Military widow’s grief turns to hope

BY ANGELA KENNEDY
STAFF WRITER

Some people ask Sally Griffis why she chooses to live in the past and to spend every day continually embracing the loss of her husband. They tell her, “It’s been 30 years, Sally. Why can’t you move on?” These people obviously don’t know Griffis at all.

“It’s not about being stuck in the past,” she said. “It’s about passing on hope. I’m proof that there is life after loss.”

William A. Griffis III

Griffis and her husband Bill had a June wedding in 1961 — only a week after he graduated from the Naval Academy and he was commissioned as a second lieutenant in the Marines. Their first child, Sarah, was born on March 4, 1966, while Bill was away on his first tour in Vietnam. The day Griffis found out she was pregnant again, he returned there for a second tour. The birth of her younger daughter, Mitty, will always be a bittersweet memory for Griffis. On Jan. 23, 1970, she sat in a military hospital holding another beautiful baby girl in her arms. Eighteen hours later, Bill’s helicopter was shot down.

“They got off the elevator and spoke to my aunt. I could see them from my hospital bed. I knew who they were,” she said.

“Every military wife dreads the day two uniformed men and a priest come to the door. My Bill was dead. Along with the hopes and dreams for the future, my life ended as I had known it.”

For the next several years, Griffis minimally functioned in a state of foggy numbness. She said that her little girls lost not only their father but also much of their mother as well. “It was a sort of a combination of postpartum depression and traumatic shock. Needless to say, this affected my children. The good news is we have all landed on our feet.” That journey to heal continued on page 32

A sneak peek at new ACA president Sam Gladding

BY ANGELA KENNEDY
STAFF WRITER

Samuel T. Gladding is a published author, poet, father, husband, counselor and now the president of the American Counseling Association. He is passionate about life, and he carries that passion into all his endeavors, especially the counseling profession.

Currently, Gladding is the director of the counselor education program at Wake Forest University, located in Winston-Salem, N.C., where he is also the associate provost. He is a Licensed Professional Counselor, National Certified Counselor and Certified Clinical Mental Health Counselor. He is also past-president of the Association for Counselor Education and Supervision, the Association for Specialists in Group Work and Chi Sigma Iota. Gladding also proudly served as an American Red Cross Disaster Relief Mental Health Technician in New York City during September and October 2001.

He is an active member of ACES, ASGW, CSI, the North Carolina Counseling Association, the International Association of Marriage and Family Counselors, the National Career Development Association, the Counseling Association for Humanistic Education and Development, the Association for Multicultural Counseling and Development, the Association for Spiritual, Ethical and Religious Values in Counseling and the Southern Association for Counselor Education and Supervision.

As 53rd ACA president, Gladding chose the presidential theme, “Counseling: A Creative Force in the Fabric of Life.” He strongly believes the world is often changed by individuals and groups who think creatively. He uses Thomas Edison, Marie Curie and George Washington

Continued on page 16
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Indiana governor rejects proposed psychological test list

In response to collaborative grassroots efforts and lobbying by the American Counseling Association, the Indiana Counseling Association and other state and national organizations on behalf of counselors and health and social service professionals, Indiana Gov. Joseph Kernan disapproved the restricted test list proposed by the state's psychology board (see Counseling Today, June 2004).

In a letter to the psychology board on May 21, Kernan characterized the proposed restricted test list as too broad: “I believe the rule can be improved and can achieve a better balance.” The governor instructed the General Assembly to revisit I.C. 25-33-1-3, the section of state statute requiring the psychology board to develop a restricted test list, in order to provide more guidance on the issue.

The governor’s action represents a victory for both counselors and health and social services consumers in the state. Implementation of the list would have limited access to important assessment tools. David Kaplan, ACA’s associate executive director for professional affairs, wrote to the governor, urging him to reject the proposed list. He noted that counselors are routinely trained in the use of tests and assessments, and any inappropriate use could be addressed through the normal ethics complaint process.

The Indiana State Psychology Board was charged with the task of developing a list of tests and assessments restricted for use only by psychologists as part of the 1997 law establishing licensure of counselors in the state. The psychology board has twice developed and published draft lists of restricted tests. Technical concerns regarding the rule-making process led to the withdrawal of the last proposed list in 2001.

ACA Immediate Past-President Mark Pope congratulated Indiana’s counselors on successfully defending their right to practice. He urged them to continue working in coalition with other organizations, including the ICA, the American Mental Health Counselors Association, the Fair Access Coalition on Testing, the National Board for Certified Counselors and others as this issue continues to be considered.

The Last Word

“There are apparent shifts in expectations of what ‘growing older’ means.”

—Marie Wakefield, immediate past-president of AADA

(See story “Life after retirement” on page 18)

J.D. Crowe

AND HERE'S A NEW ONE I WROTE CALLED “MEDICARE DRUG CARD BLUES”

GRANDPA ROCKS

HEADLINES

ACA extends member services hours

Need to update your mailing address, order books or ask a question? The American Counseling Association’s Member Services hours have changed. The new hours will be 8 a.m. to 7 p.m. EST. Call 800.347.6647 ext. 222 to speak with a member services representative.

Rural schools serving students in Southeast, Southwest U.S. excluded

A new analysis by the Rural School and Community Trust of the Highly Qualified Teacher flexibility provisions under the “No Child Left Behind Act” finds that the new rules actually leave behind three-quarters of the nation’s 38,000 rural and small town schools. The Department of Education guidelines used a definition of “rural” that excludes many of the highest-need rural schools in the country — effectively excluding rural schools in the South serving high-poverty and minority communities.

The changes do nothing to address the real challenges rural schools face, such as the inaccessibility of professional development programs for rural teachers and the difficulty in recruiting teachers to the nation’s poorest, most in-need schools. The strong regional bias of the new provisions will do little to help the majority of students living in rural America. Read the fact sheet and learn the numbers of schools that are excluded in your state at www.ruraledu.org/issues/nclb/Rural_Students_Left_Behind.htm.

NAMI online report: children, meds

For children and teen-agers with mental illnesses, the greatest risk may be to do nothing, the National Alliance for the Mentally Ill warned last month in a report on “Children and Psychotropic Medications.”

Available online at www.nami.org/kidsmeds, the report reflects conclusions of a task force convened by NAMI’s Policy Research Institute and comes at a time when the U.S. Surgeon General has warned that one in 10 children or teens struggle with mental illnesses, but 80 percent never get the help they need. At the same time, the Food & Drug Administration currently is reviewing the safety and effectiveness of some psychotropic medicines with children.

Report recommendations include:

1. The National Institute of Mental Health must make children a priority and increase investment in scientific research focused both on the early onset of mental illnesses and long-term studies of medications in children.

2. One size does not fit all in treating mental illnesses. Individual treatment decisions must be based on the best information available as part of an evidence-based intervention system, including full disclosure of existing clinical studies.

3. Broad education about early warning signs of mental illness and support of parents in making decisions on the use of psychiatric medications through informed consent, based on a careful weighing of risks and anticipated benefits. Use by children also must be closely monitored and frequently evaluated.

4. Policy-makers must not interfere with rights of access to treatment or communication among parents, physicians, schools, and other support partners. Decisions also must be based on well-qualified scientific testimony.

J.D. Crowe
Happiness may be first choice but not immediately possible.

I am writing in response to the article interviewing William Glasser (Counseling Today, June 2004). While I respect and honor Glasser's tremendous contributions to our profession with his Choice Theory, I believe he is, at best, behind the times. In the June 2004 article ("Glasser approach to couples counseling"), I read his incredible statements with deep concern and stunned disbelief.

I have been a practicing counselor since 1989—first as a pastoral counselor and then additionally as a community counselor. I am concerned that the statements made by Glasser are potentially harmful to beginning counselors and their clients.

I recognize the benefits that our profession is developmental and holistic by origin. I practice holistic psychology, incorporating a diverse approach according to the individual. Further, I believe in the individual's capacity to heal, having said that, it is imperative to recognize the necessity to include Western medicine when appropriate.

For Glasser to make the statement that "Psychoanalysts deal with what they call mental illnesses, which are in the DSM-IV. However, those are not mental illnesses in the sense that there is something wrong with the person's brain. Those are just the various ways that people express their unhappiness." Not only is this claim scientifically inaccurate and reflects gross ignorance, it is also irresponsible.

He cites the now-famous John Nash Nobel Prize-winner as not a mentally ill person but rather someone who has "unsatisfying things in his career ... (therefore) his brain got very creative ... he started to have delusions and hallucinations which were kind of his brain to deal with his unhappiness." Not only has he not even functioned well enough to differentiate reality, then how does he possibly make choices for happiness? If the anti-psychoanalytic allows the mother to new function to go home and take care of her children, then how can one argue there was not of profound value? And I am not, in this case, talking about the possibilities that psychotic breaks may in many cases be an indication of spiritual crisis or awakening.

Granting, we are a society of practicing physicians — psychiatrists, psychoanalysts, and counselors — to analyze or therapy and only provide medication management. While we would hope all individuals would have the opportunity to receive counseling instead of, or in addition to, medication, this is unrealistic in the face of nearly every community health facility in the nation closing. Emergency rooms are flooded with individuals unable to afford treatment. If, after the premature death of a father's son, the father has such a severe grief reaction he cannot function due to the depressive symptoms, are we then merely to say to him, "Choose to be happy."? Is not more compassionate and wise to send him to a physician to determine if a short run of anti-depressants can alleviate the symptoms so that he may go back to work support his family and be physically strong enough to grieve.

Glasser's oversimplification of mental unwellness is disturbing, to say the least. Inaccurate individual's lives have been saved during suicidal intervention through the help of medication. If it were simply a matter of choosing to be happy, then Allen Boyd, a former client who has gone public with his story to help others, would not be alive today. The day he came to see me, he was suicidal with a gun and bullets: every family member over the years had killed themselves; first his mother, then one brother of a twin, the next brother, the sister and finally the father. While I am not a physical, rational and sound reason would lead us to least investigate the possibility of familial genetic factors of untreated depression. Boyd's suicidal ideation ("Breaking the pattern," Counseling Today, November 2003) was lifted within five to seven days of starting Celexa. However, he underwent counseling twice weekly for 14 months before he could even consider "choosing happiness." In my opinion the chances of his living that long without medication intervention were slim to none.

I am grateful for the advances in medication that offers relief from suicidal thoughts/actions. I am grateful for the brain scans that can diagnose and show the hot spots on the brain of someone with schizophrenia and bipolar disorder. And for the individuals who can receive medication and build a job for the first time.

Through accurate scientific research and data, not fabricated by drug companies as Glasser asserts, scientists are close to isolating genes that contribute to mental illness. For example, the National Institute of Mental Health funds numerous research studies that are indicating that depression is, in many cases, genetically passed down. Additionally, doctors are now beginning to use concrete tests to tangibly measure neurotransmitter depletion, such as serotonin, that contributes to depression through analyzing the metabolites in the urine.

As a pastoral and psychological counselor I believe without a question that free will, choice and personal responsibility are paramount to happiness. But for me to withhold a referral for medical evaluation in light of symptoms that are drowning a client would be, in my opinion, malpractice on my part. What for the clients who can not stop uncontrollably sobbing, can not eat, get out of bed put their clothes on and go to work?

I would never presume to suggest she simply pull herself up by the bootstraps and choose to be happy. If that client receives medication that allows her to function on a basic level, then logic would tell us there was, in fact, a chemical imbalance before the medication, not afterward as Glasser claims. Otherwise, the brain would not have responded to the medication, nor would the symptoms alleviation.

In closing, I would ask Glasser, in the future, to reconsider making such potentially harmful and broad generalizations against the existence of valid mental illness and proper medication support.
In the 1960s, a rock group named The Who was formed. They wrote a number of popular songs, but the lyric they sang that I like best is pithy and in the form of a question: “Who are you?”

This question of identity was relevant then and remains so today. On the surface it seems simple, but trying to answer this query is a difficult process, for “the who” of ourselves individually and collectively is intertwined with a number of elements, some of which we are more aware of than others. Thus, in discussing “the who” of ourselves individually, especially as it relates to the American Counseling Association, I would like to focus on three questions: "Who am I?" "Who are you?" and "Who are we together?"

The inquiry "Who am I?" — at least on a professional level — is probably the easiest for me to answer. Quite simply: “I am a counselor.” There are a number of other helping professionals in the world, but I am a counselor. In fact, when meeting someone for the first time, I often introduce myself by saying, “Hi, My name is Sam and I’m a counselor.” I think and act like a counselor, with considerable attention to prevention, wellness, development and remediation issues uppermost on my mind. Furthermore, as an indicator of my identity, I am a card-carrying member of ACA and have been since November 1970 when I joined as a graduate student. In addition, I am a Nationally Certified Counselor, a Certified Clinical Mental Health Counselor and a Licensed Professional Counselor in North Carolina. I am an active member of Chi Sigma Iota (international counseling honor society) and teach in a curriculum accredited by the Council for Accreditation of Counseling and Related Educational Programs as well. We need a variety of occupations in the world, but I am dedicated to being a counselor!

As to “who are you?" the answer is not as obvious or straightforward. “You,” meaning members of ACA, are diverse in background, interests and employment setting. You have European American, African American, Native American, Asian American, Hispanic/Latino(a) or multiracial backgrounds. You are married, partnered, single, divorced, separated or something in between. You have a number of sexual orientations, and your temperaments range from mild to mercurial. You are liberal, conservative or moderate and may change your mind from time to time. Your lives are rooted in cities, suburbs and rural environments, and sometimes you are employed in one of these locations and live in another. You also have your roots and national identities in approximately 50 countries and, for a number of you, English is your second language. A majority of you are women, but there is a good percentage of men among you, and your age range is from the early 20s to the 90s. You focus on helping children, adolescents, young adults, mid-lifers, older adults, couples, groups, families, the infirmed, the downtrodden, the grief-stricken, the developmentally delayed and those in the midst of crisis or confusion. You do so in a variety of theories, techniques and processes. You work in schools, colleges, rehabilitation settings, mental health centers, religious institutions, career centers, hospitals, Employee Assistance Programs and in an assortment of clinics and nonprofit agencies that take on all the sounds of the alphabet. Your motivation and dedication are amazing and inspirational because the financial rewards for your services are often modest.

So “who are we together?” I think a Gestalt principle comes into play here. We are far greater as a group than we are as individuals. As a whole we are more than the sum of our parts, i.e., individual members. We are a force in the fabric of American and international life that is positive, productive, creative and caring. We foster the growth of individuals whom others in society may have discarded, abandoned, discounted, ignored or discriminated against. We envision what can be and work in the reality of the moment to make possibilities part of the landscape for those who have situational and developmental issues uppermost on their minds. Furthermore, as an indicator of our identity, we are card-carrying members of ACA and have been since November 1970 when we joined as graduate students. In addition, we are Nationally Certified Counselors, Clinical Mental Health Counselors and Licensed Professional Counselors in North Carolina. We are active members of Chi Sigma Iota (international counseling honor society) and teach in a curriculum accredited by the Council for Accreditation of Counseling and Related Educational Programs as well. We need a variety of occupations in the world, but we are dedicated to being counselors!

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Continued on page 12
New year, new leaders and a recommintment to you

Each July, a new group of enthusiastic, energetic and dedicated individuals take the leadership helm of the American Counseling Association as well as the regions, branches and divisions of the association. For the next 12 months, these individuals will help to shape, mold and direct our efforts toward meeting the association's goals and objectives, all in the name of furthering and advancing the profession of counseling. In addition to those assuming leadership positions as officers and board members, hundreds of others will be involved in committees, task forces and other organizational units that will help to move the profession forward.

This month, we welcome Sam Gladding as the new ACA president. Sam has been involved with ACA for many years through leadership roles as well as serving as an author of ACA-published books and as one of our workshop presenters. You can read Sam’s first column as ACA president on page 5 of this issue of Counseling Today.

Gladding will serve as ACA president, and we pledge our support of his endeavors that will both demonstrate and promote the counseling profession.

An ongoing project within ACA is learning what you, our members, would like to receive from your professional association in terms of benefits, services and resources. Let me note that some of you are very good at letting us know what you want (and you communicate your thoughts regularly), but I am also asking your less-vocal colleagues to also contact us.

During the past 24 months, and as we move into the next 24 months, ACA will continue its transformation into a much more member-responsive organization. With support and direction from the ACA leadership, we have dedicated ourselves to improving the services and products that we provide to ACA members and non-member customers, as well as improving our efforts with the lay public. Of utmost importance will be the directions we take to promote both ACA and the profession with the public.

