UPDATE

Congress adjourns for year, leaving FY '04 spending bills unfinished

For the second year in a row, Congress has gone home for the holidays with the federal budget unfinished and month overdue. Although the House passed the massive omnibus spending bill (H.R. 2673) conference report by a vote of 242-176 on Dec. 8, the Senate failed to pass the measure before adjourning for the year on Dec. 9. Senate Democrats have blocked an effort to clear the year-end omnibus package without a recorded vote, ensuring that the fiscal 2004 spending process won't be finished until late January. Senate Majority Leader Bill Frist (R--Tenn.) plans to take up the omnibus appropriations bill as soon as the second session of the 108th Congress.

Dance of hope

American counselors help to bring community intervention, interaction to Nepali citizens

By Jeffrey Kottler and Matt Englar-Carlson for Counseling Today

The children had formed a gauntlet, beginning from where we were standing by the truck that brought us to this village, stretching in two parallel, undulating lines to the entrance of the one-room school. The children were calling out in a chanting rhythm, beckoning us to walk through the line.

We approached the squirming tunnel of children, feeling both embarrassed and flattered to be the center of attention. As we walked between the two lines, the children literally showered us with flowers. The older, taller kids placed garlands of flowers on our heads. The younger kids threw petunias and marigolds at our feet.

The shot heard 'round the counseling world

College counseling representatives correct 'Today' show guest's blunder

By Angela Kennedy, Staff Writer

Last October, a segment of NBC-TV's "Today" show featured Patricia A. Farrell, a psychologist and author of "How To Be Your Own Therapist." She was invited to be a guest of the show to comment on the recent increase in college suicides — specifically, three suicides that occurred at New York University within one month.

Considering transcripts, Farrell stated on the air, "It's not obvious. It's not clear to people. And then, even sometimes when they're sent to the counseling office, I don't think people realize who the counseling office is staffed by. Generally, it's young graduate students who have not had a great deal of experience in this."

This was the shot heard around the world to those in the college counseling profession. Immediately, professional organizations specializing in college counseling fired back to the producers of the "Today" show.

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David R. Willis
Licensed Professional Counselor
National Certified Counselor
Master Addiction Counselor
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National school survey sheds new light on GLBT student experiences

In December, the Gay Lesbian and Straight Education Network released the 2003 National School Climate Survey results. For the first time, the bi-annual study reported a direct relationship between in-school victimization, grade-point averages and the college aspirations of GLBT students. Additionally, more than four out of five GLBT students report being verbally, sexually or physically harassed at school because of their sexual orientation.

Other findings include:
- Unchecked harassment correlates with poor performance and diminished aspirations: GLBT youth who report significant verbal harassment are twice as likely to report that they do not intend to go to college, and GLBT students who were verbally harassed because of their sexual orientation had GPAs that were 10.1 percent lower.
- Harassment continues at unacceptable levels and is often ignored: 84 percent of GLBT students report being verbally harassed because of their sexual orientation. 82.9 percent of students report that faculty never or rarely intervene.
- Policymakers have an opportunity to improve school climates: GLBT students who didn’t have (or didn’t know of) a policy protecting them from violence and harassment were nearly 40 percent more likely to skip school because they were simply too afraid to go.
- These numbers are a wake-up call — and a direct challenge — to the 41 states that so far remain without policies that explicitly protect GLBT students. We know that such policies, when fully implemented, are having a positive impact,” said GLSEN executive director Kevin Jennings.

The 2003 survey included responses from 887 GLBT middle and high school students from 48 states and the District of Columbia. GLSEN’s survey is the only national survey to document the experiences of GLBT students in America’s schools. Key findings, the complete survey and additional information may be obtained by visiting www.glsen.org.

“*The process of getting things out that can build up toxicity mentally and physically — that is the key to this kind of counseling approach.*”
— Sam Gladding, ACA president-elect —
(See story “Writing your way to better emotional health” on page 22)

J.D. Crowe

IN BRIEF

National survey shows discontent with quality of chronic MH care treatment

A new nationwide survey of Americans with chronic health conditions shows that those with chronic mental health conditions such as depression report more problems with access to care and treatment, report less communication among the physicians who care for them, and are less satisfied with their hospitalizations than those with other chronic physical ailments.

- 41 percent of those with a mental health condition say the health care community does a “fair” or “poor” job in caring for patients; only a third of those with a mental health condition offer a positive assessment.

- Among those with a mental health condition who are under medical treatment, half judge the care they are receiving as “excellent” or “very good.” Among those with other chronic conditions, more than two-thirds report such a high standard of care.

- Almost a quarter of those with a mental health condition report fair or poor treatment compared with only one in 10 of those with other chronic medical conditions.

Copies of a report on the findings of the poll, “Mental Health as a Chronic Illness” is available online at The Harvard Forum on Health website, www.phs.harvard.edu.

Survey: women, panic disorder

Women who are most likely to have panic disorder are least likely to be aware of the condition, according to a new public opinion survey released by the Anxiety Disorders Association of America. The survey finds 45 percent of women ages 18-34 and over 55, two groups most likely to have panic disorder, were not familiar with it. The survey also finds that 57 percent of Americans mistakenly believe that men and women are equally affected by panic disorder, when in fact women are twice as likely as men to have panic disorder. Panic disorder is diagnosed when an individual suffers recurrent, unexpected panic attacks, where at least one of the attacks has been followed by one month or more of persistent concern over having another attack or worrying about the consequences of an attack. Visit www.adaa.org for more information.

**Here’s a Tip**

New year, new beginnings, opportunities to celebrate counseling!

The New Year provides a fresh beginning for all of us. For some, that may include resolutions to implement some type of positive change into your daily lives. So take this opportunity at the beginning of 2004 to make a professional resolution to promote counseling. Examine the new community calendars that will be distributed throughout your town, county or state, and seek out those events that will be happening within your community where you can volunteer to speak or display information on the counseling. Collaboration with others would be an excellent way to build connections within your immediate community of contacts and to reach out to a wider circle. You might work with a state organization or merely work with other professionals in your town, city or perhaps county to organize your efforts. Use the new community calendars to identify opportunities to share what counselors do to enhance our communities during 2004 and then commit to being a presenter at those events.
Keeping informed about meds and therapy

Thank you for the article "SSRI antidepressant medication and youths: what counselors should know" (Counseling Today, November 2003). I work with many adolescents in my private practice who are on medication. Your points were clear. Most importantly to me, the author John Sommers-Flanagan gave directives that will help me to keep my clients safe.

More articles on medication risks and side effects would be useful. Information on the studies of effectiveness is valuable. I don’t have time to wade through the literature on medication, and I don’t trust what I read in pharmaceutical literature, because it is often skewed. I would like to be able to trust the treating psychiatrists to identify risks and negative side effects, but the reality is that they are my clients far less than I do and don’t have the opportunity to build the strong relationship I am able to achieve with our shared clients. As a competent therapist, I must stay alert to both the benefits and pitfalls of medications to my clients take. That is a challenging task. Your article will help.

Regina D. Morrow
Windermere, Fla.

Anxiety no more

I recently experienced an extremely helpful way to hold my anxiety in check as both a professional and client. As both a mental health counselor and dance/movement therapist, the mind/body connection is very strong, important and essential to healing. Although I teach relaxation and have utilized these concepts in my own practice, as is common with mental health professionals, we don’t often use the techniques ourselves that help our clients.

I recently asked Robert Goldberg, counselor, to lead me through extensive relaxation exercises and desensitization to relieve the anxiety that accompanies me with flying (see Counseling Today, January 2003, for related story "Protest! More than 25 million students display signs of test anxiety; counselors can help to lower that figure."). I was very eager to try his method called Effective Coping Skills Training. I found it to be extremely helpful as he took me through relaxing the body and then used imagery as I relaxed to take me through an "imaginary flight." As we progressed on my imaginary flight, Bob stopped often to have me sense where there was tension in the body, until I could imagine the entire flight without tension. He reminded me when we finished the hour session that every time I felt anxious or frustrated, I should check out my tension levels in my body and let them go. I became very aware of how often I was tense and worked to relax my body.

The great part of this experience was that I did take a flight to Chicago two weeks later, utilized the skill training and indeed had a very pleasant flight. I also used the Effective Coping Skills Training with my clients to reduce their anxiety in specific situations. I would highly recommend this technique.

Sheila Frimodt-Gilstein
Holmed, N.J.

Offended by 'offender' article

In the last edition, Counseling Today published an article ("From one prison to another: a former sex offender returns to the United States and becomes a counselor") by Editor-in-Chief Dawn Pennington (November 2003) regarding a sex offender who lamented his difficulties in re-entering society, particularly his chosen career of counseling. As a therapist of sexual abuse and assault victims, a consultant to the Colorado Sex Offender Management Board, and someone who has worked in this field for more than 20 years, I wish to respond to several important issues raised in this article.

I rarely use this word, yet I was appalled by the insufficient follow-up information presented at the end of the interview. The content of the interview itself was predictable. Sexual offenders, Dr. Ostrom included, often describe their reality in ways that clinicians know to be a) minimizing of the dangerousness of their behavior to others, b) distortions of reality, and c) victim blaming. These defenses distance the offender from the reality of the harm they have perpetrated on their victims and society at large. These defense mechanisms protect the individual from taking full responsibility for the damaging and long-lasting effects their words and behaviors have on others. Ostrom demonstrated many of these defenses. Actually, I plan to use the article with students as an exercise to help them identify the above concepts. The article did an excellent job of reflecting the internal thought processes of many sex offenders. My concern is that CT failed to provide an edited response to the interview for its professional readership. This was a perfect opportunity for the presentation of the best practices of the management, containment and treatment of sex offenders in the United States today. It could have been of clinical value to have a sex offender treatment provider offer a counterpoint response. Instead, readers unfamiliar with the field of sex offender treatment may have been left with the impression that there are no thoughtful opposing professional viewpoints to this treatment perspective. To the contrary, readers need to know that there is much work being done in this field to thoughtfully decide who is appropriate to treat sex offenders. It appears that Ostrom would like readers to believe that those of us counseling sex offenders were not meant to apply to individuals in his position. Quite the opposite is true. For example, the July 2003 Colorado Standards and Guidelines for the Evaluation, Assessment, Treatment, Supervision and Suppression of Juveniles Who Have Committed Sexual Offenses prescribes that an individual who wishes to provide treatment "shall never have been convicted of or received a deferred judgment for any offense involving criminal sexual or violent behavior, or a felony that would bring into question the competence or integrity of the individual to provide sex offense specific treatment of juveniles."

Many states have standards of treatment and containment in place for adults who have committed sexual crimes. These standards reflect practices that differ significantly both from regular counseling as we know it and from counseling practices geared toward offenders of non-sexual crimes.

Colorado’s stance is that counselors have no business providing counseling services to individuals who have committed sexual crimes, unless they continue to page 28
With apologies to former President John F. Kennedy, it's a
good, powerful statement. If this
were "Jeopardy" (the television
game show), the correct
response would be, "Who are
we?" A question to be asked
regularly even if (and especially
when) you are sure you really
know the answer. Now, you'd
think that by the time you are 51
(both me and ACA) or over 100
(in actual ancestral years, like
career counseling and the
National Career Development
Association) that you'd know,
but sometimes I forget that we
are still "in process." We are a
process-oriented profession. We
learn process, process, process.
It is drummed into our heads in
our graduate training. Those of
us who are too outcome-orient-
ed (and you know who you are)
are regularly confronted by such
phrases as "too problem-solv-
ing, too early." In counselor
education, one of the prime
commandments is "thou (old
English for "you") shalt (old
English for "should") not prob-
lem-solve." Our role is to help
clients discover and use their
own processes. They have to
learn, and we are the facilitators
of their learning. It's more
important to teach a process
than to give them an answer.
"Give a person a fish and they
will eat for a day. Teach a person
to fish...."
Okay, I give up. Their clichés have trumpped my
clichés. I accept this "truth."

Now back to this identity
query. Who are we? What
makes us different from psychi-
artists, psychologists of all
stripes (counseling, clinical,
school, etc.), social workers
(clinical or otherwise), or cou-
ples/marriage/family therapists?
What makes a professional
school counselor different from
a teacher? What makes a career
counselor different from a
career coach? We (and I) have to
be able to answer such questions
for a whole host of reasons. We
have to be able to differentiate
ourselves from these other pro-
fessions so that we can answer
the question: "why do we exist?"
(too Cartesian, I fear, but
nonetheless important). Even
the RAND Corporation asked
that question of me recently
when they visited ACA head-
quart ers in their preparation of a
Congressional report on TRI-
CARE (the U.S. Department of
Defense's health care system)
reimbursement for professional
counselors.
To answer the question, you
have to first know "where did
we come from?" (I'll try not to
be boring.) Our roots are in a
variety of other professions and
include the social work profes-
sion, applied psychology, assess-
ment, humanism/progressivism,
multiculturalism, medicine and
the schools. But we have grown
and developed during the last 100
years and are now so much
more than just our initial parts.

Traditional social work is
focussed on case management,
not counseling. Those in the
"mental health specialization"
of social work are trained in the
clinical aspects, but almost 90
percent of the other social work-
ners are policy- and case manage-
ment-focused, and their respect-
ive internships, while thorough,
are not counseling-focused.

Our psychological ancestors
have taken a more medical
focus in their work. Even the
counseling psychologists have
abandoned the schools (not all)
and a more traditional develop-
mental and preventive focus.
Some still mouth the words of
primary prevention, but it is
sometimes hard to tell a clinical
from a counseling psychologist
these days.

Humanism and its political
reflection progressivism are
waning. Evidence: 1) the virtual
denial of one of our founding
divisions — the Counseling
Association for Humanistic
Education and Development
(JOIN NOW!) and 2) the rise of
fundamentalist strains of reli-
gion around our earth (whether
they are Islamic or Jewish or
Christian).

Anyway, ...

Why am I, the president of
ACA, asking such a question?
Let me tell you. (You know that
was coming.)

I have just returned from the
Carter Center's Annual Mental
Health Symposium in Atlanta,
where all of the mental "health"
organizations in the United
States gathered to discuss the
implementation of the report of
President Bush's New Freedom
Commission on Mental Health.
Twenty five years ago, a similar
commission was initiated by for-
mer President Jimmy Carter, and
its report led to the demise of res-
Continued on page 10

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Counseling Today • January 2004
I don't know if time "flies," but it certainly seems to pass quickly! Happy New Year to all of you in the counseling profession, and thank you for the many good works that you do each and every day.

From time to time, this column has looked at issues and/or individuals making a difference in the counseling profession. This month's column looks at the latter of those two, namely people who have impacted the profession through exemplary contributions.

For many years, the work of Garry Walz and Jeanne Bleuer has resulted in the development of countless thousands. Dr. Walz and Dr. Bleuer have served as co-directors of the Education Research Information Clearinghouse/Counseling- and Student Services for many years. Last month, they completed their tenure with ERIC/CASS (see related story on page 9).

In addition to their work that provided counselor education students with the best possible databases to use in their research, ERIC/CASS has been acknowledged by workshops, publications, and professional collaborations with many of a number of organizations throughout the years that resulted in the development of exemplary materials and best practices trainings. Along with their dedicated group of staff, Garry and Jeanne have worked year after year to constantly move the profession forward. Their efforts in this endeavor have clearly been a success.

I can tell you about a dozen collaborations that has reaped benefits for many. Currently, there are a number of books that have been co-published with ERIC/CASS, ACA, and the ACA Foundation. By working together, each organization brought a unique strength to the partnership that resulted in some wonderful books that benefited from each group's efforts. Without the foresight and wisdom of Garry and Jeanne, these products might never have seen the light of day.

In addition, the move into a digital world was something that ERIC/CASS did in an efficient, effective and expedient manner. The virtual libraries that were put in place on a number of several areas, along with the groundbreaking text on cyber-counseling, were certainly examples of how ERIC/CASS and the Internet intersected in ways that benefited the profession.

However, Garry and Jeanne have both taken their tremendous energy for, and dedication to, the counseling profession beyond the world of ERIC/CASS. The two of them have been acknowledged for their efforts in both scholarly and volunteer endeavors during the year, and I would need several pages of this newspaper to list the many awards and accolades that these two have received. Suffice it to say that both Garry Walz and Jeanne Bleuer have established themselves as lifelong professionals dedicated to advancing the field of counseling.

As I said in a recent letter to Garry and Jeanne, "As you at your calendars and plan out the coming year, remember to leave a big space for projects with ACA!" I went on to say, "I hope you will bask in the many accolades that you both so richly deserve. Your efforts to make the profession better has reaped benefits for counselors, students in counselor education and, most importantly, for the millions of children, adolescents, adults and families who are served by professional counselors."

I know that many of you have accessed the ERIC/CASS system over the years (and many of you have articles in their various databases), so I hope you will join me in wishing Garry Walz and Jeanne Bleuer our best as they begin a new professional chapter in their lives.

In regard to professional development, I also wanted to remind all of you of the upcoming 2004 ACA Annual Convention (March 31-April 4) in Kansas City. We will be featuring more than 400 education sessions, along with panels on subjects that include counseling's living legacies. This year, we will feature a much-enhanced career center, and back by popular demand will be the ACA Cyber Caf(e), where attendees can check their e-mail and visit various Internet sites.

The four co-sponsors of the ACA Annual Convention this year are the ACA of Missouri, Kansas Counseling Association, Nebraska Counseling Association, and the Oklahoma Counseling Association. Each of our partners have done a great job in ensuring that this convention will be one to remember! For more information, visit us online at www.counseling.org/convention.

As always, please contact me via e-mail at ryep@counseling.org, or via phone at 800.347.6647, ext. 231 if I can be of help or if you would like to share some thoughts. Enjoy and be well. ■
We start our internships with the best intentions of doing all we can to help our clients, but there is a real challenge of accidentially doing harm to a client, which is the very opposite of our well-meaning intentions! Our future professional lives are dedicated to helping others, so how can we reconcile errors that we make that may negatively influence our clients? My situation was one where I muddled through facing this very scenario, but with the support of my fellow staff counselors and site supervisor, it was much less painful than it could have been.

- Changing careers in midlife has been a challenge, but now that I am in the second year of my counseling program and off to a solid start in my first internship, I recently faced my greatest nightmare as a student counselor — unintentionally harming a client. Having been married to a physician for 20 years, “do no harm” has always been foremost in my mind. Had I, in my earnest quest to help a client at my internship site, accidentally pushed him too far in trying to help him and possibly done more harm than good?

Early in my internship at a local day treatment and partial hospitalization program, I noticed a shy, small middle-aged man quietly proceeding through his daily scheduled activities while trying to draw as little attention to himself as possible. Connor (not his real name) was fit and trim, had a bushy full beard and long, flowing hair that seemed to help hide him from the world. He rarely spoke to anyone as little attention to himself as possible. Connor has been diagnosed as having paranoid schizophrenia, and his program treatment goal is to be able to return to the world. He rarely spoke to anyone but the staff counselors. During the scheduled 15-minute group activity breaks, he would simply sit in a chair and keep drawing Connor out when ever the opportunity arose.

