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More than just a website.
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Extras

12 Guide to Counseling Today 2012 feature articles
New year, new look

Notice anything different? Counseling Today (first known as The Guidepost and then, simply, Guidepost) has been published since December 1958. Along the way, it has evolved from a newsletter to a tabloid-size newspaper to an award-winning magazine. We have tinkered with the look and feel of Counseling Today here and there since introducing our magazine format in July 2008, but this issue marks the first major design overhaul since that launch. We hope ACA members will enjoy the fresh new look.

Of course, we’re aware that looks aren’t everything. Unless our articles provide practical tips and information that you can put to use as a counselor practitioner, counselor educator or counselor-in-training — or at the very least inspire you to think about topics in more depth or from a different perspective — then you won’t consider Counseling Today a “companion” on your personal and professional journey (even if it looks good enough to display on your coffee table). That’s why we’ll also be rolling out new columns, themed article series and other features throughout the year.

In fact, this month marks the debut of one such column, “Pages of Influence,” in which some well-known members of the counseling community will share the books that have proved pivotal in guiding their life journeys and shaping who they are — personally, professionally and philosophically. We’re honored that Sam Gladding accepted our invitation to write the inaugural column, and we think ACA members will enjoy learning about the books that “most influenced” a most influential counselor.

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Our Counseling Today website (ct.counseling.org) can no longer be thought of as a “new” feature, but many ACA members have yet to discover the exclusive content that it offers on a weekly (and sometimes even daily) basis. So, if you haven’t paid a visit recently, make that one of your resolutions in 2013. Also be sure to like us on Facebook (Facebook.com/CounselingToday) and follow us on Twitter (@ACA_CTOnline) so you won’t miss out on any new content.

But most of all, let us know what you want and need from our magazine and website in the days and months ahead. Member feedback will continue to guide what we do — throughout 2013 and beyond. Contact us at ct@counseling.org.
I love to drive! Recently, looking at a map of the United States, I realized that, without ever having established a goal, I have driven in 49 of the 50 states. (Look out, Alaska, here I come!) I grew up driving on rural (and pothole-laden) Pennsylvania roads and didn’t drive on an interstate highway until I went on a college visit. I was impressed by the entry and exit ramps, dismayed at the detours and construction zones, and chagrined at how if you missed an exit, you had to either go miles out of your way to get back on the correct path or choose an alternate route. And there were no Garmins or smartphones back then, only maps.

Driving across varying terrain in different parts of the country is a perpetual reminder that we are immersed in a cultural experience filled with local norms and customs, some of which require substantial adjustments, and that we must make many choices to complete the journey. Have you noticed that in Washington, D.C., cars sometimes start to honk the millisecond that the light turns green? In New York City, the traffic signs seem more like “traffic tips” or “traffic suggestions.” The most laid-back drivers seem to hail from the Midwest, while the most genteel drivers I have encountered reside in rural Virginia, where the interstate traffic sometimes slows from highway speeds to a near stop in order to let a driver merge from an on-ramp. In many places that would never happen. Ramps in some cities seem more like launch pads. I find myself adopting different styles of driving in different locales to adjust to different norms.

Driving in other countries is also a fascinating cultural immersion. I was born to drive the German Autobahn: fast, efficient, safe! In India, a two-lane paved road is packed with people, bicycles, ox-drawn carts, electric carts, cars, trucks, farm equipment and animals, all passing, bobbing and weaving to miss each other while trying to get to their destinations at break-neck speeds. India is a beautiful country with wonderful, warm people. It also has the highest per capita traffic fatality rate in the world. I white-knuckled it every minute I was in the car in India — and I was a passenger! No matter where you are, driving involves a journey and serves as an interesting metaphor for the journey of life and career.

This month’s Counseling Today cover story focuses on career counseling and the important role that career and life planning plays in our profession and in the lives of the clients and students we serve. The roads to success — our professional journeys and the journeys of the clients and students we serve — have many detours, construction zones, on-ramps and off-ramps, even if the miles seem to fly by at times. The challenges and obstacles we have all faced have guided us toward, and sometimes diverted us away from, important lifestyle and career opportunities. As reflective beings, we are mindful of how we are treated and how we treat each other. As counselors, we advocate for and promote...
The ecological perspective is an integrative, innovative framework for counseling that encourages systematic consideration of personal, contextual, interactive, and meaning-based features of behavior. In this presentation, Dr. Cook will provide an overview of her new book on this perspective and discuss its implications for future counseling practice, research, and training. Attendees may discuss the applicability of these ideas to their own frameworks for counseling practice.
Executive Director’s Message

What will YOU make of YOUR ACA?

Richard Yep

In last month’s column, I said that although our official recognition of ACA’s 60th anniversary was coming to a close, the celebration would continue. This celebration includes how we will be honoring you, our members. You are the ones, along with those who came before you, who have made ACA the world’s largest organization exclusively dedicated to the many diverse facets of professional counseling. We also want to add to our ACA family by bringing to the table graduate students and other professional counselors, academics and researchers who have yet to add “ACA Member” to their résumés.

For months, I have been alluding to new products and services that the staff and I have been working on to benefit you, our members. In the latter half of January, I would call your attention to the new ACA website at counseling.org, which I can assure you is much more than “just another pretty website.” The new functionality and resources you will be able to access truly builds a better, stronger and more vibrant organization. Others have expressed appreciation for our ability to find a way to include professional liability insurance for our master’s-level student members at no additional cost to the students. Some have acknowledged our efforts to build a strong grassroots movement that can educate public policymakers about professional counselors.

And, of course, there are those who think ACA isn’t doing enough for the profession, including some who see us as nothing more than a “slick marketing organization.”

If nothing else, I am always assured that our members are willing to voice their thoughts, appreciation and criticism of ACA. I can’t say that I always agree with each opinion, but this open dialogue lets me know that members feel this really is their organization. During my almost 25 years with ACA, I have tried to practice with the mindset that this has never been “my” organization. Rather, I serve as a steward of the professional aspirations and interests of our members. My job — and that of our very talented and committed staff — is to fulfill the professional needs of those who are ACA members, leaders and volunteers.

I encourage you to maximize your “ACA experience” as a volunteer, a leader or a participant in some type of ACA activity. I believe it is our members’ diversity of opinion and thought that has helped us to build a better, stronger and more vibrant organization.

Looking forward, what can you expect to read in this column over the next several months? I hope to go into more depth about those who have made an impact on the profession and ACA. However, I also want to share stories about those who are “up and coming” — individuals who are likely to be written about several years from now by some future ACA executive director because they have had an impact on the profession.

As always, I look forward to your comments, questions and thoughts. Feel free to contact me at 800.347.6647 ext. 231 or via e-mail at ryep@counseling.org. You can also follow me on Twitter: @RichYep.

Be well. ♦

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Experience should count for something

I have to take gentle umbrage with ACA President Erford’s column (“Raising the bar: The power of standardization”) in the December Counseling Today magazine. I am a veteran of 24 years. I certainly understand standardization. After all, my career field was incredibly detailed and standardized. People's lives and the security of our country hung in the balance. I have no fundamental issue with CACREP Standards or the need to set standards because the future of the counseling profession also hangs in the balance.

However, after 24 years of service to America, I had rather hoped my service might be returned in some small way. I am now told I should accept the further sacrifice of not being able to work for the Department of Veterans Affairs (VA) or bill to TRICARE for services to veterans because I did not graduate from a CACREP-accredited school. My school met CACREP Standards but was not CACREP certified. I have 24 years of experience working with veterans. There is some knowledge there that cannot be imparted by the CACREP stamp.

I challenge Mr. Erford’s statement that the best efforts were made to be inclusive. In the military, when standards changed, experience was often a determiner of who had to meet the new standards and who did not. Experience was recognized as something that could not be put into a textbook or taught in a class. It also seems to me that when a large number of experienced counselors are denied the opportunity to serve a population that is in desperate need, then harm is being done. How does one tell a veteran who needs help but cannot find a counselor that there are many, many counselors qualified to help civilians but who are not allowed to help veterans? In my own state, I was asked to donate my time for free to work with a veteran — something I gladly did. The obvious being that I am qualified enough to help a veteran, yet not qualified enough to get paid for it.

Perhaps if I had been a counselor all my life I would be happy to accept this as a sacrifice for my profession. It is not, however, only about us. CACREP will help us improve as a profession and a community, but right here and right now, others need help.

Anne Golembrski, M.S., LMHC
SMSgt, USAF Retired
Albuquerque, N.M.

American Counseling Association President Bradley T. Erford responds:

Thank you for your service to our country. Thank you for your continued service to clients who were warriors for our armed services. My position and ACA’s position on these issues is actually the same as what you outlined: Experience matters, and there should be both broader standards recognizing licensure as a qualifying credential and liberal grandfathering provisions to allow licensed professional counselors (LPCs) to provide mental health counseling services through TRICARE, the VA and (in the future) Medicare programs. Unfortunately, as stated in the “From the President” column, this position was not adopted by the VA and the Department of Defense, and it is unlikely to be adopted by the U.S. government for Medicare (and Medicaid in those states that have linked the policies and funding) unless all LPCs add their voices and advocate for broader standards and liberal grandfathering provisions. The current provisions will be a crushing blow to the tens of thousands of otherwise-qualified professional counselors who desire to serve our warriors, veterans, seasoned citizens and citizens who are materially poor. Silence speaks loud and clear. Please, everyone, join the ACA Government Relations group email list (see counseling.org/publicpolicy/), contact Scott Barstow (sbarstow@counseling.org) or Art Terrazas (atterrazas@counseling.org) at ACA headquarters to get valuable advocacy information, and then contact your elected representatives at the state and federal levels and advocate, advocate, advocate! The future of our profession relies on you.

No harm in asking for clarification

The November “Knowledge Share” article, “It’s not all guns and PTSD: Counseling with a cultural lens,” was excellent, but my comment comes from a different perspective than that of the author.

I have counseled many veterans over the years and am an Air Force and Army veteran myself. All of my clients have been separated or retired from the military rather than still on active duty, and those people have my utmost respect and admiration. I have taught counseling classes at two universities and always tell my students not to be afraid to ask someone of a different culture what it was like for them. In spite of bad experiences, most of us were proud to serve our country, and we feel a kinship because of what we went through, regardless of the branch of the military we were in.

If you as a counselor do not understand the jargon or the perspective that clients with a military background are giving, asking for clarification allows them to talk a little about a culture only they can understand completely, because we are bombarded with the media’s stilted view of the military (although it has improved significantly since Desert Storm). I think the best way to describe a military experience, regardless of branch or conflict, is basically 23 hours of boredom and sometimes silliness separated by an hour of sheer terror.

Ronald Shaver, Ed.D., NCC
Serenity Mental Health
Las Vegas

Guidance for the journey

I wanted to write to tell Suze Hirsh how much I enjoyed the “Learning Curve” article she wrote for Counseling Today in October (“Finding my way: To thine own self be true”). I graduated in December and am currently trying to “find my own way.” I appreciate her honesty about her journey.

One sentence that she wrote — “Ultimately I realized I had been the one doing all the judging” — really stuck out to me. I have tucked it to my corkboard to remind myself that I am my own main “block” on my journey. Thanks again.

Susan Harper
Montgomery, Ala.
Election increases importance of grass-roots advocacy

In the national elections held in November, voters largely kept in place the lawmakers they currently have, including President Obama and members of Congress. As a result, the nation will continue to operate with the House of Representatives being controlled by Republicans, and the presidency and the Senate in the hands of Democrats. This combination led to gridlock on many policy issues during the past two years, including legislation to improve Medicare’s outdated benefit package by establishing coverage of mental health services provided by licensed professional counselors. Whether there is increased interest in cooperation between the parties will quickly become apparent. Congress and the president have very limited time to reach agreement on changes to broad tax increases and deep spending cuts scheduled to take effect in January. This will set the framework for more detailed spending and policy decisions.

One result of the election is that the Affordable Care Act will continue to be implemented. This is good news for counselors, both as health care providers and health care consumers. To cite one example, in little more than a year, health plans will be prohibited from discriminating against any health care provider, with respect to plan participation or coverage, who is acting within the scope of that provider’s license or certification. Although health plans will not be required to include any and all counselors on their panels, this provision of the Affordable Care Act should help to ensure that counselors are treated fairly.

Because Republicans control the House and Democrats control the Senate, each party has effective veto authority over legislation, making bipartisanship a necessity for progress on any issue. The American Counseling Association has worked consistently and diligently through the years to gain support from members of both political parties for initiatives to expand access to counseling services, and we’ll continue this work. It is clear, however, that policymakers’ ongoing focus on reducing federal spending means that grass-roots contacts from counselors will be absolutely essential to achieving success on the issues on which we are working. Individual contacts — in the constituent’s own words — have much more impact on legislators than do visits from paid lobbyists. Members of Congress aren’t going to publicly support increased spending on Medicare (to pay for counselors’ services) or on Department of Education programs (such as the Elementary and Secondary School Counseling Program) unless they know this is what their constituents want. For more information on how you can help, contact ACA’s grass-roots advocacy coordinator, Art Terrazas, at aterrazas@counseling.org or 800.347.6647 ext. 242.

ACA, TCA spearhead training to bring resiliency strategies to school counselors

In the aftermath of catastrophic events, many people feel anxious, confused and insecure because of the grief, loss and change that occur. Just ask Gulf Coast residents and, now, residents of New York, New Jersey and other states affected by Hurricane Sandy. The Texas coast has been exposed to major and long-lasting environmental, economic and community impacts resulting from Hurricane Katrina, Hurricane Ike and the Deepwater Horizon oil spill.

This past November, as a preconference to the Texas Counseling Association’s Professional Growth Conference in Galveston, 32 school counselors enhanced their existing skills by learning to train administrators, educators and entire campus teams on how best to support and respond to individual and community needs following disasters. The daylong train-the-trainer workshop was offered in partnership by ACA, TCA and the U.S. Department of Education. The department’s Office of Safe and Healthy Students collaborated with the Substance Abuse and Mental Health Services Administration and the Readiness and Emergency Management for Schools Technical Assistance Center to develop a resource titled “Resilience Strategies for Educators: Techniques for Self-Care and Peer Support.” In the training based on this resource, school counselors learned how to equip their schools with coping strategies for emotional and behavioral reactions to postcrisis situations and how to implement the five steps of psychological first aid. The training also reviewed burnout, self-care and compassion fatigue concepts.

Professional school counselors play an important role in school crisis management teams. In addition to the many services they provide for academic and social success, school counselors respond to traumatic events and support students and the community when they experience episodes of grief and loss. ACA wanted to ensure that the Department of Education’s training efforts in crisis response were made available to school counselors. Given their unique training, knowledge and skill sets, school counselors are essential members of the school community and valuable leadership resources during crisis planning and postcrisis situations. When schools reopen following an emergency, it is the beginning of a return to normalcy for students, educators and the entire community. This training provided to school counselors can help contribute to a community’s long-term recovery.

ACA is looking for future opportunities to work with the Department of Education to promote these trainings to school and community counselors across the country. If your district could benefit from this training, contact Jessica Eagle at jeagle@counseling.org.
School counselors making a difference

Many aspects of advocacy are taught in school counseling graduate programs. School counselors work tirelessly to level the playing field for all students by providing equitable services, working with others to locate such services, and writing grants and speaking on behalf of students and families to find necessary services. One type of advocacy, however, is not often addressed in course work: lobbying decision-makers to protect funds and resources that provide school counseling jobs.

Today’s graduate students are concerned about the job market that will greet them upon graduation, and many school counselors in the field are wondering if they will be able to hold onto their jobs for the next school year. More than ever, advocating for one’s career seems inseparable from other areas of counseling work. If we don’t advocate for our jobs, how will the value of school counselors be recognized? If we can’t “speak the same language” as decision-makers who fund our positions and programs, how often will school counselors and counseling programs be seen as ancillary rather than essential?

Currently, education sits in the public’s top three policy priorities. The country views college and career readiness as major components in remaining globally competitive. However, the 21st-century professional school counselor has not been defined or fully understood by decision-makers as filling a critical role in the blueprint for the success of all students.

It is time for school counselors to package their work in a way that can be shared with local, state and federal decision-makers. The American Counseling Association is working harder than ever with school counselors, graduate students and counselor educators to advocate for a thriving future for the profession. Regardless of whether Congress is debating federal education policy at this moment, we can all build a strong foundation for upcoming policy debates by educating decision-makers about who professional school counselors are and what roles they play.

Be like Bob
Bob Bardwell, the director of school counseling at Monson High School in Monson, Mass., has earned a seat on the school district’s administrator leadership team. Bardwell is a shining example when it comes to advocating for the school counseling profession.

Recently, the district was faced with tough decisions because of budget cuts. By using data, Bardwell was able to show a correlation between the work of the school counseling department and the improvement of students’ academic and social skills. As the district made the necessary adjustments to the budget, Bardwell not only was successful in protecting funding for the half-time middle school counselor position, but was actually able to get that funding increased to a full-time position. This has reduced the counselor’s student caseload and increased services and opportunities for middle school students. For example, the eighth-grade counselor can now conduct regular classroom guidance lessons, which was not possible with only a part-time person.

Bardwell believes strongly that school counselors need adequate representation at the building and school district leadership levels. Without this, he says, they will not be viewed as the critical staff members they are. He reflects on his work with several administrators who seem to prioritize keeping class sizes low and providing resources to classroom teachers over having school counselors run a schoolwide comprehensive program. By not being at the table where they can advocate for the work they do, Bardwell says, school counselors are doing themselves and their students a disservice.

As the advocacy chair for the Massachusetts School Counselors Association, Bardwell is aware that advocacy work can be exhausting and can seem never-ending. Rarely is there enough funding, time, resources or people willing to step forward to help the cause. Bardwell recalls when a bill was created in Massachusetts to mandate that every elementary school have a certified school counselor. Unfortunately, the response from the school counseling community was limited, with only a handful of counselors stepping forward to support the bill. These counselors attended the hearing, made follow-up phone calls to legislators and visited the legislators’ offices.

“Advocating for our profession is an essential part of the work we do every day on behalf of our students and their families,” Bardwell says. “However, advocating for our profession is often the last thing that school counselors want to do. I find this an interesting dichotomy to say the least. Why can we do it for our students but not for ourselves? My conclusion to this quandary is that we will fight tooth and nail for the students for whom we are responsible, but because we generally tend to be reserved and focused more on helping others than [helping] ourselves, we don’t feel adequate advocating to policymakers or board members.”

Yet Bardwell believes school counselors have all the skills necessary to carry out effective professional advocacy. He points to three specific characteristics he thinks are necessary both in professional advocacy and school counseling: tenacity, energy and passion.

If school counselors continue to collect evidence of their positive impact on
students, step into leadership roles in schools and begin to see professional advocacy as a key part of ensuring that students get the services they need to succeed, then school counseling will thrive, student-to-counselor ratios will drop and students will be better prepared to succeed in school, career and life.

To learn how you can advocate for school counselors, contact Jessica Eagle at jeagle@counseling.org. Together, we can advocate for our jobs and equitable services for all K-12 students.

Jessica Eagle, a certified school counselor and national certified counselor, works in the American Counseling Association’s public policy and legislation office. Contact her at jeagle@counseling.org.

Letters to the editor: ct@counseling.org

Anne Marie “Nancy” Wheeler and Burt Bertram

“The advice given in this clear, current, and engaging book can promote sound practice, while minimizing the chances of becoming involved in an ethical or legal complaint. I highly recommend The Counselor and the Law as a valuable resource for both new and seasoned professionals.”

—Gerald Corey, EdD, ABPP
Professor Emeritus of Human Services and Counseling California State University, Fullerton

In this bestselling book the authors combine their far-reaching experience to inform counselors and other mental health professionals about the legal and ethical dilemmas that can arise in practice. In addition to providing a broad overview of the law and ethics, they discuss current information regarding federal and state laws, professionals’ legal and ethical responsibilities, and ways to manage the risks inherent in the delivery of mental health services.

This edition contains a new chapter on the use of social media and other Internet-related issues, updates to HIPAA through the HITECH Act and regulations, a new legal/ethical decision-making model, and discussion of the specific legal risks for counselor educators, such as recent court cases involving students’ work with LGBT clients. The issues surrounding civil malpractice liability, licensure board complaints, confidentiality, duty to warn, suicide and threats of harm to self, professional boundaries, records and documentation, and managing a counseling practice are also addressed in detail. 2012 | 288 pgs

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The future of counselor education: A virtual certainty

The future ain’t what it used to be,” Hall of Fame baseball catcher and humorist Yogi Berra reportedly said. Despite Yogi’s malapropism — or perhaps because of it — his saying has endured. In fact, with the onset of a new year, his words seem oddly prescient.

January comes from Janus, the two-headed (and two-faced) Roman god who gazes both forward and backward, implying the future and the past. Janus is a good metaphor for the counseling profession. With licensure secured in all 50 states, counselors being certified to participate in the health care program operated by the Department of Defense and unusual unity being demonstrated in the 20/20: A Vision for the Future of Counseling initiative, the profession appears poised for major success (including, perhaps, the prospect of Medicare reimbursement).

But such accomplishments represent only a scratching of the lithosphere. As a counselor educator, I am keenly interested in future changes. Of course, predicting what changes will occur and how they might reshape the counseling profession is difficult to do with any accuracy. Still, a quick review of the counseling literature and the books and periodicals on higher education clearly shows that change is on the horizon for counselor education.

In reviewing the literature, technology was hands down the most commonly cited term. Recently, former news anchor Tom Brokaw called technology the most powerful force on Earth. Clearly, technology is the engine driving the global economy, reshaping everything in its path, including counselor education programs. Though the majority of current graduate counseling students are educated through traditional means, this is certain to change. Even the ubiquitous University of Phoenix uses traditional means to educate counselors, but I believe the future trend will be hybrid models that combine in-person and virtual classes. Online education is booming even in traditional residential institutions. In fact, a recent issue of the venerable Chronicle of Higher Education reported that enrollment in online education has increased almost 300 percent since 2002. That statistic alone portends significant change for counselor education.