As the president of the organization, one role that Sam Gladding will serve is as the association’s primary spokesperson. This aspect of the job as president is key if we are to continue to raise the awareness of professional counseling.

While I know what a great job so many of you do each and every day, we need to let those who can benefit from your services better understand the reasons for seeking the help of professional counselors. It may seem somewhat premature, but Counseling Awareness Month is only 10 months away! If various counseling communities begin planning what it is that they want to promote and highlight next April, then think of the positive effect we can have on our various communities. Let’s start thinking about how best to get the word out. In fact, let’s make it a yearlong event so that our various publics and the media will learn about the wonderful things that professional counselors do! I hope that you will visit the ACA website for information about what counselors are doing and how to promote the profession.

Planning cannot occur in a vacuum. We need to better understand what it is that the public needs and how we can develop our message so that it resonates with them as they seek help with their various challenges. In addition to what all of you think we need to do in regard to promotion of the profession, we need to ask customers, the media and public-policy-makers what makes sense as we enhance our endeavors to educate them about the good work that you do.

Ask your non-counselor friends, colleagues and family members what they think and then let me know. I truly am interested in the thoughts, ideas and suggestions that you cultivate from others outside of the profession as well as what you think we need to do. I hope you will take a moment to let me know of your findings.

So, as we embark on a new fiscal year at ACA (starting July 1), we look forward to the beginning of our newest class of leaders, knowing that their accomplishments are built on the base created by the efforts of those who came before them. We acknowledge the efforts of those who brought the organization to this point and we, of course, are excited as we anticipate the good work that this new group of dedicated and caring individuals will bring forth.

As always, I hope you will contact me with any comments, questions, or suggestions that you might have. Please contact me via e-mail at yep@counseling.org, or by phone at 800.347.6647 ext. 231.

Thanks and be well.
Learning about the homeless

One winter morning, the counseling office received a call from an anonymous adult, informing us that a middle-school student had been coming to school for several weeks without a coat. It turned out that I had spent a lot of time with this student in one of my friendship groups that met at least three times a week. I was stunned at not recognizing that this student did not own a winter coat. I had eaten lunch, talked and joked with this student at least twice a week. So much for my sensitivity to the needs of students. I was learning that homeless children could appear to be invisible. Clearly, there was a population of at-risk students about whom I knew very little. What else could I have missed? My interest in homeless children was born out of this experience.

Quickly, I recognized my inadequate preparation for dealing with homeless children. My school counseling program offered courses and experiential work in theories and practices of counseling, organization and administration of school programs and child and adolescent counseling. It fit the general school population well but left me stumbling over what services to provide to children who are homeless. There was no course to take! I was unaware of barriers to education presented by school requirements, the effects of homelessness on children and youth and the role that school counselors should play in providing services for these youth.

It was clear that I would need to go beyond my program to become educated on homeless children, so I read journal articles, visited websites and talked with other professionals to learn more. What I found out was that most any student could be displaced or homeless. Some are easily identified because they receive reduced or free lunch. The personal appearance of others may reflect signs of neglect from not having necessary needs met. Needs such as clothing, food, school supplies and medical attention can go unnoticed even when there is a roof over a child's head, but these children are not so easily identified.

My explorations led me to some stark realities concerning the lives of the homeless. Many homeless families are made up of a young, single mother with young children. She is often working at minimum wage. Would a middle-class person like myself recognize that some people have to work 97 hours a week to pay the rent of an average two-bedroom apartment? The waiting period for public housing averages one to two years, and if you need help to pay part of the rent, the wait is even longer. Creating even more of a problem is the fact that there are not enough shelter beds for every homeless person. As a result, many families continue to live in cramped, crowded conditions with family, friends or acquaintances.

Complex issues

Homeless children come to school with a myriad of issues that are critical to understanding their needs in order to be effective with them. Homeless children get sick four times as often as children in middle-class families. They are frequently absent from school and may spend lots of time in the nurse's office. They have more mental health problems, but less than one-third receive treatment. Much of their school day can be spent in the counseling office or with the school-based mental health therapists.

Being aware of possible signs that a student is homeless is the first step to helping. For example, homeless students may experience chronic hunger and tiredness and may fall asleep during class. Because they don't have money for lunch, they might be asking to share lunch with other students. Attending school in armpits, being tardy consistently or receiving frequent detentions are other potential signs. Poor grooming and personal hygiene can also be a problem. Often coming to school without hair being combed, wearing clothing that draws attention or dressing in the same clothes every day without being laundered may be reasons for concern.

Homeless children may be consistently unprepared for school, coming in without books, supplies, completed homework or signed papers. They may also exhibit extremes in behavior such as withdrawal, extreme shyness, nervousness, aggression or anger. There may be struggles arising around parting with personal possessions, like not wanting to put a coat in a locker or closet or to leave a favorite toy untended. The daily physical, social and psychological impact of homelessness on these children can be devastating.

Many middle-school children whom I see live with stepparents, grandparents, friends or other family members. Some are ashamed or private about their conditions of homelessness — living in cramped, crowded spaces with little to no privacy or personal space. One student lives with a family friend, where she shares a room with the friend’s daughter. Sometimes when they fight, she is reminded that this is not her home, so she comes to school upset the next day, where I try to provide support and encouragement to keep attending classes.

Helping to meet needs

Because there is no universal profile that fits every homeless child, each student's needs must be assessed...
Dear Webster's,
Please revise 'learning.' Thanks.

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Taking a walk on the wild side

I'm the multicultural instructor for our program, which means I get to tell students all about fighting social injustice, broadening definitions and expanding awareness. They're required to engage in several different cultural experiences so they can catch a glimpse of something different from themselves and hopefully grow to appreciate it. I started requiring these activities because I learned through my own immersion experiences that sometimes the book just cannot replace good, old-fashioned, firsthand learning. As is life, though, my own cultural awakenings weren't planned but occurred by accident — and recently, I had another accident.

While practicing Tae Kwon Do, I broke my right leg. Never having broken a bone before, I had no idea what I was in for. Aside from spending several hours in an emergency room and figuring out what types of painkillers would be least harmful, there was a whole new realm of experience opened up to me that I was going to have to figure out. Instantly I went from being an able-bodied martial artist (or at least I'd like to think of myself as a martial artist) to having a disability.

Now it's just a broken leg, you might say — I do have the comfort of knowing it will heal and that I will walk again. However, what caught my attention the most were the next few weeks of living life in a way I've never had to, and this is the experience that caught my multicultural educator's brain.

I went from being fiercely independent to being completely dependent on my husband; not just dependent in the sense that I couldn't drive or climb a flight of stairs, but dependent in the sense that I couldn't drive or climb a flight of stairs, but dependent in the sense that when I wanted a drink of water, I had to ask for it. I learned quickly that if I've got a crutch under each arm, then I no longer have another arm to do something as simple as carry a cup or a plate. Just trying to take a shower in the morning had turned into some Olympic event. The shower, which now included the time it took to actually get in the shower, position myself, rearrange products to be within reach, bathe, then figure out how to get out, dry off and dress myself, took some uncharted amount of time and energy, to the point where sometimes I felt I was going back to bed. I felt incredibly slow and, at times, oddly childish.

Work became another issue, because my antiquated building had one ramp that led to a floor that led to stairs. So I had the ability to get into my building and stand on the first floor, and that was about it. Unless someone were to throw down a basket on a rope, I had little hope of getting to my third-floor office. And there was no way I was going to use the stair-climbing method I developed for home — scooting around on my bottom like I was a racer in the Olympic event, I turned into some Olympic event. The shower, which now included the time it took to actually get in the shower, position myself, rearrange products to be within reach, bathe, then figure out how to get out, dry off and dress myself, took some uncharted amount of time and energy, to the point where sometimes I felt I was going back to bed. I felt incredibly slow and, at times, oddly childish.

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Counseling seniors during life transitions

BY ANGELA KENNEDY
STAFF WRITER

The yellow two-story Victorian home is the oldest home on the tree-lined street. In its prime, the paint was bright, the yard was perfectly manicured and the garden's bounty perfumed the entire block. Now, it sits a bit haggard with overgrown shrubs and crooked shutters.

Forty years have gone by, and the walls watched as the owner and builder provided for his family. The walls saw holidays and happiness, traditions and tragedy. They witnessed the children grow and leave one by one. They observed the aging couple struggle with their empty nest and bond even closer. Also, the walls stood attentively as their craftsman passed away in his bed while his wife clasped his hand. She is now alone, in her 70s, and must choose either to stay with these walls and their memories or to leave her home.

According to the Senior Advantage Real Estate Council (SAREC), which trains real estate agents to assist elderly people with estate matters, 40 percent of property owners above age 65 haven't changed their addresses in more than 30 years. Selling a home and making these life transitions can be extremely difficult for seniors, especially if the situation is exacerbated by grief, illness or financial burdens. Considering this, one realtor has gone to great lengths to provide the best advice and service to her senior-aged clients.

Donna Christner-Lile began her 20-year real estate career out of the need to provide for her family. Being a single mother at the time, she felt that the property market would be a satisfying and stable job option, even though she had earned her undergraduate degree in human behavior. In 1994, after establishing a successful brokerage company, she felt burned out with her career choice. Her son left for college and she started to question what she really wanted out of life. She knew she needed a change and decided to go back to college for her master's degree in counseling psychology. After graduating from the University of San Francisco, Christner-Lile opened her own private practice but at the same time continued her real estate business on the side with the help of her new husband.

During the course of the next few years, the "Golden State" became flooded with counseling professionals while the real estate market boomed. Her husband had reached retirement age and wanted to take a break from the business. She felt it would be best for her and all of her clients if she combined her two careers.

While working as a real estate agent, Christner-Lile realized that her clients needed more direction and information than she could provide. They were making major life decisions and reaching out for assistance and guidance. She took over as the main broker of Christner-Lile Consulting and focused her attention on counseling seniors in life transitions that pertain to their estate.

Last January, the counselor earned the Senior Advantage Real Estate Specialist (SRES) credential from SAREC. The designation was created to assist realtors wanting to meet the special needs and concerns of maturing Americans when buying or selling residential or investment properties. "Having come through some of those life changes myself, it seems like it has all come back together for me in a very worthwhile way," she said. "I can counsel and help these people. I can lead them in other directions other than what an ordinary realtor might suggest. I can look at the whole picture and help direct them to the resources they need to make the right choice for them and their family."

She advised her clients and all seniors to stay in their homes for as long as they possibly can, "safely, because that is where their happiness has been in their lives. But if it is unsafe or they are unable to do so, then we try to point out other possible options."

In some instances, a reverse mortgage is one way for the senior to stay in the home, and it could possibly allow for enough money to pay for a live-in nurse or housekeeper. A reverse mortgage requires no repayment until a future time, as long as the borrower lives there. The loan can be paid at once, as a regular monthly advance or at times and in amounts the homeowner desires. The borrower pays the money back plus interest when he or she sells the home.

She noted, especially in the state of California, many of these aging individuals have large assets with their home but are extremely reluctant to tap into those resources. She noted that the older generations grew up on the notion that they are obligated to leave something to their children, mainly their house. They were taught that the legacy is embodied in the family home. "It's difficult to change their mind on that. I have to explain to them that these assets are to take care of them, and if taking care of them means staying in the home, then we can find a way to do that."

Christner-Lile educates her clients on the various city and agency-provided services such as Meals on Wheels, senior services peer groups and church affiliates. "By allowing these people into the home on a regular basis, the children are more confident and relaxed knowing that others are assessing their loved one's needs," she said. She noted that staying in the home ultimately depends on the senior's health and safety, which is often determined by the adult children or others in their support system. Many times the caregiving individuals feel strained and exhausted from hypervigilance and the need to be with the senior all the time. They will be more inclined to allow for space and freedom if they know they can count on the senior to open his or her life to others who care.

Tips for seniors to stay in the home:

- Be open with your children about your abilities, wishes and needs. A counselor is often very helpful in assessing the differences of opinion on your safety/health issues with your children.

- Don't be a hermit. If possible, participate in local senior center activities. Socializing is healthy.

- Be willing to allow the local fire department in to assess your home for safety and arrange to have those necessary repairs changed. Consider a reverse mortgage if you don't have the money for immediate repairs.

- Be open with your children about your abilities, wishes and needs. A counselor is often very helpful in assessing the differences of opinion on your safety/health issues with your children.

- Use a lifeline system to keep you connected to the proper medical help, should you have the need.

- If you need a daily companion, consider sharing your home with another senior.

Because the price of real estate in California is currently soaring, Christner-Lile is also counseling seniors who are at retirement age (55-65) on whether they should sell and take advantage of the high appreciation values of their property. "They haven't really looked at the big picture as to what will do to them tax wise. They are not thinking and planning about a plan that could lead to real big mistakes."

Leaving the home

More than 40,000 Americans search for information on senior
Finding happiness in retirement

BY JOANNE WALDMAN
AND JUSTIN JOHNSON
FOR COUNSELING TODAY

Retirement is more complex than just receiving the gold watch and going off into the proverbial sunset. One of the factors in a successful retirement is work re-orientation: “The degree to which you have emotionally disengaged yourself from taking your personal identity from work.”

In a lifetime, it is a natural process to disengage from work. However, it may be a very difficult process for those who primarily define themselves by their work or those who are “workaholics.” Redefining your self without the benefits of a “title” is a frightening thought for many people. In social situations, and after an introduction, are you often asked, “What do you do?” How will you answer that question once you are retired?

When you retire, it is necessary to shift your perspective from what you do to who you are. How can you move away from a definition of yourself based on your material accomplishments toward a growth definition of self? First, you could say that your worth is not your work and still recognize your workfulness. Next, learn to put yourself first in order to discover your true self.

The internal journey is not easy and takes time along with self-introspection to come up with a new self-definition. Using the expertise of a retirement coach can be useful. At 64, Tim felt that he wanted to start looking at his retirement options, although not yet ready to retire, he was a self-described workaholic and knew that he was not prepared to successfully retire while still so engrossed with his work.

He worked on getting to know himself and his life work again. Through written and verbal exercises and assessments, Tim spent time relearning and discovering his likes, dislikes, strengths and accomplishments. Then he began to design and set goals around his ideal retirement. He planned to phase into retirement by working full time for a couple more years and then gradually decreasing his workload. During that time, he planned to explore new leisure pursuits, decide where to live in retirement and enjoy his grandchildren. Tim committed to learning how to slow down and live life to its fullest.

The idea of a gradual slowdown worked well for Tim, as he could not see himself stopping work one day without a plan to follow. In addition, he found his new definition of himself to be empowering. He had more energy to pursue new things and pursue interests and dreams that had been lost in all those years of work.

Loss is a key element in all transition. In retirement, you may give up your role as a worker and redefine yourself from doing to being. Gradually accepting the loss and planning for retirement will make the transition easier for you.

So ask yourself these questions to see where you are in this process:

To what degree do you feel that you have emotionally distanced yourself from your career?

How much do you see your work as defining who you are?

How much of your personal worth is tied up in your work?

By answering these questions and exploring this issue, you are taking your first step toward your new retirement.

Editor’s note: This article originally appeared in the St. Louis Post Dispatch.

Joanne Waldman, a National Certified Counselor, is a career, retirement and life-planning coach with Retirement Options, Inc., a retirement life-planning and asset management provider. Justin Johnson is the managing director of Retirement Options, Inc. For more information, visit www.retirementoptions.com.
be addressed on an individual basis by resourceful and flexible counselors. For example, these children many times have no place to do homework, so negotiation with classroom teachers on how to get work done may be necessary. Homeless children may also need to have certain school processes re-negotiated, such as leaving class when upset, homework adaptation or working with the school nurse to provide clothing, to name a few considerations.

It has become clear to me that school counselors cannot address or solve all the problems associated with homelessness, but they can work to remove many stresses from the school experience that impact learning and acceptance. Some guiding principles I have found useful for addressing the needs and challenges of children, youth and parents experiencing homelessness include the following:

- **Reduce stigmatization of children who are homeless.** Why not set up a clothes closet, a supply closet and a school supply closet where things that can help normalize the school experience for the homeless can be stored for use when needed?
- **Try to make the school a safe haven for these children.** Helping teachers and other staff understand the problems affecting children who are homeless and how they can give support can promote much needed consistency and security.
- **Help negotiate for policy exceptions at critical times.** Teachers and students alike need time to adjust to changing conditions and instept, so flexibility for limited time periods can become critical.