One morning, the group finished all of our assigned projects early, leaving a long period of time available to process how the group had gone and to go a little deeper into how members were progressing in treatment. It was a small group, just Connor, Mary and Cara (not their real names), so with extra time on our hands, I took the opportunity to delve further into each of these client’s pressing issues of the day. Started as a check-in with each one to determine if they had been successful in reaching their goals for the day in the group. Were they managing to stay focused or reduce their anxiety levels? When I came to Connor, I answered my questions as usual, but with the extra time, I kept asking him more questions, and he kept right on giving me more answers. Oh, the information he was sharing! I felt great! He wouldn’t do it with others, but he was doing it with me! Realizing I had spent more time with Connor than the others, I thanked him for sharing so much with the group and moved on to the others.

Mary had other plans about our moving forward with our group processing and proceeded to tell Connor how she would have been quite angry if I had asked her so many personal questions. I was taken aback by her comments and asked why she felt it was necessary to voice this particular concern to Connor. Mary immediately turned her attention toward me and moodyly added that the comment she had made to Connor was insensitive of her. Just at that time, it was time for the group’s regular 15-minute break. I was so frustrated with Mary for possibly jeopardizing Connor’s progress in the program that I had to leave the group room during break. I went to my office in a part of the facility that clients could not access and grabbed my head and moaned. When a passing counselor inquired what was wrong, my one-word response of “Mary” produced a sympathetic nod and the counselor flashed a supportive smile. Catching sight of my supervisor out of the corner of my eye, I made a beeline for him and quickly apprised him of what had happened. He believed that Mary was probably jealous of the attention Connor had received, and that was probably why she had said what she did. He advised me to process with the group what had happened when the break was over.

We all returned to the group room from the break; and I was ready for my show-down with Mary. (Supervisor’s note — Why a showdown? That implies us against them. Another good point made.) I’ll be honest — I was angry with Mary for jeopardizing Connor’s progress and for her disruption of the group, and for her challenging me to an intern. Forty minutes later, the processing was done and Mary had apologized to both Connor and me, fully accepting her role in the situation. It all seemed okay until I checked in with everyone as to how they were now feeling near the end of the session, and all three clients reported very high levels of anxiety. Cara had mentioned that she had a mindfulness activity that she was presenting in her afternoon group that day, so I asked her if we could do a practice exercise.

Continued on page 8

I asked her if we could do a practice exercise.

Continued on page 8

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of all when he asked, "When you were getting Connor to answer all of your questions, who were you happier and more excited for, Connor or yourself for getting him to open up? What was your priority?"

Was it my ego that was pleased for getting Connor to open up more fully and especially, exclusively to me, or was it about Connor's best interests and his improvement in the program? I have to honestly admit that both factors were present to varying degrees. One thing I know for sure is that I must be more constantly vigilant about my motivations when working with clients in order to ensure that the client always comes first and foremost. That is the only safe road to travel.

I was quite flattered that he cared enough about me as well as spreading some humor, and it made me smile and helped put things in a better perspective. The supervisor then helped me lay out a game plan for dealing with my concerns that began with him calling first. Connor answered his phone and told my supervisor that he was just feeling out of it and would be in for his next program day, and indeed, he did come, to my great relief.

The next time group met, the regular lead counselor casually asked Connor why he had uncharacteristically missed last Friday. "Was it because you were still depressed, as you shared with me the week prior to that?" (* Supervisor's Note — The counselor also asks a yes/no question. That makes it easy for Connor)

"Yes," answered Connor and, with that, we all moved forward, and I finished up the group with no incidents.

This group co-leader was the same one who had laughed at my concern when Connor didn't look quite right. Of the corner of my eye, I noticed that Connor did not show up that Friday. He had suspected all along what may have been bothering Connor but had purposely not shared it with me. He was teaching me as well as spreading some humor, and I was quite flattered that he cared enough to help in my development as a counselor.

The group is still interacting well, and no other incidents have occurred. Connor is moving forward in his treatment plan with a new conviction that he will start looking for work in the near future.

I was shaken? Yes. Was I scared? Absolutely. Had I harmed Connor? Had I sent him backward in his progress in the program? Those moments when I was waiting for Connor to come through the day-treatment program's doors, my stomach dropped to the floor. I couldn't bear the thought of having possibly jeopardized the progress of this gentle, quiet man who had struggled so hard to come as far as he had.

My supervisor gave me my best lesson.
ERI C database, clearinghouses undergoing restructuring

Walz, Bleuer celebrated for nearly 40 years of making counseling clearinghouse into a powerhouse

BY DAWN A. PENNINGTON
EDITOR-IN-CHIEF

Although the turning of a new year is typically a time of renewal and rebirth, the end of 2003 was marked by the temporary closing of a valuable U.S. Department of Education-funded resource for counselors, educators and the general public. According to the Education Research Information Center's website, the Department of Education plans to hire a contractor sometime this year to re-engineer the system in an effort to comply with the tenets of the "No Child Left Behind Act" and the "What Works Clearinghouse" efforts to establish standards for scientific evidence, which may or may not include the present body of counseling resources in CASS.

The 37-year-old ERIC’s 16 clearinghouses that offer free educational resources for professionals and the general public— including the Counseling and Student Services Clearinghouse — was expected to stop receiving and accepting materials for the ERIC database in January. While the future presentation of ERIC/CASS materials is unknown right now, one thing is certain: longtime ERIC/CASS director Garry R. Walz and co-director Jeanne Bleuer have, since the project’s inception in 1966, done a remarkable job of helping to secure, preserve and make available to millions of users worldwide, full-text materials as well as digest-style reports on school counseling, school social work, school psychology, mental health counseling, marriage and family counseling, career counseling and student development.

Until recently, each clearinghouse was run independently; all have been directed to shut down their respective websites, remove the ERIC logo and perform no further activity under the ERIC name, according to Walz, noting that the new ERIC will be more streamlined, although even he is not sure whether that means eliminating or reducing information already contained in the database. “Each clearinghouse had its own website, and we had a great deal of freedom in how we set it up,” he said.

CASS collected, reviewed and approved literature to be included, and the information was sent to ERIC to be digitized and placed on the Department of Education’s servers. “What ERIC did was offer a systematic way of collecting information on educational topics and providing a way to access that information at no cost to the user,” he said.

The work of Garry Walz and Jeanne Bleuer has so many facets,” said Tom Clawson, executive director of the National Board for Certified Counselors, one of CASS’s many partners. “They challenge us with more publications and ideas than we think we can ever read. Yet, everything in their repertoire of presentations, speeches, conferences, articles, books and promotional materials is also operational to all of us as practitioners.

They have met all expectations of the mandated ERIC mission and have added much more of their own ingenuity and talent.” Walz and Bleuer have operated CASS at the University of North Carolina-Greensboro, since 1993, having moved it there from The University of Michigan. Not only has CASS changed in physical location, it has also grown into a vital resource under their direction.

“Our clearinghouse’s No. 1 component was utilization — not just dissemination — because we wanted to work with people to acquire and employ programs, practices and ideas to improve their counseling,” said Walz. “Education has always been my own red wagon — in this world, there is no scarcity of information. Especially with modern technology, people have access to gobs of it, and it’s our job as counselors to teach consumers how to make informed judgments as to the integrity of the information they are accessing — if the information is flawed, then the application is flawed.

This concept has been a driving force behind Walz and Bleuer’s commitment to making their clearinghouse into a powerhouse. The CASS website, http://ericass.uncc.edu, provided access to 11 full-text, fully searchable libraries. Separate sites on cybercounseling and an international career development library were established to keep the literature base on the cutting edge. They also hosted annual workshops in which participants could be trained on new practices and programs worthy of note. “Our clearinghouse was distinguished by the number of workshops and publications we developed and also by the work we did with various associations, including the American Counseling Association,” he said. Walz is also a past-president of ACA.

Not only did the clearinghouse offer literature, but it also provided learning experiences and working opportunities for graduate students. “(CASS) provided paid graduate assistantships to approximately 50 of our students during the last 11 years,” said Jerry Juhola, a professor in UNCC’s Department of Counseling and Educational Development. “More importantly, Garry and Jeanne provided scholarly writing opportunities for our students, faculty and alumni. From cutting-edge ERIC Digests to monographs and books, they challenged us to write about pressing topics within the profession and helped us focus on the needs of the public we serve … and provided opportunities for national and international presentations.”

When the new ERIC model is ready in late 2004, the new ERIC contractor will communicate with publishers, education organizations, and other database contributors to add publications and materials released from January 2004 forward. In the meantime, although Walz and Bleuer’s involvement with ERIC/CASS has come to an end, Walz already has a number of projects to keep him busy and to further his mission of educating others.

Counseling Outfitters LLC is a non-profit, educational corporation that aims to continue the development of high-quality, low-cost publications that address emerging issues in counseling. Also in the spirit of ERIC/CASS, Walz and Counseling Outfitters are in discussions about hosting a national workshop during the coming year near its new headquarters in Tuc- con, Ariz.

A major division of Counseling Outfitters is CAPS Press, which, Walz noted, is working with ACA to produce a number of publications, including the following new books: "Measuring Up: Assessment Issues for Teachers, Counselors, Administrators," which Walz co-authored with Janet E. Wall, immediate past-president of the Association for Assessment in Counseling and Education; “Family Counseling for All Counselors,” by Immediate ACA Past-President David Kaplan; and “Empowering Young Black Males III: A Systematic Modular Training Program for Black Male Youth,” by Courtland Lee, a past-president of ACA.

“Garry and Jeanne have made tremendous contributions to the counseling profession,” said ACA President Mark Pope. “They were with ERIC/CASS from its inception to its closing and are to be commended for their commitment to building such a comprehensive collection of resources. They have equally dedicated themselves to collecting and making information available in a user-friendly way for professionals and consumers.”

Another Counseling Outfitters/CAPS Press project is the publication of “Vistas,” a book composed of 24 articles written by individuals who will be presenting at the ACA Convention this March 31-April 4 in Kansas City, Mo. The intent of this book, which is expected to be available for sale at the convention, is to capture counseling techniques and share them with other practitioners. Walz hopes to see “Vistas” become an annual publication. Related, Walz will be a presenter at a session on Evidence-Based Counseling, which will convene on Friday, April 2 at the convention.

ERIC articles are expected to remain in the database, located at www.eric.ed.gov, during the transition. ERIC updates are available at wwwedrs.com.
identical treatment of the mentally ill and to the rise of the community mental health movement.

I have not been around a lot of psychiatrists recently (I had enough of them in my early career in psychiatric hospitals and drug abuse treatment) ... until this meeting. First, you should know that I do not tolerate arrogance easily. I had forgotten how wonderful psychotropic medications are and how everything can be fixed by such pills. Not. I had forgotten how much verbal and behavioral therapies are valued by this group. Not. And I had forgotten how much psychiatrists are valued by the other medical specialties, such as surgery and oncology. Double not. Remember that psychiatry is looked down upon (by the hard science medical faction) as a "soft" or "fuzzy" part of medicine. Remember also that medical schools have a strongly hierarchical and patriarchal "soft" or "fuzzy" part of medicine. That psychiatrists are trained in medical schools. (You knew that; just wanted to remind you.) It was quite entertaining and eye-opening. I realized (once again) why I strongly believe in who we are and that we exist.

Every day that I have found our profession kiows and does everyday. Here are some of those new-to-them truths that we bring to the whole mental health equation in the world, why we are unique and our reason for existence. (I'm getting to that, but I want to build the tension.) Okay, here's my take on who we are. We are the developmentists who focus on the life transitions of people. While many of our mental health colleagues are focusing on illness, we are focusing on health, wellness, growth, development and prevention. Insurance companies don't much like such language, because they are focused on making a profit for their shareholders and feel that prevention costs money upfront that affects this year's annual report. This short-sighted belief is what drives mental "illness" models and traditional Western symptomatic medicine approaches. It keeps us all trapped.

Fortunately, much of what was presented at the Carter Center Mental Health Symposium was focused on what our profession knows and does everyday. Here are some of those new-to-them truths uncovered by researchers and presented to the very astute and attentive audience at this national symposium:

- The Big Three in mental health recovery are prevention, early diagnosis and treatment. (Thank you.)
- Suicide is the leading cause of violent death in the world (suicide 49 percent, homicide 22 percent, war 19 percent).
- Of those with diagnosable mental disorders, only half get some treatment.
- The most serious of the mental disorders begin in childhood and adolescence. Note that 15 is the age of onset for 50 percent of those who are diagnosed with anxiety disorders. This is worldwide statistic.
- Poverty has a strong relationship with mental illness.
- Collaborative care models (integrated care where we all work together) have been shown to dramatically improve the treatment of mental health disorders (but this is always the first model to be implemented, usually for cost reasons - not for efficacy, obviously).
- We cannot reach children and adolescents through mental health clinics and hospitals. The primary gathering place for children and adolescents is the schools (followed closely by shopping malls - smile).
- Even if there are genes for depression or chemicals to relieve symptoms, those who have them will still need psychosocial supportive therapies to survive the experience and re-learn developmentally appropriate healthy behaviors so that they can achieve recovery and true mental health.

This statement was made on various occasions: "Mental health is more than the lack of mental illness." (Thank you.) Even if you identify a pathogen (genetic, hormonal, chemical imbalance) and you eliminate/correct it, what is left? Such simple elimination does not assure full recovery, because there will generally remain behavioral/developmental deficits. You must acknowledge the developmental anomalies that persist, that the learned compensatory behavior does not just simply correct itself. Sometimes yes, with time and a healthy environment, but rarely. The old behaviors that learned to cope with the pathogen won't just evaporate; nature abhors a vacuum. Alleviation of symptoms and elimination of the pathogen is the foundation on which health is built, but it is not sufficient in and of itself to assure true mental health.

The Commission on Mental Health had some recommendations that I think most of us will applaud vigorously. Here are a few for your delight:

- Abandon the language of stigma and embrace a recovery and resilience paradigm.
- Normalize mental health treatment.
- Individualize mental health treatment.
- Inform other mental health professionals about what each does and then integrate service delivery as well as professional literatures.
- Teach young people about differences.
- Use strengths-based language rather than deficit-based.
- Use the school-based mental health practitioners (school counselors, school social workers, school psychologists) to provide screening, assessment, treatment and referral.
- Integrate the delivery of mental health services throughout the various institutions of the community.
- I want to thank President Bush and Mrs. Carter. It was a delightful event, one that I hope ACA and our divisions will attend regularly. Gail Adams, American Mental Health Counselors Association president, and I sat together and were constantly whispering back and forth to each other about how we wished that the American School Counselor Association, American College Counseling Association, NCDA and others were here. We cannot afford to have mental health relegated to the mental illness people, as William Glasser continues to remind us.

I'm just glad I have professional counseling training, and I'm just glad for our strong professional identity. I am thankful every day that I have found our profession and that we exist. Sometimes, I think that we are the only hope for the world. I guess I'm just a professional counseling fanatic who believes passionately in who we are and what we do. (It's the least you could expect from an ACA president.) Thanks to each of you. I really do love our profession. Big hug! More later. See you soon.
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around our necks; smaller children placed bouquets in our hands. The tiniest kids, some just out of toddlerhood, tossed handfuls of petals as far as their little arms could throw. As we made our way through the line, we were literally covered in the fragrant petals.

Finally we reached the schoolhouse, a single room constructed of concrete blocks. Inside it was dark, the only electricity was from a single bulb hanging from the ceiling. There were wooden pews in a row, perhaps 10 in all, and they were packed with people. There were village elders in attendance, the mayor, the school principal and teacher, parents and a half dozen students with their families. One elderly woman, who was barely ambulatory, managed to crawl along the floor, where the crowd opened to space for her.

We were in the village of Saranpur, an isolated community of several thousand in the southern region of Nepal. The Maoist rebels were active in this area, so we had been forced to travel by small plane from Kathmandu. Then, we traveled through rutted, back roads occupied by tractors, goats, water buffalo and bicycles. There were army roadblocks set up everywhere, as well as curfews, but in this part of the country, the people were only concerned with survival; the politics of the Maoists escaped them (It was only later that we would come face to face with the rebels in the Himalayas, where they extorted money from us in order to guarantee safe passage).

We traveled to Nepal to help introduce counseling methods to the medical community. This is a nation where the majority of people do not have access to any medical care whatsoever. There are villages where goitres from nutritional deficiencies are so common that the people have come to see huge growths from their necks as attractive. In fact, anyone without a prominent goitre is viewed as a freak.

We had already delivered lectures to health ministers, government officials, health administrators, physicians and nurses about the value of counseling methods. In this whole country, there are a grand total of 32 psychiatrists, psychologists and counselors for a population of more than 30 million. That means that each mental health professional has a caseload of more than a million each!

We had met with hospital staff and health care workers about ways they could integrate those interventions that seemed best suited to the Nepali context. While this work was satisfying, even warmly received, the real reason we had come so far was to visit this village. Working with Nepali friends and colleagues, we were establishing a new scholarship program for the neglected children of Nepal. The girls, especially, were afforded very few opportunities for education. Many were kidnapped by sex slavers or sold by their families for indentured work that often led to the brothels of Northern India.

Jeffrey had been doing research with a Nepali obstetrician, Kiran Regmi, on ways to encourage more women to seek medical care. So many women were dying because they were unwilling to visit health care facilities. They did not want male doctors to touch their bodies. They did not feel respected in these places. They felt like objects that were merely shuffled around.

One way we might change these attitudes was, first, to teach physicians to be more interpersonally responsive. Second, our job was to help promote more opportunities for girls to become doctors themselves and perhaps break the tragic cycle.

It costs only $50 per year to send a young girl to school. Jeffrey and Kiran decided to start a foundation, named after Kiran's father, Madhav Ghimire, who is the National Poet of Nepal. If we could launch a foundation, contributing some of our own money as start-up capital, we could help keep more children in school. We had already contributed enough money to enable us to award the first six scholarships. And that is why the schoolhouse was packed on this day — the village was celebrating the birth of hope.

As we sat at the honored place in the room, covered in our garlands of flowers, we
could not help but think about the work we do as counselors and teachers back home. Helping others is what we teach in the classroom, yet often the interaction is one-to-one. Sitting in this school, it seemed clear that this was a community intervention and interaction.

"You have gathered here today to honor us," Jeffrey addressed the village assembly. "But we are here to honor you." He looked over his shoulder at Matt, seeking reassurance. Matt smiled and nodded, at least as much as was possible with his head encased in ropes of flowers.

"There are times when you must feel that nobody cares about you," Jeffrey continued slowly, waiting for the translation. "I wish you to know that the people of America do care about you and about your children. They want you to help you keep your children in school. For that is the only way they can have a future."

Matt stood and spoke next, telling the parents and teachers and children that he could feel their excitement. They were uneasy about these foreigners coming to their village, making promises that may not be kept, uneasy about these foreigners who might take the children and give them a future. "For that is the only way they can keep your children in school." They told us they would do what we could to help, for the children, we told them that we would do what we could to help them.

"I wish you to know that we understand. One thing that we did see clearly was the look of pride on the children's faces when each came up to accept their scholarship that would allow them to remain in school for another year.

After the ceremony ended everyone piled out of the cramped schoolhouse. Thinking we were off the hook, we melded into the crowd. Yet the festivities were only beginning.

The women of the community began to form a circle, chanting at first, then singing. Drummers pounded a beat and the women began to dance, swaying their bodies and moving their hands hypnotically.