Hybrid classes are but one emerging concept, however. Technology has also created the potential for the increasingly popular (and free) massive open online courses, or MOOCs. I am not advocating that we “give away” education, but the concept is something we might be able to use to our advantage in counselor education.

Counselor education is dependent on undergraduate programs for its recruiting base, and certain parts of the country have seen precipitous population declines, meaning fewer students to recruit. Thus, to survive and thrive, many counseling programs must extend their grasp. But “extension” is very difficult because of competition and expense — unless accomplished through virtual means. The university-without-walls concept is the very reason for the dramatic increase in online education reported earlier. You can bet that traditional bricks-and-mortar counselor education programs will soon be replicating this blueprint because it opens the doors for active military personnel and large numbers of currently disenfranchised working adults. I expect many students would prefer to study at a mainline counseling program, but without change, we force students toward the McUniversities that currently are metastasizing.

Megatrends in higher education

Although sometimes intimidating, emerging technologies offer new cutting-edge opportunities. In Counseling Today’s March 2012 cover story, “What the future holds for the counseling profession,” futurist David Pearce Snyder mentions the idea of using avatars as virtual counselors. Avatars could likewise augment counselor education professors. Some traditionalists may view virtual educators as a threat to human professors. The reality is that no virtual creature will ever be able to address the deeper complexities of mental health as well as an actual professor. (For example, could an avatar really demonstrate empathy as well as a skilled professional?) But with students studying for an exam or preparing for their thesis or dissertation defense, the avatar could pose questions and evaluate the quality of student answers. Avatars could also serve a tutorial function for courses and even role play clients. As technology continues to evolve, I believe avatars will become increasingly common in higher education, and particularly in counselor education.

The second most prevalent word regarding higher education’s future was multiculturalism. I would surmise technology and multiculturalism are part of a tandem. In his seminal opus, The World Is Flat, Thomas Friedman makes this point time and again. Because of technology’s global expansion, educational institutions can extend into
previously unreachable corners of the world.

Some universities have even established overseas campuses. Although most institutions won’t relocate, they are tapping overseas “markets,” especially in China and India. Most students from Asia will not select a graduate counseling program, but some will. In fact, I have recently received applications from students in the Middle East and Africa. Although this still is but a trickle, tiny streams represent the headwaters of rivers.

If counselor education programs can establish pipelines of students from Asia, Africa, the Middle East and elsewhere, cultural competence — or, more appropriately, cultural humility — becomes as critical as technological expertise. Imagine a course with students from diverse cultures occupying the same class, whether residential or virtually. As technology improves, virtual classes will become more interactive. A student in Buffalo, N.Y., and a student in Singapore will be able to give a joint presentation to the class, with all students able to view and interact. Time zones are a limitation, but with asynchronous technology, such interactions could be recorded for view and designated dates reserved for all class meetings.

I further envision a future in which graduate counseling students study abroad. Although commonplace for undergraduates, study abroad remains rare in graduate counseling programs. Years ago, when I was directing the counseling center at the University of Minnesota Morris, the university’s teacher education program regularly sent students to China, New Zealand, Russia and elsewhere for a semester of student teaching. This global model certainly can be adapted for counselor education programs.

Imagine how a practicum in Kenya would transform a counseling student from the rural United States (or vice versa). Granted, many counseling students won’t be able to participate in exotic ventures, but some will. The current graduate student population is much younger, more mobile and less rooted in place.

Graduate study overseas may also be a prudent choice. In this global era, international experience will likely

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expand a counselor’s occupational opportunities. Furthermore, U.S. counselor education programs might be wise to establish partnerships with programs abroad to better facilitate student and faculty exchanges, and to share faculty, curriculum and graduate programs. Other fields are already participating in these practices. There is no reason counselor education can’t follow suit.

**Old realities and new challenges**

As with any new endeavor, challenges emerge with the potential changes I have discussed within counselor education. As an immigrant to virtual education, my bias is that traditional education is of higher quality. Professors in my age group are less facile than younger counselor educators, who are virtual natives. It also seems difficult to evaluate a student’s dispositions when interacting primarily through cyberspace. Far less “real” time with students could make student recommendations challenging.

Then we have the reality of technological failures, which seem to occur with increasing frequency (to me at least!). Asynchronous classes also require more time from professors because students submit questions and comments at various times of the day and night. Finally, some counseling classes seem close to impossible to offer through cyberspace. For example, teaching family or group counseling through virtual delivery, although theoretically possible, is likely substandard in practice.

But the most significant challenge I foresee resides in addressing cultural conflicts. To be clear, I’m energized about the potential of a classroom of students (both virtual and residential) from numerous cultures and countries. To me, international inclusion represents the most exciting of all changes, and a global classroom could transform our profession. But global endeavors necessitate greater understanding and flexibility on the part of everyone involved.

The American Counseling Association’s pluralistic ethics code rightly posits equality when it comes to gender, religion, sexual orientation and so on. However, many students will hail from societies and cultures where such ideas of equality are strictly opposed. How will counselor educators encourage pluralism, while simultaneously respecting cultures with social norms that are radically at odds with Western beliefs? Conflict regarding cultural norms has been an issue for U.S. universities with international campuses, and this is an issue that will not simply go away.

U.S. faculty and students would also do well to consider multilateral relations where Western culture is but a small part of a broader mosaic. Inherent in this mosaic is the need to dialogue respectfully about hot button issues related to social, sexual and cultural differences — and then, at times, to simply agree to disagree. We must retain our egalitarian values but also understand they are not universally shared — at least not yet.

**Adapting to change: Key to future viability**

Future trends continue to demand that counselor education must adapt and change to remain relevant in a rapidly evolving, global, high-tech and mobile collegiate era. The counseling profession was wise to diversify from an exclusively Eurocentric cultural model to one infused with many cultures, and it must apply that same thinking to technology and internationalization. The profession has achieved much success at home, and it must now craft a global vision that creates benchmarks for international expansion.

My prediction is that, soon, change and adaptation will become our new buzzwords in counselor education. Change is occurring more rapidly than ever in the 21st century. Adapting to change is the key to survival, and the organizations and professions that adapt best will flourish.

No, Yogi, the future ain’t what it used to be. It’s virtual and residential, international and regional, Eastern and Western in culture and influence, and poised for changes few could have imagined in days past. ♦

Shannon Hodges is a licensed mental health counselor and associate professor of counseling at Niagara University. Contact him at shodges@niagara.edu.

Letters to the editor: ct@counseling.org
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Making meetings work

I was a high school intern working my summer break at the Department of Human Resources for the city of Chicago when I was given the task of assembling materials for a training about creating effective meetings. It was a dream job for a high school junior, and I felt like they had given me an admirable task to perform. I had to pore over anything I could find about the topic to create a summary for the training.

Finding and reviewing those materials has ended up being both a blessing and a curse. Through that assignment, I was given the opportunity to study and learn some basic meeting concepts. Because of that, however, I find myself racked with frustration whenever I am trapped in a meeting that seems to have no order or outcome.

I have been to well-run meetings (our semimonthly program faculty meetings, for example) and poorly run meetings (for instance, when the meeting leader rushes through a series of announcements that could have been sent to us to read ahead of time). From my viewpoint, being part of a well-run meeting means that everyone walks away from the table with a clear picture of what the next step is in the project.

Scheduling

Unless the meeting you need to call is a regularly planned event (and few are), scheduling one can mean a round-robin of emails, phone messages and tracking people down in the halls. If you have everyone’s email address, an online scheduling system can be used to arrive at an agreed upon time. If you are calling the meeting, offer as many options for meeting times as possible to the group. If you receive an online schedule request, note all of the times you would be available to attend to help the scheduler. Then block your schedule off on all the times you have offered until you receive confirmation of the final meeting time.

Most important, reply as soon as you get a request so you will not hold the group up in determining a meeting time.

- “5 Online Meeting Planner Software Solutions”: tinyurl.com/huqdaa2
- “Top 10 Apps for Scheduling a Meeting Online”: tinyurl.com/latj6ya
- “4 Web-Based Meeting Schedulers Reviewed”: tinyurl.com/l7m3d9
- “7 Best Free Online Meeting Schedulers”: tinyurl.com/27v07pg
- Meeting Wizard (online scheduling solutions): MeetingWizard.com
- Doodle (easy scheduling): doodle.com

Holding successful meetings

The skills of running a good meeting are very simple to learn and execute. The first decision should always be, “Do we really need to have a meeting to accomplish this?” I have been to plenty of meetings where, in retrospect, the agenda could have been handled with a well-worded email for group reply rather than sacrificing everyone’s schedule just to assemble in the same space. Think about the goal of your meeting and whether that goal can be accomplished in a less disruptive fashion.

- “15 Tips for Productive Meetings” (The Knowledge Asset): tinyurl.com/cd4wkg
- “14 Tips for Holding a Productive Meeting” (The Happiness Project): tinyurl.com/cm59a
- “Running More Productive Meetings” (43 Folders): tinyurl.com/yob6gl
- “Tips for Productive Meetings” (Co-op Tools): tinyurl.com/crl8v5
- “Effective Meetings Produce Results” (About.com Human Resources): tinyurl.com/yde49ta

Online meeting software

Choices for online meeting software have grown over the years from exclusive and expensive platforms to free open source software options. Online software often gives us more than what we actually need to simply hold an online meeting. For example, do you really need video of every member? Do you need file share capabilities, or can that be accomplished through secure email? Consider what you are discussing in online meetings and what precautions you may need to take if you are covering protected information.

- The best free software for conferencing/voice over IP (PCMag.com): tinyurl.com/bdjey3w
- Best free web conferencing services (ToMuse): tinyurl.com/y8on6as
- Four free online remote meeting tools (TechRepublic): tinyurl.com/baynoab
- Six free online meeting tools (MakeUseOf): tinyurl.com/44bgbf
- Best free web conferencing alternatives (Open Alternatives): tinyurl.com/c7bf3g
- Free and open source web conferencing (eFront blog): tinyurl.com/aj496dx
- Top free web conferencing tools (About.com Mobile Office Technology): tinyurl.com/azd6l7
- Comparison of web conferencing software (Wikipedia): tinyurl.com/5apms4

Successful online meetings

I find that online meetings can be very cumbersome. All the nuance of face-to-face human communication can be lost in an online format. There is a greater tendency to speak over others in online meetings or to have long gaps between responses because no one knows who wants to contribute next. Some online platforms allow participants to “raise hands” and that helps, but it still has a different feel than face-to-face meetings. Given the convenience and reduced costs of online meetings, however, I will have to accommodate the difference in experience.

- “19 Tips for Effective Online Conferences” (eLearning blog): tinyurl.com/an8voys
- “5 Important Tips for Successful Web Meetings” (Mashable): tinyurl.com/yceuatu
- Gold medal online meetings (AnyMeeting): tinyurl.com/bf6td8b
Giving effective online meetings (Zoho): tinyurl.com/ao5t7hy
Keeping control of your online meetings (Gihan Perera): tinyurl.com/d3kb5s5
Keeping online meetings moving (GigaOM): tinyurl.com/b7b5ab6
How to participate in online meetings (About.com Mobile Office Technology): tinyurl.com/b46yj8c
Facilitating an online meeting (Facilitate.com): tinyurl.com/cu3naql

Project management
When I get overwhelmed, I am a list maker. Lists help me externalize all the things I have to remember, and it provides me a sense of accomplishment when I line through the items on the list. For personal task management, I use a software platform that syncs on all my devices and uses Getting Things Done (GTD) concepts.

But what about when you are working as part of a team? There are some pretty good project management software platforms available for working with groups of people who have responsibility for specific parts of the overall project. I was recently involved in planning a regional conference with a team of colleagues. For our purposes, we used Basecamp (basecamp.com), a simple interface that provides some support for project tracking. The following links offer additional resources and comparisons of available project management software.

- Best free online project management software (PCMag.com): tinyurl.com/7hpdwuv
- Best free project manager (Gizmo): tinyurl.com/jy9v5mb
- “10 Free Project Management Applications” (Freelance Folder): tinyurl.com/yavb2xz
- 5 free apps that make project management easier (Computerworld): tinyurl.com/a2zv4ef
- How to manage a project (About.com Management): tinyurl.com/jb99evg
- Making remote team collaboration work (Six Revisions): tinyurl.com/ygqruz7
- “The Art of Project Management: How to Make Things Happen” (Scott Berkun): tinyurl.com/kpvj5r

Seven norms of collaborative work (U.S. Department of State): tinyurl.com/ydab5eq
Project management software comparison (Wikipedia): tinyurl.com/6mdw8r8

My best tip for you is to look at the suggestions for running productive meetings before you walk into each meeting. Soon it will become a natural part of your work process, both for traditional and online meetings.

Find complete links from this article or contribute your own suggestions on “The Digital Psyway” companion site at digitalpsyway.net.

Marty Jencius is an associate professor in the counseling and human development services program at Kent State University. Contact him at mjenciaus@kent.edu.

Letters to the editor: ct@counseling.org
New Perspectives - With Donjanea Fletcher Williams

New year career tips

Recent and soon-to-be counseling graduates undoubtedly hope that 2013 will bring about job opportunities. In this month’s column, a new professional seeks career guidance, while a student inquires about preparing for practicum interviews. Addressing their questions:

Debra Osborn is an assistant professor in the Educational Psychology and Learning Systems Department at Florida State University, and a fellow and recent past president of the National Career Development Association. She is the author of Teaching Career Development: A Primer for Instructors and Presenters and a co-author of Using Assessment Results for Career Development and The Internet: A Tool for Career Planning. She has given more than 40 national presentations, most recently focusing on the integration of technology and teaching.

Robert C. Chope is professor emeritus of counseling at San Francisco State University and a psychologist with the Career and Personal Development Institute in San Francisco. He is the author of four books and more than 100 articles and has given more than 150 professional presentations. He is a fellow of both the American Counseling Association and NCDA and is the recipient of NCDA’s 2012 Eminent Career Award.

Perry C. Francis is a professor of counseling and coordinator of the College of Education’s counseling training clinic at Eastern Michigan University. He is also a past president of the American College Counseling Association. He is a regular presenter at regional and national college counseling and professional counselor conferences on the subject of ethics and professional issues in college counseling.

Dear New Perspectives:

I am a recent master’s counseling graduate searching for a community mental health position. I am wondering about effective job strategies. I have been looking online at state-specific sites with no luck. This leads me to believe either that all the counseling positions are filled or that I am looking in the wrong place. Any insight is appreciated. — New Professional, Texas

Debra Osborn: The most successful job searches have always relied on networking. Today, this includes using social networking sites such as LinkedIn. Use the networks you have, including professors, supervisors, colleagues from your program or professional associations, and friends and family, to search for positions. They may know of someone in your area who is a counselor or who knows a counselor.

In addition, if you are applying to positions and not getting interviews, you might need to improve your résumé or vita. If you are receiving calls to interview but not receiving the offer, you might need to polish your interview skills. Also determine the quality of your online presence by searching for yourself. This includes looking at online images that come up.

Last, do you know what type of positions you are looking for? Does your résumé or vita clearly show that you are the perfect person for this type of work? Do you have specific preferences? Being “open for anything” can work against you in the job search. If you are applying to any job, anywhere, an employer might question your seriousness. Are you really willing to uproot and relocate 500 miles away for a job that pays $35,000 per year? Be specific in your search, and then widen the circle of possibilities if those fail. This includes geography (city/community), type of employer (school, agency, private practice, specializations, postsecondary settings) and type of position (counselor, adviser, consultant). Most important, stay positive and persistent.

Robert C. Chope: Finding a first job is often very demanding regardless of the profession. But you might consider some of these tactics. My understanding is that many counseling positions are on government websites at the city, county, state and federal levels. Sign up to take appropriate civil service exams for counselors. Consider work in juvenile halls, local prisons, children’s treatment centers, adoption services, child protective services and family court services. Four-year universities and colleges, community colleges and vocational technical institutes that provide student services and counseling are also fine places to start. You can also look at programs in drug and alcohol treatment in local hospitals as well as in Veterans Health Administration hospitals.

Also get a LinkedIn page and consider creating your own website and blog. These approaches put you into your professional community and reflect your interests and skills. Some counselors have developed columns in local newspapers, similar to a local “Dear Abby.” I think it is particularly important to brand yourself without limiting yourself. Identify what makes you unique and differentiates you from classmates and colleagues.

You should also remain flexible in the beginning years of your practice. I specialize in phobias, anxiety disorders and career development. You might consider finding a specialty niche that no one else has thought about. For example, when I started my private practice in 1979, I told everyone about it, including...
my dentist. He asked what I knew about depression among dentists. I knew something about the careers of dentists and quite a bit about depression but hadn’t put the two together. He told me about a number of his dental colleagues who were depressed and asked me to present on the topic for his local dental society. For the next 30 years, I became associated with addressing the issues of dentists who were unhappy in their careers.

Finally, engage others in your job search — family, friends, former teachers and coaches. They may know of opportunities. Best of luck in your pursuit.

Dear New Perspectives:
I just got selected for an interview for a practicum position at a university counseling center. I would like suggestions on how to prepare and advice on interview questions. I have done a little research but want feedback. —

Master’s Counseling Student, California
Perry C. Francis: Entering practicum is an exciting point. The thought of putting into action all the didactic and experiential course work with a real client can be thrilling and overwhelming. But first you need to successfully navigate the clinic interview to obtain a position for the practicum to take place. How should you prepare?

Be prepared to intelligently discuss why you want to do your practicum in the university counseling center. Understand that the professionals who work there are committed to their center and hope that you are applying because you have an interest in the college-age population. To just say that you want to complete your practicum requirement and the center was the most convenient place to apply, although perhaps accurate, does not show any critical thinking on your part concerning the setting and population or your future career aspirations.

Also, by this point, you have likely been in classes that involve an experiential component. You received feedback and supervision about your progress and how to improve your skills. Ask yourself what type of feedback and supervision works best for you and what type of supervisor you hope to learn from — and be prepared to discuss this. Potential supervisors are looking for practicum students who are open to feedback and willing to incorporate it into their practice, quickly and effectively. Finally, although you are still learning basic skills, you need to be able to, at a beginner’s level, clearly articulate at least one counseling theory and how you may use it in session with a client. Best wishes as you move forward in your education.

Debra Osborn: Preparation is key. Research the practicum site to find

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My life, my story

Nominate an exceptional student or new professional to be featured in “My life, my story” by emailing acanewperspectives@yahoo.com.

This month, doctoral student Jennifer Cook, the graduate student representative for the Association for Counselor Education and Supervision, is featured.

Age: 34
Home: From Florida but resides in Blacksburg, Va.
Education: Pursuing Ph.D. in counselor education and supervision from Virginia Polytechnic Institute and State University (Virginia Tech); M.A. in couple and family counseling from University of Colorado Denver; M.Div. from Iliff School of Theology; B.A. in religion and philosophy from Florida Southern College

Greatest professional accomplishments: Having wonderful faculty mentors. At the University of Colorado Denver, my mentors taught me how to be a clinician, do research, hone my writing style and chart a course for my professional future. This resulted in peer-refereed journal articles, regional and national conference presentations, and acceptance to several counselor education doctoral programs. At Virginia Tech, I continue to have mentors who encourage and challenge me to be a stronger supervisor, teacher and clinician. However, while I cherish my educational accomplishments, there is no greater achievement than to hold space for clients to grow and learn, and to have the privilege to witness those moments.

Biggest professional challenge: Perfectionism and competitiveness. Several years ago, unless something was perfect, it wasn’t good enough. A good friend pointed out how exhausted and frazzled I was, wondering if perfectionism was the problem. She was right, and I moved toward recovery. I still want things to be done well, but my best is enough. Obviously, competitiveness was important as a perfectionist. Once I worked on perfectionism, I noticed how competitive people were, including me. Being competitive did not work in my new “nonperfect” paradigm. While I still struggle with this, I sincerely believe there is enough power to go around, and that encouraging one another gets us further than competing.

Words of advice for students: Build professional and personal relationships with others and resist the temptation to be the “Lone Ranger.” We can do it alone, but why? Relationships make life more fun, exciting and fulfilling. It’s our relationships that truly sustain us.
This fascinating book provides a global exchange of information about counseling activities and services; counselor training; and existing professional practices, beliefs, and values. Native counselors and leading experts from 40 countries discuss the opportunities for growth in their countries and the challenges they face. After an introductory section that discusses global diversity themes and issues, chapters focus on key countries in Africa, Asia, Europe, the Middle East, North America, Oceania, and South and Central America. Each chapter covers the history and current state of counseling in the country, theories and techniques that have been shown to work best in meeting the needs of the population, diversity issues specific to the region, counselor education and training, and possibilities for the future of counseling in the country. A comprehensive list of international resources and counseling organizations is also included.

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Article: Making life work

**Topic/Category: Career development/employment counseling**

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2) Reflect on basic career development processes and interventions.

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1) One feature of the counseling profession that truly distinguishes it from psychology and social work is its roots in _____________.
   a) School counseling  
   b) Substance abuse counseling  
   c) Career development  
   d) Psychoanalysis

2) What type of counseling setting should address employment counseling and career development?
   a) Schools  
   b) Employee assistance programs (EAPs)  
   c) Community/agency counseling  
   d) Private practice  
   e) Career and employment processes and interventions are essential, regardless of the counselor’s work setting

3) Researcher Roberta Neault identified that ____________ is a likely predictor of both career success and job satisfaction.
   a) Flexibility  
   b) Self-awareness  
   c) Optimism  
   d) Intelligence

4) Narrative approaches allow clients to shift their focus from employment to all of their life roles, including strengths across those roles. This can help clients find satisfaction and fulfillment even if they aren’t able to find the exact job they want.
   ______ True ______ False

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   ______ True ______ False

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Military mental health and moral injury

In November, I produced the American Counseling Association’s first webinar series, “Counseling Our Troops, Veterans and Military Families: Cutting-Edge Strategies.” During one of the webinars, a participant, Lisa Kruger, asked about jobs counseling our troops and veterans. She called me after the webinar, and we chatted about the few actual job openings that have appeared for licensed professional counselors (LPCs) at the Department of Veterans Affairs. Lisa is an LPC and a doctoral student at George Washington University, so we also started discussing her dissertation. During that discussion, she mentioned the concept of moral injury. This is her story.