Consider the whole child, not just living or academics. Individual and group counseling as well as classroom activities designed to increase self-esteem, social skills, awareness of diversity and adjustment to situational stress give focus to other necessary dimensions.

- **Work with parents to develop concrete goals and objectives.** Parents seem willing to help when they don’t feel put down by individuals or the system.
- **Reach out to the community.** Find services available to children and families experiencing homelessness and establish working relationships with community agencies, such as children and youth services, the police department and local shelters.
- **Seek opportunities for early intervention programs.** Early childhood education programs are most beneficial to homeless children and their parents when they include developmentally based curriculum components on developing cognitive skills, creativity, self-expression, problem-solving and self-esteem. These programs can promote bonds and connections that have been broken due to homelessness, helping children to excel in school and develop positive relationships with their peers.

I never felt competent to counsel homeless children or their families before exploring this literature and having multiple conversations with faculty, developmental setbacks or who need encouragement and direction to envision and reach their potential. We are patient. We are sensitive. We are unpresumptuous. However, as a group of thousands, we are strong and can, if focused, be effective in addressing legislative and other issues on the local, state, national and international levels.

So "The Who" is more than a rock group. "The who" is us, not just a few of us, but all of us as the American Counseling Association. We are as robust as our weakest member, so we need to reach out, invite and assist each other in growing together. "The who" of us is an evolving entity. As we reach out and achieve greater professional identity, strength and recognition, we do so to hopefully make "the who" of others better and society more humane, socially just and open. I look forward to joining with you as we journey into the year ahead and discover, as well as address, the possibilities and the potential in "the who" of counseling and life.

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**Student Focus**

Continued from page 7

**President**

Continued from page 8

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**McGraw-Hill Education**
Intergenerational activities prove beneficial to young and the young at heart

BY ANGELA KENNEDY  
STAFF WRITER

"Sometimes I drop my spoon," said the little boy.
"I do too!" said the old man.
"I wet my pants," said the little boy.
"I do that too," laughed the old man.

"But worst of all," said the little boy, "it seems grown-ups don't pay attention to me."

And he felt the warmth of the wrinkled old hand.
"I know what you mean," said the old man.

"Little Boy and the Old Man," Shel Silverstein

Quality time spent between older adults and young people in the United States has become increasingly rare. With many individuals moving around the country for better job opportunities, grandparents don't always live in the same towns as their adult children and grandchildren. Because the interaction between the generations is decreasing, young people often don't understand the needs and abilities of older adults, and older adults often forget the positive emotional benefits of being around young children.

Research shows that children need four to six involved, caring adults in their lives to fully develop emotionally and socially. Intergenerational programs can help build those healthy relationships.

"One of the things that these programs do is that they promote developmental moments for everyone involved," Christine Moll, past-president of the Association for Adult Development and Aging said. "For youngsters, they learn about aging, positive role models and how to communicate and engage socially with someone who is outside their family circle. For older more seasoned adults, they feel needed and they have a sense of contribution back to the community. They learn about a generation that they may have lost touch with and have hope for the future. It also gives them a sense of purpose."

Intergenerational activities increase cooperation, interaction and exchange between people of different generations. Moll noted that older adults can share their different life perspectives with young people. With their collected life experiences, seniors are able to guide and advise the younger generations during difficult times - as the kids would say, they have been there and done that.

Seniors can also teach children academics, culture and life morals. In return, the older adults form a connection with younger generations and perhaps learn about new technology and trends. These programs also give seniors the satisfaction of knowing they have helped positively influence today's children as they grow into tomorrow's adults. Moreover, the caring and lasting friendships that emerge from these encounters are mutual benefits to all parties involved.

Intergenerational programs can be found in many different environments such as child care centers, senior housing facilities, intergenerational care centers, schools and youth centers. Many of these places have established volunteer programs to unite diverse generations.

Children benefit from these programs by:

- Learning firsthand about the skills and physical capabilities of older persons.
- Learning that not all older people are alike.
- Seeing positive role models of aging adults.
- Feeling more secure about being home alone when paired with an older adult as a phone friend or neighborhood partner.
- Learning how to handle situations and emotions they face today by listening to an older adult talk about past experiences.
- Learning skills that would be lost if not passed down from generation to generation (carpentry, storytelling, quilting, etc.).

Intergenerational programs allow older adults to:

- Meet people with common interests.
- Develop new child-rearing skills to use with their own grandchildren.
- Achieve a sense of fulfillment by passing on life experiences and skills to others.
- Earn extra income or make a valuable volunteer contribution.

These programs also strengthen the bonds within the community by promoting multiculturalism and tolerance, preserving history and increasing awareness on matters that affect both young and old. Interaction between generations allows people to see young people and senior citizens as untapped resources instead of troubled youth and old burdens.

Each year, more than 2,000 people participate in programs that promote productive aging, family support, positive youth development and lifelong learning services. These older adults are more educated, active and healthier than elders of decades past. They can have a tremendous impact on society by choosing to be active mentors to younger generations. Older adults may serve as literacy tutors, parent outreach workers, historians, after-school volunteers and child care aides. They can provide in-home support to teen mothers, parents who have been reported for child abuse or neglect, families caring for children with disabilities and chronic illnesses.

Free intergenerational activity kits are available online at www.legacyproject.org/agency/aktsonline.html. The kits are part of the Legacy Project's Across Generations series.

Additional resources:

- The Legacy Project: www.tecpnow.com/activitykits.html
- Generations United: www.gu/agency.html
- Senior Corps: www.seniorcorps.org/index.html
- Science Across the Generations: www.oasisnet.org/volunteer/science.htm
- Elderhostel: www.elderhostel.org/programs/intergenerational_default.asp

The Legacy Project is a non-profit organization dedicated to strengthening the bonds within the community by promoting multiculturalism and tolerance, preserving history and increasing awareness on matters that affect both young and old. Each year, more than 2,000 people participate in programs that promote productive aging, family support, positive youth development and lifelong learning services. These older adults are more educated, active and healthier than elders of decades past. They can have a tremendous impact on society by choosing to be active mentors to younger generations. Older adults may serve as literacy tutors, parent outreach workers, historians, after-school volunteers and child care aides. They can provide in-home support to teen mothers, parents who have been reported for child abuse or neglect, families caring for children with disabilities and chronic illnesses.

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2004, the federal government spent $10.1 billion on the program, covering just above 19 percent of special education costs. Senate HELP Committee Chair Judd Gregg (R-N.H.) and ranking member Edward Kennedy (D-Mass.) purportedly avoided getting into the funding debate in crafting the re-authorization legislation approved by the committee, thus deferring the issue until Senate floor consideration.

During Senate debate, Sens. Tom Harkin (D-Iowa) and Chuck Hagel (R-Neb.) sponsored an amendment, which the American Counseling Association supported, to provide $2.2 billion increases in "IDEA" funding during the next six years to reach the 40 percent mark. Unfortunately, the Harkin-Hagel amendment did not include offsetting cuts to pay for the mandatory spending increases it would have required, thus violating budget rules. A vote of 60 senators is needed to waive such rules, and the amendment's supporters fell four votes short of this mark.

Although the Harkin-Hagel amendment failed, the Senate did adopt a competing amendment by Gregg that would authorize — but not require — discretionary funding increases to reach the 40 percent support mark by 2011. This provision, adopted by a 96-1 vote, is similar to one included in the House bill, H.R. 1350.

The Senate also approved four other amendments to "IDEA":

■ A Gregg amendment to allow school districts to recover attorneys’ fees when a parent files a "frivolous" lawsuit that alleges a child with a disability has received inadequate schooling. The definition of a "frivolous case" would be based on legal precedent. Current law only allows parents who win their cases against schools to collect attorney’s fees. The same is not true for a school system that wins its case. Many districts complain they must incur high legal costs when parents hire lawyers to represent them in such cases. The Gregg amendment does not cap attorney’s fees allowed under "IDEA."

■ An amendment by Sen. Patty Murray (D-Wash.) to help ensure that students transferring between school districts receive the services called for in their individualized education plans. The amendment is targeted primarily at homeless or foster children and those whose parents are in the military.

■ An amendment by Sen. Rick Santorum (R-Pa.) to allow up to 15 states to obtain waivers from the Department of Education to reduce paperwork requirements for dealing with students with disabilities. The House bill would authorize a 10-state demonstration project to reduce paperwork.

As was true of the version of the legislation approved by the HELP Committee, the Senate-passed "IDEA" bill (previously referred to as S. 1248) is viewed by advocates as an improvement on the House bill (H.R. 1350). To cite just three provisions, the Senate bill would require schools to conduct a behavioral assessment to determine whether a child’s violation of school conduct codes is the result of a child’s disability or of a school’s failure to implement the child’s IEP. The House bill does not contain this provision. Although both the House and Senate bills would allow schools to suspend students for behavior violating a school’s conduct code, the Senate bill would require that schools consider the impact of a child's disability when deciding to change his or her placement following such violation. The Senate bill also includes funding for school to expand the use of behavioral supports and school-wide behavioral interventions in order to more proactively address student behavior.

Unfortunately, neither the House nor Senate "IDEA" bills maintain the current law requirement that state standards for "related services personnel" (including school counselors) be based on the "highest requirements in the state applicable to a specific profession or discipline." ACA is continuing to work alongside other organizations in an attempt to address this issue and to ensure that school counselors and other related personnel are eligible for professional development programs and assistance.

Now that the Senate has passed its "IDEA" bill, a conference committee comprised of members from both the House and Senate must meet to resolve the differences between their respective chamber's bills. The final version of the legislation developed by the conference committee, referred to as the "conference report," must then be passed by both the House and Senate. It is this version of the legislation that, once passed, goes to the president for his signature to become law.

At this point, it is uncertain if or when the conference process will occur. Two obstacles stand in the way of a quick conference agreement. One is the calendar: with scheduled recesses, there are few legislative days left in the Congressional schedule.
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Counseling Today Quiz — July 2004

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

“Washington Update”
1. The Senate first held hearings on IDEA reauthorization _ ago.
   a. 6 months
   b. 1 year
   c. 3 years
   d. 15 years

2. Currently, _ of funding for the Elementary and Secondary School Counseling Program is allocated to elementary school programs.
   a. 25%
   b. 50%
   c. 75%
   d. 100%

3. American Counseling Association members organized a demonstration in support of mental health parity in _
   a. Iowa
   b. Madison
   c. Chicago
   d. All of the above

4. Griffis describes her experience directly after her husband’s death as:
   a. “a combination of Postpartum depression and traumatic shock”
   b. “a time when I learned the meaning of hope”
   c. “I did not think it would never end”
   d. None of the above

5. In this interview, Griffis mentions all of the following as major issues for surviving spouses EXCEPT:
   a. choosing where to live
   b. guilt
   c. self-image
   d. dating and relationships

“Life after retirement”
6. The article states that “chronic medical conditions can _”
   a. cause depression.
   b. mask existing problems.
   c. cause embarrassment in an ongoing substance abuse group.
   d. All of the above

“A sneak peek at the new ACA president”
7. The author describes Gladding as:
   a. passionate about life
   b. a Renaissance man
   c. reflective and insightful
   d. uniquely qualified

8. Gladding says _ leads to the betterment of society.
   a. scientific thought
   b. independent thinking
   c. communication
   d. creativity

“Leaving home: counseling seniors during life transitions”
9. Donna Christner-Lile began her real estate career because:
   a. she was interested in the link between homes and personal psychology.
   b. she needed to provide for her family.
   c. Both a and b
   d. None of the above

10. Christner-Lile advises clients to:
    a. move in order to avoid isolation.
    b. move when the home becomes difficult to maintain.
    c. move to new homes so they can move on with their lives.
    d. stay in their homes for as long as they safely can.

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I would recommend this home-study program to others __________

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Yes No

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Life after retirement
Counselors address the needs, challenges of aging adults

BY ANGELA KENNEDY
STAFF WRITER

According to AARP, approximately 1 million people reach 60 years of age every month. Medical advances and society’s focus on health has improved longevity and quality of life among older adults. However, it is estimated that only half of older adults who acknowledge mental health problems actually seek help, and only 3 percent of those receive specialty mental health services. To provide the best care to those individuals who do seek help, there are many factors for counselors to consider when working with older adults.

Dispelling the myths

“There are apparent shifts in expectations of what ‘growing older’ means, as well as a new understanding of personal expectations of self, family, friends and society,” said Marie Wakefield, immediate past-president of the Association for Adult Development and Aging. “Therefore, it is important for mental health care providers to separate the myths and stereotypes from the existing needs of the aging population.”

She noted that the period of time between early adulthood and old age constitutes 75 percent of one’s lifespan, yet much of what most individuals know about this period of life is based on myths. “In our society, some believe the aged population to be less capable, less healthy and less alert, while others perceive them as carefree, always playing golf, on vacation or resting on the benevolence of others for support.” She added that older people are often stereotyped in print and on television as feisty, ineffective, helpless, forgetful, frail and irrelevant. “Erroneous and hurtful pictures of the ‘old gozer’ distort the truer images of older people who are active, flexible, relevant, culturally involved and an important contribution to our society,” Wakefield said. Other negative stereotypes about aging and the elderly include:

- Aging brings illness resulting in poorer health and disability.
- Aging means a reduction in mental sharpness.
- Older adults are more depressed than younger adults.
- Change of habits when you are older does not help because the damage is already done.
- There is a decline in sexual desire, interest and physical capability to engage in sexual activity.

“Each person’s aging process is unique and personal needs vary greatly from one older adult to another,” Wakefield said. “As the population of older people continues to grow and expand, conclusions of the characteristics, needs and services cannot be captured through the eyes of myths that promote erroneous stereotypes.”

Many mental health conditions once thought to be a normal part of aging are actually treatable and even preventable. Increased physical activity, a balanced diet and a healthy lifestyle can bring benefits at any age, including a reduced risk for some mental illnesses. By taking part in social activities, volunteering or taking up a new hobby, older adults can reduce the risk for conditions such as depression and Alzheimer’s disease or other forms of dementia.

Getting older

Pam J. Matthews, a counselor educator with the University of Arkansas, said that as specialists in developmental issues, counselors should be aware of various attitudes of aging, especially the cautious attitude versus fearful deterioration. Other issues to examine include:

- Consciousness: What does the client think about growing old? Is it positive or negative?
- Control: Is the client able to adapt to changes in and out of his or her control?
- Change: How does the client attempt to control his or her life and implement a vision for aging successfully?

There are signs that indicate a client has a healthy perspective on aging, Matthews noted, which include feelings of life satisfaction, a caring social support network and an active lifestyle within the community or with their family. Counselors should be aware of a client’s life changes, losses or loneliness and other instances that may trigger feelings of depression. Additional issues that counselors should keep in mind are:

- Dementia and Alzheimer’s: counselors should be aware of the differences from depression and the effects on the caregiver and the client.
- Interpersonal relationships
- Spiritual or religious support systems
- Guardianship or caregivers
- Living environment

Caregivers

As we continue into the 21st century, 76 million baby boomers will become seniors. Today, close to one in four families is responsible for providing care to a relative or friend. With that number on the rise, counselors should be prepared to see more of those caregivers seeking mental health services for themselves as well as the senior. Caregivers often experience feelings of guilt and a sense of burden, and it is estimated that 46 percent of caregivers are clinically depressed, especially those attending to the needs of someone diagnosed with Alzheimer’s. “You have to think family systems theory when working with older clients and their caregivers,” said David Kaplan, ACA’s associate executive director for professional affairs. “Counselors need to bring the caregivers into the sessions and get them involved. We have to recognize them as an important part of the client’s well-being.”

Counselors can collaborate with the caregiver by:

- Assisting with plans and decision-making for the senior client.
- Providing emotional support as well as resources for medical information.
- Recommending support groups.
- Encouraging maximum independence of the elderly client.
- Encouraging activity for both the client and caregiver.
Substance abuse

Wendy K. Enochs, a licensed counselor and assistant professor of counselor education at Emporia State University in Kansas said that alcohol is the most commonly abused substance among older adults.

"However, research indicates that older adults (above age 55) account for less than 3 percent of the number of people seeking services for substance abuse disorders," she said, noting that many older adults have negative connotations associated with seeking treatment and many still have a stigma attached with asking for help.

