.

"Fact: Medications can be an important and even life-saving part of a comprehensive and individualized treatment plan. As in other areas of medicine, medications are a safe and effective way to improve the quality of life for millions of Americans who have mental health concerns.

"Fact: Mental health is a critical ingredient of overall health. It is unfortunate that in the face of this remarkable scientific and clinical progress that a small number of individuals and groups persist in questioning its legitimacy.

"Fact: Mental illnesses are highly treatable, and seeking help is a sign of strength.

"It is irresponsible for Mr. Cruise to use his movie publicity tour to promote his own ideological views and deter people with mental illness from getting the care they need."

NMHA President and CEO Michael M. Fuenza added, "Cruise's comments could have very damaging consequences for Americans with mental health needs by increasing stigma and shame, discouraging treatment and forcing people to go without needed care. Celebrities like Cruise have an organic platform to share their talents and their viewpoints. However, this opportunity comes hand-in-hand with a responsibility to not mislead the American public with unfounded rhetoric. The organizations encourage people to share their joint statement with others, including local TV and newspaper editors and other media members.

Musicians band together to design wristbands for mental health awareness

Sponsored by the National Mental Health Association, mpower is a youth awareness campaign that's harnessing the power of music to change youth attitudes about mental health. Working with a diverse coalition of artists, music industry executives, mental health advocates and youth leaders, mpower is dedicated to reaching out to today's youth about a range of mental health issues, including depression, substance abuse, anxiety, eating disorders and suicide. The mpower campaign is also providing important resources and information to encourage those in need to seek help.

To help fight the stigma that keeps millions of young people from seeking help, mpower has designed its own version of today's popular awareness wristbands. The rubber, stretchy wristbands, inscribed with "Check Your Head", are light blue and glow in the dark.

According to its website, mpower borrowed the line "Check Your Head" — with permission — from a Beastie Boys record because the phrase fit the mission of the campaign: to get teens and other young people to think about their mental health and to seek help when needed. Both the website address www.mpowersyourlife.org and the 1-800-SUICIDE hotline number are printed on the inside of the glow bands. They can be purchased at www.wristbands4awareness.com.

SAMHSA awards money to services for homeless

The Substance Abuse and Mental Health Services Administration announced 30 grants totaling $59.5 million over five years to provide substance abuse and mental health services to homeless individuals. The grants will enable communities to expand and strengthen treatment services for homeless individuals with substance abuse disorders, mental illness or co-occurring substance abuse disorders and mental illness.

"There are 2 to 3 million Americans homeless at some point each year," said Charles Curie, SAMHSA's administrator. "Of these, an estimated 20 percent have a serious mental illness, and up to half of those with a serious mental illness also have an alcohol or drug use problem. SAMHSA's vision is to ensure that everyone has an opportunity for a life in the community. Clearly, the pillars of a fulfilling life must be built on a foundation of safe, stable and comfortable shelter.

The 2005 awards build on the 34 grants funded in 2004. The awards for 2005 are for as much as $400,000 per year in total costs. Continuation of these awards is subject to availability of funds as well as the progress achieved by the grants.
ACCA raises call for advocacy efforts

Collaboration and networking are key to accomplishing any challenging task, but they are paramount when advocating for college counselors and our clients. Due to consistent, collegial counselors and our paramount when advocating for a challenging task, but they are key to accomplishing any mission. Mspriggs@gwu.edu for advocacy efforts ACCA raises call

Administration is managing the last fall. The Substance Abuse the Garrett Lee Smith Memorials are reaping the rewards of college counselors and those we still much work to be done to reduce campus suicide, there is counselors play in efforts to recognition of the role college counselors this month and beyond:

- Maintain, renew or begin your American College Counseling Association membership. The larger our group, the stronger our united voice can be!
- Meet with another colleague or group of colleagues to identify the specific advocacy needs for your campus, region or state. Form a coalition!
- Volunteer to serve on a board, committee or coalition that advocates for college counselors (for example, ACCA’s Public Awareness and Professional Advocacy Committee).
- Increase awareness about college counselors and counseling. Inform not only your campus community but also the community surrounding your campus about who you are and the important services you provide. Write for campus and local newspapers, inquire about doing a public service announcement for campus/local radio stations, etc. Be creative!
- Build relationships with student development professionals on and around your campus. Help them understand why the work you do is important.
- Consider conducting research on the efficacy of college counselors or supporting those who do.
- Collaborate with other associations to influence their knowledge and support of college counselors (for example, the National Council on Student Development — www.ncsdonline.org — is currently doing research on the role of counseling in community college).

These are just a few ideas to get your mind going about advocacy efforts for college counselors. At the very least, consider dialoguing with a colleague about these and other ideas. The more we reach out to one another about ways to improve and promote our profession, the greater the likelihood we will accomplish our goals and grow to be an even stronger presence in the campus community and beyond!

ACES conference to focus on creativity, change

Pittsburgh, the home of the 2005 Association for Counselor Education and Supervision National Conference, calls itself the city “where it all comes together.” Certainly, there could be no more apt description of the upcoming ACES conference.

This year’s conference will focus on creativity and change in counselor education and supervision. With almost 600 learning programs planned, the conference promises to be one of the best ever. “We are excited about this year’s event,” said ACES President James Beenhoff. “Not only do we have a great conference planned, but we also have a fantastic location. Our hope is that attendees will take the time to experience the city as well as the conference.”

Known as the City of Rivers, Pittsburgh is quickly becoming one of America’s vacation destinations, offering ACES attendees a chance to blend their conference experience with a true getaway. From a vibrant cultural scene to exquisite architecture, Pittsburgh has something for everyone.

Our conference will be held in downtown Pittsburgh. Once the heart of industrial Pittsburgh, downtown now bustles with businesses, shops, performing arts organizations and museums. Pittsburgh is home to the Andy Warhol Museum, the Carnegie Museum of Art and the Pittsburgh Symphony; In the rolling countryside outside of town, attendees will find Frank Lloyd Wright’s famous Fallingwater house as well as Clayton, the former estate of industrialist Henry Frick. The riverfront trail system and parks make it easy to get out and exercise or just enjoy nature. Simply strolling the downtown streets of Pittsburgh is a treat for the senses.

In addition to exploring Pittsburgh, attendees will have a number of informal opportunities during the conference to network with other counselor educators and supervisors. Featured events include a reception on Thursday night at Duquesne University and a President’s Reception on Saturday night.

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As a prelude to the conference, several "main events" will be offered for more intensive learning and growth. Two half-day workshops will be offered on Wednesday, Oct. 19, from 1-5 p.m. "The Rewards of Mentorship: Keys to Success" will provide students and counselor educators alike insight into creating and enhancing mentorship relationships. "The Education Trust: Transforming School Counselor Preparation" will explore changes in the preparation of school counselors.