Rebecca Daniel-Burke: You have worked as a counselor and now you are in the midst of your doctoral studies. What was the transition like from counseling to studying?

Lisa Kruger: Initially, it was difficult. I had worked for five years as a counselor. Then I returned to school to attend George Washington’s counseling doctoral program. Transitioning to a counselor education program focused on the teaching and research aspects of counseling was challenging. I really missed seeing clients and the overall applied practice piece. Eventually, I was lucky enough to find an opportunity to do part-time contract work counseling clients while completing my doctoral studies.

RDB: What initially led you down the path toward a career in counseling?

LK: I majored in psychology as an undergraduate because I was fascinated with psychopathology. Sometime during the program, I became more interested in how to treat mental health issues with talk therapy rather than pathologizing. I also really enjoyed the relational element of the therapeutic alliance. I discovered the importance of the connection between a counselor and client. Eventually, I understood that connection as powerful enough to foster change.

RDB: Was there a precipitating event when you decided to go back to school?

LK: My professional goals have always included obtaining my doctorate and, ultimately, to teach and practice. It was just a matter of timing. I decided to pursue my LPC and gain clinical experience before beginning a doctoral program. I am so glad I did. The position I had before returning to school allowed me the opportunity to not only practice counseling but also teach psychoeducational classes to employees of that company. This reignited my desire to teach, and after a couple of years, it felt like the right time to go back to school.

RDB: You are developing your dissertation topic. What, in general, are you considering for your topic?

LK: I knew I wanted to study some subject pertaining to military mental health. Since the suicide rate of military personnel is nothing less than disturbing, I started looking for limitations in treatment outcomes within the veteran population. I also have been interested in risk and resilience when taking into account predeployment developmental trauma compounded by combat-related PTSD [posttraumatic stress disorder]. There were so many subjects I wanted to study regarding the military. After a few conversations with my supervisor about these interests, he basically told me, “That’s great, if you’re willing to do four different dissertations.” I realized I needed to narrow it down.

RDB: When we initially discussed your dissertation, you were telling me about the concept of moral injury. What is moral injury, and what role will it play in your dissertation?

LK: I attended the annual Suicide Prevention Conference in [Washington] D.C. last year. I remembered hearing about the concept of “moral injury” from one of the speakers who was presenting on combat exposure and PTSD. I did some preliminary research and found few articles that explored this concept. [Brett] Litz et al. (2009) proposed an initial model of moral injury, defining it as “perpetrating, failing to prevent, bearing witness to or learning about acts that transgress deeply held moral beliefs and expectations.”

Historically, war trauma interventions have focused on exposure to fear-based, life-threatening events that are linked to the development of PTSD, but research is starting to explore the impacts of human-generated moral injuries of war — killing, engaging in acts of atrocity — that can also lead to long-term emotional scars. Outcomes for individuals who face unprecedented moral choices and demands in the military, including prescribed acts of killing or violence, may mask as symptoms of common postdeployment disorders like PTSD and depression. However, these disorders do not account for the complex moral responses to trauma and, thus, may not be targeted in treatment effectively. Similarly, empirically validated treatments and interventions that focus on common outcomes of war trauma, like PTSD, anxiety and depression, may not be adequate in treating the emotional responses and dysfunctional behaviors resulting from moral injury. Ways in which clinicians can effectively treat morally compromising inner conflicts are still in question. That is what I will explore through my dissertation.

RDB: Was there someone in your life who saw something special in you early on? Who valued you as a unique individual?

LK: My grandparents were always supportive of my career in the counseling field, even though they didn’t really understand the field. They grew up in the World War II era when getting help for personal issues was less encouraged than it is today. Regardless, they recognized that counseling was something I was passionate about, and for that reason alone, they gave me their full support.
**RDB:** Has being in the field of counseling been transformational for you?

**LK:** Absolutely. It never ceases to amaze me how many different perspectives and ways of meaning making people can bring to a counseling session. It always reminds me of the seemingly limitless number of shades of gray that can exist in our world. Also, as counselors, we encourage our clients to constantly practice self-awareness. In the spirit of “buying what we are selling,” it’s impossible not to work on this same thing as a therapist. In this way, counseling is very grounding for me in the sense that learning about the self is a lifelong process. I’ve learned that I can be surprised at least once every day by others and/or myself, and I’ve really grown to appreciate that.

**RDB:** What do you try to think about or remember when the going gets tough?

**LK:** Like any counselor, I have at times been frustrated by the quintessential “difficult client.” Each life is a journey, not one of which is without obstacles, mine included. During the more trying of times, I’ve doubted myself, my abilities and my choices. However, the one constant I have experienced is looking back and seeing that I have always been exactly where I need to be, even if I couldn’t see that at the time it was happening. I read an inspirational quote once that was meaningful for me: “People always asked her where she was going, not fully knowing herself. She answered with a smile ... I'm going in the right direction.” That is me.

**RDB:** What ways have you found to take care of yourself and to fill yourself back up?

**LK:** I’m a big proponent of self-care. I try to find a moment for self-care at least once a day. Cooking and taking boot camp classes have been my saving grace. They both provide stress relief. I also have been very fortunate to have a strong support system through many good friends and colleagues.

**RDB:** We have more than 52,000 members in the American Counseling Association. What else would you like our members to know about you and your work?

**LK:** I hope that we in the counseling profession can continue to work toward learning about, and treating, military personnel. I am grateful for the strong and persistent efforts made by ACA and others in working with the [Department of Veterans Affairs] to advocate for licensed counselors to be recognized as competent professionals to assist in military mental health. I encourage anyone who can assist in these efforts to do so as well. We expect extraordinary things from service members and their families, and they deserve nothing less than extraordinary resources.

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Nine reasons counseling practices lose their best clinicians

This past November, Counseling Today published a column I wrote on avoiding the “nightmare employee.” My clinical team read the article and quipped, “Oh sure, bash on the employees! What about the counseling practices?” “Fair enough!” I said, and agreed to write an article from the clinician’s perspective.

Although it is true that a poor hire can wreak havoc on a practice, it is also true that a practice’s clinical staff is the lifeblood of the company. Over the years, I have seen practices suffer, and even fail outright, because they were unable to retain their clinicians. This month, per the request of my team, I present to you nine reasons why great clinicians jump ship.

1) They are underpaid: Wages are low in the mental health field, especially for master’s-level providers, whom insurance companies pay around 15 percent less than their psychologist (Ph.D.) counterparts are paid — for the exact same service! Hence, many practices struggle to pay their counselors a wage in balance with their role.

But sometimes just as important as paying a generous wage is communicating to staff the competitiveness of their earnings. For instance, if a practice is paying its counselors as employees, a competing practice might offer what looks like more money. However, the competing practice is paying its staff as independent contractors, which means a whopping additional 7.65 percent tax difference for the clinician. Similarly, I know one practice that pays its staff what seems like a low percentage of client fees. Hence, even with the “low” split, the staff earns more than their counterparts in the community.

(Note: Some do not approve of paying staff a percentage of session fees. I use the example because it is still a widely used method of compensation.)

Wages are often the reason for clinician exodus. When it comes to staff compensation, however, the key is both good wages and good communication about wages.

2) Medical billing problems: Clinicians will leave a practice fast if they are not being paid for their sessions. When it comes to medical billing, a lot can go wrong. Sessions can go unpaid without preauthorizations, claims can be misfiled and poor follow-up/claims tracking can hurt cash flow.

However, simply getting paid for sessions isn’t enough. Clients regularly have questions about copays, deductibles and their insurance benefits in general, and if a practice’s medical billing team isn’t available to answer those questions, it is the clinicians who suffer the complaints of stressed clients. As one clinician explained, “My client called our biller five times, and she never returned his call. This service reflects poorly on me!”

3) Inadequate administrative support: Counselors want to be counselors. They don’t want their days bogged down by administrative duties: answering phones, scheduling new clients, printing forms, faxing, ordering supplies, vacuuming, dusting, restocking toilet paper, etc. Counselors can be expected to chip in and do some of these things from time to time, but administrative staff should be primarily responsible for administrative tasks.

Many practices struggle here because administrative support is costly and requires managerial oversight. I have known practice owners who have tried to solve their “admin support shortage” by compensating their clinical staff to complete administrative duties. This doesn’t work! Either a) the compensation is too low and the counselors would rather be in session, or b) the owner is paying a professional wage for receptionist and janitorial tasks, which makes the business unprofitable.

4) Frustrating systems: Every company needs systems. Without them, there is chaos. However, systems can get out of hand. For instance, I was recently visiting a practice where, after each appointment, the counselors needed to complete Form A, photocopy it, staple one copy to Form B, file A and B in Cabinet D, then add the other Form A to a “daily reports stack” … until the end of the day, when they printed a “master log” from which they rallied all the data. Getting the picture?

But paper-based systems don’t corner the market on inefficiency. Electronic systems can be just as bad … or even worse! Awhile back, one of my counselors was so frustrated with our electronic health records (EHR) program that he exclaimed, “I’m sorry, but I’m not taking any more clients if I have to use this EHR system. I hate it that much.” I felt his pain, and we now have a new system.

5) Poor office maintenance: A counseling office should be “plug and play” for counselors and extremely well kept. If clinicians don’t feel proud of the space in which they’re working, they’ll join another practice or open their own office. Still, I have seen practices run out of lightbulbs and toilet paper, let a layer of dust collect on the bookshelves and use furniture so threadbare and old that the springs in the chairs and couches were broken. How nice should your office be? Take a look at the workspaces offered at regus.com and workbar.com. To compete, your counseling office needs to hold its own against spaces like those.

6) Lack of appreciation: I was recently in a meeting with a counselor who said, “I have worked at XYZ Counseling for six years, and I get no appreciation. I have
never gotten a raise or a bonus, and this year they forgot my birthday.” Showing appreciation isn’t really about money, it’s about gestures. There are many ways to do this. To start, honor employment anniversaries, notice birthdays and acknowledge jobs well done. Unless you are giving more than $100, avoid gift cards. Instead, try a companywide pronouncement of appreciation and present a small, thoughtful gift.

Showing appreciation is easier said than done. At my company, I have found it very difficult to keep up with the never-ending current of birthdays and employment anniversaries. Day-to-day operations and “crisis as usual” can easily drown out these important dates. In fact, after five years, my company is just now getting its act together in this department.

7) Lack of promotion: People need to feel they are making progress in their careers. However, in most counseling practices, clinicians’ ranks, titles and compensation levels tend to remain flat. How demoralizing! There are many ways to promote your team. If you can’t raise wages, you will need to get creative. Offer senior staff better offices and first dibs on new equipment, and improve their titles and ranks within the company. Have performance reviews with staff no less than once per year — and even more frequently with newer staff. Your team members should always know exactly what it takes to make it to the next level at your practice.

8) Culture and community: Never underestimate the importance of culture and community. I have been considering opening a new office about 10 miles from one of my practices. To gauge staff interest, I asked my team members if they would be interested in seeing clients at the new space. Although several of them live closer to the new location, no one has volunteered to move because they don’t want to miss out on the community we have formed at our current location. One counselor wrote, “I have a crush on [new location] so I would be interested [except] if the office is so small that it would only be me. That would be too lonely for me, and I’d end up needing my own services.”

9) Not enough clients: Last, but in no way least, are clients. Of all the things clinicians want and need from a group practice, clients are paramount. Some practice managers still don’t see this. Too many practices fail because they hold onto the policy that “our counselors need to find their own clients.” It works in some industries, but it’s a bad business model in mental health care. It is good to offer bonuses and promotions to clinicians who generate clients for their caseloads. However, practice owners should consider it 100 percent their responsibility to find clients for the practice.

The challenge

As a business owner or manager, your job is to create a work environment that is so interesting, stimulating, challenging, encouraging and all-around good that the entire staff wants to come to work and elects to stay employed with you for life. This is easier said than done, of course.

It is easy for me to write on the topic of employee retention and create the ruse that my practice is perfect. It is not! To that, my team will gladly attest. In fact, at various junctures in my company’s history, we have struggled (and still do struggle) in some way with every issue I have listed. Still, I believe the vast majority of my team has stayed employed with the company because they know how hard I and the other managers try and how much we care. If something in the company is subpar, I won’t sleep well until it is fixed. And when things are going well, I lose sleep asking the question, “How can I make things even better?”

Are you ready to invest the time, energy and money necessary to create a company that can recruit and retain excellent clinicians? What have you done that has worked? What hasn’t worked? Let’s discuss! Email me your comments and feedback.

Anthony Centore is the founder of Thriveworks, a company that helps counselors get on insurance panels, find new clients and build thriving practices. Contact him at anthony@thriveworks.com.

Letters to the editor:
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From the President

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client and student access to career opportunities and choices. Are people cut off or courteously welcomed onto the road to success? Are barriers to success removed so that clients and students have control over which on-ramps and off-ramps they take?

One of the most personally meaningful career counseling concepts is John Krumboltz’s “planned happenstance,” which essentially means that unpredictable events and social factors influence our career and life journeys. In other words, we become who we are because of the opportunities we encounter and pursue. Sometimes the “accidental detours” we take lead to the most profound change opportunities. As I grow older, I am becoming ever more cognizant that time really is the only variable of importance. We cannot control time; we can only control our actions with respect to time by choosing what we do and do not focus upon, and to what we dedicate our energy and spirit. And the miles keep flying by.

Finally, it is important for us and our clients and students to understand that mistakes or unintended consequences happen, sometimes altering the course of our lives, even if only for a short time. A resilient person will identify the new opportunities offered as a result of the mistake. We cannot change the past, but we can help our clients and students make today a new beginning that will forever change their lives. Counselors are planned happenstance in action.

So, the next time you hit the road, as the miles and time pass by and as you encounter those detours, construction zones, on-ramps and off-ramps, think about the challenges that lie ahead as opportunities. Enjoy the journey — wherever it may lead.

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Books shape our lives silently but strongly and substantially. A few days with a good book has often left me with an afterglow that has lasted for decades. That’s why the pages of bound volumes and those from electronic media are so important and crucial in life. They add to our well-being and overall health. At least that has been true in my experience.

I try to be choosy in what I select because I am a slow reader, and I realize time and effort are too valuable to waste on the trite and trivial. My value system tells me the mind is to be nourished and cultivated just as my body is to be nourished and cultivated, so I avoid junk books like I avoid fast food. All of this is to say that a number of substantial and outstanding books have given me much food for thought and substantial nourishment over the years. In this column, however, I will elaborate on only five that I consider to be the crème de la crème of books I have read that have challenged and changed me personally, philosophically and professionally.

It seems as though I should begin with words that have influenced me related to my job and career. However, my development as a person came before I ever considered entering the world of work. Thus, I will highlight books of great significance to me in the order in which they came into my life.

Two books that shaped my life as an adolescent and have spilled over into my life as an adult are autobiographical in nature. They are also emotionally and cognitively moving. The first is Ralph McGill’s *The South and the Southerner* (1963). McGill was the editor of the *Atlanta Constitution*, a newspaper that I threw on Sunday mornings as a paperboy for four years. Myself a white Southerner growing up during segregation, McGill gave me a fresh and insightful view of the region and the culture into which I had been born and was being raised. He saw the South as a mosaic composed of many qualities, people and ideas — some better than others.

He praised the virtues of goodness, acceptance and social integration and those who embodied them, while standing fearlessly against bigotry, demagoguery and racism during the civil rights era. He made me think and, indeed, changed my perceptions and understandings of the place of which I was a part. My eyes were opened to the current of contemporary events and thoughts that were both flowing before me and unfolding within me.

The other book of my adolescence that has extended into my adulthood is Dag Hammarskjöld’s *Markings* (1965). I discovered it purely by accident, reading snippets of it in the Decatur High School (Georgia) library during an abbreviated study hall. The content was brief, penetrating and inspirational. I checked the book out and methodologically read and reread the pages many times, frequently late into the night, sometimes using a flashlight to avoid waking my brother with whom I shared a bedroom.

I was struck that this second secretary-general of the United Nations was such a humane, spiritual and dedicated man. To this day, two of his passages actively reside in me:

1. “The more faithfully you listen to the voice within you, the better you will hear what is sounding outside.”
2. “You have not done enough, you have never done enough, so long as it is still possible that you have something of value to contribute.”

Samuel T. Gladding is professor and chair of the Department of Counseling at Wake Forest University and a past president of the American Counseling Association. Contact him at stg@wfu.edu.
The shape my life was Robert Short’s *The Gospel According to Peanuts* (1966). Growing up, I always loved humor, especially Charles M. Schulz’s Peanuts characters. I was also quite religious, even serving as president of the Baptist Student Union at Wake Forest University in the late 1960s when the campus was almost 40 percent Baptist. So, when Short came to speak at a symposium on religion and life, I was on the front row, soaking up the wit and wisdom of the man and his take on Charlie Brown and company. As was the case with the other works I have cited, Short’s book was one I could easily read and relate to. It even had pictures! While the cartoon strips drew me in, the words that followed on hope, love, friendship and ultimate concerns gave me fodder for reflection. I went from being a bit of a literalist in the way I saw life religiously and spiritually to being much more accepting of myself and others and realizing more deeply the mysteries and unexplainable aspects of life. It was funny how that happened.

By the time I entered a counselor education program at age 25, I was light years from where I had been when I first started reading seriously as a 15-year-old. The books by McGill, Hammarskjöld and Short had encouraged me to become more of a critical thinker and an open-minded person who realized “change” was more than a six-letter word or something you got with your meal at McDonalds. Thus, the stage was set for my discovery of Viktor Frankl and *Man’s Search for Meaning* (1959) during the first year of my graduate work in counseling.

From my studies at Yale Divinity School, which I had completed before pursuing a career in counseling, I knew something about existentialism. I had even taken a brief course on existentialism with Rollo May at the New School in New York. However, Frankl’s life history, especially his death camp experiences, caught me by surprise and held my focus in a tragic and yet triumphant way. I could not seem to put the book down. The cruelty of the time and Frankl’s response to what was happening to him and other human beings made me cringe. Yet I rejoiced in the author’s will to live and the heroes and heroics he described. Frankl’s ideas on the importance of meaning in life, formed before World War II, held my attention and nourished me. Here was a man who was starved and abused and yet came through a deadly ordeal to represent the best of people in the worst of environments.

Although I loved reading Carl Rogers’ *On Becoming a Person* (1961) and applauded his development of person-centered counseling, there was something even more impressive to me about Frankl. His words were more poetic than prosaic. His reflections on what he had experienced and the contrast between who humans are and who they could be was stirring. Like Rogers, Frankl was accepting, and he thought answers to life were within the individual and his or her will to live. His emphasis on ways to find meaning in life — by doing a deed (that is, by achieving or accomplishing something), by experiencing a value (such as a work of nature, culture or love) and by suffering (that is, by finding a proper attitude toward unalterable fate) — resonated with me. Here was a theory — logotherapy — and a person concerned with the ultimate aspects of life and reality. It seemed to me that Frankl went way beyond self-actualization. Although I could wish for more structure in Frankl’s “how” of doing counseling, I knew his focus on spirituality and life beyond self-actualization struck a chord in me. After reading *Man’s Search For Meaning*, I would never be the same again.

Finally, the fifth book that has influenced me most as a person and as a professional is *Creativity: Flow and the Psychology of Discovery and Invention* (1997) by Mihaly Csikszentmihalyi. I now assign this text in my counseling classes because of the valuable lessons it contains. Csikszentmihalyi is a perceptive qualitative researcher who has interviewed literally hundreds of accomplished, creative people in a variety of fields to discover the characteristics that make them innovative and successful in the domains they have chosen. The results are universally applicable and adaptable. Because counseling is a creative endeavor as well as an evidenced-based profession, I want my students to be aware of what they can do in their
personal and clinical lives if they absorb the innovative information Csikszentmihalyi has gleaned from others.

Interestingly, Creativity is the longest of the books I have cited in this column. The reason I am mentioning it last is probably due to how long it took me to read it — as well as when it entered my life chronologically. The book’s illustrations and insights make the page count secondary, however. My favorite quote within its pages is, “To have a good life, it is not enough to remove what is wrong from it. We also need a positive goal. … Creativity provides one of the most exciting models for living.”

The books I have read as an adolescent and an adult have transformed me. I have moved from avoiding longer works to diving into texts regardless of length if the material is exciting, enlightening and enriching. I think of McGill, Hammarskjöld, Short, Frankl and Csikszentmihalyi as distant yet intimate friends who have guided me as I have aged in ways that others did not or could not. I realize in reflecting on this selection that all of the authors I have listed are men (including three who are European), four of the five books were written in the 1960s or before, and only one of these works is directly related to counseling. However, I think these facts are due mostly to serendipity and to my being a product of the time I grew up in than to anything else. What is most important, I believe, is that I found the works of these authors speaking to me at particular times and places in my development as a human being, counselor and educator. I also found these writers to be enduring, and I continue to draw on their thoughts. Although beliefs — like people — evolve, good ideas — like virtuous individuals — never go out of style.

“Pages of Influence” is a new column in which counselors discuss the books that have shaped them professionally, personally and philosophically. Send suggestions of counselors to feature in this column to Counseling Today Editor-in-Chief Jonathan Rollins at jrollins@counseling.org.