"In addition, when the counselor is much younger, the older adult may wonder, "What can this person do for me? He or she is so young and has not had many life experiences," she said. "The generation gap in and of itself can be one barrier to treatment, along with gender, race and the fear that going to a counselor means 'I'm crazy.'"

She noted that older clients might not be comfortable in a substance abuse group where younger members are present. "Because older adults often are more ashamed about having a substance abuse problem, treatment should be supportive and non-confrontational."

The treatment program should take this outlook into consideration and aim to provide

- A positive support system.
- Family involvement and support.
- Age-appropriate activities that take into account both the cognitive and physical limitations.

"The pace of treatment may need to be slower for older clients who experience problems with comprehension. Counselors also need to consider how the older adult's worldview and values and beliefs will impact treatment," said Enochs. "Getting the family involved is key in assisting the client to have people he or she can contact, should problems arise. Oftentimes, substance abuse problems run in families, and by understanding family dynamics, the counselor can assist the client in dealing with both positive and destructive factors within the family."

Enochs added that loneliness and isolation are two risk factors for relapse that need to be addressed in treatment. Counselors should be aware of support groups that meet the needs of older adults in their communities. Older adults need to feel respected and comfortable discussing their issues and may benefit from a support group of their peers.

"Because depression and suicide go hand-in-hand with substance abuse, counselors who are treating older adults for a substance abuse disorder need to ask the right questions regarding feelings of depression," she said, noting that many people believe that teen-agers or young adults are more likely to attempt and/or commit suicide. "However, the number of deaths ruled a suicide — and this does not include deaths that are ruled accidental to spare the family from stigma — is highest for older adults."

Counselors need to understand the needs of this population in order to provide effective treatment to this growing segment of society. Kaplan added that seniors are not just older versions of adults. "This population has very special needs that must be taken into consideration. Their mind-set is unique and therefore the therapeutic relationship is, too."

Tips for finding local resources:

- Talk to other professionals in your area
- Department of Human Services
- Area agencies on aging
- Hospitals and home health providers
- Medical equipment agencies
- Legal services
- Adult protective services

Helpful resources:

- Medicare/Social Security
  800.772.1213
- Medicare Fraud/Aware
  800.482.5525
- Questions: Medicate
  800.MEDICARE
- National Institute on Aging Public
  Info 800.222.2225
- American Association of Retired
  Persons 202-434-2277
- Administration on Aging,
  Washington, D.C. 202-619.0556
- Eldercare Locator 800.677.1161
- Discount Drug Programs
  800.865.7211

between now and the target adjournment date of Oct. 1. Second, tensions are rising between the two political parties on Capitol Hill. After being all but shut out of previous House-Senate conferences, Senate Democrats have expressed their desire to have a pre-conference agreement in writing before they move forward in appointing their conferences on "IDEA."

For more information on the legislation or on ACA's work on this issue, contact Chris Campbell at 800.347.6647 ext. 241 or by e-mail at ccampbell@counseling.org.

* Perkins Act re-authorization bill introduced*

On June 3, House Education and the Workforce Chairman Mike Castle (R-Del.) introduced H.R. 4496, the "Vocational and Technical Education for the Future Act," to re-authorize the Carl D. Perkins Vocational and Technical Education Act of 1998. Thankfully, the bill does not call for scrapping most Perkins programs as proposed earlier in the year by the Bush administration. The bill does contain provisions that are of concern to the American Counseling Association and other advocates for career and technical education.

H.R. 4496 would:

- Combine the Tech-Prep and Perkins Basic State Grant programs into one funding stream, thus eliminating separate funding for Tech Prep.
- Establish funding authorization levels for the Perkins amount as was appropriated for Perkins programs for FY 2004, essentially freezing program spending.
- Decrease the percentage of funding allowed for state administrative costs from 5 percent of the state's total allocation to 2 percent, constituting a 60 percent reduction in funding.
- Establish a new local accountability system, under which recipients would be required to report progress on achieving performance measures on an annual basis.

The bill also appears to preclude funding of programs not culminating in a certificate or degree (such as skill-upgrading or non-credit courses) and to restrict career guidance and counseling for students in selecting high school coursework.

ACA is closely reviewing H.R. 4496 and is working in coalition with other organizations on re-authorization. ACA is part of the Career and Technical Education Coalition (CTE), a group of national organizations working on "Perkins" re-authorization. In June, CTE developed a common set of broad principles in support of improving career and technical education policy to be shared with lawmakers, which ACA signed on to.

With respect to career guidance and counseling, the Coalition Principles document states:

"A re-authorized 'Perkins' should strengthen support for unbiased career guidance and counseling, access to career and academic information and planning resources, outreach to students pursuing nontraditional training in programs that educate individuals for high-skill, high-demand fields, and support for local and statewide initiatives that increase student awareness of careers. Counselors, teachers, parents and students value career information as a key tool in making decisions such as determining labor market demands and the future of potential career paths, identifying financial aid information, comparing postsecondary options and aligning the education of students with their future career and economic needs in relation to self-sufficiency."

In addition to CTE, ACA is part of a smaller ad-hoc group of organizations with a particular interest in career information and career counseling contained in the "Perkins Act." During the next year, ACA plans to work with these organizations to ensure that career guidance and counseling services remain a strong component and continues to be eligible for funding under the "Perkins Act."

For more information on this issue, contact ACA staff Chris Campbell (800.347.6647 ext. 241, e-mail: ccampbell@counseling.org) or Scott Barlow (800.347.6647 ext. x234, e-mail: sbarlow@counseling.org).

ACA leads effort to gain support for "ESSCP"

Although the Senate has yet to reach agreement on a budget blueprint for the year, the House has passed a budget and is beginning to divide up spending allocations within that budget through the appropriations process. The American Counseling Association and other education advocacy organizations are working to try to protect important programs as the appropriations bills move through committees. In June, ACA drafted and sent a letter to members of the House Appropriations Subcommittee on Labor, Health and Human Services, and Education, requesting increased funding for the "Elementary and Secondary School Counseling Program" in FY 2005.

The letter, addressed to House Appropriations Subcommittee Chairman Ralph Regula (R-Ohio) and Ranking Member David Obey (D-Wis.), requests sufficient funding to allow middle and high, as well as elementary, schools to benefit from this program. Currently the "ESSCP" is funded at $33.8 million. Because the first $40 million in spending allocated for "ESSCP" must be devoted to elementary school programs, middle schools and secondary schools have yet to receive any support.

In addition to ACA, the letter was signed by the American Academy of Child and Adolescent Psychiatry, the American Psychological Association, the American School Counselor Association, the National Association for College Admission Counseling, the National Association of School Psychologists, the National Association of Social Workers, and the School Social Work Association of America. A copy of the letter is available on ACA's public policy webpage at www.counseling.org/public.

ACA is meeting with members of the House Appropriations Committee to encourage increased funding in current year appropriation. For more information on "ESSCP"
Medicare reimbursement of licensed professionals has launched a renewed grassroots level. The American Counseling Association impacting Medicare legislation recently. Several mental health advocates gathered in rallies in Minneapolis, Madison, Wisconsin, Chicago, Cleveland, and Pittsburgh in support of mental health parity legislation. American Counseling Association members also organized a demonstration in Iowa.

Rally organizers are still exploring dates to reschedule the event for later in the summer. Stay tuned to www.counseling.org for public information.

Medicare meetings

Counselors throughout the country are impacting Medicare legislation from the grassroots level. The American Counseling Association has launched a renewed grassroots campaign in support of Medicare reimbursement of licensed professionals. Thousands of ACA members received letters from Mark Pope, ACA's immediate past-president, asking them to call their U.S. Representatives to ask them to introduce legislation equivalent to the "Seniors Mental Health Access Improvement Act." S. 310, introduced in the Senate by Craig Thomas (R-Wyo.). If you received such a letter and have not yet made a two-minute call to your Congressman, it's not too late! We need to dramatically increase House support for Medicare reimbursement legislation if we are to ultimately succeed on this issue.

The leaders of several state counseling associations, along with their counterparts from state mental health counselor associations, also received a letter from Pope and American Mental Health Counselors Association Immediate Past-President Gail Adams asking them to visit their members of Congress in support of Medicare coverage. Many counseling leaders answered the call by scheduling appointments with one or more representatives in their state to urge them to sponsor counselor coverage legislation. The campaign is an unprecedented unification of state and national mental health counseling association leadership. ACA and AMHCA are grateful to all counselors who have voiced their support for this important legislation by calling or visiting their members of Congress.

For more information, or to learn how you can become involved, contact Dara Alpert in ACA's Office of Public Policy and Legislation at 800.347.6647 ext. 242 or e-mail dalpert@counseling.org. ■

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Student Focus
Continued from page 12

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

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

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Until the ‘sunset’

Helping persons who are older and their caregivers to cope with Alzheimer’s, other forms of dementia

BY DAWN PENNINGTON
EDITOR-IN-CHIEF

The recent passing of former President Ronald Reagan awakened a nation to perhaps the greatest love story of our time — the lasting relationship with his wife Nancy, which endured not only his film and political careers, but also his decade-long struggle with, and subsequent loss to, Alzheimer’s disease.

The most common form of dementia, Alzheimer’s is a progressive, irreversible and fatal brain disorder, according to the Fisher Center for Alzheimer’s Research Foundation (www.alzinfo.org). The center also estimates that Alzheimer’s affects about 10 percent of people who are 65 and older, with the prevalence doubling roughly every 10 years after age 65.

Who is at risk?

According to the Fisher Center, half of the population ages 65 and up may have Alzheimer’s. Age and family history have until recently been the greatest predictors of who will develop the disease, which typically strikes after age 65. On the other hand, half of people with the far more common late-onset form have no family history, and a recent study shows that emotional distress may increase one’s risk for developing Alzheimer’s.

The study (www.alzinfo.org/news/12_08_03.aspx) showed that those who suffered from depression, anxiety or other similar symptoms were twice as likely without diabetes to develop Alzheimer’s. A summary of this study is available at www.alzheimers.org/niaw啥niaw啥65.pdf. It has also been suggested that diet, exercise, environment and viruses may contribute to the development of this disease, and research is continuing in those areas.

Until the ‘sunset’

After President Reagan’s Alzheimer’s was diagnosed a decade ago, he gave his now-legendary speech about how the disease would lead him into the sunset of his life. Even then, the look of fear in his eyes was apparent, noted Charlene Kampfe, an associate professor in the Department of Special Education and Rehabilitation at the University of Arizona in Tucson. “Even in the early stages of Alzheimer’s, there’s a fear of losing yourself,” she said, recalling a television interview with a personal friend of the former president who noted how the look in his eyes changed over time from one that was vibrant to one that was fearful.

A mixed blessing occurs when the look of fear and being lost is replaced by a lack of recognition about the changes taking place. “There is an awful stage where you know you are losing (your memory), and then you don’t recognize that anymore,” she said. “A time comes when they are no longer who they were, but they are no longer worrying about losing themselves because they have progressed to another stage.”

The same mixed blessing also applies to the adult children and grandchildren, where family members may unknowingly find that they are relieved because they don’t feel that they have to remind their loved one that he or she is succumbing to his or her illness.

“It is important to remember that, with short-term memory loss, the individual may repeat things, and anyone who acts as a caregiver must learn that being in the present is very important,” Kampfe said. “If you hear a story eight times, then saying, ‘You said that already,’ won’t help. You have to enjoy the moment (that you still have that person).”

She experienced this personally when her grandmother experienced memory loss. “She would tell stories about when I was a little girl, and we would laugh. Then she would tell it again. What I would do is think to myself, ‘It was just as funny as the first time you told it to me.’ I would hear it for the first time again — so I didn’t embarrass her.

“We have trouble being totally present in the moment,” she continued. “Be in the moment with the person. You may become frustrated, but know that there is nothing that they can do about it. Be there at that very moment every time.”

Losing one’s way

Kampfe noted that the fear seen in President Reagan’s eyes in the early years of his illness was a valid one stemming from not only loss of self, but also a fear of losing those around him, specifically the people upon whom he increasingly depended. These are common emotions of those suffering with Alzheimer’s, especially the individuals whose ability to communicate may also start to decline.

“Feeling safe is such a crucial need. They tend to want to have their spouse or one person near all the time,” she said.

Whether they are experiencing dementia or not, persons who are older may lose their ability to enunciate or otherwise speak clearly sometimes as a result of a stroke or other debilitating conditions. “When people have trouble speaking, people often walk by them, assuming they are babbling and not speaking,” Kampfe said. With her clients, she noted that it is the counselor’s and caregivers’ jobs to give that person face time even when what they may be hearing initially doesn’t make sense, “I listen and paraphrase — is there something that I should understand? I’d mirror what they say or the sounds they are making. I’d say directly that I respect that you have something to say. And soon enough, a word would come out of their mouths,” she said. “Listen even when you don’t know what you’re listening for — any moment of communication has a thought of some kind behind it.”

Losing one’s memories or voice, however, does not and should not mean a loss of autonomy. Whenever it is possible for the senior to make or participate in a decision — particularly in relation to his or her care and living situation — they must be involved to the greatest extent possible in owning whatever decisions are made on their behalf.

“The key is respecting the individual and their autonomy and not taking it away,” Kampfe said. “Any kind of choice is good, unless they are at the place where they are uncomfortable in choosing, but they must feel empow-
ered to make that choice, too.”

She noted, though, that “As much choice as they can have, they may not be able to choose to go into care. But the opportunities are such that they might choose the facility, their room, which furniture to take to their room, and/or even their décor, insofar as pillows, bedding, curtains, etc. They may also choose to not bring anything personal at all.”

While thousands of seniors are able to live independently and/or with their spouses or adult children, sometimes it becomes obvious to their families that they may require a certain level of care in order to ensure their safety and well-being. Sometimes that means finding a long-term care facility.

A division of the American Counseling Association, the Association for Adult Development and Aging leaders and members have acted as “gentle warriors” in striving to make conditions better for people in long-term care facilities, Kampfe said.

She noted that there are six types of facilities, that take into consideration an individual’s level of need and how much they or their families can afford, including rehabilitation facilities, intermediate or skilled-care facilities, retirement centers, retirement homes, institutions and hospitals. Whichever decision is the right one, she noted that “They should be involved in the planning and not be talked about. People with dementia still have lucid moments, but you never know when they will happen.” Therefore, it is best that decisions be considered during those times, along with communicating with the individual about those feelings of fear and loss that they are experiencing. Talking about their feelings and about what is happening and what they want to happen while they still have the ability establishes a much-needed feeling of security for the person whose world is changing.

Kampfe suggested that family members accompany the individual on visits to care facilities, particularly around mealtimes and social activities. Seeing the move into a home, whether it will be temporary or permanent, as an opportunity to be among others with whom they can relate and have fun as well as constant access to care can ease some of the individual’s fears.

**Awareness is everything**

Older people, in general, and those with a form of dementia in particular, may experience frustration when they feel they are being overlooked, avoided or simply not taken seriously. Younger generations may forget that their elders have the ability to make that choice, too.”

Some tips for counselors working with older clients, which may be shared with caregivers:
- Listen to the individual.
- Talk to, not at or about, the client.
- Use a respectful, not overly sweet or “gooey,” tone.
- Acknowledge him or her as an adult.
- Accommodate requests for help, comfort or information.
- Take his or her concerns seriously.
- Consider their ideas for change.

While encouraging open communication, Kampfe noted that caregivers must respect the individual’s privacy. Having someone walk into their room without knocking, not having a key to lock one’s room or closet, not having a space that is free from interruption for grooming or sexual activities or being observed through a one-way mirror (whether they know it or not) are intrusions on their quality of life. It is equally disrespectful to assume that all older people are “sweet,” that they receive consequences for their actions, that their talents and abilities aren’t valuable, that they are “elderly” or “aged” or that they are to be criticized for uncontrollable actions (i.e. incontinence). Kampfe has a package of information on empowering persons who are older, particularly in long-term-care settings, that counselors can request via e-mail at akampfe@u.arizona.edu.