A Women's Retreat will take place from 4 p.m. Tuesday, Oct. 18 until 1 p.m. Thursday, Oct. 20. This will be held offsite at the Gilmary Diocesan Center, a retreat center nestled in the woods three miles west of the airport. More information on the retreat and half-day workshops is available at www.arcaweb.org.

The 2005 ACES conference will take place Oct. 20-23, with events beginning at 8 a.m. on Oct. 20 and ending at noon on Oct. 23. "Super Saver" discounts are available through Aug. 30. ACES members can save as much as $75 off the onsite registration fee. Special hotel rates have been guaranteed through the Pittsburgh Marriott City Center and the Ramada Plaza Suites Pittsburgh (to become a Doubletree Hotel after Aug. 1). More information and registration forms are available online at www.acesonline.net.

ARCA searching for issues panel members
Submitted by Betty Hodgeman

The American Rehabilitation Counseling Association begins the new year with Jan LaForge as president. Anyone interested in serving on committees, presenting at the joint American Counseling Association/Canadian Counselling Association Convention in Montreal or generally participating should contact Jan. Details are available on ARCA's website at www.arcaweb.org.

ARCA signed an agreement with the Rehabilitation Counseling Association of Australia. Both groups intend to provide member privileges to each other in professional development activities. In addition, ARCA and ACA need your help! We are looking for members to become part of a Rehabilitation and Career Counseling Issues Panel. This is a wonderful opportunity to get more involved in ARCA and ACA while representing the rehabilitation counseling profession and the clients we serve. ACA's public policy staff members are professionals at government relations, not counseling. To do their job effectively, they need to know how specific federal laws and programs such as the Workforce Investment Act and reorganization of the Rehabilitation Services Administration are affecting counselors and their clients. The best source for this information is rehabilitation counselors themselves — in other words, you!

To help ensure that ACA staff get the feedback they need as federal policy decisions are developed, we are seeking to form a group of rehabilitation counselors that will take place from 4 p.m. Tuesday, Oct. 18 until 1 p.m. Thursday, Oct. 20. This will be held offsite at the Gilmary Diocesan Center, a retreat center nestled in the woods three miles west of the airport. More information on the retreat and half-day workshops is available at www.arcaweb.org.

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- How to create a specialty in Grief Recovery
- How to conduct a Grief Recovery Outreach program
- How to take a client through the multi-session program for individuals
- How to deliver the six-session "Helping Children Deal With Loss" program for adults to help children deal with death, divorce, pet loss, moving and other losses

**Continuing Education:**
- Authorized by the California Board of Behavioral Sciences to provide 30 CEU contact hours for MFTs, MSWs & LCSWs (PCE2076).
- Provider approved by CAADAC, Provider number 2N-105-818-0107, for 30 CEUs.
- Approved for 30 contact hours for registered nurses by the American Nurses Credentialing Center's Commission on Accreditation (03204).
- Application for NBCC Approved Continuing Education Provider submitted June 2005.

**For information or to register**
call 800-334-7606 or visit our website at www.grief.net.

**2005 PARTIAL SCHEDULE • VISIT WWW.GRIEF.NET FOR MORE DATES**

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<td>12-15</td>
<td>Chicago, IL</td>
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<td>19-22</td>
<td>Little Rock, AR</td>
<td>Denver, CO</td>
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THE GRIEF RECOVERY INSTITUTE • 4716 WOODMAN AVENUE • SHERMAN OAKS, CA 91423
MEMBER AMERICAN COUNSELING ASSOCIATION

-31-
selors willing to provide their perspective from the front lines. ACA staff anticipates that requests for input on specific policy questions will be needed only occasionally, so this should not necessitate a significant time commitment. Requests would typically be sent out via e-mail, with follow-up phone calls to counselors who respond and indicate they are willing to discuss the issues further. For more information or to sign up, contact Carrie Wilde at wildec@stjohns.edu.

The New York State Education Department Office of the Professions has posted a host of applications and forms on its website at www.op.nysed.gov/mheforms.htm. Included are applications/forms for counselor licensure, certification of professional education, certification of alternative training and verification of licensure/certification in another jurisdiction or by a national certification body. To receive more information, contact David Hamilton, executive secretary of the New York Mental Health Professions Board, at mhpbd@mail.nysed.gov or by calling 518.474.3817 ext. 450. The grandfathering period ends Dec. 31, so interested rehabilitation counselors should apply soon.

EB-ACA preparing for conference in Germany

Submitted by Rebecca Brickwedde bb4963@yahoo.com

The European Branch of the American Counseling Association announces its 46th Annual Conference to be held Nov. 3-6 in Mannheim, Germany. EB-ACA has designated this year’s theme as “The Professional Counselor: Promoting Wellness Throughout the Life Span.” We are pleased to welcome Samuel T. Gladding, ACA president from 2004-2005, as the keynote speaker for our evening banquet. He is the author of several books, including Counseling as an Art: The Creative Arts in Counseling.

Mannheim is situated in the beautiful Rhine Valley, just eight miles from Heidelberg. The conference will be held in the elegant four-star Steigenberger Mannheimer Hof Hotel, located in the historic city center, with the art museum and pedestrian shopping area just a few steps away. From Mannheim, there are direct train connections to and from Frankfurt Airport. Conference attendees will receive a special full-board conference price for their hotel stay, so mention EB-ACA to get your discount when making reservations.

Our annual conference will provide a wide variety of two-hour minisessions on Nov. 3-4, followed by our two-day Learning Institutes on Nov. 5-6. A full list of minisessions will be posted on the EB-ACA website. Sandra S. Meggert will be presenting a Learning Institute on “Creative Humor at Work,” clarifying the ways in which humor can be used to combat stress. This experiential workshop will introduce humor skills and techniques, creativity and group discussion to help participants personally experience some of the benefits of humor and create their own unique Humor Plan.

Robert M. Bollet will present a Learning Institute on “Coping With Compassion Fatigue.” Emphasis will be placed on helping the helper to take better care of his or her own mental health while facing an overwhelming number of soldiers returning from the Middle East, many with serious mental health problems brought on by the stress and trauma of war. Participants will learn additional professional skills that can be utilized with their clients, including gaining a better under-
standing of stress (both eustress and distress), compassion fatigue, anger, relaxation techniques and autohypnosis.

David Jolliff and Arthur Home will present a Learning Institute on "Counseling Aggressive and Addicted Men." They will provide insight into the assessment of male clients who present with symptoms of either aggressive behavior or addictive behavior, as both are often present. A systematic treatment model for addressing this dual diagnosis also will be presented.

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 at any of the Learning Institutes we provide throughout the year.

Additional information about the upcoming conference is available at EB-ACA’s website: www.online-infos.de/eb-acalnain.htm. More information on the Steigenberger Mannheimer Hof Hotel is available at www.mannheim.steigenberg.de.