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**Possible impacts of health care reform**

**Question:** Will health care reform, commonly referred to in the media as “Obamacare,” affect my counseling practice?

**Answer:** Yes, health care reform could affect your counseling practice, especially if you seek insurance reimbursement for your services. Now that the election is over, the federal government is beginning to release a backlog of expected regulations under the Patient Protection and Affordable Care Act. The first set of proposed regulations after the election was announced Nov. 20. Many of these regulations could have an impact on counselors and their clients.

One of the newly released proposed rules prohibits health insurance companies from discriminating against insureds due to pre-existing or chronic health medical conditions. Another proposed rule outlines policies for coverage of essential health benefits. Because health insurance plans must now cover the same number of “benchmark” plans in their states, it has been reported that a greater number of prescription medications (including antipsychotics and antidepressants) will be covered in each class than has previously been required. Benefit packages will be improved for mental health and substance use disorders.

Another proposed rule calls for expanded employment-based wellness programs. Proactive counselors may wish to look into the possibility of offering wellness programs that would qualify for coverage.

It is important to keep in mind that many of the insurance coverage mandates will not become effective until 2014. A new round of regulations should be coming soon regarding new state-based insurance exchanges. Insurance policy pricing, coverage and design under these exchanges will be addressed. Bundled payments under Medicaid are also the subject of new initiatives. The government would essentially pay a lump sum to cover all the medical needs of Medicaid patients seeking treatment for a specific condition at hospitals, nursing homes or under home health care. The backlog of regulations will also likely include further refinements to the Health Information Technology for Economic and Clinical Health (HITECH) Act. This will be due to an attempt to reconcile the privacy regulations in the Health Insurance Portability and Accountability Act (HIPAA) with more stringent patient privacy protections and enforcement provisions passed as part of the American Recovery and Reinvestment Act of 2009.

Additionally, reports have stated that HIPAA audits of providers and other health care entities may continue into 2013. Counselors and other behavioral health care providers who conduct covered transactions (for example, health care claims) in electronic format are subject to such audits. Even if counselors use billing companies to perform such transactions electronically, they may be subject to audit.

The upshot of all these regulations is that counselors should stay tuned to forthcoming information on health care reform from the American Counseling Association. Some regulations may apply directly to counseling services, while other regulations may affect counselors and their clients indirectly, such as increased payment for certain prescription medications. Counselors who assist clients in seeking insurance reimbursement or who participate directly in managed care plans are well positioned to help clients obtain behavioral health services that often were not covered in the past.

The question addressed in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by ACA. This information is presented for educational purposes only. For specific legal advice, please consult your own local attorney. To access additional risk management Q&As, visit ACA’s website at counseling.org and click on “Ethics.”

Anne Marie “Nancy” Wheeler, J.D., a licensed attorney, is the risk management consultant for the ACA Ethics Department.

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Making life work
by Lynne Shallcross
Because personal and career issues are often tightly interwoven, there is growing awareness that the topic of ‘career’ should permeate various counseling settings — and that effective career counseling doesn’t begin or end with helping clients find jobs.

What sets counseling apart from the other mental health professions? In many cases, the lines between the different helping professions can be blurry, causing even counselors themselves to debate the correct answers to that question.

But one truly distinguishing feature of the counseling profession is its roots in career development, says Spencer Niles, distinguished professor and head of the Department of Educational Psychology, Counseling and Special Education at Pennsylvania State University. “It is the cornerstone of the profession. It’s something unique to counseling and counselors. It separates us from others,” says Niles, who has written multiple books about career counseling and also serves as the editor of the Journal of Counseling & Development.

In fact, Niles contends it is crucial that counselors not only stay mindful of the unique role of career development within the profession but also realize that career is a topic that can — and should — be addressed in almost every counseling setting. “My perception is that general career counseling is undervalued, [especially] when we realize how important and essential it is to having a sense of hope in one’s life,” says Niles, who is a past president of the National Career Development Association, a division of the American Counseling Association.

“Everyone has a career, and everyone is connected to people who have careers,” he continues. “There is no escape. As Freud noted, love and work are critical life tasks that must be managed effectively for life to be satisfying. So, because there are few things more personal than a career choice, every counselor will encounter clients or students with career challenges — whether they are the need to address normal career development tasks or career challenges emerging out of crisis situations such as job dislocation. Moreover, every counselor will encounter clients who are part of a network that contains people with career challenges that must be addressed. We know that when career situations go awry, mental health issues increase. Thus, having at least a basic awareness of career development processes and interventions is essential regardless of [a counselor’s] work setting.”

NCDA President Rich Feller likewise believes that issues related to career can find their way into any counseling setting. “The changing nature of work, learning and family leads counselors within any specialty to explore the connection among personal, career and well-being issues,” says Feller, professor of counseling and career development and university distinguished teaching scholar at Colorado State University. “Positive psychology and attention to social justice issues — long advocated by career development — are now center stage among all counselors and advocates regardless of title or training.”

The number of counselors completing NCDA’s career development facilitator training suggests to Feller that counselors increasingly see that personal and career issues are tightly interwoven. The concept of career means finding meaning, satisfaction and choice in all of one’s life roles, Feller says. “Career counselors understand that you can’t separate one’s vocational role from other roles, that career transitions are not on schedule and that learning is lifelong.”

Thomas Ayala, president of the National Employment Counseling Association, a division of ACA, says professional counselors have a responsibility to be competent in as many areas as possible, including employment counseling and career development. “The role that work plays in people’s lives varies greatly. Therefore, the types of issues people seek counseling to help them manage are likely to include aspects of their working life,” says Ayala, who runs a private practice in Lebanon, Ore. “As many [counselors] who are in private practice know, the nature of our next call is undeterminable. I am certain many of my colleagues who are members of NECA would suggest career development and employment counseling proficiency should be compulsory for all counselors.”

Two or three decades ago, Niles says, there was a dichotomous mode of thinking when it came to career counseling versus personal counseling. But that thinking has changed. “What happened is we turned the century and we experienced massive downsizing,” he says. “People are realizing there are few things more personal to them than career choice.”

There is a subjective nature to every career choice, Niles adds. “This makes career development personal in that people seek to make meaning out of their life experiences and translate that meaning to a career direction that they find purposeful.”

Niles agrees with Donald Super’s concept that career choice is the implementation of one’s self-concept in an occupational role. “If that ideally is true, what you believe to be true about yourself matters relative to what you decide to do occupationally,” Niles says.

What people believe to be true about themselves can be positive, hopeful and functional, Niles say, but it can also be fractured and influenced by challenging life situations. “I think that counselors increasingly encounter people who have career concerns no matter what setting they work in,” he says.
Ayala agrees. "Counselors need to know about employment counseling just as much as they need to know about the [Diagnostic and Statistical Manual of Mental Disorders], trauma interventions, anxiety or any other issue that has the potential of presenting in their office," he says. "Employment counseling should not be considered in a different light than any other type of mental health counseling. When we consider Adler's individual psychology, we understand the need for people to be productive and make worthy contributions to our community."

A hope-based intervention

In the past, career interventions were very objective and rational, Niles says, and were most commonly focused on standardized, formal career assessments. Now, he says, the focus includes engaging clients in a meaning-making process. The idea is to take what has happened to clients, make meaning out of it and turn that into a career direction, he explains. However, both the world of work and one's self-concept evolve over time, which means that making choices and adjusting are continually required, Niles says.

For students and adult workers alike, being able to see connections between current activities and future possibilities fosters a sense of hopefulness about what the future can hold, Niles says. "That's where career counseling comes into play — making those connections," he says. "It's a hope-based intervention."

With career counseling, Niles says, neither the past nor the present has to dictate the future. He gives the example of a college student who meets with a career counselor because the student is not doing well in school and is on the verge of being dismissed from college. His performance in school might be suffering because he chose a major that doesn't relate to his interests, skills or values, so he is struggling to remain engaged and motivated. "Part of what a career counselor can do is help students look at the possibilities that might be more meaningful, more in line with who they are, therefore helping them to develop more hope and engagement relative to academic pursuits and future possibilities," Niles says.

Niles also subscribes to Super’s idea that career development reflects the total constellation of life roles that a client participates in over the course of a lifetime.
A holistic view of career counseling takes into account how each person combines all of these life roles into a life that he or she finds meaningful, Niles says. In Western cultures, Niles says “tremendous expectations” exist concerning what work can provide, from financial support to human interaction to a sense of purpose. But not everyone will find all of those things through work, Niles says. By taking a holistic view, he says, counselors can explore how a client makes decisions about work not just for the sake of work but also for the sake of allowing that client to create the sort of life structure he or she will find meaningful.

For instance, he says, some clients might want to work a 60-hour week, Leaving themselves time for only a few friends and hobbies. Other clients might regard that as a life sentence and would gravitate toward a 30- to 40-hour workweek, leaving themselves more time for other life roles such as being a parent or spouse. “Work doesn’t hold the same level of importance for everyone,” Niles says. “We can’t assume that we know how important work is for a person’s overall life structure.”

If work and other life roles are intertwined, it stands to reason that a problem in one area will spill over into the other, Niles says. “If a relationship is causing stress and it’s not going well, you bring that to work with you” and vice versa, he says. For that reason, Niles suggests that when a client is having a problem in one area of life, the counselor should also explore the effects that problem might be having on other areas of the client’s life.

Another consideration today is that the economy is creating some level of anxiety for almost everyone, Niles says. The old social contract that said your employer would take care of you if you were loyal and hardworking no longer exists, he says. As a result, more people are taking another look at their life roles and considering whether they need to reorient. “As people are dislocated from their work involuntarily, they become less willing to sacrifice everything for their employer when their employer is so willing to sacrifice them,” he says. “Rather than living to work, many people are working to live and seeking fulfillment in life roles other than work.”

Niles contends that counselors in every setting need to understand the meaning of career in clients’ lives, including what their values are and what gives them a sense of purpose. After that, he says, counselors can focus on the types of activities those clients can move toward to help them fulfill those needs.

Niles also points out that a person’s self-concept evolves over time, making career choice and adjustment continual processes throughout the life span. “With each interaction with your environment, you learn more about yourself and your environment, [and] adaptive learners use this new information to inform their sense of self as well as their place in the world relative to work. Moreover, the world of work evolves over time, making choosing and adjusting continuous requirements. You must be a lifelong learner and stay abreast of the evolving requirements within the workplace as well as the emerging skills needed to perform your work effectively.”

Looking forward to the future

What is the best predictor of both career success and job satisfaction? It might be optimism.

Surprised? So was Roberta Neault when she uncovered that finding while conducting doctoral research about 13 years ago. Neault, a private practitioner in Aldergrove, British Columbia, was at the time earning her doctorate while also consulting at a corporate career center during a time of widespread downsizing throughout North America. The company with which she was working was in the telecommunications industry, which had been particularly hard hit. Studying approximately 180 managers at that company, Neault looked at a broad range of factors in trying to determine what helped them find career success and job satisfaction, regardless of whether they remained with the company or were laid off. The attribute of optimism came out on top.

“Working [with clients] on hope or optimism is not just nice to do, but in fact, it makes a measurable difference. At least it did in my research,” says Neault, a counselor educator at a number of Canadian universities and a member of both NCDA and NECA.

Neault, who co-authored the 2010 book Career Flow: A Hope-Centered Approach to Career Development with
Niles and Norman Amundson, says some people use the terms hope and optimism interchangeably. She is unaware of any research that has measured them differently and tested for them in the same study. Neault and her co-authors write that “optimistic people tend to have faith in the future, a sense that things will work out. They tend to believe in their industry and organization; they also believe in themselves.” In the book, Neault, Niles and Amundson also link hope to positive psychology, encouraging people to pay close attention to and build on their hopes and the positive elements in their lives.

Neault continues to research optimism because she views it as a foundational piece of career development and a vital factor in building resilience. If, for example, a student can’t envision a positive future for herself or can’t see herself getting a job, that will affect how she approaches applying for jobs or whether she thinks it is worth it to seek additional education, Neault says.

“Likely, hope and optimism are both important in any era or economy,” says Neault, a past editor of NECA’s Journal of Employment Counseling. “However, most of what the news covers about work these days is doom and gloom, whether it’s about downsizing, economic crises or high unemployment. Also, the job search cycle is, on average, more often repeated than in previous times. Most people realize their current job isn’t a ‘job for life’ but rather that they’ll need to find other jobs at some point in the future. If people focus on the negative aspects of this — future unemployment, a possible need for retraining, competition for ‘good’ jobs — they may lose hope, become pessimistic and either settle for a less-than-suitable job or lose motivation to continue growing their career. However, instilling hope and optimism can reenergize job seekers and, due to that renewed energy and positive attitude, contribute to their future career success and job satisfaction.”

Beyond the state of the current economy, a variety of life situations can cause clients to lose hope in their career futures, Neault says. For example, a client in a rehabilitation counseling setting who has been injured on the job might find that the future he once pictured no longer seems realistic. Or a client who has just come through a divorce may need to determine how she is going to support herself from now on. Another client might have recently taken on the responsibility of caring for aging parents, causing him to turn down a promotion and interrupting his career. In all of these cases, it could be easy for the client to lose hope, Neault says.

Returning to the example of the student about to enter the workforce who looks at her future and feels that she won’t find anything because of the economy, Neault says she would start by helping the student look for exceptions to that perception. “Even if the unemployment rate is 10 percent, that means that 90 percent of the people in the labor force are working,” she says. “I’d encourage my client to investigate who is still working or finding new work in this tough economy and why.”

Neault would also help the student access relevant labor market information to find where skill shortages and “hot jobs” are located, encourage her to do some informational interviewing about how to get a foot in the door and possibly urge her to explore nonstandard work as an entry point. If she can’t find a job with a salary of $50,000, can she find two part-time jobs at $25,000 each? Alternatively, can she find a “survival job” that pays the bills but leaves her with some free time to accept part-time work when it is available in the industry the client is targeting?

**The key to resilience**

Hope and optimism are key elements of the flexibility required of people to select and manage their careers in today’s world, Neault says. “Things aren’t as lockstep as they used to be. People optimistic about the future are more likely to be resilient and roll with the changes when they need to,” she says. Someone without hope is locked in a “dark place,” she says, and an unexpected change in career, such as a layoff or a reassignment of duties, can become the last straw for that person.

In fact, Neault had a client for whom that was the case. He had been laid off, and Neault remembers that he looked distraught. He told her that getting the news about the layoff was worse than if he had been told he had terminal cancer. “As a counselor, that was terrifying for me to hear,” Neault recalls.

The first thing Neault did was to assess for suicide risk, staying with the client until he seemed stable and safe. Later that day and the following day, she checked in with him and was happy to find that he had been making calls and exploring job options. This was Neault’s first indication that the client retained a glimmer of hope.

“I encouraged him to attend workshops at [his former corporation’s transition center], where he had the opportunity to work with others in a similar situation. They supported each other, normalized their experience and feelings, and kindled a bit more hope that a positive outcome was possible,” she says. “I encouraged him to set some short- and midterm goals, to celebrate small successes and to write a résumé that highlighted his accomplishments. I also encouraged him to get written references. Reading them fostered a bit more hope. Eventually he chose to start his own business. By taking control of his career in that way, his goal was to ensure that he would never again be in the position of being involuntarily laid off. This, too, contributed to his increased sense of hope.”

When counselors keep optimism in mind, they are more likely to look for interventions that will strengthen and bolster that attribute in clients, Neault says. Importantly, Neault emphasizes that optimism is something that can be strengthened in clients, not an attribute that people are born either with or without.

One way counselors can build optimism in clients is to have them look for other instances in their lives when they dealt with a struggle or challenge but managed to stay hopeful. Neault says. Counselors can then encourage clients to draw from that example of previous resilience. Another approach is to use the concept of story with clients, sharing examples of others in similar situations who ended up being successful. It is important to use appropriate examples, however, Neault warns. For example, a happy, upbeat story isn’t appropriate for a client who is feeling particularly low.

Neault also offers the following tips that counselors can use to build a sense of optimism and hope in their clients:

- Help clients to envision their dreams.
- Help clients to set measurable, achievable goals.
- Help clients to identify small action steps.
- Help clients to create opportunities for success.
To ensure that clients maintain hope, prepare them for the unexpected.

Neault says she isn’t entirely sure why optimism supports career success and satisfaction, but she thinks that when people feel hopeful, they are perhaps a bit braver about looking at the future.

“They’re not turning away from it. They’re embracing it with the sense that something good can happen,” she says. “That means that they’re more likely to perhaps take reasonable risks, be positive and enthusiastic in networking and making career contacts, and invest in their own learning or career development activities because they feel there will be some sort of payoff. [Optimism] helps them engage in the activities that will, in turn, make them successful.”

On the opposite end of the spectrum, people who feel low and lack optimism might find it hard to get off the couch and engage in the types of activities needed to find success, Neault says.

It behooves all counselors, regardless of setting, to be aware of the client’s career development and level of optimism, Neault says. “I see an individual’s work integrated with all other aspects of his or her life. Whether or not one is engaged in meaningful work that pays sufficiently to meet one’s needs and within a workplace with a positive and respectful atmosphere will impact self-esteem, personal relationships, mental and physical health, life satisfaction and the ability to achieve other life goals. Counseling without attending to career-related issues leaves a very important aspect of one’s life out of the conversation. Research has demonstrated that optimism is the single best predictor of career success and job satisfaction. Therefore, it makes sense that enhancing optimism and hope will positively impact the client’s job satisfaction and career success and, in turn, positively impact other key areas in his or her life.”

The next stage of life

Seventy-eight million. That’s the number of baby boomers in the United States, according to an article on Bloomberg’s Businessweek.com. And each day, the article notes, 10,000 baby boomers are reaching age 65.

As a counselor, if you aren’t paying attention to the career needs of the baby boom generation, you need to be, says Cheri Butler, associate director of the career center at the University of Texas at Arlington and past president of both NCDA and NECA. Being fully prepared to work with these clients is important for a number of reasons, Butler says, not the least of which is the sheer size of their generation.

Butler says the significantly smaller size of Generation X means that a workforce shortfall is approaching as more baby boomers retire. It is important for career counselors to know this, Butler says, because they can communicate to baby boomer clients that their experience and knowledge are still needed in the workplace. “Career counselors should be aware of these demographics, particularly when working with clients who have been forced to take early retirement as part of a downsizing,” she says.

Also important for career counselors to recognize, Butler says, is that although substantial numbers of boomers are nearing retirement age, many are finding themselves financially unable to retire fully, in large part due to the recent recession. Although some baby boomers can and will continue in their current jobs, many others have been laid off and forced to find something new instead of retiring, she says. And still others who need or want to keep working desire a new challenge instead of doing what they’ve always done.

Regardless of why baby boomers are reassessing their career options, Butler says career counselors need to help these clients realize that they still have something to offer. “Help them bust the myth that they’re too old. Help them see the value in their maturity and be able to sell it,” she says.

Career counselors should also help baby boomers explore what something new or different might look like, Butler says. “Use questions like, What did you play when you were young? What were you doing the last time you lost track of time? Do you have a passion about some cause? What demographic of people do you like to be around? What do you want people to remember about you when you are gone?”

As a group, Butler says baby boomers possess a positive work ethic. They are generally regarded in the workplace as dependable, competitive, hardworking and optimistic, she says. They also like their success to be visible and often feel defined

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by their jobs. That is important to know, she says, because if a counselor is working with a baby boomer client laid off after 35 years on the job, that client will be grieving the loss of identity that was tied to that job and organization.

Butler recalls working with a 65-year-old client who was essentially forced to retire. As they talked, it became clear that the client had never found closure. Butler said to the client, “We have to come to the realization that you are a human being, not a human doing. You need to separate yourself from your previous title. How could we do that?”

Butler and her client planned a ceremony in which they burned all of the client’s old business cards. Butler then told him, “You’re no longer that title. You’re you. So how are we going to redefine you?”

Eventually, the client was faced with a decision concerning how he wanted to move forward. He was presented with an opportunity to get back into the traditional workforce with another company, or he could travel with his wife across the country in their RV, working odd jobs at national parks.

“We discussed how both [choices] would feel and the pros and cons [of each], but the telling activity was a simple one,” Butler remembers. “I gave him a quarter, and we said, ‘Heads, you go back to work, and tails you get in the RV.’ He flipped the coin and it came up heads. I immediately asked him, ‘It says go back to work. How do you feel?’ He said, ‘Yuck!’ That feeling said it all, and he got in the RV.”

‘Boomers don’t sit in a rocking chair’

The baby boom generation spans roughly 1946-1964, putting these clients between the ages of 49 and 67. That age range encompasses a large variety of life stages and decisions, Butler points out. A person who gets laid off at age 50 will likely be looking at much different options than someone who gets laid off at age 60. Butler calls 50 a “pinnacle age” in life at which clients might be thinking about going back to school and pursuing a complete career change. “They might look up and say, ‘Oh my gosh, I’m not where I want to be [in life],’” Butler says. “I find that group in my office all the time.”

At age 60, some clients might be looking at ramping down their careers, Butler says. “Maybe they’re old enough to take retirement from their 30-year jobs, but they want to do something else to feel relevant. They might not want a full-time, 80-hour-a-week job; they might want to do something fun.”

At 70, many clients are looking to wind down to something slower, but what that will be depends in part on the individual client’s financial situation, Butler says. Those who are able might want to fill their time with family, travel and volunteer work, while others might need to keep working at least part time. Either way, Butler points out, “Boomers don’t sit in a rocking chair.”

Even for those baby boomers planning to ramp down into retirement and who aren’t likely to be transitioning into another new job, a career counselor’s input can be helpful, Butler says. As opposed to a financial adviser who discusses money issues surrounding retirement, a career counselor can talk with these clients about time, Butler says. “Questions to ask may be, ‘Do you want to slow down with what you have been doing or do something entirely different and fun? How much time do you want to commit to these activities? What other activities do you want to pursue?’”