Matt was pulled into the circle and pressed to join the dance. Holding his hands out to his side, he imitated the women's movements as best he could. Yet the most extraordinary sight of all was watching Kiran, the senior gynecologist, dancing with the girls and women. Seeing a doctor dance with her patients was a powerfully compelling image, one that ensured that this was one place where the women would seek their doctor's help during times of need. As Kiran danced, the girls and women smiled, laughed, kept motioning the dance to continue. It appeared that each glance toward Kiran was a look of acknowledgment that this was one doctor who understood the true lives of her patients and was not so above them that she could not actually be part of the community. They would come to her, despite her being a doctor, because of her empathy and willingness to be with people in their real lives.

We climbed into the truck for the long journey back to the central district of Chitwan. We looked out the back window to see the children and their parents, watching the strangers depart. What were they thinking now, we wondered? What did they make of all this? We sat quietly during the return, keeping our thoughts to ourselves. After some time dodging various livestock, rickshaws and pedestrians, we came upon a solitary Buddhist monk walking along the road. Dressed in a burgundy robe, held together by a rope around the middle, he glanced at us as we slowed to a stop by his side.

The monk's face lit up in a smile, as he made eye contact with each one of us. Then he reached inside and handed us a glutinous ball of pastry dough, from which each of us broke off a small piece to taste the sweet offering. Then, without another glance, the monk continued his journey.

Even now, we can still taste the gritty sweetness in our mouths, just as we can smell the flowers that had been placed around our necks. We are still haunted by the final view of the villagers watching us drive away, wondering if we would forget them, if we would ever return, if we would keep our promises to help them.

It is not necessary to travel to the remote Himalayan Kingdom of Nepal to participate in a dance of hope. Within our own communities there are so many people who feel neglected and forgotten. Yet what lingers most from our journey are the possibilities of what one can do to make a difference. But first, one must join the dance.
president, wrote a letter to NBC stating, "Many college counseling centers are training sites for both master's-level and doctoral-level counseling and psychology students. However, these trainees do not account for 50 percent of college counseling center staff."

He noted in the letter that college counseling centers are primarily staffed by a combination of licensed, degreed professionals, including master's-level and doctoral level counselors or psychologists or master's-level social workers," he wrote. "In particular, counseling trainees interning in college counseling centers have completed or nearly completed all academic coursework associated with their degrees."

"College counseling centers are primarily staffed by a combination of licensed, degreed professionals, including master's-level and doctoral level counselors or psychologists or master's-level social workers," he wrote. "In particular, counseling trainees interning in college counseling centers have completed or nearly completed all academic coursework associated with their degrees."

Robinson noted that interns are closely supervised and must notify a more experienced staff member when they feel uncomfortable handling a specific case. "Throughout I can assure you that all trainees strictly adhere to their respective codes of ethics, it is unethical for any counselor — trainee or experienced — to counsel a client whose issues are beyond the scope of the counselor's preparation," he said.

Robinson ended the letter with a request for NBC to make right this wrong, or at least provide an opportunity for a college counseling professional to counterpoint Farrel's statements.

Robinson was not the only representative to speak out about the interview. Gregory Snodgrass, director of the center at Texas State University-San Marcos, also wrote to the producers on behalf of the Association of University and College Counseling Center Directors. "If your comments could deter students in need of mental health services from seeking them from their campus counseling centers, and parents and friends of students could be deterred from referring them. This could result in tragedy." In Snodgrass' letter, he noted that college counseling centers are staffed with trained professionals who can recognize the red flags of suicidal behaviors and provide therapy and support to those students who are contemplating suicide. He added that counselors actively pursue new methods of treatment in effort to provide the best of mental health service.

"Not only does staff receive ongoing continuing education in mental health problems common to the college students, staff member from centers across the nation (also) collaborate together through frequent communication to increase their collective knowledge about these issues," Snodgrass recommended that the morning show should investigate the mental health state of the country and perhaps include a segment spotlighting the quality care that is available on college campuses.

Association of Counseling Center Training Agencies President Jennifer A. Erickson Cornish also wrote in to represent her organization. In her letter to the "Today" show, she reiterated the fact that counseling center trainees are carefully selected, watchfully supervised and rigorously trained. She also noted that the accreditation guidelines assure quality service. She called Farrel's comments a "misstatement."

Hot Off the Press! Resources Worth Investigating

Troubled Children and Youth
Turning Problems Into Opportunities by Dr. Larry Brendtro and Mary Shabazzan

Prepares research-based strategies for improving relationships with troubled youth, including those youngsters who have been ignored, discarded, and branded as incorrigible. The authors elaborate on the four guiding principles of the Circle of Courage model for positive youth development: Belonging, Mastery, Independence, and Generosity.

6 x 9, 264 pages, $24.95

Caregiver Alliances for At-Risk and Dangerous Youth
Establishing School and Agency Coordination and Accountability by Dr. Elene A. Blechman, Dr. Claire A. Fishman, and Dr. Daniel B. Fishman

Shows how to coordinate delivery of existing educational, correctional, law enforcement, medical, mental health, and social services to troubled youth. Includes a risk-reduction plan outline and other documents essential to establishing a successful Caregiver Alliance.

6 x 9, 380 pages, $24.95

Who I Can Be Is Up to Me
Lessons in Self-Exploration and Self-Determination for Students with Disabilities in Learning by Dr. Gloria Campbell-Whatley

For upper elementary and middle school students with learning disabilities. Addresses student self-awareness and self-advocacy needs through a series of 15 lessons divided into 47 learning activities that individualize the program for each learner. A pretest/posttest is included for each lesson.

Program Guide 6 x 9 x 11, 122 pages, $24.95

Student Manual 6 x 9 x 11, 46 pages, $12.95

Your Child's Unique Temperament
Insights and Strategies for Responsive Parenting by Dr. Sandee Graham McClowery

Focuses on children ages 5-12. Emphasizes the major impact that a child's temperament has on his or her development. The manual helps parents develop strategies that are responsive to their child's unique temperament. Includes a 38-item inventory that shows how parental perceptions of a child's behavior relate to four temperament dimensions: Activity, Approach/Withdrawal, Task Persistence, and Negative Reactivity.

8 1/2 x 11, 150 pages, $19.95

Staying in Control
Anger Management Skills for Parents of Young Adolescents by Dr. Millicent H. Keliner

Shows parents how to handle angry moments with their teens and how to deal with anger in other areas of their lives. Step-by-step exercises help parents identify their own anger triggers, choose positive ways to respond to anger-provoking situations, and encourage their young adolescents to develop and use appropriate anger management skills.

8 1/2 x 11, 98 pages, $12.95

Cultivating Kindness in School
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continued from page 1

Medicare bill signed into law
After passing both chambers of Congress in late November, broad legislation establishing a Medicare prescription drug benefit was signed into law by the president on Dec. 8. The bill establishes a prescription drug benefit starting in 2006 and a demonstration project requiring Medicare to compete with private health plans starting in 2010. The new Medicare bill — constituting the most major changes to the program since its inception — is being met with mixed reactions by both lawmakers and seniors. Some opponents have already begun working to gain support for repealing the bill's more controversial provisions, including the competition measure, the language prohibiting the government from negotiating Medicare drug prices. These issues are likely to remain contentious throughout 2004 and the upcoming campaign season.

Unfortunately for Medicare beneficiaries and for the counseling profession, a provision establishing reimbursement of Licensed Professional Counselors under Medicare was eliminated from the bill just before it passed in November. Although we had strong support for our provision among senators, opposition arose from House lawmakers. Gaining Medicare coverage of counselors remains one of the American Counseling Association's highest priorities, and ACA staff have already begun meeting with House offices to shore up support for our provision to pave the way for its ultimate enactment. It is difficult to predict what, if anything, will happen with Medicare next year. While corrections and changes to the new Medicare law will certainly be needed, 2004 is a transition year, and lawmakers may be reluctant to wade into the Medicare thicket again after the bruising battle they just finished.

Please turn to the "ACA Call to Action!" in Counseling Today or visit http://capwiz.com/counseling to learn how you can get involved in this issue. For more information, please contact Dara Alpert in ACA's Office of Public Policy and Legislation at 800-347-6647 ext. 242 or e-mail dalerpt@counseling.org.

New bill would support counseling services on college campuses
Reps. Danny K. Davis (D-Ill.) and Tom Osborne (R-Nebr.) have introduced the "Campus and Counseling Act" (H.R. 5593). If passed, the legislation would authorize $10 million in competitive grants to centers on college campuses that provide mental and behavioral health services to students. Any center located on the campus of an institution of higher education that provides these services to students would be eligible to apply for a grant. Eligible entities include college counseling centers, college and university psychological, college and university psychological, and behavioral health services centers, mental health units and psychology training clinics.

This is an important federal issue because, often, mental and behavioral health concerns affect the ability of students to function successfully in a college environment. As such, without proper treatment, students may suffer serious physical problems, academic failure, inability to complete college and, in some cases, death. In the past decade, the prevalence and severity of these problems have increased. If adopted as part of the Higher Education Act, due to be re-authorized by Congress next year, the Campus and Counseling Act would help students achieve greater success in post-secondary study.

Davis and Osborne need help generating support for this bill to increase its chances of being adopted as part of the Higher Education Act. Please contact your representative and urge him or her to support H.R. 5593, the Davis/Osborne bill. You can send an e-mail message to your representative by visiting ACA's online legislative action center at http://capwiz.com/counseling and entering your ZIP Code in the section titled "Elected Officials."

Education department issues new regs on AYP for students with disabilities
The Department of Education has issued final regulations addressing how schools must measure adequate yearly progress (AYP) for students with the most significant "cognitive disabilities" under the No Child Left Behind Act. The No Child Left Behind Act requires schools to show adequate yearly progress in making sure that all students achieve academic proficiency in order to close achievement gaps, or they risk losing funding.

Under a final rule published in the Dec. 9 Federal Register and made effective Jan. 8, school districts and schools will be allowed to count the "proficient" scores of students with the most significant cognitive disabilities who take assessments based on alternate achievement standards. Without this flexibility, these scores would have to be measured against grade-level standards and considered "not proficient" when states measure AYP. The number of those proficient scores may not exceed 1 percent of all students in the grades tested (about 9 percent of students with disabilities). In other words, those students will be assessed by their achievement of standards deemed appropriate for their intellectual development, thus allowing states to more accurately gauge their progress.

The new regulation does not limit how many students can be tested with an alternate assessment; it limits only the number of scores based on alternate achievement standards that can be included as proficient in AYP measurement calculations. The new guidelines, which still call for the alternate achievement standards to be tied to state academic content standards, also allow states and school districts to exceed the 1 percent limit if they can demonstrate that they have a larger population of students with the most significant cognitive disabilities. Individual schools are not subject to the 1 percent cap, because it applies only to district and state accountability decisions.

No Child Left Behind and this new regulation build on the 1997 Individuals with Disabilities Act amendments — which mandate that all students with disabilities must be tested — by ensuring that schools, districts and states receive credit under AYP for students with disabilities.

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Funding for Selected Education Programs (in millions)

<table>
<thead>
<tr>
<th>Program</th>
<th>FY 03 Final Appropriations</th>
<th>FY 03 Initial N.H.R. 2673</th>
<th>0.95% Across-the-board cut</th>
<th>FY 04 N.H.R. 2673</th>
<th>After cut</th>
<th>Difference FY 04 Final N.H.R. vs. FY 03</th>
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<tr>
<td>Elementary and Secondary School Counsel</td>
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Department of Education Total Discretionary: $35,112.8, $35,112.8, $330.3, $35,112.8, $2,550.3
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Do you have a hard time earning your yearly 20 hours of Continuing Education? Tired of last minute frantic searches for interesting workshops before your renewal deadline? Have a hard time getting to them? Paying too much? Now there's a simple solution...

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**Think of it:** Every issue you could be eligible for one hour of credit through this program which is approved by the National Board for Certified Counselors and now, also, the Florida Board of Mental Health Counseling. That means you may be able to earn up to 12 credits per year and up to 60 credits in 5 years. That's potentially more than half the total requirements you currently need to recertify as an NCC—for a remarkably low price! And NBCC approved home-study credits are often acceptable to State Licensing Boards. Check your local rules.

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### CounselingToday Quiz – January 2004

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 quickly and easily.

- Please send in your copy of this quiz with a $12 payment to:
  - Journal Learning International, P.O. Box 1189, Clackamas, OR 97015

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<th>4.</th>
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**Personal Information:**

- Name: [ ]
- Address: [ ]
- City: [ ] State: [ ] Zip: [ ]
- Phone: [ ]
- Type of License/Certification and Number: [ ]
- I certify that I have completed this test without receiving any help choosing the answers.
- Signed: [ ]
- Date: [ ]
- Check [ ] Visa [ ] MC [ ] Other [ ]
- Card No.: [ ]
- Exp. Date: [ ]
- Name: [ ] (Print or type your name here)
- A Yes or No answer appears on each.

**Additional Information:**

- Program learning objective is to increase awareness of current issues and trends in counseling.
- Please write the following (on a scale of 1 to 5): 1 = poor, 5 = excellent:
- The information was well presented [ ]
- I would recommend this home study program to others [ ]
- Did you read more of CounselingToday because you could get CE Credits? [ ]
- Yes [ ] No [ ]

Please allow 3 to 6 weeks for notification of your results and your certificate of completion (if you pass).

We recommend that you keep a copy of this quiz as a record for your licensing board. Journal Learning International® is approved by the National Board for Certified Counselor to offer continuing education for National Certified Counselor. We adhere to NBCC Continuing Education Guidelines. The home study program has been approved by the NBCC for 1 hour of continuing education credit for NCCs subject to continued approval by NBCC. NBCC provider #5635. Florida Board of Clinical Social Work, Marriage and Family Therapy and Mental Health Counseling Provider Number 5BP 274, Expires 02/05 (continuing education approved for Mental Health Counselors). Although we collaborate with the ACA, Journal Learning International® is a separate entity and bears sole responsibility for the home study program. Copyright ©2004 Journal Learning International®. All rights reserved.

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dents who are tested against different achievement standards.

The new provision was originally proposed by the department and published in the Federal Register in March 2003. About 100 comments were received from local school officials, parents and others, and they were reviewed as part of the process leading to the development of the final regulations. A significant change from the proposed regulation is the elimination of a definition of students with significant cognitive disabilities. Rather, states will define this group of students.

For more information on the No Child Left Behind Act, visit www.ed.gov or contact Chris Campbell with ACA at 800.347.6647 ext. 241 or e-mail ccampbell@counseling.org.

Senate WIA bill moves to next step

As promised in last month's "Washington Update," here is further information regarding the bill (S. 1627) re-authorizing the Workforce Investment Act and the Rehabilitation Act programs passed in November by the Senate. WIA lays out the nation's employment and training assistance programs, as well as the public vocational rehabilitation system. The House passed its own version of this legislation early in the year.

As is often the case in legislative matters, the most contentious issue at play in re-authorization of the WIA concerns money. Policymakers are committed to ensuring an adequate funding stream for the establishment and operation of one-stop employment centers. The American Counseling Association and other organizations have repeatedly called for doing this through the enactment of a dedicated federal funding stream for one-stop infrastructure development. However, these pleas have fallen on deaf ears and, instead, one-stop funding is to be raised through tapping programs that operate in conjunction with the one-stop-center.

Under the House WIA reauthorization bill (H.R. 1261), state governors would be allowed to take as much money as they want from one-stop "program partners"—including state vocational rehabilitation agencies, independent living centers and agencies for the blind, Medicaid programs, mental health programs and other programs serving individuals with disabilities—and spend it on building one-stop employment centers. The Senate bill, unfortunately, allows the same thing to happen, although the list of programs that can be tapped is limited, and a cap is placed on how much money can be taken in this manner. ACA and other advocates are concerned that this funding mechanism will undermine the already underfunded vocational rehabilitation system and will override the current-law process whereby local VR agencies and one-stop centers jointly develop a memorandum of understanding on sharing costs and responsibilities.

Although the Senate bill opens the door to governors taking money away from the VR system, Senate staff agreed to include report language drafted by ACA, in the bill to clarify the committee's intent with respect to one-stop funding and vocational rehabilitation services. The language states, in part: "The committee encourages the development of local memoranda of understanding so that the infrastructure funding of one-stops is accomplished with the cooperation and participation of one-stop program partners while minimizing any disruption of program partners' ability to meet the service needs of their target populations."

The committee's report goes on to state that "In all cases, the committee strongly believes that the contributions from non-WIA program partners should be an amount equivalent to the cost of the proportionate use of one-stop centers in the local area."

The Senate bill improves upon the House bill in other ways as well. The Senate bill does not include the House version's provisions establishing religious discrimination employment, rehabilitation and career counseling. The Senate bill does not eliminate the office of Commissioner for the Rehabilitation Services Administration, which is called for in the House bill. The Senate bill does not tightly restrict use of funds for in-school youth in favor of out-of-school youth, nor does it eliminate dedicated funding for targeted programs for adults and disconnected workers in favor of block grants, as the House bill does.

It is unclear how high WIA reauthorizations will be on Congress's priority list in 2004. ACA and other advocacy groups are staunchly opposed to the House-passed bill, and are concerned that a Senate—Congress conference may result in the development of a dangerously flawed piece of legislation. Counselors are encouraged to contact their House members to express opposition to H.R. 1261. For more information, contact Scott Barstow with ACA at 800.347.6647 ext. 234 or e-mail sbarstow@counseling.org.

Mental health, substance abuse parity

The legislative year ended without significant progress in the areas of mental health parity and substance abuse parity. Instead of passing a more comprehensive measure, both the House and Senate voted to extend the limited existing mental health parity law by one year. The current law requires private group health insurance plans to impose the same lifetime and annual dollar limits on mental health benefits that they apply to general medical benefits. The comprehensive "Sen. Paul Wellstone Mental Health Equitable Treatment Act (S. 486/H.R. 953)," which provides full parity between mental and medical benefits, had failed in both chambers last year.

The Wellstone bill would expand the current law to include all limits placed on mental health treatment, such as the number of outpatient visits or inpatient days. The parity bill would not require health plans to cover mental health, nor would it require any diagnosis to be covered. It also does not address substance abuse treatment. The bill's lead Senate sponsors, Sens. Pete Domenici (R-N.M.) and Ted Kennedy (D-Mass.), have said they will introduce another Senate Majority Leader Bill Frist (R-Tenn.) and Senate Health, Education, Labor & Pensions Committee Chairman Judd Gregg (R-N.H.) that the mental health parity legislation will be a top priority in both the committees and the Senate floor early in 2004.

In Brief

ACA president featured in 'Advocate'

In the Dec. 9 issue of national gay and lesbian magazine The Advocate, American Counseling Association President Mark Pope was spotlighted for being the first openly gay president of a major mental health organization. His election came exactly three decades after homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders. The Pope feature is on page 20.

Applications due 3/1 for CACREP Standards Revision Committee membership

The Board of Directors for the Council for Accreditation of Counseling and Related Educational Programs seeks qualified individuals to serve on the 2008 Standards Revision Committee (SRC). Applications will be accepted through the March 1 deadline and should be mailed to the CACREP office.