NECA expands member service
Submitted by Kay Brawley
kbrawley@mindspring.com

The National Employment Counseling Association leadership team hopes you’re having a great summer filled with relaxation as well as opportunities for new learning experiences to enhance your success, both personally and professionally. For all of us to be successful, we’re counting on you to help NECA move forward.

With these wishes in mind, mark your calendar now for the NECA Annual Professional Development Workshop in Montreal on March 30-31, 2006. President Cheryl West and Workshop and Professional Development Chair/Past President Kay Brawley are fine-tuning the details at a planning meeting with ACA in Montreal to make sure our Canadian event is one you’ll not want to miss!

Our opening keynote speaker, Phil Jarvis, is well known on the international scene. His latest research is titled, "From Vocational Choice to Career Management: Shifting Paradigms." The program content proposals are in the review process. We have some outstanding submissions, all related to the workshop theme: "Facing the Challenges of Workforce Issues in the Global Economy."

As a result of some great suggestions from former NECA workshop participants, we are pleased to announce regional workshops in North East, Md., in August (prior to the NECA Retreat); in Orlando, Fla., as part of the Florida Counseling Association Conference in mid-November; and in New Orleans in partnership with a conference of the International Marriage and Family Counseling Association in mid-February 2006. See the 2005-2006 calendar of NECA events on our website (www.employmentcounseling.org) for the latest details and registration information. The calendar has allowed us to schedule more great events throughout the year in popular travel locations and featuring programs you won’t want to miss! Register today to secure your spot at the planned professional development workshops.

As always, your involvement and support within the helping professions has helped shape the world into a better place for all of us. Please help us in Montreal or throughout the year by completing the volunteer form on our website.

We also have requests for referrals throughout the year via the NECA website or personal e-mails to NECA leaders. We would greatly appreciate if you would take five minutes to complete the NECA "Expertise" survey; we need to be able to call on members other than our elected leaders for expertise in career/employment counseling and workforce development. Again, we appreciate you for all that you do. Thank you, and we look forward to working for you this year!
The multicultural counseling movement continues to serve multiple purposes in the counseling profession. One of its central purposes is to promote more effective, ethical and respectful ways of working with people from diverse cultural groups and backgrounds.

This is important to do for numerous reasons. From a practical perspective, culturally competent professional practice enables counselors to effectively address a number of important issues highlighted in the 2001 Surgeon General’s report on problems that currently exist in the U.S. mental health care system. This historic report outlined numerous ways in which various forms of institutional racism that are deeply embedded in many of our professional training programs and counseling practices lead to ineffective and even harmful psychological outcomes among culturally and racially diverse people who seek assistance from mental health practitioners.

From the perspective of professional training programs are largely at fault for failing to implement instructional opportunities necessary for fostering development of culturally competent practitioners in our nation’s mental health care system.

**Ethics, respectability and effectiveness**

Ethically speaking, we are fundamentally called on to “do no harm to our clients.” But multicultural counseling theorists and researchers have documented numerous ways in which various forms of ethnocentrism and institutional racism that are deeply embedded in many of our professional training programs and counseling practices lead to ineffective and even harmful psychological outcomes among culturally and racially diverse people who seek assistance from mental health practitioners.

The report notes that professional respectability, most counselors and counselor educators would readily agree that it is critical to show genuine respect for the different ways that individuals from diverse groups and backgrounds construct meaning of the world. Most would also agree that our professional values and ethical standards compel us to demonstrate a heightened sense of respect for the different ways that people in culturally and racially diverse groups construct meaning of the fundamental concepts directly related to the work we do. This includes the different ways people construct meaning of such terms as “mental health,” “human development,” “personal well-being,” “mental health problems” and “effective helping strategies.”

In addition to stimulating new thinking about these important concepts, the multicultural counseling movement has promoted the sort of vision and pragmatic strategies that enable counselors to remain relevant and viable within a society that is undergoing unprecedented demographic changes. The nature of these changes is reflected in the 2000 U.S. Census report. Historically, our nation has been composed of a majority of people from white, Western European, English-speaking and Christian backgrounds. But the United States is rapidly being transformed into a society where the majority of people will be from non-white, non-Western European, non-English speaking and increasingly non-Christian backgrounds.

Gone are the days when counselors and counselor educators can ignore the fact that multicultural and socially Justice counseling advocates continue to openly confront. These advocates believe that our future success, respectability and viability as a profession depend on the willingness of leaders and practitioners to remove all forms of cultural encapsulation and institutional racism as they are manifested in our field. This can be accomplished, in part, by explicitly promoting the multicultural counseling competencies that ACA has formally endorsed into the mainstream of all work done by counselor educators, researchers, practitioners and administrators.

**Prevention in action!**

Meet Shawn: Today he is a pretty normal 16 year old boy. Shawn’s situation was not different. He used to steal cars, smoke marijuana and sell drugs. He was chased by the police.

The counselor for the second time in his situation ofte met with Shawn’s counselor. Shawn was assigned to a group to help him decide what to do. By using systematical, organized thinking about his problem, he decided to go to counseling at the Youth Center for Substance Abuse.

The counselor felt the need for more knowledge about the different drugs and wanted to help Shawn. The counselor then contacted the Prevention Researcher from a Youth Group.

The Prevention Researcher was assigned to work for 20 hours a week. She was assigned to help Shawn in his problem. The counselor wanted to help Shawn learn more about drugs and how to stay away from them.

Gaining increased commitment from CACREP

One professional body that can do much to promote more effective, respectful and ethical counseling practices within the context of our culturally and racially diverse society is the main organization responsible for accrediting counselor education training programs. The Council for Accreditation of Counseling and Related Educational Programs can indeed do much to foster inclusion of professional competencies that counselors need to work more effectively and ethically in nurturing the healthy development of people from culturally and racially diverse groups.

Historically, a number of multicultural leaders have consulted with CACREP about how past accreditation standards reflected limited understanding of the need to stimulate greater cultural competence in the profession. In the early 1990s, informal consultation efforts that included numerous leaders from ACA, the National Institute for Multicultural Competence and CACREP took place at ACA headquarters in Alexandria, Va.

Multicultural advocates
involved in these efforts were hopeful that CACREP would demonstrate a greater level of commitment to including important cultural and professional competencies in accredited programs. However, a number of multicultural and social justice counseling advocates have expressed a growing sense of doubt about CACREP’s commitment to more fully embrace culturally competent professional training standards in its accreditation criteria.

In an effort to promote a fair understanding of the progress CACREP has made in increasing its commitment to multicultural counseling competence, leaders of this important accreditation body were asked to write an article for this monthly column. CACREP has thus far declined to provide the ACA membership with this update, but an invitation is again extended to submit a description of the types of things it has done during the last decade to demonstrate a greater level of commitment for issues related to multiculturalism. This sort of public description would enable all ACA members to better understand the gains that CACREP has made in this area. It may also stimulate input from people at the grass-roots level of our profession regarding additional ways CACREP can infuse multicultural counselor education considerations into the standards it is developing.