In general, Butler says, baby boomers are introspective. So, in helping them determine what might be next in their careers, asking questions about why they chose a career path originally and whether they would follow the same path over again can be illuminating, Butler says. Those details can then be used to move forward with the client. Boomers also like career assessments, which produce tangible results and information, she says. In addition, they like to know that the person working with them possesses solid credentials, so Butler recommends that counselors share details of their professional background early on.

Butler also advises career counselors never to assume that a client’s life stage or preferences can be pinpointed strictly on the basis of age. Rather, she suggests asking probing questions related to the individual’s demeanor, interests, enthusiasm and passions to find out his or her “virtual age.” For example, with a 60-something client who is as energetic and passionate as a 50-something client, Butler might suggest seeking certification for a new career rather than discussing the pursuit of a fun part-time job.

More widely, Butler says, counselors shouldn’t make assumptions. “Don’t assume that a 70-year-old doesn’t have the energy to work. Don’t assume that a senior isn’t computer savvy. Don’t discourage someone from going in a direction that you think wouldn’t be a good fit. Suggest that they try it out rather than steering them away from it.”

Career counselors must also keep up with workforce trends to truly provide informed guidance, Butler adds. For example, a career counselor might see a 50-something client with a background in manufacturing who was recently laid off or who is looking for a way to beef up his or her skills. If the career counselor knows that one of the current trends is increased demand in logistics and supply chain management, Butler says, the counselor can discuss this with the client, determine if that might be the right direction to head toward and help the client see how to market his or her maturity and experience. “We [as career counselors] need to have good listening skills just like a [general] counselor, but we also have to have that additional layer of knowledge of what the trends in the industry are,” she says.

Writing life stories

In Pamela Brott’s view, career counseling in the 21st century is about much more than simply finding a job. It is about career well-being, which she says encompasses clients finding their purpose and looking forward to each day.

Brott, an associate professor in the counselor education program at the Virginia Tech Northern Virginia Center, believes a narrative approach offers clients a helpful path for finding that career well-being because it provides them with a natural way to share the stories of their lives. That is why she has developed what she calls the “storied approach.”

With the storied approach, each client is the editor of his or her own life story. “You can write your future story as you want,” says Brott, a member of NCDA and the immediate past president of the Virginia Counselors Association, a branch of ACA. Framing career counseling from a narrative viewpoint allows clients to feel more control over their lives, Brott says, whether they want to change career paths or continue in the same direction they have already been traveling. “By uncovering the patterns, themes and significant
people and events that have occurred in previous chapters of the life story, the client identifies preferences for future chapters across [his or her] life roles,” she says.

Using her storied approach, Brott sees a person’s life story broken down into five life roles:

- Relating, such as relationships with friends and family members
- Learning, which includes both formal and informal learning
- Pleasuring, including play, activities and hobbies
- Working, which includes employment, home and classroom duties
- Valuing, which Brott calls the “center of personality” and one’s authentic self.

“The valuing life role is how choices are made for one’s career well-being,” she says.

Employment over the life span can naturally include unexpected twists and turns, and the bleak economic landscape in recent years hasn’t helped. Brott says shifting the focus solely from employment to all of life’s roles, and to clients’ strengths across those roles, can help clients find satisfaction and fulfillment even if they aren’t landing the exact job they want. “Helping clients identify what is ‘good enough’ for now can be a chapter that bridges the story and provides hope in what may be extremely trying circumstances,” Brott says. For instance, a client who is unemployed might find that while he is searching for a new job, he can also focus on his “relating” role by spending more time with his children. The goal of career counseling, in Brott’s view, is to make clients feel more empowered in their lives.

Using the storied approach, Brott says counselors can work with clients through the dynamic interplay of coconstruction, deconstruction and construction. Coconstruction guides clients in celebrating past chapters of their life while finding themes across symbiotic life roles. Deconstruction opens space to articulate future dreams. Construction of future life chapters is centered on achieving those dreams on the basis of the clients’ strengths, relationships and passions.

As part of her approach, Brott uses three exercises — a lifeline, life roles circles and a goal map — that assist clients in telling their stories and planning out future chapters. “In coconstructing the chapters of the life story, the client and counselor collaborate and develop the narrative language that has meaning to the client,” she says. “Early memories are sketched on a lifeline as the client tells the story, and the counselor illuminates the chapter by reflecting meaning and feelings. Clients are able to see the reoccurring patterns in living a life and begin to articulate those patterns that [they] want to change and those patterns that need to be part of future chapters. Life roles circles are drawn to represent current functioning and then drawn again for a future point in time — a future chapter — which begins the process of deconstructing to open up space in the story and uncover preferred ways of being. A goal map is used for constructing a future chapter based on these preferences so that the client can identify the goal, initial steps in constructing the next chapter, obstacles that may get in the way and resources to use for overcoming those obstacles.”

The idea Brott wants to drive home with her peers is that career counselors can help people not only advance and excel in their working roles but also identify and move toward the total life they want. “We need to have a more dynamic definition when we say ‘career,’” she says. “It isn’t just about the job you have, it’s about the life you lead. You get to write your life story.”

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Who’s taking care of Superman?

by Lynne Shallcross
Counselors need to reframe self-care not as a selfish act but rather as a valuable and necessary step in providing proper care to others.

Counselors are fond of telling clients that a drowning person can’t help others to get out of the water safely without first saving himself or herself, says Jane Myers, a professor in the Department of Counseling and Educational Development at the University of North Carolina at Greensboro.

But do counselors walk that talk? Not as often as they should, contends Myers, who, along with Thomas Sweeney, co-edited the book Counseling for Wellness: Theory, Research and Practice, published by the American Counseling Association in 2005.

“There is a matter of us taking our own advice,” says Myers, the executive director of the international counseling honor society Chi Sigma Iota and a past president of ACA. “When we experience challenges to our own wellness, when we are distracted with our own stress, anxiety and unresolved relationship issues, it becomes difficult or impossible to be fully present to our clients.”

Paul Hard, an associate professor of counseling at Auburn University at Montgomery who served on ACA’s Task Force on Counselor Wellness and Impairment almost a decade ago, agrees. The altruistic mindset that most counselors possess when coming to the profession, while certainly admirable, can also become their own form of Kryptonite, Hard says. Counselors often feel they should be Superman or Superwoman, he says, bearing the heavy responsibility of caring for others, while harboring the belief that life’s bumps and stressors don’t — or shouldn’t — affect them the way they do everyone else.

“Much of the professional literature suggests that counselors can see themselves as invulnerable to stress and impairment,” says Hard, who currently chairs the ACA Branch Development Committee. “We are client-centered. We are caregivers by nature, and this altruism may work against our self-interests.”

“At times, life situations, work and individual issues, and the counseling process itself can become overwhelming and challenging,” says Virginia Magnus, an associate professor in the counseling program at the University of Tennessee at Chattanooga (UTC). “Therefore, self-care is an essential component for counselors.”

Self-care becomes even more important when you take into account that counselors and counselor educators are often working with clients or students who are experiencing some kind of distress, says Magnus, who presented on self-care at the 2012 ACA Conference & Expo in San Francisco. “The very nature of counseling places [us] in a position to listen to others’ hurts, grief and distress. Therefore, self-care is necessary not only to function at full capacity but also to deliver competent services to clients and students alike,” she says.

The act of self-care requires that counselors regularly turn their attention inward and reflect on their own wellness, Myers says. “Counselors spend so much time working with and on behalf of others and thinking about others that it is easy to lose track of our own needs,” she says. “Sometimes we feel selfish when we are not available to persons in need because we are taking time out for ourselves. We are challenged to reframe the meaning of self-care as something we do to make sure we are always at our best in terms of our ability to be helpers. Just as we are intentional in learning the scope of knowledge required to practice counseling, we need to be intentional in learning and practicing the behaviors that allow us to approach each client with an openness and sense of hope and optimism. That sense of hope is for our clients’ ability to experience their strengths and choose to grow and change, and for our ability to help them see their strengths and develop a vision of themselves that will help them grow toward wellness.”

Maintaining equilibrium

Myers can think of many times she has needed to take self-care more seriously. “When I find I have lost my smile, that my mirth response is gone, I need to step back, take stock and something has to change,” she says. “That might be when I find myself at home with friends or family not fully listening or not being fully present [because] I am mentally recounting a client’s story and reconnecting with their predicament and their pain. When others around me are smiling and having fun, and I am ruminating and wanting to get back to the office or check out the Internet for some intervention ideas or to answer my emails, that is a time when I know change is needed. If I cannot leave my clients’ concerns at the office, I need an intervention for me. Typically, that would be supervision with a trusted counselor friend or colleague who can help me sort out my priorities and reconnect with my own self-care.”

Most people enter the counseling profession out of a sense of compassion for others and a desire to help, Myers says. “As we listen empathically to the stories of our clients, it becomes impossible not to enter their world and
experience their pain. Empathy means feeling with others, and that carries the risk of what we call empathy fatigue or compassion fatigue. We enter so fully into the realm of our clients’ feelings that we have trouble separating ourselves and leaving those feelings at the office. Heading for home with a heavy heart and feelings of pain for the pain that our clients feel is not uncommon. To engage in self-care means to be able to put those feelings aside — to be compassionate when needed but to reclaim our own inner selves as we leave our offices behind and return home to others who need us in other ways.”

Self-care involves learning how to manage stress, whether personal or related to work, making healthy decisions and participating in behaviors that help maintain equilibrium in daily life, says Magnus, a member of ACA. It is important to ensure that a self-care regimen includes physical, psychological, emotional, intellectual and spiritual aspects, she says.

Proper self-care also means drawing boundaries when necessary, Hard says. “We have to learn where our limits are. We have to learn to be able to say ‘no’ for no other reason than it’s going to be contrary to taking care of [ourselves], which, for a lot of us, is a challenge because we find it difficult to be selfish.”

Take, for example, the case of a counselor getting ready to take a vacation, Hard says. The counselor works doubly hard to cram clients into the schedule the week before leaving town. In doing so, the counselor isn’t truly getting a break from work. He or she is simply packing two weeks’ worth of work into a single week. Unfortunately, this might be a typical scenario because, according to Hard, counselors have trouble saying, “Work will be here when I get back, so I won’t make myself crazy trying to fit it all in before I leave.”

Myers agrees. “As a counselor educator, when I find myself telling the kids and grandkids to go to the movie without me because I need to finish an article or catch up with my email, that’s a time someone needs to hold up the self-care sign to remind me that work will always be there.”

**Wellness as a lifestyle**

Self-care is a favorite talking point for many helping professionals, and the concept is not complicated, but the counselors interviewed for this article say it takes intentional effort and real determination to turn that talk into action. “We have been hearing about self-care for decades and it sounds so simple, yet it is difficult to begin or to maintain a self-care plan because it requires time and resolve,” Magnus says. “We live in a world of instant gratification. Therefore, [we] expect self-care to be something that [we] can plan and implement and then consider it completed or accomplished. However, self-care is a lifelong journey and a consciously chosen lifestyle.”

It is easy for common life circumstances to interfere and quietly nudge counselors’ self-care efforts aside, Magnus says. “For example, we say to ourselves, ‘I am too

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**The other side of empathy**

In working with clients, listening to their stories and empathizing with their situations, counselors put themselves at risk for vicarious trauma and threaten their own wellness. Counseling Today asked Victoria Kress, professor and coordinator of the clinical mental health and addictions counseling programs at Youngstown State University, to explain the nature of vicarious trauma and how counselors can combat it. Kress, the president of the international counseling honor society Chi Sigma Iota, has both presented on the topic of vicarious trauma and written about it for the Journal of Counseling & Development. To contact Kress, email victoriaekress@gmail.com.

**What is vicarious trauma?**

Vicarious trauma (VT) involves reactions that counselors have secondary to exposure to clients’ traumatic experiences. VT involves changes in core aspects of the counselor’s self and can include disruptions in the cognitive schemas of counselors’ identity, memory system and belief system.

**Why are counselors specifically at risk for experiencing VT?**

VT is often rooted in the open engagement of empathy or the connection with clients that is inherent in counseling relationships. These repeated exposures to clients’ traumatic experiences can cause a shift in how counselors perceive themselves, others and the world around them. These shifts in the cognitive schemas of counselors can have significant effects on their personal and professional lives.

**What are some of the detrimental effects of VT, both professionally and personally? How does it actually affect the counselor?**

Counselors experiencing VT may feel there is no safe place or haven against real or imagined threats to personal safety. Higher levels of fearfulness, vulnerability and concern may be ways in which this disruption in safety needs is expressed. Counselors suffering from VT may be overly cautious regarding their children or take extra measures related to being physically safe.

The exposure to repeated client trauma shakes the trusting foundations on which the counselor’s world rests. Counselors experiencing VT are vulnerable to self-doubt and inhibited self-trust, often prompting them to question their ability to judge and effectively help clients.

Counselors experiencing VT may feel inadequate and question their own abilities to help others. Esteem for others can be compromised as counselors are faced with the ability of people to be cruel and for the world to be unfair.

VT may cause intimacy issues and cause a counselor to push away or become increasingly dependent on significant persons in his or her life.
busy this week’ or ‘Things at home are hectic right now,’ so [we] do not take the time for self-care. While that may be true, this is when we should be more aware of and dedicated to self-care. It is very easy for most of us to find reasons not to [go to] the trouble [of consistently practicing] self-care. Before we know it, our self-care plan has slipped away altogether. Let me reiterate here — self-care takes time and resolve.”

Hard thinks another reason more counselors don’t practice proper self-care is because of the way it is presented to them — as yet another add-on to their already lengthy to-do lists. For example, he says, in reviewing the litany of things that counseling students need to remember to best serve their clients, some counselor educators simply load self-care on top of the pile. The key to making self-care an integral part of more counselors’ routines, Hard believes, is to present it as part of a lifestyle, not simply as another add-on. It’s the difference between making time to incorporate wellness into your daily routine versus trying to squeeze a yoga class into an already packed weekend just because you feel you have to, he says.

The economy presents another hurdle to self-care, Hard says. He studied caseloads in community mental health settings in Alabama and developed a template for limiting caseloads to prevent counselor burnout while allowing counselors to effectively meet client needs. Hard acknowledges, however, that in a swamped community clinic or in a private practice in which the number of clients seen directly affects the bottom line, limiting counselors’ caseloads may simply not be possible, even if it would free up time to practice better self-care habits.

The reality is that incorporating self-care into an already busy life is never going to be easy, Myers says. Just because counselors know intellectually that self-care is important doesn’t mean they will automatically uncover ample time for self-care and magically achieve balance.

How can a counselor work to actively prevent VT?

- Maintain a diverse caseload and be aware of not being overwhelmed with many clients with trauma issues.
- Training focusing on traumatology is important for trauma counselors and can decrease the impact of VT.
- The impact of VT can be decreased when counselors maintain their wellness and balance.
- Research suggests that counselors with a greater sense of meaning and connection are less likely to experience VT. Maintaining a healthy sense of spirituality and understanding what we can and cannot control can prevent VT.

We all need to connect with our sense of spirituality in our own unique ways. Organized religions, meditation and yoga, and community service are just a few examples of activities that may deepen our sense of spirituality.

- Peer supervision and regular consultation can help prevent VT and normalize VT experiences.

Are certain types of counselors more at risk?

People who work with victims of interpersonal violence are especially at risk, for example, those who work with child and sexual abuse victims or victims of interpersonal relationship violence and sexual assault.

Why is this an important topic to talk about and address?

- Not addressing VT can result in serious ethical violations, which may harm clients.
- Disruptions in cognitive schemas may lead to counselors compromising therapeutic boundaries. For example, counselors may forget appointments, not return phone calls, have inappropriate contact, [consider] client abandonment, and [risk] sexual or even emotional abuse of clients.

- Counselors may begin doubting their skills and knowledge and potentially lose focus on clients’ strengths and resources.
- Counselors may avoid discussion of traumatic material or be intrusive when exploring traumatic memories by probing for specific, unnecessary details of the client’s abuse or pushing to identify or confront perpetrators before the client is ready.
- Counselor irritability, decreased ability to attend to external stimuli, misdiagnosis and attempts to “rescue” the client [are possible].

Visit ct.counseling.org to read an online exclusive Q&A with Mark Stebnicki, professor in the East Carolina University Department of Addictions and Rehabilitation, on the topic of empathy fatigue.
continual emphasis will carry over once students graduate and become professionals.

This past semester, Magnus and her nine internship students developed a group plan for self-care, setting a goal as a group to walk or run 500 miles by the end of the semester. “No specific number of miles was set per person per week,” Magnus says. “Each week, we logged how many miles each person had completed. Some students accumulated more miles than others did, but rather than make those of us who had not done as well feel defeated, it spurred us on to do better the next week. As a result, we completed the 500 miles with a few to spare.”

Setting goals, writing them down and collaborating with others in an effort toward wellness — all of which the UTC counseling students did — are a few ways self-care can become more achievable, Magnus says. She also emphasizes that goals should be realistic.

Hard wishes more graduate counseling programs would replicate UTC’s commitment to self-care. He would like to see self-care incorporated into the curriculum and into supervision more widely. “Supervisors and mentors in the field need to place a focus on self-care to make it an expected aspect of the profession rather than an afterthought,” he says.

All counselors could play a role in furthering the practice of self-care by teaming up and holding one another accountable to put the focus back on their own wellness, Hard says. As the clinical director of a community mental health center in northern Alabama a decade ago, Hard experienced the death of a client by suicide. In the wake of the client’s death, Hard tried to carry on as normal, but in reality he was struggling. Fortunately, one of his colleagues came into Hard’s office, shut the door and asked how he was doing. “She refused to accept the easy response,” Hard remembers. Instead, she took responsibility for Hard’s wellness, both as a colleague and as a friend. Hard believes this is an example that more counselors should follow in watching out for one another.

When looking out for his colleagues’ wellness, Hard pays particular attention to those individuals who are coming in on weekends to do extra work or extending their client hours and those who seem needy for client approval. Peer supervision circles can also be helpful in self-care efforts, Hard says, because they encourage peers to keep each other accountable.

Staying alert and self-aware

Counselors who don’t take self-care seriously are putting more than their own well-being at risk. “Lack of self-care can lead to exhaustion/fatigue, negatively affect an individual’s work and colleagues, [and] affect the overall functioning of an organization and the quality of services provided to clients and/or students,” Magnus says. “It can influence the way a counselor acts and interacts with clients, family and friends.”

It isn’t always easy for counselors to recognize when they are in need of more concentrated self-care, Magnus says, but a variety of assessments are available. She also provides a partial list of possible indicators that self-care has been compromised:

- Feelings of powerlessness or helplessness
- Skepticism
- Irritability
- Loss of meaning, purpose and hope
- Lowered concentration
- Impatience
- Somatic complaints
- Low morale or motivation
- Anger
- Guilt
- Anxiety

In his own work, Hard, who runs a very limited private practice, says he stays alert for feelings such as wishing certain clients wouldn’t show up for their next session. “That’s danger territory,” he says, explaining that those and similar thoughts can indicate that impairment is creeping in and that a counselor hasn’t been attending to self-care.

Every counselor should keep a list of his or her own self-care needs and triggers, Myers suggests. “We each need to know the signs that tell us we are out of balance,” she says. “A wheel out of round does not roll smoothly. When we are out of balance, there are lots of little signs that tell us we need a course correction: ‘I have too much on my plate. I wish I had said no.’ For me, it is when I fail to smile and someone tells me. It is when I am asked to spend time with others and I say, ‘No, I have work to do,’ that I have to stop myself and ask, ‘When I look back, what [would] I like to be able to say about how I used the gift of this day?’”

The goal is incorporating self-care into a daily routine, these counselors say, although that often means navigating a host of challenges. Waiting until the weekend or the next vacation or the end of the semester to incorporate wellness and self-care into life doesn’t work, at least not for Myers. What does work is making time each day to practice the behaviors that Myers says keep her well, such as spending time alone or with her favorite people, focusing on breathing, enjoying a good meal or spending time in nature. “I have learned that I cannot feel centered, calm or present to others unless I take time daily to remind myself of who I want to be and practice those things that help me be that person.”

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- Virginia Magnus at virginia-magnus@utc.edu
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Overcoming the schism between spiritual identity and sexual orientation
Counselors can feel torn about how to reconcile their own value systems when working with clients who are struggling to integrate spiritual and sexual identities that appear to be at odds

Tyler is coming to see you fearing his secret could be revealed. He is an 18-year-old European-American male from a small Midwestern town of fewer than 1,000 people. His father is the minister of a local evangelical Christian church. His mother divides her time between church commitments and family life at home. He has a 20-year-old sister who is married to the church’s youth minister and is a stay-at-home mother to their one child. Tyler grew up in the church, is active in the youth ministry and has cultivated a deep sense of personal faith. Since childhood, Tyler has felt different than other men who spoke of marrying women and raising a family. The feelings boys had toward girls — courting them and proposing marriage — Tyler felt toward other boys. He dreamed of growing up, falling in love and raising a family — but with another man. He feels torn between his personal faith and his belief that he was born feeling attracted to other men, especially when hearing the position of his church through his father's sermons and the regular broadcasts from Christian media sources. His father preached many times about the need to live a pure life in accordance with the teachings of Scripture. Both of his parents have taught Tyler and his sister how important it is for a minister’s family to be the model of purity and holiness and that a sinful life could lead others down a path to damnation.

Tyler began a secret relationship with a young man he met at a summer youth retreat. The two have been corresponding via email and writing letters as their relationship deepened. Although Tyler feels in love with this young man, he hates himself because he believes he is impure and sinful for wanting a relationship that his religion teaches is outside the covenant between God and His people. Tyler hides his feelings, terrified his family will reject him if they learn his truth. Tyler heard about another young woman in his church whose parents found out she was gay. The parents received counsel from Tyler’s father, and the young woman was sent to a residential treatment facility to cure her homosexual desires. On the basis of these concerns, how will you work with Tyler?