The SRC is the primary work group responsible for drafting new or revised statements to the CACREP Accreditation Standards. Membership on this committee is a multi-year commitment. The SRC will commence its work in the late summer or early fall 2004 with a completion deadline of spring 2007. Responsibilities of the SRC include (1) developing and facilitating a plan for collecting feedback and data to support potential revisions to the CACREP Standards; (2) attending a minimum of two committee meetings per year; (3) drafting and disseminating proposed revisions in a manner that allows ample time for comment; and (4) providing regular updates to the CACREP Board regarding the work being accomplished.

Position descriptions

Applicants should be able to document one or more of the following qualifications:

1. Knowledge of CACREP Standards as evidenced by experiences such as:
   - Being a CACREP liaison in an accredited program
   - Being a trained CACREP team member or team chair
   - Being a former member of the CACREP Board.
2. Knowledge of the profession of counseling and/or student affairs, as evidenced by experiences such as:
   - Serving as a provider of counseling or student affairs services.
   - Being on a CACREP-accredited program.
3. Knowledge of issues and revisions in higher education accreditation.
4. Ability to commit sufficient time to attend all meetings scheduled by the SRC.
5. Ability to think creatively.
6. Demonstrated ability to work as a team player on committees with work similar to that required of the SRC.

The application form is available on the CACREP website at www.counseling.org/cacrep.

To apply for membership on the SRC, complete the application form and submit it with a statement of interest to the committee, a current copy of your vita or resume and two letters of reference. The statement of intent must include information on how your knowledge and skills will benefit the standards revision process along with a statement of your willingness and ability to commit sufficient time to the work of the committee. The two letters of reference should be from appropriate refere...
Finding the joy in your life

What are your first feelings and thoughts when you wake up every morning? Are they about the joy and excitement that the coming day holds for you, or more of dread and anxiety for the coming day? Are they about your daily activities. Feelling that should encompass friend happiness. It is a positive satisfaction, as well as our old includes feelings of peace and emotionally. It is an emotion that brings us to us and we all experience various levels of joy. Our sense of joy grows from our emotional, physical and mental well-being. In line with that, there are a number of things we can do to enhance our awareness of the joy in our lives: Enjoy your relationships. Make an effort to look for the things in the relationships with your family, your friends, even your job, that are important to you, that you are thankful for and that you enjoy. Look for the positive. Take the time to see what's good and makes you feel good in even the little things that are part of your daily life.

Whenever possible, avoid negative things and negative people. Life is simply too short. Seek peace in your life. Take time to watch a sunset, to appreciate the beauty of nature. Spend a few moments meditating each day on what's good in your life. Take time to relax. Take a long hot bath, listen to favorite music, enjoy a few quiet moments with your children or pets. Enjoy a hobby. Make time to discover and explore things you truly enjoy. Take care of yourself. Healthy eating, regular exercise and plenty of rest all help you feel better and more easily find the joy in your life. Keep a daily journal. Every evening, record three to five things for which you were thankful that day. This simple activity helps you become more aware of the positive things going on around you. Make time for you. It's difficult to appreciate and enjoy all the positive things in your life when you are going non-stop. To find the joy in your life, you need the time to reflect on all the good things that are there. Rushing from one activity to another only builds stress and tension, not joy. You may have to learn that sometimes saying "no" to the many demands upon your time is sometimes necessary to reduce stress and increase your level of joy.

Do some self-reflection and measure how the stress in your life balances against the joy. Finding more joy in your life means actively seeking it out, in both the big and little things. If you sit back and wait for the joy to appear, you'll miss out on a lot of joyful opportunities. The goal is to actively seek out joy on a daily basis.

Linda Fayard is a counselor who owns her own consulting firm, specializing in advising businesses in the areas of anger/stress management and diversity issues. She can be reached at flyhighms@aol.com.

Are you ready for the next crisis?

TERRORISM, TRAUMA and TRAGEDIES:
A Counselor's Guide to Preparing and Responding

What can you do now to be prepared for potential terrorist attacks in the future? How can you help employees return to the workplace after a disaster? How have crisis plans changed in the schools following September 11?

This collection of practical strategies will be useful to all counselors—in the schools, in the workplace and at home. Includes:

- Lessons learned from September 11 and other terrorist attacks, Columbine High School shootings, airplane crashes, the Gulf War
- First-hand accounts by those who have dealt with tragedies
- Newly revised crisis plans, plus sample pages of the actual plans
- Strategies for working with different age groups—from young children to the elderly
- Special chapter on the Red Cross—should you volunteer?

Writing your way to better emotional health

BY ANGELA KENNEDY
STAFF WRITER

Throughout history, psychologists, therapists and counselors have encouraged the expression of emotions to achieve or maintain good mental and physical health — thoughts and feelings must be articulated in order to be processed. Though, sometimes, talking about certain events and feelings can be extremely painful for the client. Journal therapy may be an alternative for those who are willing to put pen to paper in an effort to move though the healing process.

Journal therapy is the purposeful and intentional use of reflective writing, or creative writing, to achieve some sort of therapeutic outcome. “Using the journal or the process of reflective, personal, or life-based writing to approach issues, problems, concerns, goals and aspirations and have some sort of positive change in behavior or attitude,” said Kathleen Adams, president of the Center for Journal Therapy and a psychotherapist specializing in therapeutic writing. For more than 18 years, Adams has taught, consulted, studied and researched the effects of writing on the psychological and healing process. She has also authored six books on the subject.

Journal therapy delves into the writer’s psyche and, unlike a diary, is more than a record of the day’s events. Though a diary may chronicle the daily actions of the person, it does not serve in the therapeutic process. Adams noted that a diary is like a reflection of the outer world as it is experienced, whereas a journal moves from the inside and goes outward. A journal is used to enter the realm of thoughts, emotions and responses to the writer’s life and actions. It can be a doorway to the subconscious and help examine, reclaim and explore the shadow side that lives within.

“Journal therapy allows the client to begin to get his or her thoughts out, so they can reflect on how they are feeling, behaving and thinking,” said Sam Gladding, president-elect of the American Counseling Association, and a supporter of the journal therapy approach. "With that, they can gain insight into themselves and become aware of what they are doing."

Adams added, “There is the undeniable truth that when we sit down with a provocative question and begin writing, we often tell ourselves things we didn’t know we knew.” Through the use of therapeutic journals, clients begin to have more reliable access to their own subconscious material. The act of writing words on paper transforms the cognitive world of thought, feeling, attitude and behavior into tangible, physical form for the client to see. Journals allow the writer to take a step back and look at the issue from a distance. The writer can, then read and interpret his or her own thoughts and feelings with a new perspective. The pages of a journal can essentially act as a mirror, reflecting the true self of the client.

Journal entries can also be thought of as pieces of a mosaic. The individual writing sessions can address current issues or problems the writer may be experiencing. However, the journal in its entirety can develop into a completely different picture of the what the writer is struggling with.

**Combination therapy**

Journal therapy is often used in conjunction with a form of psychotherapy. “There are all kinds of therapeutic styles and approaches that journal writing will support and enhance,” said Adams. “The beginning of journal therapy was grounded in analytical psychology. There is so much that can happen with traditional analytic psychology at the level of looking at unconscious patterns and symbols,” she said. “When we come to cognitive behavior therapy, the journal is superb at pointing out patterns, relational behaviors, setting goals, making changes or documenting changes in behavior.”

From the humanist existential therapy point of view, the journal becomes an incredible therapeutic presence, an uncontroversial positivity, regarding entity that receives, absorbs, supports and affirms without judgment,” she added.

Adams noted that journaling can accelerate the therapeutic process by extending the counseling session indefinitely. It can be a useful tool when combined with traditional therapy, especially between sessions where reflection on patterns and behaviors can be an ongoing self-assessment.

“The journal can become a therapeutic presence in times of sadness, confusion and anxiety,” she said. When the mood strikes, a client does not need to call their therapist to make an appointment. Their thoughts and emotions can be captured on paper, frozen in time, and presented to their counselors at a later date. The entries can be read aloud and used to facilitate dialog during the session.

Journal writing can also give the power to heal to the client. “There is a sense of having personal mastery over life and circumstances and events when they can be noted and written down,” said Adams.

**Benefits of writing**

Research has shown that journal therapy can not only improve a client’s mental and emotional health, but it can also have positive physical effects on the writer. “There are significant research studies (demonstrating) that, when one writes about things that are difficult to talk about, there is a release of energy that can be translated in physical health benefits,” said Adams. She noted that, specifically, T-cell functioning increases, resulting in a stronger immune system. Also there can be a reduction in pain, lowered blood pressure and a decrease in the need of psychotropic medications.

“Those are just some of the things that have been validated through scientific inquiries. These changes come as a result of writing, specifically about things that we might consider cathartic,” she said. “We know repression is hard work — hard, physiological work. And, when a person is able to release the material that has been repressed in a safe, contained and appropriate way, that frees up energy that can then be used to heal at the physiological level.”

**Who can do it**

Clients of journal therapy don’t have to be literary aces, perfect spellers or have impeccable penmanship. They must only possess the desire to look within and, of course, some paper and a pen. Adams said almost everyone who is willing to be self-reflective can benefit from journal therapy.

“It’s literally a type of approach that covers the lifespan,” Gladding agreed.

“I have adapted journal therapy applications to just about every population there is, including people with low literacy and high resistance,” said Adams. She has tailored journal therapy approaches to many different audiences, depending on their need and resolution. She also has developed an entire approach of journal therapy that deals with clients who are using writing to resolve or deal with trauma. She noted that writing therapy may not work well, though, with people with severe thought disorders and severe impulse control problems.

Adams said that women respond the best and require less conventional writing. “It’s the therapeutic benefits of writing. ‘So many women grew up with the rite of passage of keeping journals or diaries as young girls,’ she said. "They noted and kept their secrets, thoughts and feelings in them, and so, they tend to come into journal therapy predisposed, knowing that it works. Men sometimes need a bit more education about the therapy — why this is a good idea and why it helps.”

Many adolescents and young people have kept journals as part of their junior and high school curriculum. Though, she noted, young people may be familiar with journaling, they need to know this type of writing is not for a grade or to be evaluated for grammar and spelling. Even children can participate in journal therapy. “Children love to write and draw. They love poetry and stories, so kids are really responsive,” Gladding added that elderly clients can find journaling particularly beneficial. “They can integrate their life experiences and see some unity, meaning and purpose.”

Therapists are using journal therapy to address such issues as anxiety and depression, sexual abuse, trauma, eating disorders and substance abuse. “Journaling can be used in any issues, where taking an honest and accurate look at behavior and thought process is needed for resolution. The journal is a worthi
derful place to help move through denial," Adams said. She noted that a journal can be used to recognize relationship difficulties, move through grief and loss, achieve goal-setting and help the writer visualize a better future.

"One of the most effective applications that I use journal writing in is with women who are coming out of destructive relationships. It helps them imagine a more empowered future. Actually writing down the vision of the emerging self of who they become when they are at a higher level of functioning, helps them achieve their goals. It serves very much like an anchor for future pacing."

Journal writing can be beneficial to healthy individuals as well by serving as a creative outlet and stress reliever. It can also be used as a scripted memory book of life experiences, to aid in future decision-making.

Getting started
Adams has integrated many different types and approaches for her journal therapy sessions. For someone who is new to the journal writing process, she begins with short and structured applications. "I invite people to write for only five minutes, usually about a pretty generic topic like what's going on right now, how are they feeling, what are they thinking about — very overarching questions," she said. "Writing for only five minutes gives people the sense that something important can happen in just a short period of time. Additionally, when we just focus on that moment or the immediacy of right now, that is the threshold across which the whole story will reveal itself." From there, she will coach the client to move into longer, more specific and focused episodes of journaling.

Adams strongly recommends re-reading journals over time. "I'm presently knee-deep in journals from 1994–95, because there is a specific piece of my present that has its roots in that time," she said. "So I'm going back and re-reading my journals to find out what I can about the roots of the situation that I'm (currently dealing with). It's just very helpful, and it is so useful to see where I have been."

Gladding also uses writing therapy in his personal life. "It helps me summarize what I see as the interaction between the client and myself," he said. "What you don't know is what hurts you. By writing, that gives me insight. It also gives me a paper trail to chart my own growth and issues, as well as the client with whom I work."

He added, "The process of getting things out that can build up toxicity mentally and physically — that is the key to this kind of counseling approach. There is good evidence that this works."

Journal writing is not just a form of self-expression, but it can also be a useful tool in personal growth and good mental health. The power of the pen has proven it can be therapeutic for body, mind and soul.

The Center for Journal Therapy offers continuing education journaling workshops accredited by the National Board of Certified Counselors. For more information visit its website: www.journaltherapy.com/index.html

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**Take this Charles Dickens and this T.S. Eliot and call me in the morning**

SOME people read to pass the time or fight off boredom. Others read to escape reality and go on an adventure. And several just read to fall asleep at night. There are many reasons to curl up with a good book, including one that isn’t so obvious — therapy.

Biblio/poetry therapy is the intermingling of poetry and other forms of literature for healing and personal growth. It is similar to journal writing in that it can aid the therapeutic process by allowing the client to express him or herself through their written word.

Sam Gladding, president-elect of the American Counseling Association, said the two forms of therapy are like "cousins," the difference being, "in bibliotherapy, the words are not the clients. However, the results are the same.

He said that reading what others have written can have a therapeutic effect on the reader. For instance, if the characters in the book or poem are anxious, depressed or uncertain, the reader may be able to identify with them and perhaps begin to better understand their own feelings. "By reading about struggles that others have, the client can relate and connect. They feel as though they are not alone," Gladding said.

Another benefit, he noted, is that the client can read about the choices that the characters make and get ideas to use in his or her own problem-solving and resolutions.

The book or poem, chosen by the therapist for the client to read, serves as a catalyst for discussion. The literature is specifically selected to evoke emotions and feelings that can be related to the client's present issues. Like with journal therapy, applications are tailored to the client's need and desired outcome. Bibliotherapy can be effective with all age groups and populations. It can be used to address a variety of issues, such as substance abuse, family problems, grief and loss, incest and trauma.

"Biblio/poetry therapy is under-utilized, and yet, it is a very empowering type of approach to counseling," Gladding said. Here is a list of recommended reading often used in biblio/poetry therapy:

**For Children:**
- Fred Rogers: "When a Pet Dies"
- Judith Viorst: "Ten Little Things About Harvey"
- Alexander and the Terrible, Horrible, No-Good, Very Bad Day"
- Dr. Seuss: "Yertle the Turtle; and Green Eggs and Ham" 

**For Adolescents:**
- Jane Howard: "Margaret Mead: A Life"
- Edmund Morris: "The Rise of Theodore Roosevelt"
- Robert Sheldon: "No Direction Home: The Life and Music of Bob Dylan"

**For Adults:**
- Judith Viorst: "Necessary Losses"
- Richard Bolles: "What Color Is Your Parachute?"
- Robert B. Alberti & Michael L. Emmons: "Your Perfect Right"
- Maya Angelou: "I Know Why the Caged Bird Sings"
- Scott Peck: "The Road Less Traveled"
- H. Jackson Brown, Jr.: "Life’s Little Instruction Book"
- David Burns: "Feeling Good"

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**Poems for certain conditions in life as recommended by Jack Leedy**

**Insomnia:**
"Hymn to the Night" by Henry Wadsworth Longfellow

**Anxiety:**
"I’m Nobody! Who Are You?" by Emily Dickinson

The National Association for Poetry Therapy offers professional credentials to biblio/poetry therapists who have met its training requirements. For more information visit www.poetrytherapy.org.

Gladding often writes poems to assist him in processing his own life difficulties and struggles. He said the writing is an outlet not only in his private life, but also within his professional life. The following are two of his original poems.

**Reality Slits in a Green-Cushioned Chair**

In the midst of a day that has brought only grey skies, hard rains, and two cups of lukewarm coffee. You came to me with Disney World wishes Waiting for me to change into: A Honolulian figure with Daniel Boone’s style Peerless Charm’s grace and Abe Lincoln’s wisdom Who with magic words, a wand, frontier spirit, and perhaps a smile Can cure all troubles in a flash. But reality sits in a green-cushioned chair Lightheart has struck a nearby tree. Yesterday ended another month, I’m uncomfortable sometimes in silence, And Unlike fantasy things I can’t always be what you see in your mind.

**Here and Now**
I feel at times that I’m wasting my mind as we wade through your thoughts and emotions. With my skills I could be in a world-renowned clinic with a plain, official office, soft padded chairs, and a sharp secretary at my command. Instead of here in a pink cinderblock room where it leaks when it rains and the noise seeps under the door like water. But in leaving, you pause for a moment as your voice spills out in a whisper: Thanks for being here when I hurt.

With those words my fantasies end, as reality like a wellingup begins filling me with life-giving knowledge, as it cascades through my mind, That in meeting you, when you’re flooded with pain, I discover myself.

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Counseling Today • January 2004

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Multicultural competence and social justice: some new year's resolutions

Many people take time at the onset of a new year for celebration, reflection and resolution. In doing so, they celebrate those aspects of their lives for which they are genuinely grateful – families, friends, health, achievements and so forth. It is also a time when many individuals pause to reflect on the various challenges they have faced during the past year, how they have dealt with these challenges and the new experiences they are likely to encounter in the coming months. This sort of reflection leads some people to make a list of resolutions that they plan to work on to realize new dimensions of their human potential in the new year.

In the spirit of the holiday season, we begin this month’s column by celebrating the 10-year anniversary of publishing the monthly “Promoting Human Dignity and Development Through Diversity” column in Counseling Today. It is an honor to work with the current editor of CT as well as the four previous editors who have served in that position during the past decade. We are genuinely appreciative of all of the persons who have contributed to this column in the past and encourage anyone who has an idea that they would like to have published in this column to contact us about it.

With the coming of the new year, we have taken time to reflect on where the counseling profession is at this point in its history. This reflective activity led us to think about some of the things counselors can do in the new year to more effectively and respectfully address the most urgent needs that our clients face in their daily lives.

Finally, we have outlined several new year’s resolutions that you may find interesting as you think about the types of things you can do to increase your own professional effectiveness in the future. As you might expect, the resolutions that are presented in this month’s column direct your attention to the challenge of multiculturalism, which we all continue to face in our professional and personal lives.

Multiculturalism: emergence of a new paradigm in counseling

As we reflect on the history of the counseling profession and think about where we are at the present time, we find ourselves feeling a tremendous sense of pride, concern and hopefulness. All of us can be proud of the evolution of the counseling profession during the past 100 years. The visionary work of people like Frank Parsons and Jane Davis at the turn of the 20th century laid groundwork for a proactive, developmental, strength-based approach to helping that has carried over in many ways as our profession has faced new challenges during the last century.

Since the early part of the 20th century, the profession has undergone numerous changes, many of which have been precipitated by the rise of different counseling theories. All of us have been impacted in some way or another by the three major theoretical forces that have emerged in the fields of counseling and psychology during the past century. This includes the various psycho-dynamic (the first force), existential-humanistic (the second force) and cognitive-behavioral (the third force) counseling theories that have surfaced during the past several decades.