**Caring for the caregiver**

The Alzheimer’s Disease Education & Referral Center recently announced that enhanced counseling and support interventions have been proven to drastically decrease long-term depression risks among caregivers (www.alzheimers.org/nanews/enews64.html). Initially, the counseling included weekly support groups and two individual and four family counseling sessions; after the initial phase, they had access to supports as needed. This group fared better than a group that did not receive counseling, with 29.8 percent from the first group showing symptoms of clinical depression, compared with 45.1 percent from the second group.
Before you head off on vacation, take advantage of your ACA member discount on these specially priced best sellers. For the month of July only, ACA members will receive additional savings off the already low ACA Member Price when ordering any of the books in this ad.
advantage in the classroom was having large chains and open desks, not the grade-school kind with the attached lid, so I could prop my leg up and be somewhat comfortable. The bathroom was another story, though. The first obstacle was figuring out how to open the heavy wooden door; the second obstacle was choosing a stall that I had a chance of getting in and out of in this ADA-noncompliant restroom. After a day of feeling humiliated and helpless, I was ready to take my crusts and start smashing in the glass-and-steel outer door that I could only open by butting it with my head.

The greatest adventure was yet to come as I realized I still had to figure out ways of moving around in society, or else become a hermit stuck in my house. Thankfully, other establishments do provide wheelchairs or other power-assisted vehicles and no stairs for me to get stuck on. Needing to feel like I was part of society again, I jumped (symbolically) into a courtesy wheelchair and went shopping with my husband. For a moment, I felt some type of freedom, because I could follow almost screen around my waist. Where I was new in the world of ability. It wasn't like I didn't know that people with disabilities faced many difficulties, but now I'd felt a piece of it, experienced the anger and frustration, humility and pain, and I just wanted to dare someone to tell me that I had done this to myself. I realized how quickly and easily someone could take advantage of me, because my choices for fighting back were severely limited. I had to rely on others around me and hope they'd be willing to give me a chance.

Now, in the midst of this, I had some accomplishments; I learned just how versatile I could be on one foot; I learned how to carry multiple items by clamping them all over my clothes; I became an expert at "crutch gymnastics." Life didn't end just because my leg was useless for a time. And I could still be who I was, with just a few modifications. However, these are accomplishments that only I and the people close to me enjoy; those outside who refuse to look at me won't acknowledge them, won't value them, won't bother to look for them.

And I also have the comfort of knowing that in a short time, my "disability" will vanish. I'll have the luxury of becoming the invisibly visible majority, where no one will notice me as "different," yet everyone will see me going along. I could go on and forget about this whole experience, but I would lose a part of who I am. This is why I decided to write this, to help remind myself and others of any majority that we can't afford to have selective vision. It's up to us not only to see, but also to get others to open their eyes as well.

Reader Viewpoint

Continued from page 9

Carver as examples of people in science who were ingenious and who altered our society with their creative minds. "On the social scene, Martin Luther King and Mahatma Gandhi dared to dream and thus inspired, as well as, transformed individuals and groups in the United States and India," he said. "The same kinds of processes go on in counseling too. Carl Rogers, Virginia Satir and B. F. Skinner broke away from the safe and acceptable norms of their day and, in doing so, gave us new and productive ways of working with clients."

Gladding noted that counselors who use the arts, such as music, painting and literature to connect with clients often help those clients see the world differently and more positively while simultaneously empowering them. "Creativity while considered by many an intangible, is really practical originality. When it materializes, it becomes a force that leads to the betterment of society," he said. Research shows that:

* Creative people share many of the same characteristics as psychologically healthy people.
* Creativity can be taught and encouraged.
* There are many creative techniques that counselors can employ to encourage the development of people and processes.

Taking that knowledge, he believes that counseling can be conceptualized as a joint process of creation between counselors and clients. He began to see the benefits of creative counseling when he was a full-time clinician and his clients could demonstrate their art and drama that facilitated change within their lives.

"Those experiences awakened me to what people find meaningful and the power of creativity. So, I was as professional counselors and the ACA to look at creativity this year because it is an often-underutilized and underappreciated force in society and in our practices," he said. "Creativity can improve our mental health and give us a new perspective on life. It is something we can learn or teach, and it can be a major component or an adjunct in the work we do. It fosters resilience and highlights abilities. If we are going to help make changes in ourselves and those with whom we work and in society, we must go beyond the mundane and dare to envision the possible. That means at least entertaining the potential and potency of creativity."

Getting down to business

With declining membership, the ACA has found itself facing some serious problems. "I want to work closely with our public policy and legislative committee, too, on this and other matters. We are close to achieving success on a number of legislative fronts, and we need to continue our efforts to have counselors licensed in the remaining three states."

In addition, he wants to see ACA and the membership become more focused on research within the counseling profession. "Often we talk about issues in counseling and that is fine, however, unless we center our attention equally on research we will never achieve the status or possibilities that I believe are a part of who we are collectively. I especially want to help highlight this year the research of our Practices Research Network and what they have found to regard to what we as counselors do."

His term goals include:

* Strengthening the profile of counseling and recognition of what counselors do.
* Developing a greater appreciation of and celebration of cultures, especially multicultural and international counseling.
* Having an active and persistent presence in legislative matters that pertain to improving the status of counseling, e.g., licensing, managed care and parity.
* Cooperating with divisions on strategies to promote ACA counseling specialties (e.g., school, mental health, rehabilitation, career, marriage and family, addictions).
* Publicizing the accomplishments of counselors (e.g., outcome research, social justice initiatives).
* Being sensitive and as responsive as possible to the needs of ACA members by working with the ACA staff to provide them with the best possible beneficial services and programs (e.g., publications, videos, conventions).
* Cooperating and collaborating with other related counseling organizations such as NBCC, CACREP and Chi Sigma Iota.

The question Gladding is now facing is how to implement these objectives. "If we as ACA are to succeed, we need to be very mindful that our success will take both creativity and hard work. One person cannot do the job, but many passionate minds dedicated to the multiple tasks of promoting the association can."

He encourages ACA members to share their ideas and suggestions on how to work with him to improve the association. "We do not have a lot of money for new initiatives. In fact the budget is set and tight. However, some of the best ways of work..."
How much can you do for your aging parents?

Recent improvements in health care and lifestyles mean more of us are living longer. It's no longer uncommon for families to have one or more parents living into their 70s, 80s and beyond. One challenge of this change is that aging parents bring increasing demands on grown children who are facing their own personal work and family responsibilities.

Today's senior citizens live in a variety of situations. Most live independently with little or no help from their adult children. But there are also growing numbers of older Americans who, as their physical or psychological health changes, do require help.

That needed help can mean anything from an assisted living setting to moving in with an adult child's family to simply requiring more visits and assistance from a child. But regardless of the level of help required, it almost inevitably brings new demands, anxiety and stress to adult children. The question often asked is, "Just how much can I do without neglecting myself and my family?"

It's an important question with ramifications for not only your aging parent but also for you and your own family. As much as it may hurt, we have to remember that our own immediate family (spouse, children) is our main priority and one that should not be neglected for a significant amount of time. While emergencies such as illness may require a great deal from an adult child, there are also times when adult children may be "guilted" into doing more to help aging parents. The result can be the use of a great deal of emotional energy and time that really is needed for one's own children.

It's important to recognize the difference between caring for a parent with real needs — such as home hospice care — and a demanding elderly parent who insists that you "owe" help when and where he or she wants it. In the latter case, the ongoing list of demands will be never-ending, and the result will only be anger, frustration and resentment toward the parent by not only the enabling adult child, but also his or her spouse and children.

If you find yourself in that hard place between an aging parent with his or her needs and the demands of your own life and family, then try to step back from the emotional issues and look logically at alternatives that might be available:

- Do you have one or more siblings who may be able to help? Even if not geographically or emotionally close to your parent, they may surprise you by being able to contribute in various ways. Or they may not. Take the high road and accept what help is offered. You've not going to be able to change the relationship between your parents and your sibling.
- Are there neighbors or friends of an aging parent who might be willing, even eager, to help? Have you talked to a social services agency, such as the local Council on Aging, to see what options and assistance might be available in the local area?
- Are you actively managing your time to make room for both an aging parent and your own life and family? While emergencies can make special demands, if the help needed is for small things such as household chores, shopping and bill-paying, then create a set schedule that allows you to help on a regular basis. Doing so will help create a sense of stability.
- Set priorities and stick to them. It may be frustrating considering all the possible responsibilities that exist for helping an aging parent, but a major part of time management is assertiveness and sticking to priorities. As hard as it may be, we sometimes have to say "no" for our own mental health when we are overburdened. We have to separate what is absolutely necessary for our parents' well-being (doctor's visits) with something that can wait (gardening).

Airline emergency briefings advise parents to don their own oxygen masks before helping children with theirs. That general philosophy also applies to caring for ourselves first so that we can take care of our parents and families. If we overextend ourselves for too long, then everyone involved will pay the consequences. While we all want to help someone who nurtured and loved us in our formative years, it's essential we also understand our own limits reasonably and realistically.

Counseling Corner — By Carl W. Cesarz

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Social justice counseling: ‘fifth force’ in field

As a result of the advances in the field of multicultural counseling, a new paradigm appears to be emerging in the counseling profession. Specifically, the movement is about promoting social justice as a fundamental principle for implementing counseling and development strategies in practice. Social justice counseling acknowledges issues of unequal power, unearned privilege and oppression and how these link to psychological stress and disorder. More specifically, social justice counseling seeks to establish a more balanced distribution of power and resources in society through advocacy and politically conscious interventions. All of these social actions are led by counseling professionals and allies.

The increased interest being directed to the social justice counseling movement is important to acknowledge because of the significant impact that it is beginning to have on counseling theories, paradigms and practices. For this reason, a case is being made in this month’s column to consider social justice counseling as a “fifth force” that is evolving in the mental health professions. From this perspective, it is further stated that social justice counseling would follow the psychodynamic, behavioral, humanistic and multicultural counseling “forces” that currently exist in the profession.

Rationale for social justice counseling as a ‘fifth force’ in the profession

There are several reasons why it is important to classify the social justice counseling movement as a “fifth force” in the profession. The reasons are that social justice based counseling:

- Acknowledges the distinction that exists between multicultural and social justice counseling constructs.
- Recognizes the increasing theoretical and empirical body of knowledge that has been published that describes what social justice counseling is and how it can positively impact the lives of persons from marginalized groups in our society.
- Identifies the extraordinary work that has been, and continues to be, done by increasing numbers of counselors in the field.
- Acknowledges a significant paradigm shift that is occurring in the profession. This newly emerging paradigm is rooted in a more socially just and politically active counseling perspective.

The evolution of the social justice counseling movement

The movement toward a social justice perspective in the counseling profession is an outgrowth of the advancements that have been made in multicultural counseling practice and research. That is, as multicultural-oriented counseling practices and research findings have increased, so too has our understanding of the impact that various forms of oppression have on the mental health and psychological well-being of many of the clients counselors are called upon to serve. This growing awareness has, in turn, made it increasingly apparent that counselors will need to do more than assist their clients in making the types of personal adjustments that are necessary to survive in the existing status quo of privilege for just a few.

Understanding that various forms of oppression adversely impact our clients’ lives is leading more and more counselors to acknowledge the need to adopt a social justice counseling framework in their work. This need is more clearly outlined in a book chapter written by two well-known leaders in the American Counseling Association. In their chapter titled, “From Multiculturalism to Social Action,” Judy Lewis and the late Mary Smith Arnold underscore the need for counselors to develop a social justice counseling perspective in promoting the mental health of larger numbers of persons who are routinely subjected to various forms of oppression in our contemporary society. Lewis and Arnold assert that simply being culturally aware does not, in and of itself, lead to the sort of environmental and individual changes that are necessary to foster the mental health of persons who are continually subjected to various forms of cultural oppression in their daily lives.

Although multicultural awareness can be an impetus for change, a social justice counseling paradigm is needed to truly empower and liberate clients from the lethal impact of oppression.

Advancements in the social justice counseling movement

The advancement of social justice counseling perspectives is notable through recent developments that have occurred in the field. For example, the terms social justice and advocacy are increasingly appearing in the counseling literature as evidenced in numerous articles, book chapters, and books that have been published over the past several years. A brief listing of the titles and authors of such publications include “Empowerment in Counseling” (McWhirter, 1991), “From Gatekeeper to Advocate: Transforming the Role of the School Counselor” (Hart & Jacob, 1992), “Empowerment, Social Activism and Counseling” (McWhirter, 1997), “Developing a Social Advocacy Model for Counselor Education” (Osborne et al., 1998), “Preparing Counselors for Social Action” (Collison et al., 1998), “Social Action: A Mandate for Counselors” (Lee & Waltz, 1998); “Bringing Advocacy Counseling to Life: The History, Issues and Human Dramas of Social Justice Work” (Kiesling & Robinson, 2001), “Preparing School Counselors to Be Leaders and Advocates: A Critical Need in the New Millennium” (Honde & Sears, 2002), “Applying a Social Justice Framework to College Counseling Center"
Practice" (Baluch, Bernabei, Robohm, Sheehy & Smith, 2003), and "Implications of Embracing Social Justice" (Cleveland, 2003).

**Institutionalizing social justice counseling in ACA**

The establishment of a new division in ACA referred to as Counselors for Social Justice has added further credibility to the growing social justice movement in the counseling profession. Counselors for Social Justice (CSJ) is the counseling profession's response to the need to institutionalize social justice and social justice counseling in professional and educational settings.

Counselors for Social Justice (CSJ) was developed by Judy Lewis, Patricia Arredondo and Rodney McDavis (these competencies were developed by Derald Wing Sue, Mary Smith Arnold, Reese House and Rebecca Toporek. These competencies provide counselors with guidelines to more adequately address issues of oppression in their work. Moreover, the advocacy competencies serve as a tool that counselors can use to confront the multicultural counseling competencies that were developed by Donald Wing Sue, Patricia Arredondo and Rodney McDavis (these competencies were also formally endorsed by ACA in 2003). The ways in which the multicultural counseling competencies complement the more recent advocacy competencies complement another one was discussed in more detail in a presentation that was made at this year's ACA convention in Kansas City, Mo., that was titled, "Implementing the CSJ/ACA Advocacy Competen-

cies in Counseling and Counselor Education." The perspectives shared in the presentation suggested that multicultural counseling competencies and advocacy competencies are two sides of the same coin, and it is incumbent on counselors to appreciate both constructs.

**Multiculturalism, social justice constructs**

The increased interest in a social justice perspective in the counseling profession by no means suggests that multicultural counseling is fading or that it is an ineffective counseling paradigm. As mentioned earlier, interest in a social justice counseling paradigm would not have occurred without the advances that have been made in the multicultural counseling movement. Given the historical connections that exist between these two movements, it is important to understand and honor the complementary nature of multiculturalism and social justice counseling. In terms of the distinctions that exist in these movements, the multicultural counseling literature tends to focus on cultural differences that characterize persons from diverse groups and backgrounds. As well as the unique and often conflicting interpersonal dynamics that occur among people who come from culturally different populations. This point is emphasized by Dlane Goodman, who noted that multiculturalism tends to "... promote the understanding, acceptance and appreciation of cultural differences," in her book titled "Promoting Diversity and Social Justice: Educating People From Privileged Groups."

This perspective seems to be shared by many other multicultural counseling leaders as well. As a case in point, many multicultural counseling textbooks tend to describe multicultural counseling practices as a therapeutic and sociopolitical process that takes place between the culturally diverse helping professional and client. (There has been a shift away from previous language that referred to ethnic minority clients as culturally different.) In addition, counselors who are becoming educated about multiculturalism and cultural differences are in the process of "being-in-becoming" by developing multicultural competence.

According to the authors of the multicultural competencies, cultural competency development involves counselors in becoming educated about: (1) their beliefs and attitudes about their own cultural heritage and the influences of their values and beliefs, (2) the worldview of their clients, and (3) how the forces of culture and context impact the counseling relationship. This description of multicultural counseling and competence suggests that a major focus of multiculturalism is to attain an awareness and understanding of cultural differences in the context of historical and sociopolitical forces that impact humanity adversely. Goodman believes that, in order to end oppression, we must move beyond multiculturalism. She stated that multiculturalism is a useful starting point for understanding oppression; however, it should be noted that the multicultural counseling competencies authors share this perspective as well as identify behaviors to promote change. For example, two of the action-oriented competencies state: (1) "Culturally skilled counselors should attend to, as well as work to, eliminate biases, prejudices and discriminatory contexts in conducting evaluations and providing interventions" and (2) "If an organization's policy creates barriers for advocacy, then the counselor works toward changing institutional policies to promote advocacy against racism, sexism and so forth."