Like many lesbian, gay and bisexual (LGB) clients, Tyler experiences a sense of schism between his sexual orientation and his faith. Indeed, a parallel experience may exist for counselors who feel a disconnection between their own faith systems and the ethical draw to counsel LGB individuals seeking help. The spirituality of some counselors may support embracing the client’s sexual orientation. They may struggle with anger toward Tyler’s faith tradition, instead wishing he would move to accept his sexual orientation. Other counselors may see an LGB sexual orientation as sinful. They may feel a close alignment with and support Tyler’s sense of shame and encourage him to consider exploring reorientation therapy. They may struggle with anger toward Tyler’s faith tradition, instead wishing he would move to accept his sexual orientation. Other counselors may see an LGB sexual orientation as sinful. They may feel a close alignment with and support Tyler’s sense of shame and encourage him to consider exploring reorientation therapy.

In both cases, a counselor may feel torn about how to reconcile his or her own values systems with the client’s presenting issues. In this article, we invite you to reflect on the degree to which you might struggle working with Tyler. We explore the ways in which counselors can experience and work through values conflicts, consider relevant supervision and consultation issues, and ultimately contemplate how counselors can embrace — for themselves and for their clients — both the tension and possibilities of integrating faith and sexuality.

Counselor values

Counselors could experience a range of values conflicts when working with Tyler. Some would feel comfortable addressing religious and spiritual values in counseling but would struggle with Tyler’s sexual orientation. Others would be comfortable addressing his sexual orientation but not his religious beliefs. Some counselors would be uncomfortable with both.

When counselors value religious beliefs that view homosexuality as sinful, they often struggle with addressing sexual orientation in counseling. In their eyes, homosexuality may go against God’s wishes and expectations for humanity, and for these counselors, the greatest value is living according to God’s will. The struggle with sexual orientation may also exist among counselors who do not ascribe to any faith tradition but strongly value only heterosexual intimate relationships. In an effort to work in ways that are consistent with their values, some counselors have employed reorientation therapy techniques, which aim to help clients live a heterosexual lifestyle irrespective of their sexual orientation. But such counseling approaches have no empirical or scientific foundation and may amplify the anxiety, pain and self-hatred that Tyler already experiences. (Note: In 1999, the American Counseling Association’s Governing Council adopted a statement opposing the promotion of reparative therapy as a “cure” for individuals who are homosexual.) Alternatively, some counselors may refuse to work with Tyler altogether, sending the message that there is something inherently wrong or sinful about him.

A values conflict can arise on the opposite end of the spectrum as well. The religious, spiritual or humanistic values of some counselors might conflict with the religious beliefs of Tyler and his family. In other words, some counselors want to work with Tyler in a way that helps him integrate his sexual orientation into his developing identity, but they have
difficulty incorporating his faith into counseling conversations and activities. Counselors have reported feeling anger and rage at a faith system that, in their eyes, has wounded Tyler and other clients like him deeply and unnecessarily. Addressing sexual orientation to the exclusion of Tyler's faith negates a critical element of his identity, however. Once again he receives the message that he is flawed in some way or that a part of his identity is unwelcome in the counseling relationship.

Finally, some counselors may not have a values conflict with either Tyler's sexual orientation or his religious beliefs. Instead, they might evaluate themselves as lacking the skills to competently address sexual orientation and religion in counseling. If this is the case, they may decide to refer Tyler to another counselor who has more experience working with these important elements of identity. Arguably, a more ethical alternative would be to seek professional development and supervision to learn how to integrate these important concerns into counseling.

Fortunately, the ACA Code of Ethics provides counselors with guidelines for working with Tyler. Counselors are asked to develop awareness of “their own values, attitudes, beliefs and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients …” (Standard A.4.b., Personal Values). However, given the deeply held religious, spiritual and/or humanistic values of some counselors, it can be a struggle to abide by these guidelines, even when there is a wish to uphold them. Therefore, assistance is often helpful when developing 1) self-awareness of one’s own values, 2) knowledge about sexual orientation and religion and 3) clinical skills in integrating sexual orientation and religion/spirituality into counseling. Counselors challenged to address spiritual issues, sexual orientation issues or an integration of the two are wise to seek supervision to manage any countertransference.

Exploring counselor and supervisor values

Supervisors also need to explore their values and knowledge of integrating sexual orientation and spirituality into counseling. The supervisory relationship can be viewed much like the Russian nesting dolls. Tyler may be attempting to resolve the schism between his faith and sexual orientation, while the counselor is addressing his schism between the teachings of his spiritual tradition and a sense of responsibility to respect the client's sexual orientation beliefs. Meanwhile, the supervisor may experience her own schism between her spiritual beliefs and professional responsibilities. Supervisors may fall short of providing good supervision if they are unaware of their own biases regarding spiritual LGB individuals. Furthermore, supervisors may also experience personal conflict when exploring the counselor’s beliefs about spirituality, sexual orientation or both. Thus, supervisors may lose their objectivity when working with supervisees through the supervision process.

Efforts to resolve the “nesting” rifts between spirituality/religion and sexual orientation for Tyler, the counselor and the supervisor can be approached through a variety of self-awareness exercises. Each party, through spiritual genograms and sexual orientation genograms (visual linear depictions of generational relationships), can explore how their families of origin influenced their spiritual and/or sexual orientation values and beliefs.

A spiritual timeline and a sexual orientation timeline can be constructed to reveal one's personal developmental process. The spiritual timeline can identify how one’s spirituality developed over time and how one draws upon his or her spiritual beliefs when addressing life issues. The sexual orientation timeline may include ages when an individual was first attracted to people of the opposite gender, same gender or both genders; realized that he or she was heterosexual, homosexual or bisexual; had his or her first sexual contact; had same-sex sexual contact and/or opposite-sex sexual contact; had an intimate relationship with persons of the opposite gender and/or same gender; and first told a family member about a romantic interest or relationship. Other related events can also be added to the timeline, such as “experienced hate crimes and harassment,” which may have affected one’s sexual orientation identity development. Reflecting on one’s sexual orientation development is helpful for recognizing the sexual orientations of others as normal (for more, read “Counselor Preparation: On Becoming Allies: A Qualitative Study of Lesbian-, Gay- and Bisexual-Affirmative Counselor Training” by Frank R. Dillon, Roger L. Worthington, Holly Bielstein Savoy, S. Craig Rooney, Ann Becker-Schutte and Rachael M. Guerra in the March 2004 issue of Counselor Education and Supervision).

Journaling is another helpful tool for clients, counselors and supervisors as they process their self-awareness journeys. As each person explores his or her beliefs, values and biases as they relate to sexual orientation and spirituality, strong emotions may arise. Furthermore, counselors and supervisors may experience countertransference. Journaling, in addition to supervision, can be helpful in recognizing the signs of countertransference. Even those who intend to be nonjudgmental and open in counseling and/or supervision may engage in microaggressions (for example, attributing all issues to the schism between sexual orientation and spiritual/religious beliefs or, alternately, minimizing and even avoiding the impact of sexual and spiritual/religious orientations).

Thus, self-awareness and evaluation of one’s values, beliefs and ability to integrate sexual orientation and religion/spirituality into counseling is an ongoing process both for the counselor and the supervisor. Through counseling and the parallel process of supervision, the supervisor, counselor and client each grow and, it is hoped, achieve compassion for self and others. Ideally, the counselor and supervisor are able to provide support in a nonjudgmental environment, which allows Tyler to achieve his goal of reducing the schism between his faith and his sexual orientation.

Steps toward resolution

For counselors committed to understanding the integration of spirituality and sexual orientation, and to counseling clients striving to achieve this integration, professional guidance is available. A 2005 white paper by the Association for Spiritual, Ethical and Religious Values in Counseling, a division of ACA, proposes that human beings have a spiritual nature, which has ramifications for human development and personal identity. Counselors are urged to respect the need
for the client to accept and integrate each of his or her essential identities, including those related to spirituality and sexual orientation. Competency 6 of the ASERVIC Competencies for Addressing Spiritual and Religious Issues in Counseling (aservic.org/resources/spiritual-competencies/) states that “the professional counselor can describe and apply models of spiritual and/or religious development and their relationship to human development.” Discovery of sexual orientation is an essential component of human development. Competency 12 recommends that “the professional counselor sets goals with clients that are consistent with the individual client’s religious and/or spiritual perspectives.” Empowering clients to determine their counseling goals is a core value of the counseling profession that supports the individual’s need to reconcile his or her sexual orientation with his or her faith.

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (algbtic.org/images/stories/ALGBTIC_Comp_for_Counseling_Stalinophobia.pdf) propose that competent counselors "understand that biological, familial, cultural, socio-economic and psychosocial factors influence the course of development of affectional orientations and gender identity/expressions.” Furthermore, ALGBTIC, a division of ACA, offers that identity formation and stigma management are lifelong developmental tasks for LGBT persons, who are often in search of well-informed counselors. The ASERVIC and ALGBTIC competencies complement the ACA Code of Ethics in providing guidance for professional counselors facing a schism between faith and professional responsibility.

Counselors, clients and supervisors conflicted by the teachings of their spiritual traditions about homosexuality while being supportive of LGBT identities might look to their spiritual traditions for deeper messages about those identities. The same traditions that view homosexuality as sinful also offer other views about the treatment of marginalized persons (keep in mind the higher rates of depression, suicide and stigmatization that LGBT persons suffer). Christian Scripture teaches its followers to “love your neighbor as you love yourself” (Mark 12:31); to “not judge, lest you be judged” (Matthew 7:1); and “I was a stranger and you made me welcome” (Matthew 25:35). Followers of Judaism see themselves called to bring peace and salvation to the nations. Muslims practice almsgiving to those in need. Hindus practice the path of love, while Buddhists strive to establish right relationships with others. Native Americans teach care of others in the belief that all life is sacred. Thus, profound values consistent with the ACA Code of Ethics’ emphasis on respect for diversity are available to professionals and clients in the same spiritual traditions that reject homosexual behavior and, in some instances, homosexual persons.

Whereas the ACA Code of Ethics promotes justice by ensuring that client needs are kept foremost in the counseling relationship (Standard A.1.a., Primary Responsibility), Christian faith traditions emphasize moral teachings from the Bible based in Jesus’ Sermon on the Mount: “Blessed are the gentle, for they shall inherit the earth. … Blessed are the merciful, for they shall receive mercy”...
New!

Casebook for Counseling Lesbian, Gay, Bisexual, and Transgender Persons and Their Families

Edited by Sari H. Dworkin and Mark Pope

“By structuring the book through the lenses of competency models developed by ALGBTIC, one is able to see clear connections between the clinical issues presented, effective intervention strategies, and how counselors work ethically within the competency models. Kudos to Drs. Dworkin and Pope for this substantial contribution.”

—Ned Farley, PhD
Antioch University Seattle
Editor, Journal of LGBT Issues in Counseling

This captivating book contains 31 case studies that focus on what is said and done in actual counseling sessions with LGBTQQI clients, including diagnosis; interventions, treatment goals, and outcomes; transference and countertransference issues; other multicultural considerations; and recommendations for further counseling or training.

Experts in the field address topics across the areas of individual development, relationship concerns, contextual matters, and wellness. The cases presented include coming out; counseling intersex, bisexual, and transsexual clients; couples, marriage, and family counseling; parenting issues; aging; working with rural clients and African American, Native American, Latino/a, Asian, and multiracial individuals; sexual minority youth; HIV; sexual and drug addictions; binational couples; work and career; domestic violence; spirituality and religion; sexual issues; and women’s health.

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(Matthew 5:5 and 5:7). Where is the gentleness and mercy advocated by Jesus when the LGBT person is unable to be open in his church or even with family members about his most basic inclinations of sexual orientation? Jewish people follow the Torah, the Book of the Law, which commands to “protect the alien among you” (Ex 22:21). Hindus and Buddhists recognize in karma that one’s acts of kindness and unkindness return to the actor. Rejection of Tyler in his need yields to my being rejected in my need.

Not every professional counselor has the interior freedom to question values assigned by religious systems. The schism between faith and ethical responsibility runs deep. It is incumbent on the professional counselor to recognize that aligning with values that render one closed to Tyler, a client who seeks openness and wisdom to assist him in his search to integrate his spirituality and sexual orientation, ends in rejecting him. The openness and wisdom that allow professional counselors to bring healing to Tyler are accessible to counselors in their professional codes and in those deeper levels of their spiritual traditions that share the noblest aspects of human life with those codes. How will you work with Tyler when he enters your professional world?

“Knowledge Share” articles are based on sessions presented at American Counseling Association Annual Conferences.

Robert A. Dobmeier, Summer M. Reiner and Kathleen M. Fallon teach in the Department of Counselor Education at the College at Brockport, State University of New York. Elaine J. Casquarelli is a doctoral student in the Department of Counseling and Human Development at the University of Rochester. Send comments to the authors at rdobmeie@brockport.edu.

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PROMOTING UNITY
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Bringing abortion aftercare into the 21st century
In viewing abortion as a political, moral and legal issue, society does not acknowledge the natural grief that many times follows an abortion choice, but counseling professionals can step into that void.

“T”he tipping point,” a concept presented by Malcolm Gladwell in a book by the same name in 2000, occurs when an idea, trend or social behavior crosses a threshold, tips and spreads like wildfire. I believe helping women process the grief they experience after an abortion choice is an idea whose time has come. Currently, very few venues exist in our culture where women have permission to grieve an abortion loss. It has been 40 years since abortion was legalized throughout the United States with the Supreme Court’s decision in Roe v. Wade (January 1973). Yet, in my opinion, most mental health professionals are not informed or equipped to serve an extensive population that is confused by and disenfranchised with their abortion grief.

Dr. Christiane Northrup, a noted author and gynecologist, speaks about the topic of grief after abortion in her newly revised edition of *Women’s Bodies, Women’s Wisdom* (2010). A former abortion doctor herself, Northrup takes the bold step of agreeing that women need a chance to grieve a voluntary pregnancy termination.

She writes, “Since the first edition of *Women’s Bodies, Women’s Wisdom*, many women have written to me expressing their gratitude that I have addressed this issue [processing abortion grief]. And they have written about how their willingness to tell the truth about their abortion experience has healed them.” She goes on to say that during the many years she performed abortions, she observed that “not having fully grieved a pregnancy termination can be a setup for pregnancy problems in the future” because of the unresolved feelings surrounding the choice.

### Disenfranchised grief

Dorothy, we are not in Kansas anymore! We have spent decades arguing whether abortion “should be.” While we argue, we lose sight of the fact that abortion “is.” According to the Guttmacher Institute, the statistical gathering arm of Planned Parenthood (a good, reliable source of abortion statistics), around 1.36 million women have abortions each year in the United States alone.

Our culture views abortion as a political, moral and legal issue. In doing so, society does not acknowledge the natural grief that many times follows an abortion choice. One of my past clients said the following: “There is a conspiracy among the sisterhood not to tell each other about the sadness they feel about their abortion. We don’t discuss our grief after abortion because it can be so gut-wrenching. The depth of the grief goes to the core of our beings. Our society doesn’t talk about abortion because it is legal. We are not allowed to grieve our loss because there is an implication that we should buck up and get over it — it is legal, don’t complain, that is that.”

It is normal to assume that the abortion provides closure. This is a false sense of resolution, however. At some point after the procedure, most women are caught off guard with a sadness that is often unavoidable.

It is at this stage of the abortion experience that women need a safe place to talk about their decision. Many times, even the most well-meaning professional scrambles to help the client validate the abortion choice. Unfortunately, in doing this, the client’s grief is not acknowledged. Additionally, there will be no pause to consider the abortion as a loss.

The reality is that after an abortion, many women experience grief that is disenfranchised. As with any sort of grief that goes unacknowledged in cultural norms, this can be the deepest, most painful kind of grieving because the person is so alone in it.

In his book *Disenfranchised Grief: New Directions, Challenges and Strategies for Practice*, Kenneth J. Doka defines disenfranchised grief as a loss that cannot be openly acknowledged, socially validated or publicly mourned. Doka states, “The person experiences a loss, but the resulting grief is unrecognized by others. The person has no socially accorded right to grieve or to mourn it in that particular way. The grief is disenfranchised.”

Disenfranchised grief, whether connected to the loss of an ex-spouse, a gay partner, a pet or even an abortion, can have a profound effect on an individual. Forty years after the legalization of abortion choice in our nation, it is time that mental health professionals get onboard with learning how to respond to a woman experiencing grief after an abortion.

### Abortion grief and fear of disclosure

According to a statistic provided by the Guttmacher Institute in 1998, it was expected that 43 percent of women would have an abortion by the time they were 45. Despite this large demographic, women very seldom admit a choice decision to another person. However, choice decisions affect every level of our culture, every race and every religion.

Professionals need to understand how hard it is to self-disclose an abortion choice. Because of the fear of judgment or disenfranchisement over the sadness they feel, women often walk alone in
processing their grief after abortion. It is my experience in working with women in this area that it takes an average of nine hours of therapy before they will admit an abortion choice.

Northrup states, “A century and a half of rhetoric designed to make women feel guilty and shame surrounding abortion and the choice of self-development over motherhood (at least for a time) leaves little wonder that abortion is not an easy issue for women to talk about freely. Yet if every woman who ever had an abortion, or even one-third of them, were willing to speak out about her experience — not in shame, but with honesty about where she was then, what she learned and where she is now — this whole issue would heal a great deal faster.”

“Secrets kill” is a therapy concept I refer to often. What I am seeing from my clients is the existence of an intense loyalty to the abortion secret that is driven by an incredible sense of fear of disclosure. With decades of guilt and shame as an emotional backdrop, many women never adequately process the deep grief aspects of abortion. As long as the cloak of shame surrounds this issue in the hearts of women, they will stay loyal to their “dirty little secret.”

Being healthy in mind and spirit means all of us must work through the grief issues of our past. If our human souls do not take this journey into grief in all areas of our lives, we will spend our future days simply managing our sorrow. This can manifest itself as anger, depression, alcoholism, eating disorders and other serious emotional and behavioral problems.

In his writings, Doka says “disenfranchisement is an injury that blocks the possibility of mourning; self is turned inward, wishing repair, but instead it repeatedly attacks itself with its worthlessness.”

Disenfranchised grief should be an important consideration in the lives of our clients, even in cases of abortion. Counseling professionals should be knowledgeable of how to approach this topic with their clients. These clients need to know their grief matters to someone who will safely share in the pain of their loss.

Changing the labels

I believe the best way to create a paradigm shift in processing grief after abortion is to change the labels. Professional therapists can be the trailblazers in the area of abortion grief. We have an opportunity to be part of something bigger than we can ever imagine by bringing abortion aftercare into the 21st century for thousands of women sitting in silence about their grief.

Once you say the word abortion, the conversation gets polarized, paralyzed and/or politicized, inciting passionate emotions on every side. Doka says it best when he notes, “The ideological and political divide between those who accept abortion and those who do not complicate disenfranchisement.”

I began experimenting with changing the labels some years back in my own private practice. In assessing client history, I noticed clients would rarely self-disclose a past abortion. I remembered my own past experiences filling out forms in physician offices. I never checked the box that said “abortion.” One day, I began asking clients if they knew what the “A-word” meant. Surprisingly, most did. It was in simply changing the terminology to A-word that women began to self-disclose.

Eventually, I came across the term voluntary pregnancy termination as a possible way to talk about the A-word in session. After some time, I began using the shortened version, VPT. This process led me to the revelation that the terminology had been causing the glitch in disclosure. I now refer to the procedure as VPT in sessions with my clients and have found it to be a successful way of separating the politics from the issue of grief.

It is my opinion that professional therapists must lead the way in changing the terminology if we are to bring this therapy model into our culture. Given the guaranteed confidentiality processes we have in place, the professional therapist’s office should be the obvious place for women to go to process their grief after abortion.

The need is great

Given the number of women who need confidential dialogue about their abortion experience, I developed a new counseling model for professionals called Choice Processing and Resolution (CPR) therapy. I presented this model at a Learning Institute for the American Counseling Association Conference in San Francisco in March 2012.

Before adding CPR therapy to your counseling practice, however, there are several things to consider. First, make sure this is a subject that interests you. VPT aftercare, being so specialized in nature, is not for everyone. Also, therapist gender is not necessarily important. I believe both male and female counselors can lend support to clients processing abortion grief.

The main consideration should be whether you are a safe and nonjudgmental person for your clients when it comes to this controversial topic. Taking honest self-inventory, if you cannot separate the procedure from the issue of grief after abortion, then you should not get involved in this caring field. Additionally, if you have your own unresolved abortion grief and hold your own judgment or are suffering your own pain, you have the potential of doing more harm than good for these clients.

On the other hand, you are the right person for this work if you have a natural heart to help clients who are suffering from secret shame and grief and can receive their stories with compassion and grace.

I once had a licensed professional counselor inform me that none of his clients had ever had an abortion. Looking at the statistics in place, this was an ignorant observation. I also had a pastor of a 3,000-member church tell me that no one in his congregation had ever chosen abortion. Realistically, considering the statistics, it is likely that at least 500 of the women in his congregation were secretly struggling with abortion grief.

As a professional counselor, please understand that if you assess for an abortion per se, your client will probably not self-disclose. However, if you note low levels of depression or unexplainable sadness in your clients, you can eventually introduce the possibility of a VPT in their history. Again, changing the labels is the way to assess. Asking clients to self-disclose an abortion will probably get you nowhere.

My journey of helping women in abortion aftercare spans almost two
decades now. My own path to healing and helping other women has been my classroom for instruction. Because this is such a specialized topic, it is important to have a very clear understanding of the multifaceted aspects of processing grief after VPT. The combined elements of disenfranchisement, fear, shame and confusion make this a topic worth studying so that counselors will be informed.

Ways to help
Once you have determined that a client is experiencing disenfranchised grief about her choice decision, the best place to start is by offering a safe place to dialogue about her actual experience.