Researchers have demonstrated that all of these approaches are useful in promoting the mental health and personal well-being of some people who experience some problems some of the time. By familiarizing ourselves with these theories and acquiring the skills that are associated with each of them, we become better positioned to more effectively assist others in realizing their developmental potential in the future.

While we want to indeed take a moment to celebrate these advancements, we also recognize that there is much reason for concern. As the U.S. Surgeon General explained in his 2001 report “Mental Health: Culture, Race and Ethnicity,” the overuse of the aforementioned traditional approaches to counseling and psychotherapy has led to the failure of the mental health professions to meet the needs of millions of people who come from culturally and racially diverse groups and backgrounds in our nation. Aside from the obvious ethical implications that underlie the failure of using these traditional helping theories with persons from diverse client populations, it is increasingly becoming apparent that we will forfeit our professional future unless we work together to foster the development of a new helping paradigm in the counseling profession.

There are a number of reasons why we remain hopeful about meeting the challenges outlined in the Surgeon General’s report. One of the reasons why we remain hopeful is that we recognize that there is a new paradigm emerging in the counseling profession at the present time. This new paradigm is being fueled by the numerous multicultural counseling theorists, researchers and practitioners who have written about, investigated and implemented many innovative approaches to extending far beyond the traditional helping paradigm in which the counseling profession has been entrenched during the past century.

The emergence of a new helping paradigm is also marked by a number of new organizational changes that we have written about in past columns. This includes: (a) a dramatic increase in the level of attention that multicultural and diversity issues are being given in many of our professional training programs, (b) the formal endorsement of the multicultural counseling and social justice advocacy competencies by the American Counseling Association, and (c) the creation of the newest division in ACA: Counselors for Social Justice.

Multicultural, social justice counseling: meeting new challenges

The progress that has been made in these areas has not come easily. In fact, the multicultural counseling movement has generated a tremendous amount of controversy during the past 30 years. Much of this controversy has been generated by individuals who have asked important questions about some of the principles, tenets and practices that multicultural counseling advocates promoted. These questions are vitally important because they lead all of us to reflect on how the paradigmatic changes that are occurring in our profession will lead to more effective services being delivered to larger numbers of persons from diverse cultural-racial groups in our nation. Having undergone the test of controversy within our own ranks, it is time to celebrate the fact that ACA has taken a number of concrete organizational steps to meet the complex challenge of multiculturalism.

Continuing the journey

Certainly, we have many more roads to travel as we move toward becoming a culturally competent profession. While it is important to continue this journey, we believe it is equally important to periodically take time to regenerate our energy and gain an increased sense of hopefulness by thinking about the things that you and other people have done to move the counseling profession forward becoming more culturally competent. Counselors understand the importance of taking time to reflect on these kinds of things because they know that by identifying our individual and collective strengths, our future growth and development is likely to flourish.

In thinking about the future of our profession, we predict that the newly emerging social justice counseling movement has the potential to provide additional fuel that will further drive the paradigmatic changes that are occurring in the profession. Although social justice counseling advocates represent a logical extension of the multicultural counseling movement, it is also predicted that much resistance is likely to ensue from the types of changes that social justice counselors are calling for in the profession in general and ACA in particular.

As new controversies arise and more questions are raised about the various principles, tenets and practices that are articulated and implemented by social justice counselors, we may want to keep in mind the lessons learned by being a part of the multicultural counseling movement. Among the lessons we think they are particularly important to keep in mind include:

- Remembering that resistance is a normal part of any change process, whether it be individual or organizational changes with which we are dealing;
- Knowing that it is possible to overcome any challenges that members of the profession may present by thoughtfully and effectively responding to whatever questions and concerns may be raised about the multicultural and social justice counseling movements; and
- Realizing that the progress we will make in promoting a new multicultural/social justice paradigm in the profession will largely depend on our willingness to continue to work hard to make personal changes within ourselves, as well as, helping to promote positive organizational changes in ACA as well.

Suggesting some relevant new year’s resolutions

For those of you who are interested in finding practical ways to become actively involved in the paradigm changes that are occurring in the counseling profession, we have outlined four resolutions that you may want to consider making at the start of this new year.

1. Assess your current level of multicultural competence.

One of the best ways to begin the change process on a personal level is to assess our own current levels of multicultural counseling competence. You can do this by fol-
ollowing six easy steps: Step 1: Go to the ACA website (www.counseling.org); Step 2: Click on “Resources”; Step 3: Scroll down and click on to “Multicultural and Diversity Issues” (along the left side of the webpage); Step 4: Click on to “Cross-cultural competencies and objectives” (in the middle of the page); Step 5: Read the list of 31 multicultural counseling competencies that are presented on that page and do a self-assessment by giving yourself a score of “1” if you believe you have poor competence in that area, a score of “2” if you think you have a moderate degree of competence in that area, and a score of “3” if you believe you have a great deal of competence in that area. Step 6: After you have rated yourself on all 31 competencies, direct your attention to two terms on which you gave yourself a score of “1” or “2” and make a new year’s resolution to involve yourself in activities that are intentionally designed to increase your competence in these areas.

2. Learn about the new social justice advocacy competencies that were recently endorsed by ACA.

You can do this by following 4 easy steps. Step 1: Go to the ACA website (www.counseling.org); Step 2: Click on “Resources”; Step 3: Scroll down and click on to “Advocacy Competencies” (along the left side of the webpage); Step 4: Take a few minutes to review these new competencies and begin to think about the ways in which you may already be implementing some of them in your work.

3. Learn about the newest division in ACA — CSJ.

Visit CSJ online at www.counselorsforsocialjustice.org.

4. Let your voice be heard.

Make a resolution to join CSJ or another ACA division in which you may be interested and let your voice be heard by advocating for a particular multicultural or social justice counseling issue that you are concerned about.

While we know that each of you can come up with your own ideas about other types of resolutions that would strengthen our profession, we hope that you find our suggestions helpful in thinking about some of the positive ways that you can promote a new multicultural/social justice paradigm in counseling. Let’s move on together to build a profession that more effectively and respectfully promotes human dignity and development through diversity. Lastly, we want to extend our wishes to you and your family for a very healthy and productive new year.

Judy Daniels (jdaniels@hawaii.edu) and Michael Andrea (michael@hawaii.edu) are professors in the Department of Counselor Education at the University of Hawaii.

Once again ACA and the American Red Cross are working together to bring quality mental health care providers to the forefront of Disaster Relief. ACA will be offering the American Red Cross Disaster Mental Health Services I training at the ACA 2004 Annual Convention because we realize that in a disaster environment, mental health services take on a degree of urgency in addition to the level of importance that professional mental health providers deal with on a daily basis.

Qualifications are as follows:

• Counselors must be licensed by a State Counseling Licensure Board to be eligible to take the training.
• Counselors must have valid practicing license at the time of training;
• Counselors must have taken the American Red Cross Introduction to Disaster course;
• Counselors must pre-register to attend ACA Convention training.

The Disaster Mental Health Services I training will be offered March 31 & April 1, 2004. This is just prior to the American Counseling Association 2004 Annual Convention in Kansas City, MO. Space is limited to 20 participants and those who are interested will need to pre-register no later than January 30, 2004.

For more information or registration application materials, contact Theresa Holmes at ACA, 800-347-6647 x350.

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Career counselors can benefit from earning global credential

BY ANGELA KENNEDY
STAFF WRITER

In effort to standardize training requirements and recognize those who work as career service providers, the Center for Credentialing & Education, Inc. (CCE) offers the Global Career Development Facilitator credential.

"Several professional groups recognized that many individuals who are currently providing career assistance are not professional counselors," said Mary Ann Powell, Career Development Facilitator project director with the American Counseling Association. "The GCDF credential was developed to provide standards, training specifications and credentialing for these career providers."

She added that the GCDF credential provides an additional level of professionalism. "It also provides (the holder) with a set of skills, so everyone is on a level playing field. It gives them the basic career skills that they need in order to effectively provide career development services to individuals."

Who can do it
Career group facilitators, job search trainees, career resource center coordinators, career coaches, career development case managers, intake interviewers, occupational and labor market information resource persons, human resource career development coordinators, employment/placement specialists, or workforce development staff persons are all examples of professionals who can benefit from earning this credential.

Professional recognition, status and attestation of skill standards are just some of the benefits of having this global and marketable credential.

According to the NCDA website, the CDF curriculum (Editor's note: the 'G' is dropped when describing the U.S. curriculum) for the credential has been used and found effective with the following audiences:
- K-12 school career development support personnel
- Community college, college and university career development support personnel
- Human resources development personnel
- Workforce development staff
- One-stop career center staff
- Welfare-to-work staff
- School-to-work program staff
- Graduate-level counselor education students
- Career program participants.

GCDF requirements
In order to obtain a GCDF credential, a combination of education and work experience is required in addition to an agreement to adhere to the GCDF Code of Ethics and a commitment to take relevant continuing education courses. Participants must complete 120 hours of training covering the 12 GCDF competency areas from an approved curriculum provider (a listing of approved providers can be viewed at www.cdf-global.org).

Upon completion of the course work, participants must apply for the credential from CCE. Documentation for the applicant's highest educational level must accomplish the application. Application fees apply, see the CEE website for complete details.

Career development work experience requirements are as follows:
- Graduate Degree: 1,400 hours (estimated 1 year)
- Bachelor's Degree: 2,800 hours (estimated 2 years)

The CDF certification is valid for a five-year period, with an annual maintenance fee. The expiration date is five years from the date the participant certified and will appear on the certificate.

Competencies
The 12 competencies covered by all of the approved curriculums providers are:
- Helping skills
- Labor market information and resources
- Working with diverse populations
- Technology and career development
- Ethical and legal issues
- Employability skills
- Consultation/supervision
- Training clients and peers
- Career development theories and models
- Program management and implementation
- Assessment
- Promotion and public relations

Before it went global
The National Occupational Information Coordinating Committee's Career Development Training Institute funded a needs assessment survey of staff working in career and workforce development organizations. The Career Development Training Institute at Oakland University conducted the survey. The results of the survey were compiled and developed into the first Career Development Facilitator compendium. The curriculum was then established to cover each of the competencies.

NCDA, the National Employment Counseling Association and the National Association of Workforce Development Professionals endorsed the original curriculum.

"The program was originally sponsored by NCDA but funded through the NOICC. The NCDA curriculum was the first of the CDF curricula developed at CDTI at Oakland University," said Robert (Bobbi) Floyd, past-president of NECA, which is also a division of the American Counseling Association. Floyd was one of the founding developers, with CDTI co-directors Howard Splete and Judy Horgan, who collaborated on the CDF competencies and curriculum.

According to the NCDA website, "A major emphasis in the initial CDTI effort was to develop a curriculum and train instructors who would, in turn, develop programs to train CDFs. CDF instructors are developing programs in a variety of settings, including colleges, community colleges and state agencies. The programs are delivered in different ways, including intensive three-week and semester-long programs. Programs may carry college credit, continuing education credit and/or certificates of completion."

The CEE, an affiliate of the National Board for Certified Counselors, Inc., developed the national certification for Career Development Facilitators. As the popularity of the training grew, CEE expanded the number of approved curriculum providers to include global ones tailored to different countries, including Japan and New Zealand.

"It's becoming a truly global certification," said Floyd. "The more people who become certified and the more people who become certified, the more that all of them will be recognized."

She also noted that other curricula have been developed and approved by CCE, based on special circumstances of the people who are participating in the training.

Providers
There are as of 1 CCE-approved provider of the CDF curriculum to choose from in the United States, one being NCDA. All of the curriculum providers cover the core 12 competencies. How the provider addresses the material, and what methods are used, can differ from provider to provider.

"The CCE guidelines for the credential are based on the NCDA curriculum that included the core 12 competencies. All curricula (created) since then have had to contain the things that the original curriculum was established on," said Floyd. The NCDA curriculum was revised in 2001 to include student text and an instructor guide.

She added that the approach may be different, "But the whole purpose of the initial curriculum was to upgrade the level of the paraprofessionals out in the field who are providing services primarily through employment and training and through career centers in high schools and colleges."

Powell noted that NECA endorses both the NCDA's curriculum and also a curriculum developed by the John J. Heldrich Center for Workforce Development at Rutgers University in New Brunswick, N.J.

NECA
"When NOICC was dissolved in the late '90s, its professionals became a part of the U.S. Department of Labor and Education," Powell noted. "Because the curriculum was developed by NCDA, NECA chose to endorse the Working Ahead curriculum because the unique components that address the legislatives issues that workforce professionals need to know."

For more information on the Working Ahead curriculum visit www.heldrich.rutgers.edu/work ingahead. Additional information and applications to join NECA can be found on the organization's website, www.employmentcounseling.org.

For more details on the Career Development Facilitator curriculum available from NCDA, see www.ncda.org/index.html. Memberships applications are online as well.
are specifically trained to do so. In fact, there is research suggesting that providing no treatment is actually a better strategy than providing regular psychotherapy in terms of reducing the re-offense rate of sexual offenders. A guiding principle woven into Colorado’s Standards is that community safety is paramount. In other words, the primary goal in treating sexual offenders is to prevent further victimization. It is in the best interest of the sex offender, the victims, the potential victims, and the society we all live in to educate ourselves properly so that we can provide best practice without creating further harm.

The space in this column is clearly too limited for me to outline many of the standards and practices being utilized today, however, I would like to direct readers to the following couple of resources as a place to get started: the Association for the Treatment of Sexual Abusers (www.atsa.com, 503.643.1023) and the Colorado Office of Domestic Violence and Sex Offender Management (http://dcj.state.co.us/odvsom, 303.239.4526).

Sharon Behl Stanbach
Morrison, Colo.

As counselors and educators who have spent time in evaluating and treating convicted sex offenders, we were appalled at the recent CT article “From one prison to another” by Dawn Pennington. We find this article to be unprofessional, lacking in journalistic and scientific integrity and, most troubling of all, dangerous to counselor education.

Although we applaud efforts to consider what is to be done with convicted sex offenders beyond incarceration, we do not find this article helpful and in fact find it to contribute to elaborate cognitive distortions, namely denial, that many sex offenders use. Dan Ostrom’s story is relayed to the reader as truth and none of his contentions have been questioned. For example, we are told that “his victims have forgiven him” based on nothing more than his self-report. Throughout the article Pennington repeats (and therefore legitimizes) denials and rationalizations concerning Ostrom’s story. Ostrom presents himself as the victim of the story and repeatedly blames his victims of his sexual perpetration (they were “aggressive”), rationalizes his behavior (he claims he received no physical pleasure), presents himself as a passive agent who somehow finds himself in positions of power and influence over children and portrays therapists and parole officers as unhelpful and vengeful. Perhaps Pennington or other CT editorial staff should have been concerned when a parole officer was described as “notorious for dropping by his home and his workplace unannounced.” Notorious?

As far as we can tell from the article, the “long road to recovery” consisted of six months of inpatient therapy. What did this therapy consist of? Has there been any further therapy? Why did Pennington choose not to interview any experts in sex offender therapy? The implication of this article and the side-bar story is that sex offender therapy with serial pedophiles is equivalent to therapy for substance abuse, sexual compulsivity and other forms of addiction. Although, denial is a strong component of all of these problems, counselors should not believe they are prepared to treat sex offenders without proper training. Incompetent therapy for sex offenders may in fact lead to more victims. We should be mindful that the price society pays for a relapse or re-offense of the sexual offender is a terrible one.

At the conclusion of the article, Pennington reports there were “false accusations” made against Ostrom and insinuates that, by virtue of his background, Ostrom would make an effective therapist. One might ask “who better” to treat sex offenders, but we must also ask “who worse?” given the pervasive denial and victim-blaming that is present in the article. Certainly every human being deserves a compassionate ear to tell their story, but this story is slanted so far in the direction of Ostrom’s side that objectivity has been lost. We are very disappointed and concerned that CT would print such a story without informing counselors about what constitutes legitimate sex offender assessment and therapy or, at the very least, interviewing or consulting with an expert in the area. Instead, CT chooses to print a story where a convicted sex offender is allowed to blame his victims, the law and society without any journalistic objectivity or scientific information to balance his claims. To complete this distorted view of reality, the counseling profession is also criticized for failing to provide a job for Ostrom! One of our highest ethical imperatives is that we do not harm our clients, and in ensuring the welfare of all clients we have to be careful to ensure that our counselors are not impaired, or worse, predatory. We ask CT to inform counselors about sex offender therapy and the requirements necessary to do this difficult but much-needed work.

Edward A. Delgado-Romero and Amy Heesacker
Bloomington, Ind.

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WE ALSO OFFER INDIVIDUAL CLIENT SESSIONS IN PERSON OR BY PHONE.
I just finished reading the articles from the November 2003 issue titled "From One prison to another" and "Reintegrating ex-offenders into society," and I was compelled to write to you. I am a master's-level psychologist and a Licensed Professional Counselor at a state prison in Pennsylvania. We have the best and largest Sex Offender Program in the state, and I am a Certified Sex Offender Treatment Specialist. I am thoroughly disgusted after reading these articles. For your own knowledge, there are very, very, very few sex offenders who would be classified as addicts. The mere fact that the offender is claiming compulsivity shows that he is still not accepting full responsibility for his offenses. By saying sex offending is a compulsive behavior, he is saying he had no control over it. When, in fact, it is a choice, not a disease.

I have read, with much confusion, your article entitled "From one prison to another." I am thoroughly disgusted because I do not understand how this is possible. How can we embrace a convicted, admitted and consistent child molester/sex offender into the bosom of the American Counseling Association? I am very disappointed that research wasn't done before these articles were published. For any sex offender who reads your articles, you've given them an excuse to keep offending. After all, according to the articles, they're just victims of society's closed-mindedness. Statistically, one in four girls and one in six boys are victims of sexual abuse before the age of 18. Hopefully, you won't ever have to experience the trauma of anyone you know being sexually offended, but you should have gained insight into sex offenders and sex offender treatment before publishing those articles. Even my inmates will tell you, sex offenders operate under the same cognitive distortions the offender in your article did. They are confused because they do not understand that there is no cure, and it is a lifelong process of awareness, risk management and relapse prevention. The good thing about these articles is if you bring them into my groups and have the inmates identify the manipulation, denial, etc. Have a great day!

Jeanie Pavlovich
Waymart, Pa.

I have read, with much confusion, your article entitled "From one prison to another." I am confused because I do not understand how this is possible. How can we embrace a convicted, admitted and consistent child molester/sex offender into the bosom of the American Counseling Association? The editor-in-chief of Counseling Today should be asked to step down. Dan Ostrom should be expelled from ACA. Help him find other work. Any other work. Not as a counselor.

But to allow him to remain is to make a mockery of what I do for a living and to insult the thousands of victims of child molesters that we see privately, trying to protect them from people like Dan Ostrom.

Frank Finke
Casselberry, Fla.

A Special Thank You to Our 2003 Key Contacts!

ACA’s Office of Public Policy and Legislation gratefully acknowledges the following individuals for their work as Key Contacts in 2003 to help shape federal public policy on behalf of the counseling profession and its clients:

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**Ethical 'gray areas' confront rehabilitation counselors**

**BY THORV HESSELUND**  
FOR COUNSELING TODAY

Your client shows up for an appointment without a jacket on a cold day. You have a coat that you no longer wear that would fit him. Do you give it to the client?