Social justice counseling seeks to establish a more equitable distribution of power and resources so that all people can live with dignity, self-determini...
In closing

Gladding urges members to take advantage of what ACA has to offer: online courses, books and videos, as well as continuing education opportunities at the branch and regional conferences, and the next ACA national convention, which will be held April 6-10 in Atlanta. He noted that ACA can be a valuable tool for new counselors to network and learn leadership skills. "We are a welcoming bunch, and I truly believe there are no finer people anywhere than those I have met through ACA activities. I joined what is now ACA as a graduate student in November of 1970 and have been a member since," he said. "The tangibles and intangibles have benefited me all along the way. Like anything else that is good to begin with, ACA just gets better with time. The more you saddle yourself with the responsibility of becoming involved in your growth as a counselor and in ACA, I think the more you will enjoy the profession of counseling and, as an added bonus, the more competent you will become."

Gladding is ambitious, optimistic and has a sweet southern gentleman's personality that is infectious. To borrow a line from one of his fellow poets, he may be a dreamer, but he is not the only one. Gladding is banking on that philosophy to carry his term as ACA president to success and inspire his fellow members to greatness.

Diversity

Continued from page 29

nation and physical and psychological safety." Given this description, achieving social justice requires counselors to move beyond "neutral" and intrapsychic counseling interventions. As an alternative, counselors must develop more proactive, value-laden, politically conscious, and advocacy-based counseling interventions.

It is also noted that moving beyond many of the traditional modes of counseling practice is an imperative because social justice counseling is by definition political, subjective and value-laden. Thus, social justice counselors are those who understand that counseling can, and should, be used as a political and liberatory mechanism for dismantling oppressive systems in society, beginning with the institutions in which we work.

Conclusion

Whether the social justice counseling movement should be considered a "fifth force" in the counseling profession is open for debate. However, what is not debatable is the significant movement and impact that the social justice and multicultural counseling movements are currently having in the counseling profession. The increased interest in a social justice perspective is reflected in the counseling literature and even more apparent with the inception of CSI and the development and endorsement of the advocacy competencies in ACA. Identifying social justice counseling as a "fifth force" is critical because the counseling profession is at a critical juncture in its history and development. School counselors are being laid off at alarming rates, funding is being reduced at mental health agencies around the country and counselors are struggling with the challenges of an ever-increasing managed-care industry. These challenges can be effectively addressed by adopting a social justice counseling perspective in our training programs and work we do in the field. The belief is that through social justice, social advocacy and political action, the counseling profession will be transformed and liberating for clients as well as for the profession itself.
I read the letter from Patricia Peykar and David Kaplan’s response in the June 2004 issue with some interest; then I went to the AASCB website to review the portability draft. Kaplan neglects to mention that the plan doesn’t specify how many “additional years” or the amount of “substantial experience” will be needed to qualify one for the Tier II, nor does he mention that another 100 hours of individual supervision plus 100 continuing education hours (CEUs) are also required equivalences at that level. In practice, it probably would take most counselors working in an agency two years to acquire those additional hours of supervision and three years for the CEUs. It could be even longer for private practitioners (who may receive their supervision less frequently or in year group).

In my state (New Jersey), among the requirements for the Licensed Professional Counselor applicants must also have at least three years of supervised full-time counseling experience in a professional counseling setting acceptable to the committee, one year of which may be obtained prior to the granting of the master’s degree ... (or) may eliminate one year of the required supervised counseling experience by substituting 30 graduate semester hours beyond the master’s degree if those graduate semester hours are clearly related to counseling. ... In no case, however, may the applicant have less than one year of supervised professional counseling experience after the granting of the master’s degree.” (Because my state also has the 60-hour requirement, I would guess that the three years of experience is probably typical for most 60-hour states as well. So I’m not sure why five years of post-graduate experience is the standard here.)

Even then, the grandfathering period in New Jersey allowed those who had less than 60 semester hours in subject matter that is primarily counseling in content (as I did) to obtain their licenses expeditiously — with five years of documented experience in the practice of professional counseling prior to the date of application for licensure and either a minimum of 45 graduate semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education, or fewer than 45 semester hours, which includes a master’s degree or doctorate from a regionally accredited institution of higher education."

To be sure, the issue of portability is a thorny one because each state sets its own standards, and recognizing a professional from another state with different (i.e., lower) standards represents either a threat to the consumer or the legislature. If we must set the educational bar at 60 credits, then we should set the experience bar a little lower (two years post-graduate experience seems more than reasonable), with each year of experience an equivalent substitute for 12 semester hours (though, in truth, it is probably worth twice as much), 50 hours of supervision or national exam. Or perhaps a grandfathering period of one year for counselors who apply for licensure in a new state under the portability guidelines would be a reasonable alternative. While I don’t plan to move anytime soon, I think my interests are best served by exclusionary rather than exclusionary portability.

Michael A. Michoya
Somers Point, N.J.
Self-healing

"It was useless for the fact that a lot of what was 'wrong' with my family was me and the choices I had made. I had been attending workshops and taking psychology classes, thinking that I might find the secret and figure it all out," she said. Her pursuit of self-diagnosis would lead her on the counseling career path. "Eventually, I ended up a licensed and certified alcohol and drug addiction counselor with a master's in counseling psychology and 92 hours toward a psychology doctorate."

Learning about grief in the classroom helped her dissect her own personal grief at home. "The classroom helped me disentangle psychology and lead her on the counseling career path. "Eventually, I ended up a licensed and certified alcohol and drug addiction counselor with a master's in counseling psychology and 92 hours toward a psychology doctorate."

Griffiss documented her travels to Hanoi in an online journal (http://gruntspace.swri.edu/sal/lynnal.htm), while Mitty, who works as a reporter for the ABC-TV affiliate station in New Orleans, wrote and filmed a documentary about their trip. "The Ghosts of War" aired nationally to widespread acclaim and was nominated for an Emmy award.

The following year, Griffiss and her daughters made another trip to Vietnam. Two days after returning to American soil, Griffiss awoke from a dream about Bill. This time, the dream was different — she no longer felt the anger that silently hibernated inside her. "In this dream I was different. I decided to deal with the pain with the power of my spirit and intelligence... I discovered that being angry with you was a lot less painful than feeling the loss of you in my life. That anger kept me motivated and moving, albeit sometimes in circles, sometimes in very wrong directions and sometimes just stuck. I didn't even know what was wrong with me. The awful part was watching the girls try to figure out how to live with me and my mistakes.... While on the way to my doctorate, I began to wonder what other war widows had done and how they had managed. Until I started searching for other widows, I had never met another one. Imagine, 25 years without ever discussing it with anyone and never having met another war widow. Bill, I think you would be proud of what I am doing... Bill, we have managed to live well, survive our mistakes, keep our sense of humor and know that we are in God's hands."

Griffiss, daughter Sarah and Bill pose for a quiet family photo. The same day the picture was taken, she found out she was pregnant with her second child, Mitty, and Bill left for his second tour of Vietnam.
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### Table 1: Magazine Titles and Prices

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<thead>
<tr>
<th>Title #</th>
<th>Title Name</th>
<th>Price</th>
<th>Order Qty.</th>
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<tbody>
<tr>
<td>1</td>
<td>American History</td>
<td>$11.98</td>
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<td>2</td>
<td>Americus Civil War</td>
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<td>3</td>
<td>Aviation History</td>
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<td>4</td>
<td>Baseball Digest</td>
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<td>5</td>
<td>Bible Review</td>
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<td>6</td>
<td>Black Enterprise</td>
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<td>Boys Life</td>
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<td>Car &amp; Driver</td>
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<td>Child Life</td>
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<td>13</td>
<td>Children's Playmate</td>
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<td>14</td>
<td>Christian Parenting Today</td>
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<td>Civil War Times</td>
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<td>Computer World</td>
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<td>Consumer Reports</td>
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<td>Dell Math Puzzles &amp; Logic Problems</td>
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<td>22</td>
<td>Discover</td>
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<td>Easy Home Cooking</td>
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<td>24</td>
<td>Ebony</td>
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(N) Denotes price good for new subscriptions only.

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Counseling Today, July 2004
In Brief

Depression calculator lets employers estimate costs and increased productivity when providing treatment for employees suffering from depression

The U.S. Chamber of Commerce, American Psychiatric Association, and others joined the Pharmacists, Research and Manufacturers of America in raising awareness about the impact of clinical depression. Last month, PPARA unveiled a new "depression calculator" tool, that allows employers to estimate the cost and productivity impact they will receive if they provide treatment options to employees who are depressed.

Depression in the workplace cost American business $84 billion per year, according to the National Institute of Mental Health. This depression calculator will be formally released in the afternoon of July 7 at the inaugural Integrated Healthcare Leadership Summit: Co-Morbid Depression & Chronic Illness, hosted by the Disease Management Association of America. The calculator was created by HSM Group, Ltd. and commissioned by PPARA.

The calculator goes through several steps to calculate the amount of time and money lost due to depression:

- Based on your input of your company's size, type of industry, location and the age/gender breakdown, the calculator estimates the prevalence of depression in your company.
- Using a range of workdays missed per year due to depression, daily wage rate for employees in your company and an estimate of depressed employees' additional direct medical costs, the model graphically presents annualized estimates of absenteeism, replacement costs, and direct medical costs due to depression.
- The model uses your input or default values to estimate rates of depression diagnosis, rates of successful treatment, and treatment costs to estimate the overall savings for your company.

You may use your own values for any of the estimates described above, but the default values provided are based on published research studies and nationally representative. The calculator can be found online at www.depressioncalculator.com.

ADAA: Raising awareness among physicians of generalized anxiety disorder

Other will consult Anxiety Disorder Awareness Month in the primary care setting, yet many primary care physicians face challenges in identifying and treating patients with GAD, according to a white paper by the Anxiety Disorders Association of America. ADAA, in partnership with the American Association of Family Physicians, released a new publication last month summarizing outcomes from a meeting that they convened with leading researchers and clinicians in mental health and primary care. The purpose of the meeting was to bring both its first and its second annual depression calculator, released in the January 2004 edition of the Journal of Mental Health Counseling, which concludes the seeds of helpful and respectful dialogue and discussion.

Though my motives are quite different from those attributed to me by D'Andrea, still his criticism of my omission of Patricia Arredondo is well taken. I believed and still believe that she and her monumental contributions have been honored by all of us by being elected president-elect-tee of ACA. The other four legends tend to be identified more with conventional counseling theories.

A widening of our world views and making our intellectual diversity more diverse through dialogue and healthy disagreement will benefit our organization, our profession and our work with all people, especially those who feel disenfranchised, disillusioned and disenfranchised.

Robert E. Wubbolding
Cincinnati

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This month's contributing editor is Nolan R. A. Wier, Ph.D., New York, N.Y.
NECA recognizes Delaware state workforce training
Submitted by Kay T. Brawley kbrawley@mindspring.com

The Delaware Division of Employment & Training and its director, Anne Farley, are recognized by the National Employment Counseling Association for adopting the “Working Ahead” training for workforce development professionals throughout the state. Corinithia Pierce, administrator of employment & training, accepts the award from NECA President Kay Brawley and Trustee Steve Flaherty (right), who introduced the “Working Ahead” training opportunity to Delaware. Harvey Schnelter-Davis (left), Rutgers Heldrich Center Master Trainer, completed the first training in June 2004.

In addition to Delaware, the “Working Ahead” curriculum is the Global Career Development Facilitator training of choice in New York and Maryland, among others, and for the Urban League in six metropolitan sites across the country.

NECA will be sponsoring train-the-instructor GCDFI courses over the next year at Loyola College in Maryland, the University of Nevada—Las Vegas, the University of Texas–Padre Island, George Mason University in Fairfax, Va., and at NECA’s annual professional workshop in Atlanta. For details on the training, please see the NECA website at www.employmentcounseling.org.

A four-day workshop entitled “Counseling & Psychotherapy” will be on grief counseling for college students, offered by Keren Humphrey, and the other course will be suicide assessment and intervention for college students, offered by Perry Francis. The courses will be easily accessed and processed for a nominal fee by the company Professional CEU. Watch their website for these new offerings at www.professionalceu.com.

ACA members attend British Association for Counselling and Psychotherapy conference
Submitted by Doris Rhesa Coy

The British Association for Counselling and Psychotherapy held its 10th annual Counselling and Psychotherapy Research Conference, entitled “The World of Counselling Research,” at the Holiday Inn London–Kensington Forum on May 21–22, 2005. The welcome address, “What’s on the Horizon,” was given by Val Potter, chair of the BACP. The plenum paper was presented by Pitu Laungani on the topic “Multicultural Perspectives in Counseling & Therapy.”

The two-day conference had much to offer to those working in the counseling and psychotherapy world. Participants were given the opportunity to meet with international researchers and hear about the research being conducted. Several strands of presentations (papers and workshops) ran simultaneously throughout the conference on supervision, young people and adolescents, theory and practice, cultural issues, therapist issues, training and development, counseling specific groups, autoethnographic research, and family relationships. There was also a selection of posters on display.

In attendance from the United States included Patricia Goodspeed Grant, Loretta Bradley, Courtland Lee, Victoria Lee, Karen L. Mackie, Garrett McAliffie, Elizabeth O’Donnell and Doris Rhea Coy.

ASCA hosting conference, producing resources during summer break
Submitted by Russell A. Sabella rsabella@fgcu.edu

At present, the American School Counselor Association was putting the final preparations on its annual conference, held June 27–30, in Reno, Nev. With its educational sessions, networking events, pre-conference workshops and inspiring keynote speakers, ASCA’s conference is pulling in record-breaking numbers of attendees! If you missed this year’s event, please save the date for our 2006 annual conference, slated for June 25–29 in Orlando, Fla. ASCA is pleased to announce “The ASCA National Model Workbook” is now available for purchase. Designed as a companion piece to “The ASCA National Model: A Framework for School Counseling Programs,” the workbook breaks down the elements of the ASCA National Model into digestible pieces so you can effectively and efficiently create a comprehensive school counseling program. These tools can be used in a large-group setting, in smaller school groups and by individual counselors writing and aligning their programs with the ASCA National Model. A supplied CD includes copies of many charts and templates so you can customize and print them out as you work through the implementation process. The cost is $24.95 for members and $34.95 for non-members. Order both publications together and save — members pay just $45 and non-members $60. For more information or to order publications, visit www.schoolcounselor.org or call 800.401.2404.

Speaking of publications, ASCA is seeking nominations for membership to its Professional School Counseling journal editorial advisory board. ASCA members selected to the board serve a three-year term, effective fall 2004, and are responsible for reviewing manuscripts, as well as helping to set the journal’s future focus. To apply, ASCA members should e-mail a cover letter explaining their qualifications and goals/vision for the journal along with a copy of your résumé to Kathleen Rakestraw at krakestraw@schoolcounselor.org. Nomination forms are due by July 15, and new editorial board members will be notified in mid to late August.

Lastly, ASCA has been proud to partner with other organizations in the last month in an effort to help arm its members with summer resources — many of them free! From career brochures to school crisis planning guides and a summer writing journal for students, ASCA and its members, though heading into summer, always has helping students on their minds.

For more information on these or other resources, visit www.schoolcounselor.org.
TAPS

Aside from her practice, Griff is also volunteers as a peer mentor for the Tragedy Assistance Program for Survivors. TAPS is national non-profit organization committed to helping families, friends and military service members who have been affected by the death of a loved one serving in the armed forces.

Bonnie Carroll established a TAPS program after the death of her husband, Brigadier Gen. Tom Carroll, who died in an Army National Guard aircraft crash in 1992.

In weeks following her husband’s death, Carroll reached out for support and assistance. Unfortunately, the military resources were limited. She had assumed that a peer support organization already existed and was surprised to find it did not.

Carroll contacted the existing military widows’ organizations, Veterans Affairs and the Department of Defense to speak with representatives on the various gaps in survivor support and services. “We came out with as application workshops in Chronic Pain, RSA, Incontinence, Pediatric and Stress Management.

Their services are all free of charge and available 24 hours a day. Whether the death was related to duty or by accident, the details surrounding are irrelevant. “TAPS honors the life and the service, not the circumstances in which the military member died. Regardless of the cause of death, their loved one served this country—that is what we honor and remember,” said Carroll.

For civilians

Griffis and Carroll both agree that civilian counselors must understand the unique circumstance surrounding the death of a military member. “A military death is very different than any other type of death in our society,” Carroll said. She noted that it’s one of the few losses where the surviving spouse must immediately move from his or her home. Most military families live on bases or other military installations, and when a service member dies, their family no longer has housing privileges on military property.