Begin safe dialogue: Just let the client do as much self-expressing as she wants about her entire experience — including before the decision, the procedure itself and after the decision. The mere fact that you are allowing her to share her deep dark secret in a place of safety and nonjudgment will help her release a lot of the grief. I can’t emphasize enough that changing the terminology from “abortion” to “VPT” will be a turning point for clients to share their stories.

Consider this grief therapy: Begin the grieving process by normalizing the grief your clients may feel. Instead of talking about the procedure and focusing on validating their choice to have a VPT, let your office serve as a place of validation for the natural grief that many times follows a VPT, even years later. Explain that attachment is very normal in a pregnancy. The process being interrupted by a VPT doesn’t necessarily stop the feelings of natural attachment that can occur. This simple paradigm shift gives your clients permission to label their experience as a loss. Validation and permission are what every client needs in a disenfranchised grief situation. Therefore, your main focus in therapy will be offering validation of the client’s grief and permission for the client to express needed pain over her loss.

Develop your companioning skills: Companioning is about honoring the spirit, not about focusing on the intellect. It is about respecting disorder and confusion, not about imposing order or logic. Companioning is about being present to another’s pain, not about taking that pain away. The person skilled in companioning will offer a safe place for women to share their secret of a VPT.

John Welshons, in his book *Awakening From Grief*, says it best: “You should think of yourself as a listening friend that teaches your clients the meaning of compassion. There are no experts in this line of work, only compassionate listeners. Since everyone truly does process their grief differently, it is important for you to let your client be as they walk the valley of sadness.”

Process the emotions: I have found the best way to help women is to allow them to attach all the emotions to the event of a VPT. Going through the entire experience and letting women label the emotions can be very freeing for them. Supporting clients in writing letters to the people connected to the event and encouraging clients to give full expression to how they felt then and how they feel now can be very helpful in releasing hidden emotions.

If you are serious about adding help for VPT grief to your practice, I offer some free downloadable intake sheets on my website at missingpieces.org/professionals. The intake sheets can serve as a template to walk you through dialoguing about and processing VPT grief with your clients.

In summary, normalizing the grief and giving permission to label the experience as a loss are important components of this therapy. In addition, labeling the emotions will help bring resolution for your clients. Professional therapy offices should become the obvious venue for abortion aftercare in the 21st century.

Trudy M. Johnson is an American Counseling Association member and a licensed marriage and family therapist. She is also the author of *C.P.R.: Choice Processing and Resolution*, a self-help workbook that professionals can use to assist clients in processing their grief after a voluntary pregnancy termination. In addition to her private practice, MissingPieces.Org, Johnson consults and educates professionals on the topic of grief after abortion. Contact her at missingpieces@gmail.com.

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School-based mental health services: What can the partnership look like?
Three years ago, I was asked to leave my position as a therapist and take a leadership role as a supervisor of school-based mental health services. At the time, I was seeing a small caseload of children at their school because of problem behaviors in their classroom environment. When I accepted the role, I had no idea how expansive and demanding school-based services would become. I quickly learned a new branch of treatment was developing: clinical intervention provided in an environment where children often struggle the most, and consultation and support for educators to increase awareness on the effects of childhood mental health in the schools.

As funding dollars and financial resources diminish, an increased need exists for partnerships and collaborative efforts between mental health professionals and community resources. One such example is the partnership that has been cultivated between public school systems and community mental health agencies. New programming has developed in the form of school-based mental health service teams. These teams are formulated as an extension of outpatient services, provided to the child and family within the school environment through individual and family therapy, case management and access to psychiatric services. Providing mental health services in the community encourages systems to work in collaboration to address the complex issues and diagnoses that we see in child and adolescent mental health.

The necessity for additional support, training, consultation and clinical intervention within the academic environment has grown as school funding shortfalls have reduced the number of school counselors, school social workers and school psychologists available to address the emotional and behavioral needs of school-age children. Economic difficulties, lack of transportation and the growing need for two-income households has increased the rate of noncompliance to appointments in the office setting. However, in my experience, it is relatively easy for many parents to walk to or secure a ride to their child's school. To this end, mental health agencies are finding that meeting the client in the comfort of his or her environment — home or school — leads to greater success in maintaining consistent clinical contact and achieving greater outcomes.

On average, children spend six to eight hours per day in an academic setting for at least nine months a year. Academic personnel, who are already faced with limited time and resources, experience the effects of routinely working with children who have externalizing and internalizing behaviors of varying frequency and intensity and who may have diagnoses such as oppositional defiant disorder, anxiety disorder, depression and posttraumatic stress. This could result in increased suspensions and expulsions for students and higher rates of burnout among educators. The school-based mental health model is a collaborative approach that brings clinical knowledge and services to the child and consultation, training and intervention support to educators.

**Success within the collaborative approach**

Several well-known school-based support models have been developed across the country through the advocacy efforts of local school systems and community mental health agencies. The Baltimore City Public Schools’ expanded school mental health program provides a framework for the most common design for school mental health programming. Baltimore city schools invited the inclusion of comprehensive mental health services such as individual, family and group therapy, and consultation and assessment services into their building through a partnership with community mental health providers.

Similarly, the Charlotte-Mecklenburg public school system in Charlotte, N.C., partnered with Behavioral Health Centers, a division of the Carolinas HealthCare System. Through this cooperative process, mental health services were provided to 24 public elementary schools.

The Salt Lake City public school system partnered with Valley Mental Health, a behavioral health care provider, to develop a treatment program that is similar to off-site day treatment programs. The program was designed to increase inclusion and support within the school environment for children with serious emotional disturbances. The integration of services within the public school setting reduces the risk of stigma for the child, while providing treatment and effective coping mechanisms in the least restrictive natural environment.

**What diagnoses are schools seeing?**

In 2011, Kathleen Ries Merikangas and colleagues published statistics on the utilization of services for adolescents with mental health disorders in the United States in the *Journal of the American Academy of Child & Adolescent Psychiatry*. They found the prevalence of childhood mental health issues in the United States estimated to be as high as 20 percent of all children. For a variety of reasons — financial, environmental, personal and cultural — underserved children were not receiving needed services an alarming
mental illness, mental health issues during adolescence contribute to more than half of all instances of students dropping out of school. It is critical that adolescents at the high school level (ages 13-18) receive therapeutic support for their mental health needs.

According to the National Alliance on Mental Illness (NAMI), eight of every 100 adolescents were diagnosed with anxiety-related disorders at age 16. Anxiety in young children is often manifested in behaviors such as fidgeting, distraction, poor concentration and irritability. These symptoms mirror those of attention deficit and can be difficult for educators to tease out without further assessment and training.

In 2010, the National Institutes of Health (NIH) reported that anxiety-related disorders are most common at the high school level (ages 13-18). The Centers for Disease Control and Prevention’s 2005 Youth Risk Behavior Survey reported that 6 percent of students missed school due to anxiety-related feelings of being unsafe either at or on the way to school. The NIH says incidents of depression are also highly prevalent at this age, with eight of every 100 adolescents experiencing symptoms such as a drop in grades, social isolation, diminished interest in activities of previous enjoyment and change in eating or sleeping patterns. According to the National Alliance on Mental Illness, mental health issues during adolescence contribute to more than half of all instances of students dropping out of school. During their high school years, it is critical that adolescents are linked to additional therapeutic support, including external service providers and programs that can increase their sense of self. Teaching educators and administrators about early identification and increasing their knowledge of community resources can be critical to a student's success in treatment.

During the 2010-2011 school year, outcomes from the school-based program at my agency (N = 359) found the most common diagnoses for children enrolled were posttraumatic stress disorder, major depression (single episode), dysthymic disorder and attention deficit disorder. During the past two years, we have seen dramatic results in reducing anxiety and increasing resilience among children by teaching educators about early warning signs and the identification of hypervigilance versus hyperactivity, as well as providing educators with classroom management techniques.

By working in collaboration with the schools, treatment providers can reach those children and families who may not otherwise feel they have a trusting adult to advocate for them. Parents often view teachers, school counselors or principals as advocates for the best interests of their children and will trust these professionals' opinion if they say additional supports may be needed. Community clinicians can assist with bridging the gap between the schools and external resources through services such as case management, mentor programs, wraparound services and psychiatric consultation.

Program development: What is needed
A population to serve: The development of a successful program depends on a model that meets the needs of the clients it serves. The school-based mental health program I have been developing for the past three years is located in Butler County, Ohio. Butler County is a mix of urban and rural living outside of Cincinnati; school-age children and adolescents make up 24.7 percent of the population, and the median household income is $53,543. The population our agency serves is Medicaid eligible, and we receive reimbursement through a combination of Medicaid and subsidy dollars from the local mental health board.

Since the development of this program, we have seen tremendous growth. In 2008, our agency supported the need for therapy in six schools. In 2012, our school-based program supported the need for services in almost 40 schools in Butler County. Currently, we serve 300 children in eight public school systems through a delicate marriage of collaboration, community, advocacy and education about mental health services in the school environment. The needs of the clients we serve support a model designed to include therapists, case managers, psychiatrists, trainers and consultants.

I would argue that aligning with the community has increased the trust level for our agency’s services among the families we serve. I also believe our agency’s ability to educate and train educators on the importance of addressing mental health concerns has provided them with new insights concerning what they see in their classrooms each day.

A referral process: Each school we serve has an identified referral person such as the school counselor or school psychologist. This person has the necessary knowledge of the signs and symptoms needed to support an appropriate referral. Once the referral is made (with consent
from the child’s parent or guardian), our centralized intake department meets the parent or guardian and child in the school to complete the diagnostic assessment. The school staff is supportive of our need for a confidential space to assess and treat the children they refer, often offering staff offices if needed. Therapist caseloads and placements are based on the number of referrals received from each school and can vary from one to five days per week. Once treatment begins, therapists work with individual children in a confidential office space and coordinate with teachers to pull children for therapy only during “specials” (for example, gym, music or art) or nonacademic time. Part of the process includes monthly family therapy sessions in an effort to provide continuity of care across environments. The therapist, case managers, and school staff work to assist parents with transportation to the school. We have had principals and school psychologists pick parents up and bring them to appointments if needed.

**A collaborative effort:** “Turf wars” between community therapists and school counselors have not been a reality in our county. Unfortunately, the need for individual and specialized treatment among our county’s students is greater than the time and resources our school counselors have available to them. Our school counselors are deeply invested in the success of the children referred and work with our therapists to provide a link between the child and the classroom, as well as additional support for the child and parent. When they are not on the school property, our therapists look to the school counselors for updates on behavior, grades, and successful interventions. The counselors with whom we work often ask us for consultations when needed or to recommend behavioral goals for students’ individualized education plans. Collectively, our approach is that the more supportive services we can provide to children and their families, the greater the outcomes will be.

**Program development to meet the needs of the community:** Unlike previously established programs, our program continuum provides training and consultation to educators and administrators on identified mental health topics. An annual summer institute designed for educators is geared toward continuing education on intervention strategies, classroom management, and psychotropic medications. Additionally, clinicians meet with their school treatment teams monthly to debrief on progress, strengths of the child, and changes in behavior and how to carry over successful interventions from the office to the classroom environment. My staff also attends weekly training sessions focused on trauma- and anxiety-related interventions in an effort to clinically address the needs of the students receiving the most frequently occurring diagnoses.

The growth and success of our model is based on the clinical care we provide and the belief that it takes a systemic effort to create lasting change. Clinical progress would not be possible without building a trusting and lasting relationship with the clients and the community we serve, and this has been made easier by the successful collaboration between our schools and community mental health.

Christina Baker, a professional clinical counselor supervisor, is the school-based services coordinator at St. Aloysius in Cincinnati and a doctoral student in counselor education at the University of Cincinnati. Contact her at chrissy.phibbs@gmail.com.

Letters to the editor: ct@counseling.org
In Memorium

Richard E. Lampe
Counselor educator and counseling leader exemplified genuineness, kindness and patience

Genuineness, empathy and unconditional positive regard. We learn as counselor trainees about Carl Rogers’ core conditions and aspire to exhibit them throughout our professional lives. However, rarely do we encounter a counselor, colleague or teacher who exemplifies these essential traits as thoroughly as did Richard E. Lampe, professor emeritus of counselor education at Texas A&M University–Commerce. Born in Stillwater, Okla., on Oct. 31, 1947, Lampe died on Oct. 29, 2012, at home in Commerce, Texas, after a long illness.

Lampe began his counseling career in 1972 as a high school counselor in the Stillwater public schools. He received his bachelor’s (1969), master’s (1973) and doctoral (1977) degrees from Oklahoma State University. He became a counselor educator in 1978 at Tarleton State University. He became a counselor at Texas A&M University–Commerce in 1987. His tenure at Texas A&M Commerce included five years as department head (1995-2000). “Richard Lampe’s leadership was among the primary reasons the Counseling Department accelerated a commitment to high quality,” said former colleague Morag Harris from her home in Carnoustie, Scotland.

Former students and colleagues describe Lampe as approachable, kind and patient. He was generous with his time, knowledge and encouragement. Students view him as an aspirational model for being as accessible to their students as he was to them. They hope to inspire their students the way he inspired them.

Susan Bray, assistant professor at Wichita State University, remembers Lampe as “a gentleman in every sense of the word. Richard was unfailingly polite, kind, caring and considerate to his students, while keeping firm boundaries in his quiet, gentle and calm manner. Richard led by example by always setting the highest standards for his work and for the work of his students. When I think of Richard, I always think of his beaming smile. Richard inspired me to excellence as a counselor educator.”

S. Dean Aslinia, ad interim assistant professor at Texas A&M University–Commerce and president of the Texas Association of Marriage and Family Counselors, recalls how Lampe modeled service to the profession. “Whether he knew it or not, he made me want to be a better advocate and a stronger leader,” Aslinia said. “Through his humble character, he taught me that regardless of how many credentials or honors you may have achieved and earned in life, it is more important to remain grounded and personable.”

“What I remember most about Richard was his unassuming nature,” recalled Rick Balkin, associate professor at Texas A&M University-Corpus Christi and editor-elect of the Journal of Counseling & Development. “From the time I started [at Texas A&M University–Commerce] as a new assistant professor, Richard never demonstrated ego related to his exemplary service to the counseling profession, years of teaching, contribution to research or the number of dissertations he chaired. Rather, Richard was always kind, approachable and generous. His service to the profession was only surpassed by his service to students and fellow faculty.”

Lampe’s contributions to the profession on the national, regional and state levels were significant and extensive. A member of the American Counseling Association Governing Council (1990-1993), he was twice selected as an ACA Executive Committee member. He served as chair of ACAs Southern Region and as a member of the Southern Region Executive Council (1993-1996). His national service included many years as a CACREP team member, visiting sites throughout the United States.

Brenda Melton, a former president of both the American School Counselor Association and the Texas Counseling Association, highlighted the significance of Lampe’s service to counseling in one of ACA’s largest branches. “Richard’s leadership, wit and humor were legendary, and his contributions to TCA for over 20 years were numerous — serving as TCA president and later receiving TCA’s highest honor, the Truax Award. In that same year (2009), he received the Outstanding Counselor Educator Award. His contributions to school counseling have been monumental. Lampe helped to develop the Professional School Counselor ExCET Test and served on the advisory committee for the Comprehensive Guidance Program for Texas Public Schools.” Among his numerous service activities, he was president of the Texas Association for Counselor Education and Supervision (1986-1987) and president of the Texas Association for Assessment in Counseling (1993-1994).

Lampe exemplified courage, perseverance and love of life. A dedicated educator, world traveler, craftsman and artist, in recent years he decided despite failing health that he wanted to learn to paint with watercolors. His painting teacher described how Lampe’s enjoyment of painting was mixed with frustration when the paintings did not always turn out quite the way he intended. When the teacher asked what was getting in the way, Lampe said his declining depth perception meant he couldn’t tell when the brush was touching the paper. Despite this challenge, Lampe continued to paint until he no longer could hold the brush.

Richard Lampe is survived by his wife Susan and his two daughters, Blair and Emily. Numerous colleagues and former students will remember him with respect, fondness and appreciation. As former student Aslinia said, “He will forever live in the hearts of so many, and his legacy will remain with us forever.”

Submitted by Carmen F. Salazar, ACA fellow.
Thomas M. Elmore
Past president of ACES, SACES and NCCA started the counseling program at Wake Forest University

Thomas M. Elmore, professor emeritus of education at Wake Forest University, died Oct. 29, 2012, at the age of 85. “Tom,” as his friends knew him, started the counseling program at Wake Forest in 1968 and directed it until his retirement in 1996.

Tom was a 1956 graduate of Wake Forest in English and returned to his alma mater in 1962 after earning a master’s degree in psychology from Vanderbilt’s George Peabody College and a doctorate in counseling psychology from Ohio State University. His first position was as dean of students. He continued in that position until 1971, when he relinquished the post to devote his full time to teaching counseling and building a counseling program in the Wake Forest Department of Education. Over the course of his career, Tom taught more than 500 graduate students. His impact on these individuals was far-reaching. They went on to practice in schools and clinics as counselors across the nation or earn doctorates and teach in counselor education programs.

Besides being a knowledgeable teacher, Tom was also a professional leader. He served as president for six divisions of the North Carolina Counseling Association (NCCA) — a record that still stands. He simply stood up and took leadership positions because there was a need. Eventually, he became president of NCCA and received the association’s highest honor, the Ella Stephens Barrett Award for “effective leadership and exemplary service to the counseling profession.” Tom then went on to become president of the Southern Association for Counselor Education and Supervision and its national organization, the Association for Counselor Education and Supervision. In both positions he excelled, transforming two somewhat formal and exclusive groups into relaxed and welcoming organizations. Tom did not call attention to his skill of changing these groups and making them better and more future oriented. He simply stated that associations should be given away to their members. Thus, he humbly but efficiently enjoyed the experience of opening doors, smiling and making people feel at home.

Tom was a futurist and an internationalist in counseling as well. In the mid-1980s, he worked with ACES colleagues to sponsor a conference at the Epcot Center on the future of counseling. He later organized a conference for counselors interested in international education at Casa Artom, Wake Forest’s house in Venice, Italy. Both conferences were well attended, and participants came away with a heightened awareness of what might be possible for the counseling profession in time, as well as in places outside of the United States. Tom also taught abroad in Europe on one of his sabbaticals and influenced counselors-in-training and practicing counselors in the U.S. military, Germany, Spain and England.
Besides his many contributions to counseling as a leader and educator, Tom served on the boards of directors of the North Carolina and Forsyth County mental health associations. He also chaired a state committee in North Carolina to develop guidelines for school counselor education in the mid-1980s. In addition, he created an assessment instrument for measuring alienation and normlessness: the Elmore Scale of Anomie. He also contributed to the literature in counseling and published in professional journals such as Counselor Education and Supervision.

A native of Wilson, N.C., and a veteran of the U.S. Navy, Tom Elmore is survived by his wife Ruby; four children, Angela, Gail, Glenda and Michelle; a brother, Joe; six grandchildren and a great-grandchild.

Samuel T. Gladding, chair and professor of counseling at Wake Forest, took classes with Elmore when he was a student and later taught with him. He said Elmore’s legacy rests in the evolution of the counseling program he founded, which became accredited by the Council for Accreditation of Counseling and Related Educational Programs the year that Elmore retired.

“I think one of the ways to remember Tom is that he bettered the world through educating students who aspired to be altruistic,” Gladding said. “He was certainly a model for that.”

Donna Henderson, a professor in the counseling department who came to Wake Forest University when Tom retired said, “Tom Elmore embodied curiosity, compassion and commitment. His smile changed all of us for the better.”

Gifts in honor of Elmore can be made to the Thomas M. Elmore Fund of Wake Forest University. The address is 7406 Reynolda Station, Winston-Salem, NC 27109.

R. William English
Exceptional educator was major contributor in areas of rehabilitation counseling, disability services

R. William “Bill” English, a former member of the American Counseling Association and professor emeritus of counseling and disability services at Florida State University (FSU), died at his home in Tallahassee, Fla., on Sept. 27, 2012. He was 71.

English was born Dec. 22, 1940, in Carbondale, Ill. He earned a bachelor’s degree in sociology and psychology at Southern Illinois University (SIU), a master’s degree in rehabilitation counseling at SIU and a doctorate in counseling and behavioral studies from the University of Wisconsin. Bill spent his entire career in higher education and was an exceptional educator who challenged, mentored and nurtured his students as they pursued master’s and doctoral degrees in counseling, rehabilitation and special education. Bill served as professor of rehabilitation and special education at Syracuse University (1968-1975), director of training at the Research and Training Center in Mental Retardation [sic] at the University of Oregon (1975-1988) and as professor, program coordinator and chair in the Department of Human Services and Studies at FSU (1988-2008).

Throughout his career, English compiled an impressive portfolio of more than 300 scholarly contributions (books, articles, book chapters and monographs), national conference presentations and research grants focused on social and psychological aspects of disability, family and social supports, and leadership development in counseling and human services. In more recent years, his work addressed health care reform for persons with neurodevelopmental disabilities, accommodations for college students with learning disabilities and school-to-community transitions. He was a recipient of research awards from the Rehabilitation Services Administration and the American Rehabilitation Counseling Association and served as a member of the original Certified Rehabilitation Counselor Council on Rehabilitation Education Examination Task Force.

Bill will be remembered for many qualities, including his commitment to students. Marcy P. Driscoll, dean of the FSU College of Education, commented, “Bill was a kind and gentle man who cared deeply about the welfare of students, both inside and outside the classroom.”

Pat Schwallie-Giddis, department chair for counseling and human development at George Washington University, said, “Bill was a warm and caring person and also had a keen sense of humor, making him fun to be around. He truly walked his talk and would often reach out to others in need. He will be missed by his many friends and colleagues.”

Others such as Susan Kelley, professor emerita of behavioral health at the University of South Florida, remember Bill as a “giver of time, attention, energy, wisdom and support — to his family and community, to hospice, to Stephen Ministries, to the Filipino American Association, to hospital pet partners programs, to Rotary, MDA [Muscular Dystrophy Association] and the Easter Seals society, to racquetball and to people who needed to be listened to.”