Your client needs extra money. You have some yard work that needs to be done. As long as she reports the income properly, should you hire the client to do the work?

Seemingly harmless on the surface, these are two examples of the ethical gray areas that rehabilitation counselors regularly face. The Ethics Committee of the Commission on Rehabilitation Counselor Certification is frequently asked for advisory opinions on situations such as these. On occasion, formal ethical complaints, stemming from similar scenarios, are brought against rehabilitation counselors. Thus, counselors must understand the ethical professional standards to which they are required to adhere as well as the potential gray areas that they could face even with the best of intentions.

"It is essential that we inform our clients from the beginning that we have professional responsibilities to them. We must also understand that, in the course of this professional relationship, very personal issues will likely be addressed," said Jill Falk, a former CRCC commissioner and principal of Advanced Vocational Solutions, Inc. in Yakima, Wash. "Most counselors have come across a situation or two where they find themselves outside of the normal professional relationships. These are the gray areas of ethical dilemmas."

When confronted with these dilemmas, rehabilitation counselors should seek the advice of a supervisor or respected peer. At all times, the highest goal must be to protect the client from any harm. Some well-intentioned counselors have caused harm to their clients because they were isolated in their decision-making process regarding the client and the change in the relationship with the client.

"Dual relationships with clients, alone, are not unethical," added Falk, who is also a past chair of the CRCC Ethics Committee. "However, the potential for misunderstandings and harm to the client increase a great deal when these are undertaken."

**CRCC Code of Professional Ethics**

The Code of Professional Ethics for Rehabilitation Counselors, effective January 2002, sets clear standards for counselors and their relationships with clients. For example, the code states that rehabilitation counselors will not have any type of sexual intimacies with current clients and that they will not counsel persons with whom they have had a sexual relationship. It further states that rehabilitation counselors will not engage in sexual intimacies with former clients within a minimum of five years after terminating the counseling relationship.

While the code is very clear in these kinds of relationships, it does not spell out every possible scenario in which a counselor could cross the line between the professional and the personal. Consider the two scenarios at the start of the article:

- A client is in need of clothing.
- A client needs extra money.

Both of these situations would understandably elicit the very human and normal response of wanting to help. But the desire to help cannot harm or interfere with the client-counselor relationship.

**Finding ethical solutions**

In the first scenario — giving a client a jacket (even a second-hand one) — the counselor cannot lose sight of the potential that such a gift could be construed as having certain "strings attached." For example, the client could feel pressured to do something, such as sign a vocational rehabilitation plan with which he or she is not in agreement, simply because the counselor recommends it. A problem could surface later on, however, if the client becomes angry and dissatisfied with the outcome of treatment. If the client lodges a complaint and mentions the influence of the counselor's gift-giving, there is the potential of an ethical violation.

One possible solution is something that we have done in my office. Counselors may bring in good-quality clothing that can be given to clients in need. It is far different to say to a client, "Take a look to see if we have a jacket that might fit you," than to say, "Here's a jacket of mine that I'm giving to you." One is a service; the other is a gift.

In the second scenario, a client needs to earn money. If you need work done around your home, you might be tempted to hire that person, provided that any income received is reported properly. There is a danger of crossing the line of ethical behavior, even if the scope of work and the payment are carefully spelled out and conducted separately from the counseling arrangement. Doing work around the counselor's house, the client would become unduly familiar with the counselor's personal situation. In this scenario, the client-counselor relationship would change, and it would be very easy for either party to lose objectivity.

Further, if a client works for a counselor more than once or twice, it could be construed as a business relationship, which is expressly prohibited by the Code of Professional Ethics. As the code states: "Rehabilitation counselors will make every effort to avoid nonprofessional relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, close personal relationships with clients, or volunteer or paid work within an office in which the client is actively receiving services.)"

In situations in which a client has mental or behavioral issues, it is emotionally fragile, the counselor must take extra care to ensure the line between the personal and professional is never blurred and is clearly understood by the client. Asking or performing a favor — or giving or accepting even a small gift — can become misconstrued in these situations. If that occurs, a counselor may inadvertently undermine the objectivity that is a foundation of the counseling relationship, even if the intention was only kindness.

Unfortunately, there are also times when a counselor has not committed any ethical violations, but a client brings allegations nonetheless. Even if there appear to be no grounds for the allegations, often the CRCC Ethics Committee will review these allegations in order to set the record straight for the Certified Rehabilitation Counselor and for the client who has become a complainant. This determination is important, should the client pursue a civil case or other action against the counselor.

Good, sound and ethical practice for counselors honors and maintains the distinctions between the professional and personal. While some counselors work in a structured environment and others have a more laid-back and casual style, everyone must adhere to the highest of ethical standards. For guidance in any rehabilitation counseling and to become familiar with and refer to the Code of Professional Ethics for Rehabilitation Counselors, which is posted on the CRCC website at www.crccertification.com.

**Action steps**

If counselors are confronted with an ethical dilemma, they may contact the CRCC's Ethics Committee for an advisory opinion. In addition, I suggest counselors consider these questions if they find themselves in an ethical gray area:

- Is the client asking you to do a favor? Or are you asking the client to do you a favor? There is a potential in these situations for the relationship to become more personal, perhaps inviting the client into a friendship that would be inappropriate and unethical.
- Are you hiring a client to do something? If this occurs more than once, it could be construed as a business relationship, which is prohibited by the Code of Ethics.
- Is the client being given a gift, even if it is something that is needed such as clothing? The client could construe this as an enticement to do something for the counselor, such as agree to the counselor's recommended vocational rehabilitation plan.
- If a counselor accepts a gift from a client, could that be viewed as taking unfair advantage or receiving unearned goods?

Some of the attributes such as compassion and empathy that contribute to becoming an effective rehabilitation counselor can also put the counselor in danger of crossing over the line between a professional and a personal relationship with a client. It is up to counselors, therefore, to view their actions and behaviors through the lens of the Code of Professional Ethics and the highest professional standards. This will preserve and protect the client-counselor relationship, which must be valued and guarded at all costs.

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Thorv Hesselund is a vocational rehabilitation counselor and president of Rehabilitation Associates and The Diversified Management Group. He is a commissioner with the Commission on Rehabilitation Counselor Certification and a member of its Ethics Committee. For information about the CRCC, to view its Code of Professional Ethics or to contact the Commission, see the website at www.crccertification.com.
ARCA approves first student chapters

Submitted by Stella Wissink, Cristhia Llanos & Mark Stebnicki

The American Rehabilitation Counseling Association Executive Council meeting that was held in late October brought about an exciting decision for upcoming counselors. The University of Iowa and Florida State University were both approved in their proposals for student chapter membership. This is the first time in the history of ARCA that student groups have been accepted as chapters of the professional organization. Both student groups had submitted proposals to the ARCA board for consideration, including bylaws and a constitution.

This is an important step in the profession’s growth and the continued strengthening of rehabilitation counseling. Upcoming professionals now have the opportunity to add to the voice of rehabilitation counseling’s development of professional identity and to enhance their personal growth at the same time. Other accredited rehabilitation counseling programs with interested students are encouraged to organize student chapters on their campuses and take advantage of this chance to network with other student groups across the country at such a crucial time in the development of the counseling field.

Also, anyone who would like to begin an ARCA student chapter may contact Mark Stebnicki at East Carolina University (stebniickm@mail.ecu.edu; 252.328.4453) or Stacia Wissink at the University of Iowa (Stacia-wissink@uiowa.edu; 319.335.5384).

The ARCA Executive Council unanimously also approved a substantial reduction in student membership dues. As of July 1, 2004, ARCA student member dues will be reduced from $35 per year to $15 per year. All students and rehabilitation professionals interested in joining ARCA may do so by visiting the ACA webpage at www.counseling.org/members.

Interested in starting an ARCA student chapter?

A program will be offered at the ACA annual convention on how to start an ARCA student chapter. The program is currently scheduled to be held on Friday, April 2 from 2 p.m. to 3 p.m. in the ARCA suite in the Hyatt Hotel, Kansas City, Mo. The positive impact of student involvement in professional organizations exists and has been recognized as influencing professional identity development. ARCA’s recent approval of its first student chapters allows for increased opportunity for student participation. This presentation shares the necessary information needed for starting individual student ARCA chapters.

This program is for students and faculty of rehabilitation programs who may be interested in starting a student organization affiliated with ARCA. The objectives are as follows:

- Provide a list of steps in the process of creating a student organization;
- Give suggestions and answer questions these groups may have in relation to starting an ARCA group;
- Provide an overview of the benefits of becoming a student group affiliated with a professional organization;
- Describe the role an ARCA student group has in professional development.

New home on the Web for ASERVIC

Submitted by Craig Cashwell ccsashsw@uncg.edu

The Association for Spiritual, Ethical and Religious Values in Counseling has recently launched a new website. Visit the new site at www.aservic.org to read and download newsletters, to learn about continuing education opportunities and to view the competencies on integrating spirituality into counseling, among other subject areas.

‘MECD’ editor sought

Submitted by Randy Watts rhwatte@comcast.net

The Association for Assessment in Counseling and Education is seeking applications for the position of editor for Measurement and Evaluation in Counseling and Development to begin a one-year term as editor-elect on July 1, 2005. The major responsibilities of the editor are to:
- Encourage and solicit scholarly articles for publication in MECD;
- Coordinate the review by the Editorial Board of submitted professional manuscripts that meet MECD criteria and standards;
- Communicate with authors concerning review, revision and/or acceptance of manuscripts;
- Make final selections of materials to be included in each issue and specify placement of materials;
- Cooperate with ACA Head-
Save March 31–April 1 for the National Employment Counseling Association annual Professional Development Workshop and Summit on workforce issues. NECA is celebrating its 38th anniversary as a premier advocate for education, job training and a skilled workforce, and leaders from communities across the country will come together in Kansas City, Mo., to share their groundbreaking work and plans for future advocacy on behalf of job seekers and employers.

Meeting employers’ needs for a skilled workforce while preparing workers for employment that is meaningful and economically self-sustaining is both a local and global challenge. Sharing knowledge about these challenges is essential to understanding and addressing them. The 38th NECA Professional Development Workshop and Summit, “The Professional Employment Counselor: An Advocate for Jobseekers and Employers,” will address these and other compelling issues in a unique forum designed for education and training providers, career and employment counselors and workforce development professionals. The two exciting days include intensive training workshops, forums and special events. Learn from and network with local, state, national and international counseling and employment development leaders.

The 2004 NECA Workshop is your opportunity to learn from the best in the field. Keynote speakers include Robert Chope, author of “Dancing Naked,” breaking through the emotional limits that keep one from the job of choice, and Herbert Schaffner, co-author of “A Nation at Risk 2003,” presenting how the economic, demographic, policy and business workforce and workplace facts are changing. Other speakers include Scott Barstow, ACA’s public policy and legislation director, and Susan Shafer of the Center for Credentialing and Education, on internationalization of GCDFP standards.

The three intensive training workshops included — unique to this year’s agenda — are available to all attendees at no additional fee other than costs of specific training manuals. These six-hour intensive intensive sessions will allow participants to hone their skills in one area of professional development. Choices are:

2) Helen Backett of the Canadian Life Work Center and Penny Shink of America Career Resource Network Association offer training on adult version of the Real Game career management tool: Real Time, Real Life (Kit is needed — contact state ACRN director or order kit from www.realgame.org or 888.700.8940).
3) Harvey Schmooler-Davis of Rutgers presenting Fasttrack Training for current career development facilitators on the Working Ahead: Global Career Development Facilitation Instructor curriculum (separate application required, plus $175 for training manuals — contact kbrawley@mindspring.com for application) PLUS Philip Lewis and Dave Rivkin of the U.S. Department of Labor with reviews, samples and uses of the most comprehensive O*NET Assessments.

For details, conference rates and registration forms, visit www.employmentcounseling.org. Registration questions: contact NECA Treasurer Wendy Stubs 605.624.6902 or wstubs@iastate.edu. Exhibit or sponsor registration: contact Kelsey Smith Keiler at 605.624.6902

ACCA National Conference

Submitted by Mark Freeman
Mark.Freeman@rollins.edu

It’s hard to believe that the American College Counseling Association’s second national conference is just a few short months away (March 10-12). We are encouraged by the early response and look forward to an exciting conference.

Continued on page 34
There are 16 hours of excellent continuing education, time for networking, socializing with old and new friends and a superb keynote speaker. Bob Gallagher, longtime college counseling center professional and researcher from the University of Pittsburgh, will enlighten us with his wealth of knowledge and experience. There will also be a three-hour training on legislative advocacy, presented by ACA.

I would like to encourage you to reserve your rooms for the conference as soon as possible. We have a limited number of rooms in our block; however, we will be consulting with the hotel later this month to review our block. We certainly want to make sure that everyone is accommodated. You may wish to reserve your room now to ensure your space. The contact information is below:

Room rates are $115 a night (March 9–11). You must mention ACCA to get the conference rate. Secure your room online at www.parkplace.com-grand/biloxi or call 800.WIN.2WIN (specify Biloxi Grand, because this is a national number).

In addition to reserving your rooms, just a reminder in case you haven’t registered yet, the advance deadline for registration is Feb. 15 ($115 for professionals and $125 for students.) Visit our website at www.collegecounseling.org for the registration form as well as general information about the conference, the hotel and Biloxi.

The conference sessions start first thing Wednesday morning, March 10 and end at noon on Friday, March 12. Registration will be open on Tuesday evening, March 9. Looking forward to seeing all of you in March in Biloxi!

**ASERVIC's 'Breath and Spirit'**

*Submitted by Craig Cashwell, ccashwell@uncg.edu*

The Association for Spiritual, Ethical and Religious Values in Counseling is sponsoring a workshop entitled “Breath and Spirit” from April 30 through May 2. Carol Lampman of Integration Concepts will conduct the training, which will be held at the Center for New Beginnings in Dahlonega, Ga. The center can be reached easily by shuttle from the Atlanta airport. Registration is $250 for the weekend, and room and board will be $200. You can register online at www.breathebreathe.com or call Integration Concepts at 877.491.3355.

**AACE publications available**

*Submitted by Randy Watts, rwatts@comcast.net*

Some important AACE publications are available for sale. The “Applying the Standards for Educational and Psychological Testing — What a Counselor Needs to Know” monograph offers a selection of testing standards relevant to counselors and discussed in terms of implications for counselors. The “Parent’s Survival Guide to School Testing” monograph addresses the major questions and concerns of parents as their children participate in school testing programs. Ordering information can be found at http://acace.net.edu.


**AACE conference a success**

*Submitted by Randy Watts, rwatts@comcast.net*

The Association for Assessment in Counseling held a highly successful “2003 AACE National Assessment Conference” in Baltimore, Md. A diverse array of presentations and workshops by AACE stalwarts and national figures like John Holland and Tom Harrington established a tremendous precedent. ACA president Mark Pope gave a memorable keynote address.

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### Healthy Marriage Education

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Penn State counseling doctoral program celebrates 45 years

Submitted by Spencer G. Niles
sgn3@psu.edu

In late October, Penn State University celebrated its 45th year of awarding the doctoral degree in Counselor Education. The master's and doctoral counselor education programs at Penn State have actually been in existence for 50 years and, during that time, more than 3,000 counselor education degrees have been awarded at PSU.

The event also celebrated the awarding of CACREP accreditation for the master's programs in school counseling and the Ph.D. degree in counselor education. The careers of Edwin L. Herr and Donald B. Keat II were celebrated as well — they both retired this year after more than 30 years of service on the counselor education faculty.

American Counseling Association President Mark L. Pope was the featured speaker for the evening. His speech emphasized the importance of committing to leadership within the profession and highlighted the important aspects of effective leadership. The Penn State College of Education's Dean, David Monk, also spoke noting the impressive accomplishments of the counselor education program during the past 50 years.

International counseling colleagues

Psychologists Nese Erol and Tuncay Ergene (center) visited the American Counseling Association to gather information and ideas in effort to develop a professional counseling organization in Turkey. Larry Freeman (far left) and Scott Barstow (far right) represented ACA during their tour of the association.

Are you ‘Finding Your Way’? Write about it for ‘CT’!

Attention counselors: would you like to tell your personal stories and struggles as practitioners? Then Counseling Today's “Finding Your Way” Editor Jeffrey Kotter wants to hear from you! This monthly column deals with such themes as feeling lost, facing adversity, transitions and transformations, learning from failure, clients as our teachers, finding our own truth, making a difference, confronting ourselves and the connections between personal lives and professional work. E-mail your double-spaced manuscripts (or ideas you’d like to develop) to jkottler@fullerton.edu.

Introducing a new edition of the best-selling classic—with new chapters on emergency anger control, road rage, and parental anger.

Are you 'Finding Your Way'? Write about it for 'CT'!
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To learn more about ACA member discounts visit us at www.personalsolutions.com or www.counseling.org or call 1-866-721-1101.
recommendation should be from individuals or organizations that can attest to your experiences and your ability to be an effective participant in this process-oriented work.

**New OCD support group in Ireland**

OCD Ireland is a newly formed support network in the Republic of Ireland. This is the first-ever Obsessive Compulsive Disorder-specific organization for this country. OCD Ireland's goal is to provide support to interested individuals in the form of information and education. In addition, support groups both for people who have OCD (or related disorders) and the family and friends will be established in locations throughout the Republic in the near future. For facts, therapies, support and other information on OCD, visit www.ocdireland.org.

**'JCD' gets a facelift**

*The Journal of Counseling & Development is launching two new sections:* "Book and Media Reviews" and "Best Practices." In terms of the former, "Book and Media Reviews" will feature critical assessments of the books or articles presented, the relative worth of the book or medium in terms of adding to the scholarly base of the profession, the depth and breadth of the treatment and the clarity of the writing or presentation. A "Best Practices" manuscript is defined as one that uses evidence-based data to address one or more aspects of Gordon Paul's famous 1967 question, paraphrased as: What works best for this particular client with this particular problem with this particular counselor in this particular setting? Manuscripts could include but are not limited to data-based outcomes, studies, outcomes and performance measurement, meta-analysis, reviews of the literature, overviews and practical considerations of the research on a topic. We seek to have authors substantiate and add to the research regarding counseling skills and techniques as well as efficient and successful treatment procedures.

Prospective researchers also need to be cognizant of the guidelines regarding effect sizes and the use of confidence intervals, including confidence intervals for effect. Hopefully, these new sections will help to promote excellence in the counseling profession by publishing articles that add to JCD's ongoing mission of helping counselors to keep on the cutting edge of practice.

**New Creativity in Counseling group seeks members**

Are you interested in Creativity in Counseling? If so, please join a group of professionals interested in establishing an American Counseling Association Interest Network/affiliate/division.

We are a group of ACA members at Texas State University—San Marcos in the process of forming an ACA Interest Network/affiliate/division designed specifically to address creativity in counseling. If you are interested in participating in such an effort, please contact Committee Chair Thelma Duffey at td05@txstate.edu. Also, visit our website at www.creativity.eaps.us.

The purpose of this interest network/affiliate/division is to create a forum for counselor educators and practitioners to come together to explore creative means for facilitating relational movement and therapeutic change within a counseling setting.