Several multicultural leaders who are members of ACA and NIMC have offered to meet with CACREP representatives to provide more detailed assistance regarding the types of accreditation standards that could lessen the various forms of unintentional ethnocentrism and institutional racism being perpetuated in counselor education programs.

**Overcoming ethnocentrism and institutional racism**

CACREP has publicly stated its commitment to promoting input and accountability in developing the new set of professional accreditation standards to be implemented in 2008. This commitment is clearly stated on the CACREP website (www.cacrep.org/index.html), which outlines the “Guiding Principles for the Rewriting of the New Standards for Accreditation.” Under the heading of “Inclusion,” it is noted that the Standards Re-writing Committee “will sustain an environment of active consultation with the larger counseling audience and participating organizations, as well as encourage cooperation and exchange throughout the higher education and quality assurance communities.” With this in mind, it is hoped that CACREP officials will reconsider their choices to:

- Submit an article for this column updating professionals on the actions it has taken to support the multicultural counseling movement during the last 10 years, as well as plans to do so in the future.
- Accept free multicultural organizational development and consultation services from acknowledged experts. In doing so, CACREP would stand true to its stated commitment to receive inclusionary input regarding the rewriting of the new 2008 accreditation standards.
- Indeed, this is an important guiding principle that needs to be implemented throughout the process of re-writing the CACREP accreditation standards, especially when such input and consultation is offered free of charge by experts in the field. It is hoped that CACREP will consider this guiding principle when responding to the requests that have been presented by numerous people in the counseling profession.

While remaining optimistic that CACREP will move to a more open and collaborative position, Thomas Parham offers words of concern and caution to this national accreditation body. A renowned national leader in the multicultural counseling movement, Parham noted that “Multicultural counseling advocates do not need any endorsement from institutional bodies regarding their efforts to promote multicultural competence in the counseling profession. The movement is much bigger than any single professional organization or accreditation body. The failure of CACREP to develop the kinds of accreditation standards that reflect substantial commitment to the pressing need for professional counseling training programs is only overshadowed by its reluctance to accept input, guidance and consultation from well-respected multicultural counseling researchers, theorists and consultants. It would be hard to find an organization that is comprised of so many multicultural experts as the National Institute for Multicultural Competence. For CACREP to turn down a request by experts in this organization to offer free consultation regarding ways in which it could more substantially address the vital issue of multicultural counseling competence in our training programs is very distressing.”

Parham concluded his comments with the following: “It would be useful to offer a word of caution to CACREP should the leaders in this organization continue to resist welcoming the sort of collaborative input that they indicate they are committed to nurturing in the rewriting of the accreditation standards. In doing so, I would invite CACREP to consider the following points.

“First, the rising impact of the multicultural counseling competency movement will only increase in the mental health and educational professions in the coming years.

“Second, accreditation bodies that continue to resist input as to how they might more substantially infuse multicultural competencies into the heart of their institutional policies, accreditation criteria and practices will become increasingly irrelevant entities.

“Third, refusing to provide professional counselors with an update on CACREP’s progress in promoting multicultural counseling competence in their accreditation standards and continuing an invitation to receive free consultation from experts in the multicultural counseling movement reflects a failure in CACREP’s stated commitment for open accountability and inclusory input. Refusal to do both is also contrary to the spirit and principles upon which the multicultural and social justice counseling movements are based.”

In closing, the reader is reminded that this monthly column is designed to increase our collective thinking about the ways in which the multicultural counseling competencies can be implemented in practice. It is hoped that you will consider how the issues presented in this article reflect a number of the multicultural counseling competencies developed by AMCD and endorsed by ACA.

This includes the implementation of:

- **Multicultural Competence No. 20** — Culturally skilled counselors have a

Continued on page 98
clear and explicit knowledge
and understanding of the gener-
ic characteristics of counseling
and therapy (culture bound,
class bound and monolingual)
and how they may clash with
the cultural values of various
minority groups.

No. 21 — Culturally skilled
counselors are aware of institu-
tional barriers that prevent
minorities from using mental
health services.

Multicultural Competence
No. 24 — Culturally skilled
counselors should be aware of
relevant discriminatory prac-
tices at the social and communi-
ty level that may be affecting
the psychological welfare of the
population being served.

Multicultural Competence
No. 26 — Culturally skilled
counselors are able to exercise
institutional intervention skills
on behalf of their clients.

It is important to continue
fostering multicultural organi-
zational development in all the
professional associations and
organizations that affect the
work of counselors. By work-
ing together to advocate for
these kinds of organizational
changes, we will be able to
more effectively, respectfully
and ethically promote human
dignity and development
through diversity.

Michael D’Andrea
Michaeld@hawaii.edu is a
faculty member in the Depart-
ment of Counselor Education
at the University of Hawai'i.
**JULY 2005**

**July 30-31**  
Texas Counseling Association  
Summer Leadership Training Institute  
Location: Weston Stonebriar Resort  
1549 Legacy Drive  
Frisco, TX 75034  
Contact: Jennifer Cullen  
Jenifer@txca.org  
512.472.3403 ext. 10

**AUGUST 2005**

**Aug. 28-29**  
TCA Directors of Guidance and Counseling Conference  
Location: Doubletree Hotel  
6505 N. IH-35  
Austin, TX 78758  
Contact: Jennifer Cullen  
Jenifer@txca.org  
512.472.3403 ext. 10

**SEPTEMBER 2005**

**Sept. 17**  
Colorado Counseling Association Fall Conference  
Theme: A Rocky Mountain Connection  
Location: Radisson Hotel  
1900 Ken Pratt Blvd.  
Longmont, CO 80501  
Contact: Ken Norem  
ken.norem@earthlink.net  
970.336.9031

**Sept. 28-30**  
Nebraska Counseling Association Annual Fall Conference  
Location: Ramada Inn  
Kearney, NE  
Contact: Kathy Schinker  
kschink@nebraska.com

**Sept. 29-Oct. 1**  
New York Counseling Association Convention  
Theme: Counselors: Beacons of Hope  
Location: Adam’s Mark Hotel  
Buffalo, NY  
Contact: Don Newell  
nycounseling@nycounseling.org  
877.692.2462

**OCTOBER 2005**

**Various Fridays**  
Idaho Mental Health Counselors Association Fall Regional Workshops  
Theme: Preparing for Court Testimony