Bill is survived by his wife of 50 years, Norma Mamenta English, adult children and grandchildren, sister and nieces, and his therapy-assistant dog, Bliss. On Oct. 1, family and friends gathered in Tallahassee to honor Bill for the gift he was to us and the gifts he gave to so many.
Now more user-friendly than ever, while continuing the legacy of excellence that Albert Hood and Richard Johnson began, the latest version of this best-selling text updates students and practitioners on the basic principles of psychological assessment, recent changes in assessment procedures, and the most widely used tests relevant to counseling practice today. Hays makes assessment highly accessible as she walks the reader through every stage of the process and provides practical tools such as bolded key terminology; chapter pretests, summaries, and review questions; self-development and reflection activities; client case examples; practitioner perspectives illustrating assessment in action; and handy tip sheets.

More than 100 assessment instruments—used in schools, university counseling centers, government, and private practice—examining intelligence, academic aptitude and achievement, career and life planning, personal interests and values, personality, and interpersonal relationships are described. Also discussed are specialized mental health assessments for substance abuse, depression, anxiety, anger, self-injury, eating disorders, suicide risk, and attention deficit hyperactivity disorder.

Danica G. Hays, PhD, is an associate professor of counseling and chair of the Department of Counseling and Human Services at Old Dominion University. She served as founding editor of Counseling Outcome Research and Evaluation, and is past president of AACE.

“Assessment in Counseling is an excellent graduate-level textbook and a must read for professional counselors who select, administer, interpret, and communicate results from assessment instruments.”
—Patricia B. Elmore, PhD
Professor Emerita, Educational Measurement and Statistics
Southern Illinois University Carbondale
The programs, sessions, events, and activities you’ll find at the ACA 2013 Conference & Expo in Cincinnati are as unique as each of you.

That’s because each year, ACA enhances and adapts conference offerings to meet the changing needs of today’s counseling professionals. Not only are education topics more relevant and timely than ever before, but dynamic new learning opportunities—such as the Client-Focused Research Series and the Counseling in Action Demonstration Series—will send you home stimulated and inspired. This isn’t about lectures and presentations. This is about empowering ACA members with the tools and skills you need to continue to make a difference in this world.

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- Expanded list of ACA Academies, including Counseling Theory, and Research
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Education Sessions now include the following categories:

- Addictions, Offenders, and Corrections Counseling
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- Career Development and Employment Counseling
- Child and Adolescent Counseling
- Clinical Mental Health
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- Counseling Theory
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- Couples, Marriage, and Family Counseling
- Creativity in Counseling
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- Evidence-Based Practices
- Gerontological Counseling
- Graduate Student Issues
- Group Work
- Human Development Across the Lifespan
- Individual Trauma and Disaster Mental Health
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- Wellness

2013 Conference & Expo savings tip!

Professional/Regular ACA members: Register a group of 5 or more to receive a 10% discount. Forms and payment must be submitted at the same time (mail or fax only). Download form at www.counseling.org/Convention/2013/printable_registration.pdf

ACA Talent Show!

We know you’re one-of-a-kind, so sign up now to sing, dance, play an instrument, read poetry, perform stand-up comedy, etc. All talents are welcome to apply. This is a fun way to connect with your peers! Email Robin Hayes at rhayes@counseling.org and tell us about your talents.

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Cincinnatians eat more than 2 million pounds of chili each year topped by 850,000 pounds of shredded cheese? Cincinnati chili is known for its unique seasonings such as cinnamon, cloves, allspice or chocolate. How will you order your Cincinnati chili? Two-way, three-way, FOUR-way?
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Cincinnati Tours...

**Highlights of Cincinnati Tour**
This guided tour via motor coach starts at the heart of the city, Fountain Square, and proceeds to the most famous places with spectacular views and stops along the way. $49

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Step back in time when you board a replica of the old steam driven paddle wheelers for a lazy cruise down the mighty Ohio, complete with a “Southern Sunset” and themed dinner. $90

**Cincinnati Art Museum**
Located in scenic Eden Park, the Cincinnati Art Museum features an unparalleled art collection of more than 60,000 works spanning 6,000 years. With your tour guide, visit the magnificent Cincinnati Wing, and see the Queen City’s story unfold in its artwork. $75

**Elk Creek Winery and Kentucky Speedway Tour**
Visit Kentucky Speedway, home to the latest stop on the NASCAR Sprint Cup Tour. Go where the drivers go and see the garages, driver lounges and infield medical center. Cross the finish line after a ride around the track! Then unwind with a tour of Elk Creek Vineyards and head back to the main lodge for a wine tasting and lunch buffet. $70

**Great American Ball Park**
From the Fox Sports Champions Club to the dugout and press box, get an up close look behind the scenes at Great American Ballpark, home for the Cincinnati Reds, baseball’s first professional franchise team. Try pitching from a regulation mound and then check your speed to see where you fall among the great pitchers of our time. $54

**“Both Sides Now” Tour**
Along the banks of the Ohio River, the tri-city area blossomed on both sides and we feature the most notable of the riverfront cities’ icons. $41

**Newport Aquarium Tour**
Filled with rainbow colored fish, Newport Aquarium is home to thousands of animals from around the world. Go “behind the scenes” and learn what it takes to maintain a one million-gallon environment. $70

For details, visit counseling.org/conference and click on Tours
Hotel Information

Reserve Your Room for the Counseling Event of the Year by February 18, 2013.

**IMPORTANT:** All ACA Conference hotel reservations must be made using the ACA Housing Bureau. The ACA Housing Bureau will accept reservations made online, by phone, fax, or mail. Please refer to the official housing form on p. 35 for more information. All of the ACA conference hotels are within walking distance of the Duke Energy Convention Center or a short ride on the complimentary ACA shuttle bus. The deadline for receiving the discounted housing rate is February 18, 2013. Be sure to submit your housing request to the ACA Housing Bureau on or before that date to take advantage of the special conference rates.

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**Hilton Cincinnati**
35 West Fifth Street
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Valet $24 per day
Single/Double: $165
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Parking: Day $14 per day
Valet $26 per day
Overnight $23.00
Single/Double: $159
Located across from the Duke Energy Convention Center

### Millennium Hotel
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Cincinnati, OH 45202
Parking: Valet $22 per day
Single/Double: $145
Located across from the Duke Energy Convention Center

### Westin Cincinnati
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Cincinnati, OH 45202
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Valet $28 per day
Half-day $21
Single/Double: $171
Located 2 blocks from the Duke Energy Convention Center

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**Notice to ALL Conference Attendees***

We kindly ask that you make your hotel reservations at one of the four contracted hotels above. ACA is committed to these contractual obligations in order to bring the guest room rates down from regular pricing. If you stay at a hotel other than one of the ACA conference hotels, we may fall short of our housing obligations and will be responsible for paying lost income to our hotels. This could mean higher registration fees and fewer benefits for participants. Thank you for your consideration.
NECA announces president-elect, upcoming training course
Submitted by Kay Brawley
kbrawley@mindspring.com

Senaka Arrington, a registered marriage and family therapist, is the 2013-2014 president-elect nominee for the National Employment Counseling Association. Arrington takes pleasure in providing therapy to adults and adolescents experiencing mental health issues, loss of employment, underemployment, employment transition and the resulting economic issues. Arrington was first introduced to NECA in 2006 when it offered a Life Work Institute for the Florida Counseling Association. Since then, she has become a NECA graduate student board member, secretary and treasurer, and she has received training from NECA’s online curriculum, “Working Ahead, Moving Forward: Global Career Development Facilitator.”

“Professional employment counselors work to provide the best resources available to assist those who are searching for career options and meaningful work,” Arrington says. “NECA seeks to empower the counselors who provide these services. It’s imperative, when guiding those in need, to remain cognizant of emotional health and the role it plays on the ability to obtain and retain employment.”

Arrington’s goals include placing an emphasis on the marriage of emotional health and employment counseling and encouraging the exploration of wellness and wholeness for counselors and their clients.

In other news, NECA’s next 12-week online training for the “Working Ahead, Moving Forward: Global Career Development Facilitator” practitioner course will begin Jan. 9. Details for registration are on the NECA website at employmentcounseling.org.

If you are interested in becoming an online instructor, send your training résumé credentials and proof of successful completion of the “Working Ahead, Moving Forward” 12-week online curriculum to Kay Brawley at kbrawley@ mindspring.com.

Wisconsin Counseling Association seeking submissions for journal
Submitted by Melissa Kraemer Smothers
kraemerm@mtmary.edu

The Wisconsin Counseling Journal, published by the Wisconsin Counseling Association, is seeking articles for possible publication in the 2013 fall edition. WCJ, an annual online publication, places emphasis on original, data-based research but will consider conceptual articles such as position papers, innovative program development and case studies. All manuscripts submitted for review are subject to a peer-review process involving members of the editorial board and are due by March 31.

WCJ is focused on topics of interest to counselors, including the following areas:

■ Innovative methods — includes thorough descriptions of techniques, strategies, skills and activities that have been developed and/or implemented by counselors.

■ Theory and research — variety of manuscripts, both qualitative and quantitative, which describe original research as well as literature reviews on topics pertaining to counseling.

■ Professional development — primarily describes, through manuscripts and position papers, ways in which counselors can continue to cultivate and enhance their professional identities. Training strategies for counseling students as well as continuing education for experienced counselors will be highlighted.

■ Current issues affecting counselors and the counseling profession — features manuscripts and position papers that detail contemporary issues. Authors are invited to explore topics of interest to counselors.

Wyoming Counseling Association presents awards at fall conference
Submitted by Janet de Vries
jdevries@caspercollege.edu

The Wyoming Counseling Association presented the following awards at its annual fall conference:

■ Candise Leininger, an educational consultant with the Wyoming Department of Education in Cheyenne, received the J.R. MacNeel Award in remembrance of the first counselor education department head at the University of Wyoming. She recently organized professional development for nearly 70 certified and classified school staff. Through trainings scheduled in the coming year, it is anticipated that improved career guidance will be offered in every workforce center and secondary school in Wyoming.

■ Yellowstone Behavioral Health Center (YBHC) in Cody was recognized with the Garth Shanklin Exemplary Practices Award for its efforts in promoting mental health services in Wyoming. YBHC is responsive to the needs of school-age youth and their families through prevention programming, crisis training and intervention, group co-facilitation and staff support.

■ Diana Quealy-Berge, a Casper College addictionology instructor, received the Human Rights Award for her development of a course in which students will learn about and discuss current and historical cultural, political and sociological factors affecting substance use and abuse in the Native American population. This course is designed with a service-learning component, which will provide students with an immersion experience.

The 2008 edition of WCJ was awarded “Best Journal, Small Branch” by the American Counseling Association at its 2009 Conference & Expo in Charlotte, N.C. For submission guidelines, contact Melissa Kraemer Smothers at journaleditor@wicounseling.org. For additional information about the journal, including abstracts from previous editions, visit wicounseling.org.
Ten reasons to join ACCA
Submitted by Taffey Cunnien tcunnien@scad.edu

The American College Counseling Association is the premier professional organization for people working in college and university counseling centers. If you are a counseling professional working in a higher education setting and you are seeking a professional organization that strives to support, strengthen and enhance your work as a college counseling professional, please consider joining the organization’s more than 1,400 members.

Benefits include the following:

- Subscription to the Journal of College Counseling, published three times per year. JCC contains practical and theory-based information and research that is of great benefit to the college counselor, educator and practitioner.
- Subscription to ACCA’s VISIONS newsletter, published every two weeks. VISIONS contains updates from ACCA members and relevant, current practices in the field of college counseling.
- Connection to the leading group email list for college-based mental health professionals.
- Access to ACCA advocacy materials, publications and resources designed to help you interpret the world of the college counselor and the college counseling profession for your students, your college and university officials, and the public at large.

- Opportunities to develop leadership skills while helping to advocate for and shape the college counseling profession by joining one of ACCA’s active committees.
- Grant opportunities for graduate students in the form of ACCA Conference and ACA Conference registration grants and scholarly research to those studying to promote and highlight the work of college counselors.
- Continuing education opportunities through participation in ACCA-sponsored webinars, drive-in workshops and annual conferences.
- Access to national college counseling statistics through the ACCA-sponsored College Counseling Survey and the Community College Survey.
- National recognition through professional awards for meritorious service and other significant contributions to the field of college counseling.
- Access to ACCA’s exclusive “Orientation to College Counseling” certification program.

Additionally, our seventh national conference will be held Sept. 25-28 in New Orleans. The call for programs is now open. For more information, visit collegecounseling.org.
AMCD opens award nominations process
Submitted by SaDohl Goldsmith
sadohl.goldsmith@asurams.edu

The Association for Multicultural Counseling and Development is pleased to announce that the nominations process for a variety of awards is now open. Take a moment to go to the AMCD website, multiculturalcounseling.org, where you will find the list of awards and their qualifying criteria. Note that some awards will require supporting documentation with nomination submission. For more information, contact the Awards Committee, care of SaDohl Goldsmith (sadohl.goldsmith@asurams.edu) or June Hyun (jhyun@pu.edu).

All nominations must be submitted electronically by Jan. 31. All nominations will be reviewed according to the guidelines and requirements as listed for each award. The co-chairs of the Awards Committee will notify all nominees and nominators of the outcome by March 1.

The awards will be presented during the AMCD Luncheon at the ACA Conference & Expo in Cincinnati in March. Award recipients and their nominators are encouraged to attend the awards reception at the conference. In addition, awards recipients and their accomplishments will be featured in the AMCD newsletter and on the AMCD website. For complete details concerning the awards listed below and the nominations process, visit the AMCD website.

- The Samuel H. Johnson Distinguished Service Award
- The Kitty Cole Human Rights Award
- The Professional Development Award
- The Advocacy Award
- The Exemplary Diversity Leadership Award
- Young Emerging Leader Award
- Emerging Graduate Student Leader Award
- Asa Hillard III Black Education Scholarship (nominations should be sent directly to Cirecie West-Olatunji at cirecie.westolatunji@uc.edu)
- Dr. Daya & Mrs. Usha K. Sandhu Multicultural Counseling/Diversity Student Research Awards

AADA invites summer conference proposals
Submitted by Suzanne Degges-White
sdegges@olemiss.edu

The Association for Adult Development and Aging is inviting proposals for its annual summer conference to be held at the Roosevelt Hotel in Manhattan, July 18-19. Proposals for 60-minute learning sessions and poster sessions are invited. Proposals should address issues and concerns related to the adult population. Topics may include but are not limited to the following: identity and development, women’s and/or men’s transitions, diversity issues across the life span, positive aging strategies, career transitions, emerging adult development, and LGBT issues and aging. Proposals are due by Feb. 15.

New to the conference this year is the addition of two preconference workshops addressing essential continuing education areas for counselors. On July 18, there will be a three-hour morning session and a three-hour afternoon session. Quinn Pearson will lead a presentation on supervision, and Harriet Glosoff and Michael Kocer will deliver a presentation on professional ethics.

On July 19, participants can attend a wide variety of learning sessions and poster sessions. To submit a proposal or for more information, contact Catherine Roland at rolandc@mail.montclair.edu or Suzanne Degges-White at sdegges@olemiss.edu. We invite you to come to New York City for the learning and stay for the fun!

AACE renames itself AARC
Submitted by Carl Sheperis
csheperis@lamar.edu

On Oct. 22, the Governing Council for ACA approved a motion to change the name of the Association for Assessment in Counseling and Education (AACE) to the Association for Assessment and Research in Counseling (AARC). Along with the change to our name comes a change to the mission and vision for our division. Our new mission is to promote and recognize excellence in assessment, research and evaluation in counseling. Our vision is to promote best practices in assessment, research and evaluation in counseling.

We recognize that numerous discussions have been occurring at the national level about how research is missing from conferences and how counseling researchers have been feeling alienated. Although assessment remains a key focus of our division, we have decided to place an equal emphasis on research in counseling. As such, AARC is now the division home for all counseling researchers and assessment professionals.

Although our name change is recent, AARC has been emphasizing research for a number of years. As an example, one of our two exemplary journals is Counseling Outcomes, Research and Evaluation. In addition, we host the National Research and Assessment Conference annually. We are also expanding the role of our Research Committee to begin developing various standards and resources for current and future members.

This coming spring, as part of the launch for our new division name, we will begin a research and assessment webinar series. Our first webinar, hosted by Casey Barrio Minton, will focus on the evaluation of student learning outcomes. Details about the webinar will be released in the near future. Limited seats will be available for the live event, but the webinar will be available for recorded download.

In addition to the webinar and other web-based resources, we are planning AARC conference-related dissertation-intensive workshops for students and tenure mentorship workshops for faculty members.

If you are already a member, consider becoming more involved. If you haven’t yet joined and want a division that values counseling research, then AARC is the right division for you. Join AARC today and find your new division home.

Submit your news and upcoming events

All divisions, regions and branches of the American Counseling Association can submit monthly news articles of 350 words or less to Division, Region & Branch News.” In addition, divisions, regions and branches are invited to list upcoming events in “Bulletin Board.” For submission guidelines, contact Lynne Shallcross at lshallcross@counseling.org.

Please be advised of the following deadlines for submitting items to either section.

March issue: Jan. 24 at 5 pm ET
April issue: Feb. 21 at 5 pm ET
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Tides — Fostering Resiliency and Finding “Counseling Connections 2013: Changing Association at its annual conference, 800.347.6647 ext. 222. Register, visit counseling.org/conference of the year! For more information or to many as 35 CE credits. Don’t miss out on the conference Education Sessions to earn as Learning Institutes and a wide variety of this year. Listen to keynote speaker Ashley Judd talk about coping with depression, and this year. Listen to keynote speaker Allen Ivey and Mary Bradford Ivey have to say about neuroscience. Participate in preconference Learning Institutes and a wide variety of conference Education Sessions to earn as many as 35 CE credits. Don’t miss out on the largest professional development conference of the year! For more information or to register, visit counseling.org/conference or call 800.347.6647 ext. 222.

CCA Annual Conference April 5 Mystic, Conn.

Join the Connecticut Counseling Association at its annual conference, “Counseling Connections 2013: Changing Tides — Fostering Resiliency and Finding Inspiration.” We are excited to be visiting Mystic this year and hope that your visit will not only include networking and educational workshops but also opportunities to have fun with your colleagues in the evening hours. This New England town is family friendly, so book a room at the Mystic Hilton at the special conference rate and bring your family along to spend time at the Mystic Aquarium and Olde Mystic Village. Early bird registration is anticipated to open in early spring. Registration is low-priced, and CEUs are available. Student scholarships are available to CCA members. Email ccacconference@hotmail.com or visit ccaMain.org for more information.

Young Child Expo & Conference April 17-19 New York City

The 10th annual Young Child Expo & Conference, a joint project of Fordham University’s Graduate School of Education and Los Niños Services, will be held at New York’s Hotel Pennsylvania. The conference will bring together more than 1,000 people across various disciplines to integrate learning about typically developing children and those with special needs. For more information or to register, visit youngchildexpo.com or call 212.787.9700 ext. 333.

International Counseling and Education Conference May 2-4 Istanbul, Turkey

ACA is co-sponsoring the second International Counseling and Education Conference, to be held at Istanbul Commerce University. ACA President Bradley T. Erford will present a workshop on the “35 Techniques Every Counselor Should Know.” For more information, email Iceconference@gmail.com or visit ice-c.net.

IAMFC Northampton Institute May 29-June 3 Northampton, England

The International Association of Marriage and Family Counselors is pleased to announce its 10th annual Northampton Institute, to be held at Park Campus, University of Northampton. The theme will be “Families and Diversity.” This event will bring together an international group of counseling professionals, students and educators who share a common interest in family counseling research, education and practice. In addition to presentations on family counseling-related topics, the institute will provide an immersion experience into English culture, including escorted day trips to sights in central London and rural Northamptonshire. The $795 fee includes five nights at the Sunley Centre, a modern, on-campus hotel facility. IAMFC invites proposal submissions from educators, clinicians and others. For more information, visit nii.vpweb.com or email drbrc@aol.com.

International Career Conference June 20-22 Padova, Italy

ACA is partnering with the Laboratory of Research and Intervention in Vocational Guidance (La.R.I.O.S) and organizations from around the world for the international conference “Life Designing and Career Counseling: Building Hope and Resilience.” Themes include hope and optimism in times of crisis, positive psychology in career counseling, career counseling and life designing for unemployed and underemployed workers, and much more. Presentation proposals must be emailed to larios@unipd.it by Jan. 30. For more information, visit larios.py.unipd.it.

AADA Summer Conference July 18-19 New York City

The Association for Adult Development and Aging’s 2013 Summer Conference will be held at the Roosevelt Hotel in Manhattan. The theme is “Adult Identity Evolution: Diversity Within Personal and Professional Transitions.” On July 18, there will be two preconference workshops, one addressing supervision and the other focusing on professional ethics. Presentations addressing a wide variety of counseling issues related to adults across the life span will be presented July 19. Proposals are now being accepted and are due by Feb. 15. For more information, contact Catherine Roland (rolandc@mail.montclair.edu) or Suzanne Degges-White (sdegges@olemiss.edu), or visit aaDaweb.org.

Bulletin Board submission guidelines

Email lshallcross@counseling.org for submission guidelines. See page 72 for upcoming submission deadlines.
A counselor sued for slander triumphs in court.

A 52-year old physician arrested for DUI, denies the counselor’s assessment of substance abuse and sues for slander and $700,000 in damages.

Read the details of this case study involving a malpractice lawsuit against a counselor insured through HPSO at www.hpso.com/ct1.
Hi Dr. Janis,

I took the NCE today and passed!!! It was a great feeling. I followed AATBS directions and will recommend this study package to others I know that are preparing. Thank you for your prompt answers throughout this process.

Best, Solana Varner

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