“They have to move out of their home and make major decisions while grieving. They are only allowed one (expression-paid) move—they have to leave their home and decide then where they are going to live,” she said adding that for children it can be especially traumatic. They must leave their personal space, friends and school and possibly move to a place where no one will have known their deceased parent.

Carroll noted that the publicity surrounding the Iraq War can be very traumatic to those who have recently lost loved ones there. “They are reminded every time they see the day’s death tolls scrolling across the bottom of the television. That is something that re-traumatizes these people constantly. The images of war on television and it complicates the grief.” Military survivors are also burdened with the bureaucracy of filling for service benefits and attending numerous service ceremonies. “For all of the losses in the military—whether it’s a state-side, accidental death or an active duty death, to the family it’s really the same experience,” she said. “That is what bonds them to all military families.”

That bond is apparent at the TAPS annual convention. For the past 10 years, volunteers, supporters and survivors convened for the TAPS National Military Survivors Seminar in Washington, D.C. During the organization’s 2004 seminar, held during Memorial Day weekend, survivors came from across the nation for a weekend packed with speeches, workshops, lunches and trips to the national war memorials. Griffis presented a peer mentor program-training session and a grief workshop, “After the Loss, Now What?”

The TAPS seminar provides a loving and caring environment for those grieving the loss of military members. Grieving children are encouraged to attend the TAPS Good Grief Camp for Young Survivors held in conjunction with the seminar. The “camp” provides activities and supervision while allowing them to interact with other survivors their age.

“The people who come to the seminar aren’t afraid to cry, to speak their minds or to just sit with others in their grief. They are some of the healthiest people I know,” said Griffis.

During the opening session, fellow survivor and TAPS volunteer, Ellen Andrews welcomed the attendees. “If you need to tell a story, we will understand. If you need quiet time, we will understand. If you need to share a tear, we will understand,” she said. “Our loved ones served selflessly and courageously. The memories of their lives live on. We are here because they are no longer with us, but we are also here because they lived.”

Some may think that attending such a seminar is morbid, especially revisiting the grief years later. But, as strangers comforted strangers, it becomes very clear that these people are not connected by grief, but by love, honor and patriotism. They gather together to celebrate the life of their beloved service members and to feel comfort that they are not alone in their grief. They gather together to talk, hug, cry, laugh and, most of all, remember.

For more information on TAPS visit its website at www.taps.org.

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Beyond Diversity Day: A Q-and-A on Gay and Lesbian Issues in Schools

Faith — the author's clear-eyed kind — gives this unassuming handbook more depth and audacity than its simple question-answer format deserves. The book's introduction proclaims that it can serve as a pragmatic reference for those interested in "doing the right thing for queer kids" (p. ix). As a reference for doing the right thing, the book succeeds. at that and much more.

Lipkin's faith in the power of education to change society for the better and the school as the primary engine of that change runs right through the heart of this tender, hopeful manual. He reasons that bigotry is destiny for minority status in our culture because school youth are increasingly more accepting of a variety of sexualities among their peers. By extension, school youth will eventually become the adults who maintain and evolve school curriculum and policy. In other words, Lipkin sees that future as good, kind hands. The author's optimism is furthered by the belief that there exists a "critical mass of educators (who) accept the principle that people of all sexualities have equal worth and deserve equal status in safety, voice, affirmation and curricular representation" (p. xiii). Counselors form a key part of this critical mass. These combined forces — America's youth and a critical mass of motivated educators — fuel Lipkin's optimism.

The book's Q-and-A format gives the reader lucid answers to such complex questions as "How can we change individuals' attitudes toward gay issues?" and "What is the impact of parental notification requirements on classroom practice?" Answers, while brief and frequently practical, are not simplistically drawn. This format makes the book a ready reference and a quick cover-to-cover read. Wisely, the chapter format uses text boxes to call attention to topics of all type. Most viewers would have benefited from an expanded first segment of the video. As it exists, the segment does not fully explain the Mars and Venus construct. Absent this explanation, counselors may need to review his book to understand the background.

Although almost two hours long, the organization into two segments and Gray's engaging style render a painless viewing experience. "Mars and Venus" is recommended as an introductory learning experience for student counselors considering working with coeds and also as continuing education for practicing professionals. On the light side of professional development, Gray's video successfully demonstrates his approach to working with gender differences in the counseling process.

Reviewed by Carolyn Crawford, associate professor of counseling and department chair, Educational Leadership, Lamar University, and Brenda Broussard, counseling intern.

Ariadne's Thread: Studies in the Therapeutic Relationship

Will Chloe overcome her suicidal urges? Will Deby begin to relax into her life and give up her anxiety? For viewers eagerly turning the pages of Cowan's book to learn what would happen next for each of these clients, the book offers a glimpse into the therapy room that beginning therapists will enjoy and find a useful training tool. Cowan's book chronicles eight case studies from his clinical work. The featured clients face issues such as anxiety, eating disorders, family-of-origin issues and self-injurious behavior. The book stresses the importance of the use of the therapeutic relationship as a catalyst for change and follows these eight individuals on their therapeutic journey from start to finish. Each of the eight case studies are eloquently described, and the reader feels as though he or she is also getting to know the client. Cowan is able to tenderly re-tell the story of each of these clients, what brought them to therapy and how they were able to make changes in their lives.

The discussion at the end of each chapter highlights issues from the previous case example and offers insights into the theory and techniques used with each client. The book takes the reader beyond theory and into the interpersonal process of the therapeutic relationship. Cowan is able to share his internal dialogue as he worked with each of these clients and at times humbly recalls his struggles to find what to do next. These discussions help to demystify the process of counseling and bring to light the healing power of the therapeutic relationship. Cowan's discussions are thought-provoking and may be a catalyst to help beginning therapists reflect on their own interpersonal interactions in the therapeutic process and gain insight into their own biases. As a training tool, it complements a more theory-based text because it provides a firsthand account of the relational context of therapy.

Overall, the case examples are well-written and detailed various issues that are pertinent to the training of therapists. The book is unique in that it highlights the relational process of therapy and may be of value to beginning counselors as they develop their own therapeutic style. In addition, the seasoned counselor may benefit from the book as well, serving up an opportunity for reflection on the relational nature of counseling practice.

Reviewed by Megan Petrazzi, a Licensed Professional Clinical Counselor at Child Guidance and Family Solutions in Caryagoo Falls, Ohio and a doctoral candidate at Kent State University.
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* Publication of the Texas Counseling Association

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Clinical Record Keeper
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Psychotherapists
Convert your advanced degree and clinical experience into a gratifying and profitable career shift. Our business world is a veritable playground for a re- trained psychotherapist turned consultant. Find out why and find out why our firm has the most comprehensive and sophisticated training process, designed solely for professionals with your credentials. We've written the book (13 of them), actually, on executive coaching, leadership development, derailment prevention, and the nuts and bolts of what's required to make this clinical-to-consulting connection work. We look forward to having the chance to evaluate your candidacy. Likewise, we invite you to conduct your own due diligence on us - visit our websites (www.clinicalve.com, www.counselingjobs.com); request our free 32-page prospectus; and call our National Director of Recruiting, Bob Dridvil (614-854-6659), with any questions you might have.

ARIZONA

SOUTHEASTERN ARIZONA BEHAVIORAL HEALTH SERVICES, INC.
SEABHS, Inc., offers a variety of opportunities related to new program initiatives, best practices and community capacity building. Bilingual ability highly valued, Arizona board certified and working knowledge of family-centered therapy preferred. Clinical & administrative positions available throughout southeastern Arizona including Nogales, Benson, Sierra Vista, Bisbee, Willcox, Safford, Morenci and Douglas for MA, MSW, CSAC. Call our job line at (800) 841-6308 or request an application at SEABHS, HR Dept., 489 N. Arroyo Blvd., Nogales, AZ 85621; (520) 287-4711 or fax (520) 287-4711.

ARGOSY UNIVERSITY/TAMPA
Assistant or Associate Professor of Counseling Argosy University/Tampa is pleased to announce a position opening for a full-time faculty member in the Department of Psychology and Behavioral Sciences. Responsibilities will include: teaching, advising, supervising student field study and research, and developing other professional interests such as scholarship/ research and institutional or disciplinary leadership. Required qualifications include: A Doctorate in Psychology, Clinical Psychology, Counseling Psychology, Health Services Administration, Marriage and Family Therapy, Sociology, Social Work; and four years of related work experience. Review of applications begins immediately. Submit letter of interest and curriculum vitae by October 1, 2004 to Argosy University/Tampa, 131 South 54th Street, Tampa, Florida 33616, Attention: Administrative Assistant, Search Committee (MC15). Argosy University is an equal opportunity, affirmative action employer. Minority and women are encouraged to apply.

PRIVATE PRACTICE?

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toral degree, preferably in counseling or a closely related field, and university teaching experience. While the area of specialty is open, emphasis will be placed on candidates qualified to teach mental health counseling, marriage and family therapy, and/or guidance counseling. Preference will be given to candidates who have demonstrated commitment to the profession of counseling either through contributions to professional associations, advocacy for the counseling profession, or publication in scholarly journals. The ideal candidate will be licensed or license-eligible in Florida. Salary and rank will depend on the candidate's qualifications and experience. Review of applications will begin immediately and continue until the position is filled. Submit a letter of interest including areas of teaching competence, vita, salary requirements and three professional references to: Director of Human Resources, Argosy University, 4401 N. Himes Ave, Tampa, FL 33614. Fax: (813)873-2112 e-mail: jenhaman@aii.edu Argosy University/Tampa is an Equal Opportunity Employer

LOUISIANA

LOYOLA UNIVERSITY NEW ORLEANS

Department of Education and Counseling, CACREP Accredited Community Counseling Program seeks to fill a tenure-track position. Responsibilities include: Teaching graduate counseling courses including child/developmental counseling, measurement and assessment, practicum, multicultural counseling and career counseling; advising graduate students in the counseling program; research, community and university service; participation in university, college and departmental activities; grant writing and grand administration. Doctorate in counseling or counselor education from a CACREP accredited program with an emphasis in child/childhood therapy or closely related field preferred. The applicant should have strong teaching and clinical skills. Send resume and three letters of recommendation to: Dr. Justin Levitov, Loyola University, Box 66, 6363 St. Charles Avenue, New Orleans, LA 70118. Loyola is an Equal Opportunity Employer. Women and minorities are encouraged to apply. The review of applications will begin on October 1 and will continue until the position is filled. Position begins January 2005.

MISSISSIPPI

MISSISSIPPI STATE UNIVERSITY:

COUNSELOR EDUCATION: STUDENT AFFAIRS/COLLEGE COUNSELING IN HIGHER EDUCATION: Two Positions. One Assistant Professor tenure track and one Lecturer/Visiting Assistant Professor full time one year appointment non tenure track position. Both positions begin August 15, 2004. Salary and rank will depend on the candidate's qualifications and experience. Review of applications will begin immediately and continue until the position is filled. Submit a letter of interest including areas of teaching competence, vita, salary requirements and three professional references to: Director of Human Resources, 444 New Rankin Hall, Mississippi State, MS 39762. For inquiries only, contact Dr. Thomas Hoste, Department Head (662) 325-3426. Review of materials will begin July 15, 2004 and continue until the position is filled. Mississippi State University is an AA/EOE.

TENNESSEE

UNIVERSITY OF TENNESSEE - MARY MINTZ ASSISTANT PROFESSOR OF COUNSELOR EDUCATION. Full time, tenure track position. Experience in counseling (mental health required). Doctoral degree in counselor education/mental health or related field from a CACREP approved counseling program required. Send a letter of application, current vita/ resume, unofficial transcripts, and the names, addresses, and telephone numbers of three professional references to: Dr. Robert Ekk, Chair, Counselor Education Search Committee, Department of Educational Studies, University of Tennessee-Martin, Martin, TN 38238.

TEXAS

STONE CREEK PSYCHOTHERAPY & WELLNESS CENTER: In West Houston is interviewing for independently licensed psychotherapist to work in a private practice setting with multi-disciplinary team approach. For appointment, call Stone Creek Psychotherapy & Wellness Center at 281-579-0703.

SAN ANTONIO INJURY REHABILITATION LICENSED PROFESSIONAL COUNSELOR Full-Time LPC to facilitate Chronic Pain Management Program at Lubbock Injury Rehabilitation Clinic in Lubbock, Texas. Must have training in hypnotherapy and brief therapy. Must have flexibility, creativity and dedication to ethical clinical work. Excellent communication (written & verbal), organizational, and customer service skills also required. Must be able to work well under pressure and maintain confidentiality. To apply Fax, Mail, or Email your resume to: CANYON RANCH Health Resorts, Attn: Human Resources 8600 East Rockcliff Road, Tucson, Arizona 85710 Fax: (520) 239-8519 Email: hrtucson@CanyonRanch.com • www.CanyonRanchJobs.com

Substance Abuse Counselors Needed

The Regional Medical Center at Lubec, the largest rural health center in Maine, is seeking licensed LADC counselors for our Substance Abuse Treatment programs. To work in Washington County to provide individual, group and family counseling services. Please send resume and cover letter to:

HealthWays/Regional Medical Center at Lubec
Attention: Human Resources
43 South Lubec Road
Lubec, Maine 04652
For more information call (207) 733-1090
Equal Opportunity Employer

Canyon Ranch Tucson seeks a Behavioral Therapist, with a desire to work with a diverse trained and skilled team, to be responsible for guest consults, lectures and workshops. Will perform individual/group therapy and education, coordinate interdepartmental services, attend departmental/interdepartmental meetings and committees, and other related duties as directed. Qualified candidate MUST BE licensed/credentialed in the state of Arizona and possess a MA, MSW, or MS degree, current certifications in CPC and LSIV, and 10 yrs of full time experience in cognitive behavioral therapy modalities. Requires training in hypnotherapy, and brief therapy. Must have flexibility, creativity and dedication to ethical clinical work. Excellent communication (written & verbal), organizational, and customer service skills also required. Along with the ability to work well under pressure and maintain confidentiality. To apply Fax, Mail, or Email your resume to:

CANYON RANCH Health Resorts, Attn: Human Resources 8600 East Rockcliff Road, Tucson, Arizona 85710 Fax: (520) 239-8519 Email: hrtucson@CanyonRanch.com • www.CanyonRanchJobs.com

The Center for Religion and Psychotherapy of Chicago (a provider of psychotherapy and pastoral counseling) is seeking a new counseling staff. For further information contact:

Elena Vassallo
(312) 263-4368 x9078

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**JULY 2004**

July 7–8, 2004
Washington Counseling Association
Motivational Interviewing Workshop
Location: St. Martin's College–
Washington Center
Lacey, Wash.
Contact: Chris Kelly
tckelly2@concentric.net

July 7–9, 2004
Mississippi Counseling Association
Leadership Workshop
Location: Gulfport Grand
Casino-Oasis Hotel
Gulfport, Miss.
Contact: Peggy Caldwell
601.729.5317
mca@netdoor.com

July 9–11, 2004
ACA Council of Presidents and
Region Chairs
Location: Atlanta Airport Westin
Atlanta, Ga.
Contact: Robin Hayes
AACA Convention & Meetings
400.347.6647
hayes@counseling.org

July 9–11, 2004
Tennessee Counseling Association
Leadership Development Conference
Location: Cookeville, Tenn.
Contact: Randy Gamble
rgamble@fannin.kl2.ga.us

July 9–16, 2004
IAMFC
Northampton Summer Institute
Professional Development Institute for
professionals and graduate students
Location: Northampton, England
Contact: Brian S. Canfield
985.974.8405
dbrce@aol.com or
farrilbo@aol.com

July 15–16, 2004
Washington Counseling Association
Sixth Annual Multicultural Regional
Roundtable
Theme: Integrating Social Justice in
Counseling & Education: An
International Feminist
Perspective
Location: Washington State University
Pullman, Wash.
Contact: Ronda McLean,
Attm. Roundtable
Washington State University
Career Services
P.O. Box 461051
Pullman, WA 99164-1061
509.335.4005
rsm@wsu.edu

July 17, 2004
Wisconsin Counseling Association
Leadership Training
Location: Morningside on the Green
4663 Hayes Rd.
Madison, WI 53704
Contact: Mary Ann Krems
715.344.2453
jnmak@powercom.net

July 23, 2004
Minnesota Counseling Association
Board Retreat
Location: 7495 Cty Rd., 21 SW
Alexandria, Minn.
Contact: Leean Jorgensen, Mariea
Cox Kolek
ljorgensen@stcloudstate.edu