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<td>Louisiana Counseling Association Annual Conference</td>
<td>Location: Sheraton Hotel</td>
<td>Contact: Diane Austin</td>
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<td>Oct. 7-8</td>
<td>Midwest Region Leadership Training Conference</td>
<td>Location: Westin Oklahoma City</td>
<td>Contact: Anita Walker</td>
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<td>Oct. 17</td>
<td>New York Counseling Association Guidance Expo 2005</td>
<td>Location: Westchester County Center</td>
<td>Contact: Louis C. Brunnell</td>
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<td>Oct. 19-21</td>
<td>Kentucky Counseling Association 48th Annual Conference</td>
<td>Location: Executive West Hotel</td>
<td>Contact: Gerald Sklare</td>
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<td>Wyoming Counseling Association Annual Conference</td>
<td>Location: Casper, WY</td>
<td>Contact: Stacey Polson</td>
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<td>Oct. 21</td>
<td>Minnesota Counseling Association Conference</td>
<td>Location: Holiday Inn</td>
<td>Contact: Maggie Glazer</td>
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<td>Oct. 27-30</td>
<td>Southern Region Leadership Training Conference</td>
<td>Location: Marriott Memphis Downtown</td>
<td>Contact: Nita Jones</td>
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<td>Nov. 2-4</td>
<td>Mississippi Counseling Association 2005 Conference</td>
<td>Location: Biloxi Grand Casino-Beauview Hotel</td>
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<td>49th Annual Professional Growth Conference</td>
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<td>Nov. 3-6</td>
<td>North Atlantic Region Fall Leadership Training Conference</td>
<td>Location: Holiday Inn-Stamford</td>
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<td>Nov. 9-11</td>
<td>Arkansas Counseling Association 60th Fall Conference</td>
<td>Location: Holiday Inn-Stamford</td>
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<td>Nov. 10-12</td>
<td>Florida Counseling Association 56th Annual Convention</td>
<td>Location: The Hilton at Easton Town Center</td>
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<td>Nov. 10-13</td>
<td>Western Region Leadership Conference</td>
<td>Location: Kah-Nee-Ta High Desert Resort and Casino</td>
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<td>Nov. 11-12</td>
<td>Oregon Counseling Association Fall Conference</td>
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Information subject to change  
www.kahneeta.com  
800.554.4SUN

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Nov. 16-18  
Alabama Counseling Association  
Annual Conference  
Theme: We Are Family: One Vision, Many Voices  
Location: Birmingham Jefferson  
Convention Complex  
2100 Richard Arrington Jr. Blvd., North  
Birmingham, AL 35203  
Contact: Ervin L. (Chip) Wood  
alca@alabamacounseling.org  
205.652.1712  

Nov. 16-18  
Virginia Counselors Association  
Annual Convention  
Theme: Counseling: The Helping Profession  
Location: Renaissance Portsmouth  
Hotel  
425 Water Street  
Portsmouth, VA 23704  
Contact: veoffice@cox.net;  
www.vacounselors.org  
800.225.8103  

Nov. 19-22  
48th Annual Tennessee Counseling Association Conference  
Theme: Counselors Beat the Blues  
Location: Hilton Memphis  
929 Ridge Lake Boulevard  
Memphis, TN 38120  
Contact: Barbara Guinn  
baguinn@hotmail.com  
731.364.5528  

JANUARY 2006  

Jan. 27-28  
Idaho Counseling Association  
Conference  
Theme: Embracing Our Sameness and Uniqueness as Counselors  
Location: Owyhee Plaza Hotel  
1109 Main Street  
Boise, ID 83702  
Contact: Stacy Kurtin  
stacykurtin@idaho  
counselor.org  

FEBRUARY 2006  

Feb. 5-7  
North Dakota Mid Winter Conference  
Theme: Show Up, Reach Out, Dig In  
Location: Best Western Ramkota  
800 South 3rd St.  
Bismarck, ND 58504  
Contact: Kathryn Holle  
kholle@state.nd.us  

Feb. 9-11  
42nd South Carolina Counseling Association Annual Convention  
Theme: Myrtle Beach Marriott  
Resort at Grande Dunes  
Contact: Gloria Close  
gcloose@spart7.k12.sc.us  

MARCH 2006  

March 1-3  
Kansas Counseling Association Convention '06  
Location: Hutchinson, KS  
Contact: Rick Gibson  
gribson@friends.edu  
800.794.6945 ext. 5843  

March 9-10  
Idaho Mental Health Counselors Association Spring Conference  
Location: Boise Holiday Inn  
3300 S. Vista Ave.  
Boise, ID 83705  
Contact: www.idahomentalhealth.org  

MAY 2006  

May 5  
Connecticut Counseling Association Annual Conference  
Location: Rocky Hill Marriott  
100 Capitol Boulevard  
Rocky Hill, CT 06067  
Contact: Linda Kobylarz  
lindakoby@cox.net  
860.675.3492  

JUNE 2006  

The Florida Counseling Association Leadership Development Conference will be held in the first or second week of June. Specifics to be announced. For more information, e-mail fcaoffice@aol.com.
ERIC/CASS, the database composed of resources for and of "Ask Price: $34.95;

Counseling 2005 iteration, peer-reviewed journals. Now in its third volume has the immediacy of a blog (web log); many of the articles read like dispatches from the front lines of counseling. This is intentional. The editors make an effort to preserve the natural professional voice of counselors. In this way, VISTAS 2005 serves as a written record of the voices of individual members and of the profession itself.

VISTAS 2005 contains 71 articles written by 121 authors. In a special section of the volume, the editors include three invited articles from ACA leaders. The articles are short, usually four pages or less. The article titles and topics are often as fresh sounding as the authors themselves. A case in point: "Gero-Counselor Preparation: The Silver Tsunami Is Headed Our Way" by Mary Finn Maples. Although not a newcomer to the profession, she presents a much-needed examination point on a topic that is largely unacknowledged by the profession and counselor education programs. Other articles cover such topics as adventure counseling by Judith Ziffer and Joy Penney-Wistor, counseling children using Native American traditions by Darline Hunter, and career counseling that considers Appalachian culture by Kedryn Russ. The volume is organized into nine sections, including "Perspectives on Counseling Today and Tomorrow." I would have welcomed a section on technology, although three articles on the subject were included.

The range of authors represents a mix of voices familiar to the counseling profession such as Patricia Arredondo and Sam Gladding, and those less familiar, including private practitioners and counselors in clinical and school settings. Fully 21 percent of the authors are counseling students, mostly at the doctoral level. This array of authors speaks to the "Ask ACA" goal whereby "every member can be both a contributor and a user."

This volume serves its mission to provide the profession with an accessible, practical resource for issues relevant to the profession, as well as counseling strategies. Counselor educators may wish to consider this book as a secondary text in a number of courses, including practicum. As important, the VISTAS series gives a forum for these out of the mainstream of academic publications to add their unique voice and perspective.