Specific goals of this ACA Creativity Interest Network/affiliate/division include:

- Looking at ways to connect personally with our creative capacities
- Using these capacities in our connections with others
- Exploring new means for fostering deepened self-awareness and relationships for therapeutic change.

These goals are reflected in a conference we held at Texas State, "The Dr. Lesley Jones Creativity in Psychotherapy Conference." The conference, dedicated in memory of our friend, was born out of our belief that there are a myriad of ways for us to move through the various problems and obstacles to our health and happiness, with many of them being nontraditional, creative and "out of the box."

We believed that shared connections, avenues such as music, the media, theater, storytelling and other creative processes could be substantive mediums for expanding our visions and our possibilities. Our hope was to come together and explore ways of generating productive means toward increased self-awareness, meaning-making, relational capacities and conscious change. Our hope was realized.

Since then we have continued to enjoy the shared energies, ideas and experiences with students, faculty and other professionals in the field. We are expanding our efforts to include participation on a national level, hence the creation of this association. We are also pleased to announce the creation of a new national journal published by Haworth Press, Inc., the *Journal of Creative and Complementary Therapies in Mental Health*, Duffey and John Garcia serve as its editors. Other members include Stella Kert, Colleen Connolly, JoLane Reynolds, Christopher Brown and Drema Albin.

We invite you to join us in creating, within ACA, a forum that specifically focuses on creativity in counseling. If you are interested in participating in our conferences, journal or in helping form a division, please contact us: creativity@eaps.us.
Connecting with kids for kids: Perseverance/ responsibility/tolerance

Produced by CWK Network, Inc., 2002. Approximate: Video: 30 minutes. Fifty-nine copies (approximately 5 minutes per topic segment), $59.95 per video (packages including six videos covering 18 topics also available). Available from the publisher.

When I worked as a school counselor, I struggled to find quality videos for use with my students. I was hesitant to rely upon the brief write-up supplied by the publishers in the many catalogs that crossed my desk. Today, as a counselor educator, I know how school counselors' budgets continue to dwindle. It is important to use the sparse resources available to purchase high-quality materials that students will enjoy and that send the right message. This video delivers and would complement a comprehensive school guidance program that focuses on character education or as part of a drug-free schools curriculum. There are three segments, around five minutes each, covering a different but related topic. Developing the strength to overcome obstacles is emphasized in the Perseverance segment of the video. The Responsibility segment stresses accountability to self and others. The importance of accepting others is the focus of the Tolerance section. These three core traits or values are common to many character education-related school guidance programs.

In each segment, children present a brief introduction to the topic. By focusing on the stories of children told by children, the video lessons become relevant to children. The children whose stories are highlighted tell their story in their own words. Finally, a summary of the topic and the important points covered completes the segment. Discussion questions are provided. Activities are available with the kit for classroom use. The video could be easily used in a classroom or small group format. The format of the video, discussion and activities would fit nicely into a typical 30-minute classroom guidance session. The activities could be expanded as needed for a longer class meeting.

My daughters, ages 10 and 12, assisted me in reviewing this video. They enjoyed the fact that the video was fast-moving, the narration was in words they could understand and children their own ages filled the screen. My 10-year-old liked that the video contained "kids telling their own stories." Even my older daughter thought kids in her age group would like the video and stay tuned in for the topics presented. For each topic introduced, the girls were able to grasp the major message from the video with little prompting.

The videos can be purchased singly, with each video containing three topics, for $59.95. There are six videos in the series, and they can be purchased as a packaged set. Video sets covering various topics are available from the publisher focusing on grades 3–5, 6–8 and 9–12.

Reviewed by Kelly Duncan, an assistant professor in the guidance and counseling department at Northern State University in Aberdeen, S.D. She is also the executive director of the South Dakota Counseling Association.


Keeping career counseling students alert and interested is a difficult task for authors of career development textbooks. It can be especially daunting when the book aims to be comprehensive and its last page number is 668. Near this page count, books become tomes. Historical overviews, career counseling models, classification systems and computer-assisted guidance programming are chapter headings that can overwhelm readers new to the career counseling field.

This sixth edition brings new chapters and a fresh look to career counseling. Zunker found attention-grabbing ways to integrate comprehensive career development information with case studies, summaries that focus on practical application, supplementary learning exercises and diversity issues for student reflection, making this book a valuable resource tool.

Zunker uses a personalized, easy-to-read writing style. Inside and out, the book looks as good as it reads. Although black-and-white photographs are limited to the four-section title pages, the text is presented in a graphically appealing and accessible manner.

Three new chapters have been added that contain descriptions of career counseling models, guidance on helping people with self-assessments and, importantly, guidelines on working with gay, lesbian and bisexual clients. Four appendices—including a multicultural career counseling checklist to promote insight and discussion between counselor and client on diversity issues, a career counseling checklist for clients, a decision tree for counselors and a list of counseling websites—are helpful resources that complete this book. Another indication of this book's comprehensiveness is its almost 37 reference pages.

Religious diversity issues, the transsexual and gender-dered population omission in the Gay/Lesbian/Bisexual chapter, and integrating specific card sorts for interviewing clients were the only noticeable topics begging additional resources for classroom integration. Otherwise, the text contains the finer points of career counseling.

Different than some career textbooks, pertinent trends and research patterns are infused throughout its 21 chapters. Another part of what makes this volume work as a beginning or intermediate text is its timely and comprehensive inclusion of information on transitions detailing organizational changes, such as Employee Assistance Plans, older worker's needs and layoffs.

Because of its reader-friendly format, timely case studies, interview/treatment suggestions and overall comprehensiveness, I would highly recommend this book for use in career counseling courses.

Reviewed by Barbara A. Mahaffey, a private practitioner and second-year doctoral student at The Ohio State University.

Why Does He Do That?

Inside the Minds of Angry and Controlling Men


This is a book well worth your time.

Counselor Lundy Bancroft shares insights from working with approximately 2,000 abusive, angry and controlling men during the past 15 years. Bancroft admits that it is hard work to help an abusive man change his ways. Still, his book provides helpful ways to understand the motivations behind some abusive men's behaviors.

Counselors can benefit from Bancroft's book immediately. This accessible book can be useful when working with the angry male client who might be in counseling to save his marriage or equally helpful for working with the victims of abusive partners. In addition, counselors may add it to a list of books to recommend as bibliotherapy, especially to help women understand the dynamics of their abusive relationships.

According to Bancroft, getting to the essence of working with some angry and controlling men is to see how a sense of entitlement and the use of justification play in their behavior. Forget about helping the angry man get in touch with his feelings. Forget about anger management. Forget about helping an angry man learn conflict resolution skills.

Bancroft suggests that we understand and change the client's sense of entitlement and justification—the client's belief that he is entitled and justified to yell at his wife or children. Bancroft advises that we understand how the angry man creates and sustains an environment in which he controls other people in his life, often through manipulation and victim blaming.

Bancroft challenges us to label the sense of entitlement, controlling behaviors, manipulation, and victim blaming. Through labeling, the client may come to know that an unrealistic belief about what he deserves drives much of his angry and controlling behavior.

Labeling also helps the wife of the angry client understand that her husband's anger is not her responsibility to fix. What must happen, according to Bancroft, is that the angry client must accept responsibility for his behaviors.

Of particular help in this book are Bancroft's recommendations for helping the partner of the angry man. He warns us that an angry man often becomes more abusive to his partner when the partner attempts to leave. He also recommends being patient with the partner of the angry man. She may take months or years to regain the self-confidence needed to leave this man.

For counselors working with adults, Bancroft's book is a valuable resource.

Reviewed by Cari Orris, a professional counselor in private practice in Kent, Ohio.
Call for proposals

The Counseling Association for Humanistic Education and Development's Make-A-Difference Grant will fund one research grant for 2004 in the amount of $300. C-AHEAD is an innovative organization that supports new ideas and programs. It espouses reason and science as one of the best tools for the discovery of knowledge and achievement of goals. If your research will "Make a Difference" in the field of counseling, and if you are interested in applying for the grant, please request a grant proposal form by e-mailing Doyle Jones at kjones@mail.ucf.edu or mail her at Department of Child, Family and Community Sciences, College of Education, University of Central Florida, Orlando, FL 32816-1250. Applications must be postmarked by Jan. 15. The award will be presented at the 2004 American Counseling Association conference in Kansas City, Mo.

Call for nominees

Each year the Counseling Association of Humanistic Education and Development recognizes those who have exemplified the ideals and mission of our association. Nominees are being accepted for the following two awards:

Les Carlin Professional Leadership Award - Established and named after one of our most dedicated leaders, this award is presented to an individual who has demonstrated consistent and significant leadership in the humanistic domain.

Joe and Lucille Hollis Publications Award - Joe Hollis was the first C-AHEAD President and originator of our newsletter, INFOCHANGE. This award is presented to an individual who has made a significant impact in humanistic-oriented publications.

Nominations for these awards can come from any C-AHEAD member and should include a letter describing the contributions and qualifications of the nominee. The nomination deadline is Feb. 1. Send your nomination letters to W. Beyonce Hagendorf, Florida International University, Department of Educational and Psychological Studies, College of Education ZEB 239A, Miami, FL 33199. Call 305.348.2286, fax 305.348.4125 or e-mail hagendorf@fiu.edu. Authors should save their manuscripts in MS Word format.

Call for editors/editorial boards

The American College Counseling Association seeks applications for the position of editor of the Journal of College Counseling. JCC is a national, peer-reviewed journal with an applied focus and a distribution of approximately 2,500. Its mission is to inform practitioners of research, recent innovations, and critical issues impacting counseling services on college and university campuses. The appointment of editor is for a three-year term beginning July 2004. Appointment is conditional upon the following qualifications: (1) Experience as an editorial board member or scholarly publication in a related discipline; (2) A record of scholarly publications in refereed journals; (3) A history of involvement in and contribution to the counseling profession, including college counseling; (4) An understanding of and commitment to the mission of ACCA, including ACCA membership at the time of application submission. Demonstration of institutional or organizational support (if applicable) is highly desirable. Interested individuals should submit a formal application containing the following materials by Jan. 15: (1) A current curriculum vitae; (2) A complete list of publications and reprints of no more than five of the applicant's most significant publications; (3) A statement of vision for the editorial direction for the JCC; and (4) A statement from an administrator of the applicant's institution or organization, describing support for the appointment (if applicable). Top candidates will be interviewed by phone in March. The appointment will be announced as soon as possible, and the editor-elect will be expected to begin working with the current editor at that time so as to facilitate the official transition on July 1.

Send applications by Jan. 15 to ACCA Media Committee, c/o Rick Hanson, Rockhurst University Counseling Center, 1100 Rockhurst Road, Kansas City MO 64110 or e-mail rick.hanson@rockhurst.edu.

Scott McGowan, editor of the Journal of Counseling & Development, is seeking applicants for three-year appointments commencing July 1 to the JCD Editorial Board. Counselors with editorial experience and a record of scholarship relevant to the domain of JCD are encouraged to apply. Publications in refereed journals are required. Given the broad scope of the journal, we are seeking applications from people who represent all the various specialty areas of counseling. We are also looking to increase ethnic and racial diversity and to achieve a geographic balance on the board. Although not required in the letter of application, sharing such information relative to these characteristics is appreciated. Applicants must be ACA members and must agree to provide high-quality reviews on a timely basis. Applicants interested in reviewing quantitative research manuscripts should identify their areas of expertise in terms of research design and statistics. Reviewers for qualitative research are also needed.

Applications must be made electronically but hard copies must also be sent. To apply, send electronically as attachments to amcgowan@liu.edu the following material: a letter of application describing qualifications and areas of expertise, a vita and a list of publications. In addition, send hard copies, along with a recent representative publication of an article the applicant had successfully published in a refereed journal, via regular mail, to A. Scott McGowan, Editor, JCD, Department of Counseling & Development, Long Island University/C.W. Post Campus, 720 North Avenue, Brooklyn, NY 11548. Incomplete or late applications will not be considered. Applications are invited immediately but must be received electronically no later than March 1. The ACA Publications Committee will consider applications at the ACA Convention in Kansas City, Mo., March 31-April 4.
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Additionally, representatives of the International Association of Counseling Services sent the network their comments on the Farrell's interview.

"We do appreciate your bringing attention to the critical issue of student suicide; but we do need to point out the potential unintended consequences of failing to accurately portray the quality of services available from university and college counseling centers."

At press time, the producers of the show had not responded to any of the letters.

Mark Freeman, president-elect of ACCA, supports the letter writing campaign and agrees with his fellow colleagues.

"I think a lot of college counseling and university counseling centers have better mental health systems and services available to students than in the general population," he said. "It was so inaccurate, to me, and so damaging in that regard because it presented a perception to public that, somehow, there were inadequately trained counselors there."

Freeman said that, with college counselors being thoroughly trained and intern strictly supervised, the quality of care that students receive is "second to none."

"It was disturbing when a soundbite like that gets out on national news media, and there is an opportunity for misperception. However, I think it was really great that all the different associations came together and advocated to let NBC know how inaccurate that was.

Freeman noted that, because of the recent advancements in medications, more and more students with learning disabilities, Attention Deficit Disorder and other mental health issues are now college-bound. He said that the No. 1 topic of concern among directors and employees of college counseling centers is to provide a therapeutic environment for students and a system of support to prevent suicides.

"There are so many people who have access to college education who didn't before. So, we are seeing more pathology in college counseling because medicines are pretty effective in helping people," he said. "We are getting those students who are coming to the counseling center with (mental disorders).

"So we have got to be effective in our safety net on campuses."

Despite these promises, the measure has an uphill fight in passing Congress, due to the opposition of House Speaker Dennis Hastert (R-III.) and other House leaders. Even if the bill passes the Senate as is, it will be difficult to make headway in the House of Representatives without significantly weakening its language. Members of the mental health community are working with mental health parity's sponsors to explore ways to pass the bill without limiting its effectiveness.

"Like mental health parity legislation, substance abuse parity legislation would prevent private group health plans that cover substance abuse treatment from doing so under different terms and conditions than their medical benefit.

However, the "Help Expand Access to Recovery (HEART) Act" (S. 1138/H.R. 2256) has not received nearly the level of support enjoyed by mental health parity legislation and has only two supporters in the Senate and 43 in the House. Despite the long odds of achieving enactment of the HEART Act in the next year, it is important that the legislation remain on the radar screen so that Congress can eventually address discrimination by health plans against substance abuse recovery.

For more information on these issues, please contact Dara Alpert in ACA's Office of Public Policy and Legislation at 800.3476647 ext. 242 or e-mail dalerpert@counseling.org.
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Counseling Center Position Title: Clinical Counselor Position #0335. Nature of Position: The Clinical Counselor is a generalist who shares with other counselors responsibilities for carrying out the multi-faceted mission of the Counseling Center. The Center's mission places a high value on serving a diverse population of students. The Counseling Center provides a variety of services to help students with psychological, educational, social, and developmental concerns. The Counseling Center also has an APA approved pre-doctoral internship program. The successful candidate will first be a generalist who will assist our ongoing effort to build a diverse staff.
capable of serving the needs of a large, pluralistic student body. That person will have demonstrated interest and experience in one or more areas. Among the particular experiences desired include providing outreach programming and clinical services to Asian American and Asian men, providing cognitive behavioral psychotherapy for anxiety and depression, providing group psychotherapy, and working with graduate students. The successful candidate will be a well-rounded, enterprising person who works comfortably both individually and as a team member in providing effective programs. The UIUC Counseling Center is a networked computer environment with extensive use of electronic technology for scheduling, records, and internal communication and with a broad-based methodology for programming and promotion. The successful candidate will need to have the capability of working in such an environment. Qualifications: 1. Doctorate in Clinical, Clinical/Community, or Counseling Psychology or related field, or Masters in Social Work. 2. Demonstrated experience to function at a high level as a generalist counselor in a setting with both diverse clients and staff colleagues. 3. Licensed in Illinois or license eligible background as a psychologist, clinical social worker, counselor, or marriage and family therapist is required. 4. Conduct interviews and a vita, and have three current letters of recommendation forwarded to: Dr. Jane E. Reid, Chair, Consultative Committee, Position #9036, Counseling Center, University of Illinois at Urbana-Champaign, 110 Student Services Building, 610 E. John Street, Champaign, IL 61820, 217-333-5701. In order to insure full consideration, all application material must be received by 3/10/2004. THE UNIVERSITY OF ILLINOIS IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.

EMPORIA STATE UNIVERSITY

COUNSELOR EDUCATOR: Assistant/Associate Professor, tenure-track position in the CORE and CACREP accredited Department of Counselor Education & Rehabilitation Programs at Emporia State University. Position is a full-time, regular position; 24 working days vacation; full time, regular position; 3. Candidates with all levels of relevant experience are encouraged to apply. This is a full-time, regular position; 24 working days vacation; full time, regular position; 3. Candidates with all levels of relevant experience are encouraged to apply. Successful candidate will be a well-rounded and professional person who works comfortably both individually and as a team member in providing effective programs. The UIUC Counseling Center is a networked computer environment with extensive use of electronic technology for scheduling, records, and internal communication and Web based technology for programming and promotion. Qualifications: 1. Doctorate in Clinical, Clinical/Community or Counseling Psychology or in related field, or Masters in Social Work. 2. Demonstrated interest, expertise, and experience in work with eating disorders and body image disturbances along with a well-integrated theoretical orientation and short-term treatment approach to work with eating disorders and body image disturbances. 3. Previous experience in college counseling center preferred, but not required. 4. Demonstrated ability to function at a high level as a generalist counselor in a setting with both diverse clients and staff colleagues. 5. Licensed in Illinois or license eligible background as a psychologist, clinical social worker, counselor, or marriage and family therapist is required. 6. Previous experience in rehabilitation services or closely related field required. 7. Academic responsibilities include coordinating Counselor Education, research, and service. Specialized areas desired include providing effective programs. The UIUC Counseling Center is a networked computer environment with extensive use of electronic technology for scheduling, records, and internal communication and Web based technology for programming and promotion. The successful candidate will need to have the capability of working in such an environment. Qualifications: 1. Doctorate in Clinical, Clinical/Community, or Counseling Psychology or related field, or Masters in Social Work. 2. Demonstrated experience to function at a high level as a generalist counselor in a setting with both diverse clients and staff colleagues. 3. Licensed in Illinois or license eligible background as a psychologist, clinical social worker, counselor, or marriage and family therapist is required. 4. Conduct interviews and a vita, and have three current letters of recommendation forwarded to: Dr. Jane E. Reid, Chair, Consultative Committee, Position #9036, Counseling Center, University of Illinois at Urbana-Champaign, 110 Student Services Building, 610 E. John Street, Champaign, IL 61820, 217-333-5701. In order to insure full consideration, all application material must be received by 3/10/2004. THE UNIVERSITY OF ILLINOIS IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.