VISTAS: Compelling Perspectives on Counseling 2005

VISTAS 2005 is the virtual library hub of "Ask A CA," the electronic information resource for and by professional counselors. VISTAS grew out of the demise ofERIC/CASS, the database composed of conference presentations and other publications of interest not available to professionals through other avenues such as peer-reviewed journals. Now in its third iteration, VISTAS 2005, as with the previous volume, is composed largely of articles drawn from the 2005 American Counseling Association Convention presentation proposals. As one of the editors, Garry Walz, notes, the articles are "user-generated" in others words, articles by and for ACA members. As such, the volume has the immediacy of a blog (web log); many of the articles read like dispatches from the front lines of counseling. This is intentional. The editors make an effort to preserve the natural professional voice of counselors. In this way, VISTAS 2005 serves as a written record of the voices of individual members and of the profession itself.

Before You See Your First Client

Before You See Your First Client: How to Blank Release-of-Information Forms, Howard Rosenthal suggests that counselors who travel to see clients should carry blank release-of-information forms with them.

We found that this book reminded us of the many practical realities needed to keep our mental health practices honest and ethically driven. The author shares many personal stories and experiences plus sound advice that could benefit students and new professionals. On the other hand, the pessimistic undertones in some of the stories may scare a person away from going into private practice. Even with such undertones, the book could spark practical dialogue about the steps students need to take to be successful, professional counselors.

Why Gender Matters: What Parents and Teachers Need to Know About the Emerging Science of Sex Differences

Leonard Sax outlines the argument of the "one-size-fits-all" trend in many various methods of socialization and education has actually led to the narrowing of opportunities for both sexes. In Chapter 5, he addresses risk-taking differences between boys and girls. In Chapter 9, Sax discusses variation within the sexes. He states that even in the context of non-heterosexual orientations, the biology of being male or female is more important than sexual orientation.

Sax states that regardless of sexual orientation, males are still more closely related to males regarding brain function and personality traits. The same holds true for females.

This book may lead to a re-examination of the education system and our parenting practices. Based on the essentialist view of gender, Sax is a proponent of same-sex education and is the founder of the National Association for Single-Sex Public Education. His book will likely fuel a lively debate.

Resource Reviews

James Koruska, an assistant professor at the University of South Dakota, is the column coordinator for Resource Reviews. Submit reviews for consideration to jkoruska@usd.edu.
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**AUGUST**

NARMH 31st Annual Conference
HonoluluAug. 4-7
For the first time since its inception, the National Association for Rural Mental Health will be traveling to Hawaii for its annual conference. Hawaii is truly a land of enchantment in both its natural beauty and in the extent and richness of its diversity of cultures. This year’s theme will be “Kukula kumahana — Pooling Thoughts and Hopes to Solve Common Problems.”

The goal of NARMH is to enhance the delivery of mental health services to rural areas. It promotes this goal and informs the field of the unique needs of rural mental health programs. Established in 1977, NARMH attempts to foster communication among rural mental health professionals through dissemination of information and development of education resources. For more information, visit the NARMH website at www.narmh.org.

**COMING EVENTS**

Trichotillomania Retreat and Learning Institute
Auburn, Wash.Sep. 8-11
The 14th Annual Retreat and 3rd Annual Trichotillomania Learning Center Professional Training Institute will take place Sept. 8–11 at Camp Benchac Conference Center, in Auburn, Wash. The event includes special programs for children, adolescents, parents and significant others. Counselors should contact the Trichotillomania Learning Center (531.457.1025) to register for either the Professional Behavior Therapy Institute or to participate in the retreat. To learn how to treat trichotillomania and skin picking, go to www.trich.org

ASORC Biannual Conference
Melbourne, AustraliaOct. 13-15
The Australian Society of Rehabilitation Counselors is hosting its biannual conference from Oct. 13-15 at the Hilton on the Park in Melbourne, Australia. This year’s conference streams were developed in support of the conference theme, “Work and Wellness: Everybody Wins,” and in conjunction with recognition of the current issues pertinent to the rehabilitation profession. The 2005 event will provide an excellent balance of knowledge sharing, skills awareness and networking.

The four conference streams will offer rehabilitation professionals the opportunity to develop and update essential knowledge for achieving best practice rehabilitation outcomes while also developing improved skills for balancing individual work and wellness. Go to www.asorc.org.au for complete details.

Seminar for Mental Health Professionals
Oct. 27
Nashville, Tenn.
“Becoming an Educated Therapist” is an all-day seminar offering mental health professionals the opportunity to learn how to discover and trust their innate ability to “attend” empathically, respond authentically and translate non-verbal experiences into cognitive insights. Experiential bodymind exercises will be used along with didactic presentations to integrate a more embodied approach into traditional psychotherapy theory and practice. Participants will learn how embodied methods can be used to treat eating disorders and trauma, with special focus on how to:

- Be more fully present and congruent.
- Facilitate a somatic state of readiness.
- Apply nonverbal concepts and techniques that deepen the process of expression and communication.
- Utilize treatment techniques based on mind-body congruity to deal with entrenched body-image problems and other issues underlying treatment of eating disorders and trauma.
- Track the process of therapy as so to not become lost in the experience of attending.

This seminar is being sponsored by the American Dance Therapy Association as part of its 40th Annual Conference, “American Rhythms and International Rhythms: Dance/Movement Therapy Practice and Research.” ADTA is recognized by the National Board of Certified Counselors and will offer six continuing education hours for attendance at this seminar. For more information, contact ADTA at (410) 997.4040 or e-mail Gloria@ADTA.org

**F.Y.I.**

Call for manuscripts/papers/proposals
The Journal of Poetry Therapy (www.tandf.co.uk/Journals/titles/08893675.asp) is an interdisciplinary journal seeking manuscripts on the use of the language arts in therapeutic capacities. The journal’s focus includes bibliotherapy, journal therapy and narrative therapy. The journal welcomes a wide variety of scholarly articles including theoretical, historical, literary, clinical and evaluative studies. Areas of special interest include family and group therapy, ethnic and gender-sensitive practice, trauma and creative writing, literary exemplars for the helping professions, the strategic use of symbol/story/metaphor in therapy, reading for guidance and poetic approaches to clinical practice. Poetry and brief reports (four to seven pages in length) are also invited.

Manuscripts will be submitted for blind review to the JPT editorial board. The maximum length of full-length articles is 24 pages (typed, double-spaced, non-sexist language). Style should conform to the Publication Manual of the American Psychological Association (fifth edition). All articles must be original material and not previously published or soon to be published elsewhere. Manuscripts will be returned when a self-addressed stamped envelope is provided. Submit an original and two copies of your manuscript to: Nicholas Mazza, Editor, Journal of Poetry Therapy, Florida State University, College of Social Work, Tallahassee, FL 32306-2570, or e-mail nmazza@mailfisu.edu.

The Association for Gay, Lesbian & Bisexual Issues in Counseling invites submissions for its new publication, The Journal of GLBT Issues in Counseling. The journal solicits submissions that reflect issues pertinent to the health of sexual minority individuals and communities. Articles should focus on one of the following areas: new research in the field of counseling; a review of the literature that critically integrates previous work around a specific topic; introduction of new techniques or innovations in service delivery within the counseling field; or theoretical or conceptual pieces that reflect new ideas or new ways of integrating previously held ideas.

Submissions should be prepared according to the guidelines of the most recent Publication Manual of the American Psychological Association, including the use of citations and references, and the inclusion of nondiscriminatory language. Submissions should be no longer than 16-20 pages. Manuscripts must be submitted electronically as attachments via the e-mail address below. If submitting in paper form, include four copies. All work should be done in Microsoft Word. Tables and figures should be used only when essential, and illustrations or graphs should be embedded at the appropriate place within the manuscript. It is the author’s responsibility to secure permission to use any copyrighted materials in the manuscript. Please indicate in your cover letter which of the journal’s four focus areas (see above) is the most relevant for your article. Authors are expected to follow the most current ACA Code of Ethics and Standards of Practice, and they bear full responsibility for the accuracy of all references, quotations, tables, figures and overall content of submitted articles.

Submit a manuscript to editor Ned Farley at nfarley@university.edu or mail to: Ned Farley, The Center for Programs in Psychology, Antioch University Seattle, 2326 Sixth Ave., Seattle, WA 98121-1814. Include all appropriate signed copies of the Manuscript Submission and Limited Copyright Transfer Form required by Harworth Press Inc. The form is available online at www.harworthpress.com/web/GLBTC/. The Career Development Quarterly invites manuscripts about work and life in the postsecondary education and training arena, including curricula, teaching, research, curriculum development, career exploration and development, and cooperation among academic disciplines. Articles should be relevant to the career development field and should be submitted at least three months before the publication date.

**Wendy’s Heisman Award**

The 12th Annual Wendy’s High School Heisman award program recognizes well-rounded high school seniors for their dedication and commitment to academics, athletics and community service activities.

High school administrators are encouraged to nominate one male and one female student-athlete who maintain good grades, play sports and volunteer in their communities. Judges from ACT Inc. will select 1,020 state finalists and 102 state winners. The WHSS National Committee will then choose 12 national finalists. Each of the finalists and their families will receive a $1,000 donation to their high school and a trip to New York City for the WHSS awards ceremony. Every high school is encouraged to nominate one male and one female student-athlete for this prestigious award by Oct. 3. For more information or to nominate a student, visit www.wendyshesiman.com.
THERAPEUTIC BREATHWORK CERTIFICATION

For Counselors, Aug 15–19, 2005 with Jim Morningstar, Ph.D. also HOLISTIC CE HOME STUDY spiritual Psychology, Bio-spiritual Energistics, techniques for client/ counselor well being. Transformations: 414 351-5770 info@transformationsusa.com or www.transformationsusa.com

EIGHTEENTH CAPE COD SYMPOSIUM ON ADDICTIVE DISORDERS

"Hot Topics and Controversial Approaches: Challenging a New Generation," September 29 – October 1, 2005 Sheraton Hyannis, Hyannis, Cape Cod, Massachusetts. Featured faculty to include: Carlton Erickson, Ph.D., Andrea Pennington, M.D., CC Nuckolls, Ph.D., Patrick Carnes, Ph.D. Over 50 challenging workshops including EMDR, DOT/SAT, Nicotine, GLBT, PTSD, and a special two day DBT training. Earn up to 30 contact hours/PDHs. 80+ exhibit booths. To request a copy of the brochure, please call 800-314-1921 x 10 or mail request to AMEDCO, PO Box 1790, St. Paul, MN, 55117. Check www.ccsud.com for more information or to download a brochure.

EARN CE HOURS

At the American Association for Marriage and Family Therapy (AAMFT) Annual Conference in Kansas City, MO on October 20-23, 2005. For full details and to register visit www.aamft.org or call (703) 838-9808.

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SEABHS, Inc., offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual ability highly valued, Arizona board certification and working knowledge of family-centered therapy preferred. Clinical and administrative positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Morenci and Douglas for MA, MSW, & CRCA. Call job line at (602) 841-6308 or request an application at SEABHS, HR Dept., 49 N. Arroyo Blvd., Nogales, AZ 85621; (520) 287-4713 or fax (520) 287-4717.

ARKANSAS

UNIVERSITY OF ARKANSAS AT LITTLE ROCK
Tenure-Track Assistant/Associate Professor

The Department of Counseling, Adult and Rehabilitation Education (CARE) invite applications for a tenure-track position in Counselor Education, POSITION DESCRIPTION: This is a full-time position in the Department of Counseling, Adult and Rehabilitation Education (CARE) that will be available, Fall, 2005. Review of applications will begin July 14 with the intent of starting the position fall semesters, which begins August 15. Review of applications will continue until the position is filled. The Counseling Education program is NCATE accredited. Responsibilities include teaching graduate courses in the School Counseling master’s program. Additional responsibilities include program development and implementation (MA program); demonstration of current and/or former positions at university/school partnerships; service to the community, university, and professional organizations. QUALIFICATIONS: Required Doctorate from an accredited institution in Counselor Education and Supervision or closely related degree with experience as a secondary school counselor. Preferred: Teaching and counseling experience (secondary) in public schools (minimum two years in Arizona), membership and participation in CACREP program. Membership in ACA and ACES. Experience with ethnically and culturally diverse populations. Licensed or license eligible in Arizona; ability to work with intercultural skills. Experience with current technology. Experience in Community or Mental Health setting. Knowledgeable in national trends UALR offers a competitive benefits package commensurate with base counseling and experience. The position will remain open until filled. Send (1) a detailed letter of application addressing qualifications, (2) current vita, (3) official transcripts and (4) a list of at least three current references with names, phone numbers/email addresses. Application, required documentation, and/or requests for information should be addressed to: Dr. Pat Smith, Chair, Counselor Education Search Committee, Department of CARE, UALR, 2801 S. University Little Rock, AR 72204. The University of Arkansas at Little Rock is an equal employment affirmative action employer and encourages applications from women, minorities, and persons with disabilities. Under Arkansas law, all applications are subject to disclosure. Persons hired must have proof of legal authority to work in the United States.

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CHRYSLIS SCHOOL

Psychologist

Full-time psychologist position open at Chrysalis School, a private, adolescent girls emotional growth boarding school in Eureka, Montana. Master's Degree in psychology or counseling, or M.S.W. required. Experience working with adolescents in residential settings preferred. Provide individual, group and family psychotherapy. Ability to work as part of a team is essential. Flexible schedule. Bachelor of Science degree from Chrysalis School uses outdoor adventure and experiential learning as a primary means of helping students to develop their potential. Please send resumes and professional references to: Mary Alice Lindsey, School Psychologist, 57 Trails End Road, Eureka, MT 59917 or email to: marya@eurekadot.net. Salary depends on experience, residency is also available. Phone 406-889-5577 for a more complete job description.