KANSAS

The George Washington University

Graduate School of Education and Human Development

The Counseling Program invites applications for a one-year teaching Assistant Professor/Counselor-Alexandina Campus, fiscal year appointment position to begin July 1, 2004. Provisions include accredited master's programs in school, community, and rehabilitation counseling, and a Ph.D. program in counseling. Successful candidates will teach courses on school counseling, supervise student practicum/internships, and assist in coordination of the program. Qualifications include a doctorate in counseling or closely related field, preferably from a CACREP-accredited program, counselor certification/licensure or certification/licensure eligibility and research experience addressing school counseling issues. Rank and salary are commensurate with qualifications and experience. Application review will begin January 14, 2004 and will continue until the position is filled. Send a letter of application, current curriculum vitae, graduate transcripts, and three letters of reference to: Gerald S. Vigne, Ph.D., Dean, School of Education and Human Development, The George Washington University, 2150 G Street, NW, Washington, DC 20052. For more information, visit us on the web at: www.gwu.edu/∼gsedid/ In order to insure full consideration, all application material must be received by 3/28/04. THE UNIVERSITY OF ILLINOIS IS AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER.
**Moorehead State**

Counseling and Student Affairs.

(0425P) Tenure Track Assistant Professor, Counseling and Student Affairs program, Minnesota State University Moorhead, begins August 19, 2004. Doctorate (preferred) in Counseling Education, Counseling Psychology, or closely related field; or ABD with documented plan to complete doctorate by August 2005 (required). Consult www.mnsu.edu/vacancy/ncounsel NSF.htm for complete description of the vacancy notice (00425P), application form and other required documents, experience, and responsibilities. Screening begins February 8, 2004. Apply to: Dr. Wesley J. Ervin, Chair, Counseling and Student Affairs Search Committee, Minnesota State University Moorhead, 1104 Seventh Avenue South, Moorhead, MN 56563 or direct inquiries to ervin@mnstate.edu (218) 477-2009; FAX (218) 477-2547. AA/EOE.

**University of Mississippi**

Assistant/Associate Professor-Counselor Education Applications are being accepted for a tenure-track position at the University of Mississippi, School of Education, Counselor Education graduate programs, for August 2004. The program is CACREP accredited for its Master’s (school and community) and doctoral (counselor education) tracks. Required Assistant Professor Qualifications: (1) doctorate in counselor education or closely related area, (2) experience at a school counselor, (3) demonstrated expertise in research and statistics (4) potential for research and scholarly activity, (5) qualified to teach, supervise, and advise counseling students, (6) expertise in a specialty area and (7) eligible for counselor license in Mississippi. Responsibilities: teach a variety of graduate-level counseling courses, supervise practicum and internship students, serve on doctoral dissertation committees and specialist field studies, provide advisement, participate in program governance, engage in scholarly activity, and provide service to the university and community. Submit: (1) letter of application that includes statements that address each of the required qualifications that apply, evidence of awareness of current issues related to professional counseling, and a brief description of educational philosophy and theoretical orientation, (2) a complete curriculum vitae, (3) unofficial transcripts of all post-secondary course work, (4) a reprint of a recent professional paper or publication, and (5) a list of four references (names, phone numbers, and e-mail addresses). Review of applications will begin immediately and will continue until the position is filled. Applications should be addressed to: Search Coordinator, Counselor Education, Suite 200 Education Bldg., P.O. Box 1484, University, MS 38677-1484.

**The University of Southern Mississippi**

Hattiesburg-Counseling Psychology/Counselor Education Tenure-track, assistant professor position in the counseling area program beginning in August 2004. To obtain additional details, visit our website: www.usm.edu/hr/Postings.htm or email daniel.randolph@usm.edu to request a detailed position description.

**New Jersey**

Williamson Academy NJ, Inc

Licensed Professional Counselor; Norwest NJ, only 60 mi. to NYC. Provide intensive individual & group counseling to emotionally disturbed children. JCAHO accredited. Team approach with teachers, nursing & staff providing direct support. NJ LPC licensed or license eligible. Masters degree & experience required. Williamson Academy NJ, Inc. 4 Gall Court, Sparta, NJ 07871. www.willowglen-jn.com, ph: 973-579-3700, fax: 973-579-1786.

**New York**

Albany Ellis Institute

Clinical Fellowships in Cognitive Behavior Therapy and REBT: A limited number of part-time two year post-graduate Fellowships are being offered at The Albert Ellis Institute beginning July 2004. Featuring intensive supervision of individual, couples, and group therapy by Ray DiGiuseppe, Ph.D., Albert Ellis, Ph.D., Kristene Doyle, Ph.D., and Michael Broder, Ph.D. Training programs involve 16 hours a week. Candidates carry a diverse caseload of clients, co-lead therapy groups, participate in special seminars and ongoing clinical research, and co-lead public workshops. Send requests for applications to: Dr. Kristene Doyle, Albert Ellis Institute, 45 East 65th St., New York, NY 10021. Deadline for applications is February 15, 2004.

**Queens College, City University of New York**

Seeks applications for two tenure track positions in its New York State Certified 60-credit program in Counseling beginning in September 2004. Candidates must have a doctoral degree in Counseling or a related field and counseling experience. Preference will be given to candidates with experience in K-12 schools and/or mental health settings. Evidence of strong potential for teaching, research, and publications is required. Excellent salary and benefits commensurate with qualifications and experience. Summer teaching is possible. Review of applications will begin immediately and continue until positions are filled. Interested individuals should send a letter of application, curriculum vitae, sample reprints/preprints, and three letters of recommendation to Dr. Jose M. Vazquez, Chair, Department of Education.

**Fairfield University**

Graduate School of Education and Allied Professions

Counselor Education Assistant Professor

The Department of Counselor Education invites applications for a Tenure-Track position at the Assistant Professor level. Successful candidates must hold a doctorate degree in Counselor Education from a CACREP accredited program.

Candidates must meet the requirements of demonstrated successful excellence in teaching graduate level courses in CACREP core areas including clinical courses and the clinical supervision of both school and community agency counseling. In addition, candidates should present a record of research, scholarly publications and evidence of leadership activities in the counseling profession. Commitment to integrating multicultural and technology in the curriculum is essential, as is eligibility to be licensed as a professional counselor in the State of Connecticut.

Preferred abilities include knowledge of CACREP accreditation processes and a history of collaborative work with school and community agencies. Individuals with a background teaching Research Methods, Legal, Ethical and Multicultural Issues in Counseling, Career Counseling, and/or Multicultural Counseling are particularly encouraged to apply.

The salary range for the position is competitive, with the opportunity to teach in the summer sessions for additional remuneration. Appointment is effective as of September 1, 2004.

Postmarked by January 10, 2004, send letter of application, curriculum vitae, official graduate transcript(s), three letters of reference and the names, addresses and telephone numbers of two additional references to: Dr. Virginia A. Kelly, Chair, Department of Counselor Education, Fairfield University, Graduate School of Education and Allied Professions, Campus Hall, Room 122, Fairfield, CT 06824.

Fairfield University, an independent Catholic and Jesuit comprehensive university, located in America's "academic corridor," is only one hour from New York City and three hours from Boston. The University's 200-acre campus is situated on Long Island Sound and serves approximately 1000 full-time and 1,100 part-time undergraduate students, and 750 graduate students.

Fairfield University is an Affirmative Action/Equal Opportunity Employer.

Women, minorities, and persons with disabilities are encouraged to apply. Visit our website at www.fairfield.edu.
North Carolina

East Carolina University
Director Graduate Program Vocational Education. For position description go to:
http://www.ecu.edu/asd/ega.htm#HealthSciences

Penn State Capital College
Associate or Full Professor, to serve as Associate Director, School of Behavioral Sciences and Education, Penn State Capital College. Faculty position available for fall 2004 with leadership responsibilities for the behavioral sciences programs. Tenure track position, with tenure possible for highly qualified applicant. School includes 21 full-time behavioral sciences faculty offering master’s degree programs in psychology, community psychology, and applied behavior analysis; baccalaureate programs in psychology, sociology, applied behavioral sciences, and secondary school social education; and an associate degree in human development and family studies. Penn State Capital College is comprised of two campuses, Penn State Harrisburg in Middletown and Penn State Schuylkill in Schuylkill Haven. Formal review of applicants will begin on February 16, 2004 and will continue until position is filled. For complete position description and procedure for applying, follow the link under “Position Vacancies” on our School’s website—http://www.bgh.psu.edu/poed/. When applying, please reference this ad. Questions regarding the position may be directed to kshin@psu.edu. Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce.

South Dakota

Sinte Gleska University Instructor - Human Services Graduate Program
Qualifications: Responsible person with Ph.D. or related doctoral degree preferred. Must be licensed as a Professional Counselor, Psychologist, or related profession. Research skills and teaching experience working with minority clients, particularly Native Americans is preferred. Send resume with copies of transcripts to: Sinte Gleska University, Personnel Office, PO Box 105, Mission, SD 57555-0105, 605/856-5890 Telephone 605/836-5889 Fax kublaray@sinte.edu

Texas

University of Texas at El Paso is seeking one full time tenure track assistant professor in Counseling Education. Responsibilities: include teaching graduate (master’s level) courses in Counseling (school and agency tracks); supervising practicum and internship classes; advising students; and involvement in program development. Qualifications: an earned doctorate in Counseling or related area, practical counseling experience, a record/potential for scholarship and research, and an ability to work collaboratively with other professionals. Background and/or interest in field-based clinical training and research; collaboration with schools and/or agencies; and an understanding/sensitivity for working in a multicultural/bilingual setting is preferred. Women and minorities are encouraged to apply.

Child & Family Therapist

KIDS IN DISTRESS a not-for-profit agency in business since 1979, working with abused, abandoned and neglected children up to 12 years old. Position works under the direct supervision of a Clinical Supervisor providing individual/family psychotherapy to abused children and their families. Responsible for implementing behavior mgmt. program; conducting psychosocial assessments, prepare/complete reports and provide on-call services as needed. Req. Master’s in Mental Health Counseling And FL License as Mental Health Counselor. Send resume to:
HR Recruiter at Kids In Distress
819 NE 26th Street
Ft. Lauderdale, FL 33305
No calls. EBO/M/F
We need your help! Letters and phone calls from constituents are the most effective way of getting members of Congress to take action. Following are a few of the current high priority federal policy issues on which the American Counseling Association is working, and contacts by counselors can make a big difference in level of success. If you are unsure who your Representative and Senators are, hit the ACA legislative action center on the internet at http://capwiz.com/counseling, or contact Chris Campbell with ACA's Office of Public Policy and Legislation at 800.347.6647 ext. 241, or via e-mail at ccampbell@counseling.org. Remember, in any communication with your elected representatives — whether by letter, postcard, phone, fax or e-mail — be sure to leave your name and postal address.

### Campus Care and Counseling Act

On Nov. 21, Reps. Danny K. Davis (D-Ill.) and Tom Osborne (R-Neb.) introduced the “Campus Care and Counseling Act” (H.R. 3593). The legislation would authorize $10 million in competitive grants to centers on college campuses that provide mental and behavioral health services to students. Any center located on the campus of an institution of higher education that provides these services to students would be eligible to apply for a grant. Eligible entities include college counseling centers, college and university psychological service centers, mental health units and psychology training clinics.

This is an important federal issue because often mental and behavioral health concerns affect the ability of students to function successfully in a college environment. As such, without proper treatment, students may suffer serious physical problems, academic failure, inability to complete college and in some cases death. The prevalence and severity of undergraduate students’ behavioral disorders has increased over the past few years. If adopted as part of the Higher Education Act, the Campus Care and Counseling Act will help schools ensure that students achieve greater success in post-secondary study.

Counselors are encouraged to contact their Representatives and ask them to cosponsor H.R. 3593.

#### Who to Contact

- **Message for Representatives:**
  
  "As your constituent, I am calling to urge you to co-sponsor the "Campus Care and Counseling Act" (H.R. 3593), a bill introduced by Congressmen Danny K. Davis and Tom Osborne to authorize funding for a competitive grant program for centers on college campuses that provide mental and behavioral health services to students. Such a program would make a significant, positive difference on college campuses across the country and would help address the diverse mental and behavioral health needs of our students."

- **Message for Senators:**
  
  "As a constituent, I am calling to ask the Senator to sign on as a cosponsor of the 'Seniors Mental Health Access Improvement Act' (S. 310), a cost-effective way to address the devastating problem of mental illness among the elderly. Please support enactment of the legislation when Congress next takes up Medicare legislation."

### Medicare Reimbursement of Licensed Professional Counselors

Congress has passed and the President has signed into law major Medicare legislation establishing a prescription drug benefit for the program’s beneficiaries. Unfortunately, the legislation did not include a provision establishing Medicare coverage of outpatient mental health services provided by state-licensed professional counselors, as was approved by the Senate in its prescription drug bill. House conferences on the Medicare legislation opposed the provision, for reasons we are still trying to determine. Consequently, we must continue exerting pressure on members of Congress—and particularly House members—to raise the profile of our issue even higher. It is imperative that we maintain the momentum established through Senate passage of counselor coverage legislation, in order to be on members’ ‘to do’ list when the next significant Medicare legislation begins moving through Congress.

#### Who to Contact

- **Message for Representatives:**
  
  "As a constituent, I am extremely disappointed that Congress passed the Medicare bill last session without a provision to establish Medicare reimbursement of state-licensed professional counselors and marriage and family therapists. The ‘Seniors Mental Health Access Improvement Act (S. 310),’ is a cost-effective way to address the devastating problem of mental illness among the elderly. Please support enactment of the legislation when Congress next takes up Medicare legislation."

### Workforce Investment Act / Rehabilitation Act Reauthorization

Both the House and Senate have passed legislation reauthorizing the 1998 Workforce Investment Act, which establishes federal employment programs operated by the nationwide network of One-Stop employment centers. Included within the Workforce Investment Act (WIA) is the Rehabilitation Act, establishing the public vocational rehabilitation system. Conference committee work to resolve differences between the House bill (H.R. 1261) and Senate bill (S. 1627) is likely to begin early next year. Although not perfect, the Senate-passed bill is significantly better than the House-passed bill. H.R. 1261 was opposed by a wide range of organizations, including ACA, as a significant step backward. The House bill would turn several current programs into a single block grant to states, allow governors unlimited discretion to take money from the public vocational rehabilitation system, Medicaid programs, mental health programs, and programs serving individuals with disabilities to fund the “infrastructure development” costs of One-Stop centers. The House bill would also allow taxpayer-financed religious discrimination against employment and rehabilitation counselors in the provision of employment and training services. The Senate bill does not contain the religious discrimination provision, and maintains targeted programs as under current law. Unfortunately, the Senate bill follows the House bill in allowing governors to use VR money to pay One-Stop centers’ costs, but limits their ability to do so. Congress should reject the House-passed bill in favor of the Senate version.

#### Who to Contact

- **Message for Representatives:**
  
  "I am calling to express my opposition to H.R. 1261, legislation passed by the House of Representatives to reauthorize programs under the Workforce Investment Act and the Rehabilitation Act. It’s my understanding that the bill is due to be considered by a conference committee with similar legislation passed by the Senate. I encourage the Representative to oppose H.R. 1261, as it would severely undermine the already underfunded vocational rehabilitation system by allowing governors to take money at will to use for the "infrastructure development" of One-Stop employment centers. The House bill also would allow religious discrimination against counselors and other program staff providing employment and training services. H.R. 1261 is seriously flawed, and should not in any way become law."

### ACA Resources

- **ACA Resource**
  
  - Chris Campbell
  - 800.347-6647 x241
  - ccampbell@counseling.org
  - Internet briefing paper:
  - http://www.counseling.org/public
  - Capwiz ‘contact Congress!’ site:
  - http://capwiz.com/counseling
You wouldn't have to worry about lawsuits...

But, the real world presents us with many risks—often unexpected. We're human and mistakes happen—mistakes that could lead to lawsuits. And sometimes, even when we do everything right, we can still face a frivolous lawsuit.

So, Make a Wise Decision.

Protect yourself with top quality Professional Liability Insurance offered through Healthcare Providers Service Organization (HPSO). The American Counseling Association Insurance Trust has selected HPSO to make available this affordable insurance for all counselors.

With HPSO, you're protected with up to $6,000,000 aggregate, up to $1,000,000 each claim.

PLUS, additional features up to the applicable limits of liability at no extra cost!

- 4 Assault Coverage* 2 Deposition Representation
- 2 License Protection Coverage 4 Defendent Expense Benefit
- Personal Liability Coverage

Attend an eligible Risk-Management Course and get a 10% non-cumulative credit applied to your annual premium for up to three years!!

*Subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.) (For Pennsylvania residents only. Any person who knowingly and with intent to injure or defraud any insurer

misleading, Information concerning any facts material thereto, commits a fraudulent Insurance act, which is a crime and may be subject to civil fines and criminal penalties (For New York residents only, and shall also

Any person who knowingly and with Intent to defraud any Insurance Company or other person flies an application for Insurance or statement

implied, implying, or denoting knowledge.

The standard of proof for an Insurance act under the “Insurance Corporation Act of the State of Pennsylvania” (UPIA) is a preponderance of the evidence.

The limit of liability is the maximum amount which the company will pay for claims during the policy period. The limit applies separately to the limits of liability for each claim and for the aggregate of all claims arising during the policy period.

HPSO, an association-authorized insurance program, is underwritten by American Casualty Company of Reading, PA. HPSO is a division of Affinity Insurance Agency, Inc., which is a division of Affinity Insurance Services, Inc.

Application: Professional Liability Insurance for Counselors

Mail To: HPSO - 159 East County Line Road - Hatfield, PA 19404-1216 - Fax: 1-800-739-8516

YES! I want the HPSO Professional Liability Insurance. Up to $6,000,000 aggregate, up to $1,000,000 each claim (10).

Please answer ALL questions and SIGN and DATE this application. Incomplete applications cannot be processed.

1. I am: 1) Full-time 2) Part-time* *Please list the full-time or part-time status for which you are applying.

2. Indicate your classification or certification:

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3. Date of Birth / / / Social Security 

Telephone ( ) 

Email 

4. Requested Effective Date: / / / (Date should be within 30 days of application)

5. Are you a member of a professional association? Yes No

6. Have you ever had professional liability insurance declined, canceled or non-renewed for any reason other than for non-payment of premiums? Yes No

7. Has any claim or lawsuit for malpractice ever been brought against you? Yes No

8. Within the last 5 years, have you been the subject of complaints, charges, or disciplinary action against you for any reason, by a court, licensing board or regulatory agency responsible for maintaining the standards of your profession? Yes No

9. Do you currently carry: a) Homeowner’s policy, b) Condominium owner’s policy, c) Tenants’ homeowner’s policy, d) None of the above?

10. Insurance Agent Michael J. Leurgeon Florida License #158896

Insurance application must be fully completed, signed and dated in ink. We will issue your Certificate of Insurance upon approval.

Endorsed By

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47
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*Offer expires 2/29/2004, cannot be combined
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National Counselor Exam (NCE®) $269
Study program includes:
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  24 hours a day, 7 days a week over the Internet
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- TestPRO: software that allows you to create exams from
  a bank of almost 400 additional test questions
- Workshop Summary CD Library: the perfect tool to
  reinforce the skills learned in your study process

National Clinical Mental Health
Counselor Exam (NCMHCE™) $269
Study program includes:
- Three volumes featuring 14 practice vignettes
  and three simulations
- Two audio cassettes

Additional tool: $99
- CasePRO: a powerful tool to enhance your studies and
  save study time; delivered via the internet, CasePRO
  gives you simulated practice of the exam by modeling
  the actual exam, scores your exam, analyzes your
  performance, and offers explanations for each answer

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