COLUMBUS STATE UNIVERSITY

Tenure-Track, Assistant or Associate Professor In Counselor Education

The Department of Counseling, Administration, Supervision and Adult Learning at Columbus State University invites applications for a tenure-track Assistant or Associate Professor to teach in our Masters and Doctoral programs. The successful candidate must have a Doctorate (completed by 8/06) from Assistant Professor) from a Counselor Education program, CACREP accredited, and a demonstrated capacity for scholarship. At the Doctoral level, candidates also must have an established record of scholarship and successful teaching at the graduate level. Preferred qualifications include research and/or work experience in multicultural/diversity issues, or counseling, or M.S.W. required. Experience working with adolescents in residential settings preferred. Provide individual, group and family psychotherapy. Ability to work as part of a team is essential. Flexible schedule. Bachelor of Science degree from Chrysalis School uses outdoor adventure and experiential learning and grant writing. Duties include teaching graduate level courses in Counselor Education, student advising, active program of scholarship/research, university services. CSU has CACREP accredited Masters programs in School and Community Agency Counseling and a specialization in Counseling in the Urban Ed. Doctoral Program. Review of applications will begin on October 1, 2005, and we will continue to review applications until the position has been filled. Please send a cover letter that describes your interest in this position, how your qualifications fit our needs, curriculum vitae, reprints of any published articles, and three (3) letters of recommendation to: Dr. Kathryn MacCluskie, Chair, Counselor Education Search Committee, Department of Counseling, Administration, Supervision, Adult Learning, Rhodes Tower 1419, Cleveland State University, 2121 Euclid Avenue, Cleveland, OH 44115. Cleveland State University is an A/A/EEO committed to nondiscrimination. MF/D/V encouraged. Visit our Web site at www.csuohio.edu.

LOYOLA COLLEGE IN MARYLAND

Assistant Professor in Pastoral Counseling for the Fall 2006

The Pastoral Counseling Program at Loyola College in Maryland is a strong, academic counseling program. We are seeking a position to begin Fall 2006. Experience in pastoral counseling is essential. Duties include teaching a variety of undergraduate and graduate courses in pastoral counseling, counseling psychology, and psychological assessment. Applicants must possess a Master of Divinity in Counseling Education or in a closely related field and be licensed or license eligible in Maryland as a professional counselor. Candidates should have solid clinical training and research skills with experiential and quantitative design, as well as, or demonstrate the potential for, an active program of research that involves the integration of spiritual and psychoanalytic theories. Applicants should possess an awareness of, ability to interpret, and a commitment to the Ministry of higher education. For more information and to apply visit our website: www.loyola.edu/careers. The electronic application must consist of a letter of interest, resume, a statement of teaching philosophy, a statement of research philosophy, and three letters of recommendation. Send all materials to: Dr. Kelly Murray, School of Religion, Loyola College in Maryland, 6501 McGaw Road, Suite 306, Columbia, MD 21045. Consideration of applications will begin immediately and will continue until the position is filled.

The Pastoral Counseling Department is located in a new, off-campus facility located in an off-campus site located in the Baltimore/Washington, DC area. The college is 30 minutes from the Washington, DC area, 1 hour from Baltimore, MD and 2 hours from New York City. The college is committed to developing a faculty that is reflective of the diversity of the student body. Women and minorities are encouraged to apply. Loyola College is an Equal Opportunity Employer, applicants of all races, religions, nationalities and disabilities are encouraged to apply.

Contact Information for this position can be found on the website www.CounselingToday.com
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 Representatives and Senators are, then 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, post card, phone, fax or e-mail — be sure to leave your name and postal address.

Department of Defense Recognition of Licensed Professional Counselors

The number of soldiers returning from Iraq with post-traumatic stress disorder and other mental and emotional health problems is staggering. Yet the Department of Defense (DOD) does not allow Licensed Professional Counselors to practice independently in TRICARE, the military health care system, or in DOD facilities. LPCs are the only mental health professionals required to practice under physician referral and supervision. The House of Representatives has passed language establishing independent practice authority for counselors as part of the Fiscal Year 2006 bill authorizing defense spending.

At the request of the Senate Armed Services Committees, Congress is putting the finishing touches on the FY 2006 “National Defense Authorization Act” by midsummer, so it is vital that counselors contact their senators to urge adoption of the House-passed provision for independent reimbursement of counselors. Although every counselor should weigh in on this issue, it is especially vital for counselors to call if they are constituents of members of the Senate Armed Services Committees. To see if your legislators are on the committees, visit http://armed-services.senate.gov/.

Who to Contact

- Your Senators
- Capitol Switchboard 202.224.3121
- www.senate.gov

Message

“Who to Contact: Message ACA Call to Action

- Your Representatives
- Capitol Switchboard 202.224.3121
- www.house.gov

Message

“Who to Contact: Message ACA Call to Action

Appropriations for the Elementary and Secondary School Counseling Program

For the fourth year in a row, President George W. Bush has proposed a budget that would eliminate funding for the Elementary and Secondary School Counseling Program. ESSCP is the only federal program devoted solely to supporting counseling programs in our nation’s schools, and its elimination would mark the end of counseling and mental health services to thousands of students in the 99 school districts in 52 states and the District of Columbia currently receiving funds.

While in years past Congress has continued to fund ESSCP despite the president’s lack of interest, the Fiscal Year 2006 battle to fund the program may be our hardest yet, given the unprecedented spending cuts in domestic non-defense programs being considered. Therefore, if imperative that concerned counselors take action now.

Call or write your members of Congress to express your concern about President Bush’s proposal to eliminate funding for the Elementary and Secondary School Counseling Program in his FY 2006 budget.

Who to Contact

- Your Senators and Representatives
- Capitol Switchboard 202.224.3121
- www.house.gov
- www.senate.gov

Message

“Who to Contact: Message ACA Call to Action

Medicare Reimbursement of Licensed Professional Counselors

Although it is unclear if or when the 109th Congress will consider Medicare legislation, we need to build momentum and interest within the House of Representatives now for establishing coverage of state-licensed professional counselors. Although the Senate passed counselor coverage legislation in 2003, the House has not. We need Representatives to know that Medicare beneficiaries need better access to mental health services and that Licensed Professional Counselors stand ready to help them.

Seniors deserve the same choice of provider under Medicare as is enjoyed by private-sector beneficiaries. In many communities, LPCs are the only accessible mental health providers. Sadly, older Americans remain the demographic group most at risk of committing suicide.

Who to Contact

- Your Representatives
- Capitol Switchboard 202.224.3121
- www.house.gov

Message

“Who to Contact: Message ACA Call to Action

ACA Call to Action — BY SCOTT BARSTOW, CHRISTOPHER CAMPBELL AND BRIAN ALTMAN

ACA Resource

Scott Barstow
800.347.6647 ext. 234
sbarstow@counseling.org

ACA Resource

Chris Campbell
800.347.6647 ext. 241
ccampbell@counseling.org

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Mark J. Schillit, MA, LCPC

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