July 27–28, 2004
Virginia Counseling Association/
PCACAC George Mason University/
Fairfax County Public Schools
Mini-Institute on College Advising
Theme: Topics include admission trends,
ethics and legal issues, technology in college
advising, college application case studies,
& hot topics in admissions. (8 a.m.–3 p.m.
each day.) Cost $95 plus additional cost
for optional housing (either GMU or
local hotel)
Location: George Mason University
Fairfax, Va.
Contact: Susan Ruxford
(susan.ruxford@fcps.edu) or Shirley
Bloomquist
571.474.6035
www.pcaac.org

**AUGUST 2004**

Aug. 6–8, 2004
AADA
Board Meeting
Location: Depose Bay, Ore.
Contact: Carol Ann Shaw
760.347.7707
carolannshaw@hotmail.com

**SEPTEMBER 2004**

Sept. 9–12, 2004
ACA
Governing Council Meeting
Location: Alexandria, Va.
Contact: ACA Convention & Meetings
Department
571.255.2140
aca@aca.org

Sept. 9–12, 2004
Southern ACES
Regional Meeting
Theme: Knowledge, Consciousness
and the Principles of Empowerment
Location: Athens, Ga.
Contact: Victoria Foster
706.543.3231
vafst@wmu.edu

Sept. 24–26, 2004
NECA
Fall Executive Committee Planning
Retreat
Sept. 30–Oct. 2, 2004
Rocky Mountain ACES
Regional Meeting
Theme: Virtue-Vision-Vitality
Location: Breckenridge, Colo.
Contact: David Kleist
208.322.4315
kleidavi@isu.edu

**OCTOBER 2004**

Oct. 6, 2004
Guidance Expo 2004
Location: Westchester County Center
White Plains, N.Y.
Contact: Louis C. Brunelli
914.739.2313
guidanceexpo@att.net

Oct. 7–9, 2004
North Central ACES
Regional Meeting
Theme: Building Partnerships in
Counselor Education and
Supervision
Location: St. Louis, Mo.
Contact: Grace Min"s
605.677.6311
grmin@uw.edu

Oct. 7–9 2004
Washington Counseling Association
Conference
Theme: Making Change Happen
Location: Red Lion Hotel at the Park
Spokane, Wash.
Contact: Chris Kelly
253.445.0541
tkelly2@concentric.net

Oct. 7–10, 2004
North Atlantic Region
Meeting and Fall Conference
Location: Stamford, Conn.
Contact: Laurine Browder
wilimite@aol.com

Oct. 8–10, 2004
Western ACES
Regional Meeting
Theme: Weaving a Tapestry of Talent:
Students, Faculty and
Supervisors
Location: Sacramento, Calif.
Contact: Patricia Kerstner
408.254.1759
patricia.kerstner@phoenix.edu

Oct. 13–16, 2004
NECA Training on Rutgers University
Working Ahead Curriculum to
become Global Career Development
Facilitator Instructors
Location: Loyola Graduate Center
Timonium, Md.
Contact: Brad Erford
berford@loyola.edu
or Kay Browley
kbrowley@mindspring.com
Oct. 14–17, 2004
North Atlantic Regional ACES
Regional Meeting
Theme: Diverse Journeys: Expanding our Boundaries and Broadening our Perspectives
Contact: Judy Bradley
Location: Mystic, Conn.
Contact: Jadi Durham
860.231.6778
jdurham@sjc.edu

Oct. 15–17, 2004
Midwest Region
Meeting and Fall Conference
Oct. 13—Informal event for Wednesday evening arrivals. Meeting starts at 10 a.m. Thursday and ends by noon Saturday
Location: Council Bluffs, Iowa
Contact: Ruth Johnson
johnsonr@northern.edu

Oct. 19–22, 2004
Kentucky Counseling Association
Annual Conference
Theme: Counseling: Solutions for Life
Contact: Judy Bradley (270-898-6844, jsandley@mecklenburg.ky.us) or Bill Braden
(502.223.5905, 800.350.4522 (Ky. only), bradenj@qx.net)

Oct. 22, 2004
North Carolina Career Counseling Association
Annual Workshop
Location: High Point University
Contact: Randy Foster
foster@sandhills.edu

Oct. 23–31, 2004
New York Counseling Association
Fall Convention
Theme: Licensed to Heal
Location: Queensbury Hotel
Glens Falls, N.Y.
Contact: New York Counseling Association
518.235.2026 or 877.692.2462
nyceoffice@nycounseling.org

Oct. 27–31, 2004
European ACA
Annual Conference
Theme: The Professional Counselor: Integrating Practice & Science with Client Advocacy
Location: Sonningen, Germany
Contact: Laura Cobb
CMR 416 Box 1462
APO, AE 09140
011 49 9321 702 2462/2468; fax 011 49 9321 702 2434
laura.cobb@ut.army.mil

Oct. 28–31, 2004
ACA Southern Region Meeting
Location: Charleston, S.C.
Contact: Annette Bohannan
(apeholman@bellsouth.net, Linwood Floyd
(linwoodfloyd@yahoo.com)

Oct. 29, 2004
NCDA
Deadline for Conference Presentation Proposals
Contact: Deneen Pennington
866.FOR.NCDA
dpenn@ncda.org

NOVEMBER 2004
NCDA
National Career Development Month
Contact: Deneen Pennington
866.FOR.NCDA
dpenn@ncda.org

Nov 3–5, 2004
Mississippi Counseling Association
Annual Conference
Theme: Coping with Transitions: The Counselor's Role
Location: Biloxi Grand Casino–Bayview Hotel
Biloxi, Miss.
Contact: Stephanie Wilson, Peggy Caldwell
501.366.0783, 501.729.5317
swilson7@jam.rr.com,
mca@netdoor.com

Nov. 3–5, 2004
Virginia Counselors Association
Convention
Theme: Uniting Counselors in the Commonwealth
Location: Hotel Roanoke, Roanoke, Va.
Contact: VA Convention Office
317 Brook Park Place, Forest, VA 24551
800.223.8103
vacooffice@aol.com

Nov. 3–5, 2004
Arkansas Counseling Association
Conference
Theme: No Counselor Left Behind
Location: Arlington Hotel, Hot Springs National Park, Hot Springs, Ark.
Contact: Linda Storm, Conference Chair
501.362.2488 or 501.362.2193
lstorm@hsadk12.ar.us

Nov. 5, 2004
Oklahoma Counseling Association
Fall Conference
Theme: Counseling: Helping Weave the Tapestry of Life—Stitching the Past and Present into the Future (Celebrating OCA’s 40th anniversary)
Location: Ramada Inn, Edmond, Okla.
Contact: Laressa Beliele

Nov. 6, 2004
Minnesota Counseling Association
Annual Conference
Location: Little Hilton Hotel, Lisle, Ill.
Contact: Marie Bracki
650.668.3588 ext. 4529

Nov. 9–12, 2004
Minnesota Counseling Association
Annual Conference
Location: College of St. Catherine
Minneapolis Campus
Contact: Leann Jorgensen
ljorgensen@stclouisdstate.edu

Nov. 11–14, 2004
Western Region Meeting
Location: Albuquerque, N.M.
Contact: Joe Dear or Bob Butziger

NOVEMBER 2004
NCDA
National Career Development Month
Contact: Deneen Pennington
866.FOR.NCDA
dpenn@ncda.org

Nov 3–5, 2004
Mississippi Counseling Association
Annual Conference
Theme: Coping with Transitions: The Counselor's Role
Location: Biloxi Grand Casino–Bayview Hotel
Biloxi, Miss.
Contact: Stephanie Wilson, Peggy Caldwell
501.366.0783, 501.729.5317
swilson7@jam.rr.com,
mca@netdoor.com

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Virginia Counselors Association
Convention
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Location: Hotel Roanoke, Roanoke, Va.
Contact: VA Convention Office
317 Brook Park Place, Forest, VA 24551
800.223.8103
vacooffice@aol.com

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Contact: Laressa Beliele

Nov. 6, 2004
Minnesota Counseling Association
Annual Conference
Location: Little Hilton Hotel, Lisle, Ill.
Contact: Marie Bracki
650.668.3588 ext. 4529

Nov. 9–12, 2004
Minnesota Counseling Association
Northern Region Meeting
Location: Seattle, Wash.
Contact: Deneen Pennington
866.FOR.NCDA
dpenn@ncda.org

Nov. 11–14, 2004
Western Region Meeting
Location: Albuquerque, N.M.
Contact: Joe Dear or Bob Butziger

DECEMBER 2004
NCDA
Association Board Meeting
Location: Orlando, Fla.
Contact: Deneen Pennington
866.FOR.NCDA
dpenn@ncda.org

Jan. 7–8, 2005
NCDA
January Board Meeting
Location: Orlando, Fla.
Contact: Deneen Pennington
866.FOR.NCDA
dpenn@ncda.org

Jan. 26–28, 2005
Oklahoma Counseling Association
Jan. 26—Midwinter Preconference; Jan. 27–28—Midwinter Conference
Theme: Counseling: Helping Weave the Tapestry of Life—Tying Up Loose Ends!
Location: Ramada Inn, Edmond, Okla.
Contact: Laressa Beliele (phone: 405.391.5092
Fax: 405.671.8875
e-mail: penbel@aol.com), Anin Walker (phone: 405.302.0273, e-mail: awalker103@cox.net)

Jan. 27–29, 2005
IAMFC
IAMFC Family Conference
Marriage and Family Counseling
Location: New Orleans, La.
Contact: Lynn Miller
(lyn.miller@ubc.ca) or Brian Cusford
9085.974.8405, dbac@aol.com or farrellob@aol.com)

Jan. 30–31, 2005
Idaho Counseling Association
Annual Conference
Location: The Coeur d’Alene Resort
115 S. 2nd St.
Coeur d’Alene, ID 83814
Contact: Nicole R. Hill
(208) 763.2100
Fax: 208.763.2109
nrichardson@idahocounseling.org

Nov. 17–20, 2004
Florida Counseling Association
55th Annual Convention
Theme: Counseling Connections
Location: Hilton–St. Petersburg Florida
333 First St. S.
St. Petersburg, FL 33701
Contact: Deb, PCA Office
407.628.0793
www.flacounseling.org

Nov. 21–23, 2004
Tennessee Counseling Association
Annual Statewide Conference
Location: Franklin, Tenn.
Contact: Randy Gambrell
rgambrell@fannin.k12.ga.us

No events
**FEBRUARY 2005**

**Feb. 7–8, 2005**
**Legislative Forum 2005**
Location: Marriott Hotel & Legislative Office Building, Albany, N.Y.
Contact: New York Counseling Association
518.235.3026 or 877.692.2462
nycooffice@nycounseling.org

**Feb. 12, 2005**
**ACC**
Lesley Jones Creativity in Psychotherapy Conference
Theme: Creativity in Diversity
Location: San Marcos, Texas
Contact: Thelma Duffey
210.822.5795 or 210.710.4757
tduffey@satx.rr.com

**Feb. 13–15, 2005**
**North Dakota Counseling Association Annual Midwinter Conference**
Theme: Blazing the Trail
Location: Ramkota Best Western Inn Bismarck, N.D.
Contact: Maxine Beckwith
701.748.2345

**Feb. 17–18, 2005**
**Indiana Counseling Association Conference**
Theme: Different Cultures, Common Paths
Location: Indianapolis Marriott East Hotel, Indianapolis, Ind.
Contact: Jan Evans
765.633.4486
jsevans@indy.edu

**Feb. 17–19, 2005**
**South Carolina Counseling Association Convention**
Location: Marriott-Grand Dunes Myrtle Beach, SC.
Contact: Linwood Floyd
linwoodfloyd@yahoo.com

**Feb. 21–23, 2005**
**NECA**
NECA Training on Rutgers University "Working Ahead" Curriculum to Become Global Career Development Facilitator Instructors
Location: University of Texas-Brownsville South Padre Island, Texas
Contact: Kay Brawley
kbrawley@nundspring.com

**MARCH 2005**

**First weekend in March 2005**
**Tennessee Counseling Association Spring Executive Board Meeting**
Location: Nashville, Tenn.
Contact: Randy Gambrell
rgambrell@fannin.k12.ga.us

**March 5, 2005**
**Florida Counseling Association**
Location: Holiday Inn Capital
1355 Apalachee Pkwy., Tallahassee, FL 32301
Contact: Florida Counseling Association Office
407.628.0793
fcaoffice@aol.com

**March 8, 2005**
**NECA Legislative Luncheon**
Location: Washington, D.C.
Contact: Kay Brawley
kbrawley@nundspring.com

**March 17–19, 2005**
**Washington School Counselor Association Conference**
Theme: Impacting Student Success: Remembering the Past, Embracing the Future
Location: Doubletree GuestSuites Seattle, Wash.
Contact: Chris Kelly
253.445.0541
tckelly2@concentric.net

**March 21–22, 2005**
**Maine Counseling Association Annual Conference**
Keynote: Samuel T. Gladding
Location: Seacoast Resort
Rockport, Maine
Contact: Karen Letchner
207.866.2319
Fax: 207.866.7116
kletcher@corona.us:k12.me.us

**APRIL 2005**

**April 6–10, 2005**
**ACA Annual Convention**
April 6–7 — Pre-convention Learning Institutes; April 8–10 — Convention
Location: Atlanta, Ga.
Contact: ACA Convention & Meetings Department
Note: Divisions and regions will host events and meetings during the convention

**April 6, 2005**
**NECA**
Fast-Track Training on Rutgers University "Working Ahead" Curriculum and Registry for Global Career Development Facilitator Instructors
Location: Atlanta, Ga.
Contact: Kay Brawley
kbrawley@nundspring.com

**JUNE 2005**

**June 2005 (date TBA)**
**Florida Counseling Association Leadership Development Conference**
Theme: Out Of This World
Location: Safety Harbor Resort & Spa
105 N. Bayshore Drive, Safety Harbor, FL 34695
Contact: Deb, PCA Office
407.628.0793
fcaoffice@aol.com

**June 10–11, 2005**
**NECA**
NECA/Ready Minds Distance Credentialed Counseling Training for Workforce Development Professionals
Location: George Mason University Fairfax, Va.
Contact: See NECA website: www.employmentcounseling.org

**JUNE 21, 2005**
**NCDA Board Meeting**
Location: Orlando, Fla.
Contact: Deneen Pennington
866.FOR.NCDA
dpenning@ncda.org

**JUNE 22–25, 2005**
**NCDA Global Conference**
Location: Orlando, Fla.
Contact: Deneen Pennington
866.FOR.NCDA
dpenning@ncda.org

**ASCA**
ASCA Conference
Location: Orlando, Fla.
Contact: Stephanie J. Wicks
ASCA
1101 King Street, Suite 625 Alexandria, VA 22314
703.683.2722 ext. 102
swicks@schoolcounselor.org

**JULY 2005**

**July 8–15, 2005**
**IAMFC**
Northampton Summer Institute Professional Development Institute for professionals and graduate students
Location: Northampton, England
Contact: Brian S. Costello
985.974.8405
dbstc@aol.com or farrellob@aol.com
The American Counseling Association is committed to offering quality products and services that are valued by members. In this brief survey, ACA is asking members to address the value of existing and prospective products and services. Following each question below, please offer your candid response. This information will guide ACA in determining how to allocate resources for membership services in the future.

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

ACA WILL OFFER A ONE-YEAR COMPLIMENTARY MEMBERSHIP (A $125 VALUE) TO ONE INDIVIDUAL SELECTED RANDOMLY FROM THOSE RESPONDING TO THE SURVEY.

Please respond to the following questions:

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

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

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

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

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

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

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

8. Estimate the number of years you have held ACA membership:

9. Do you currently hold a leadership position in ACA? If yes, check below:

* Governing Council
* Division/Region Branch Committee

Please provide the following information for purposes of prize notification:

Name:

Telephone:

E-mail address:

Thank you for participating in the survey.

Complete this survey online at www.counseling.org or mail it to: ACA Survey, 5999 Stevenson Avenue, Alexandria, VA 22304. Surveys may also be faxed to: 703.823.0252. Please return by July 30 in order to be eligible for the one-year free membership.
A Malpractice Lawsuit Could Derail Your Career

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With HPSO Professional Liability Coverage, designed with you in mind.

HPSO has been serving over 70 different healthcare professions for over 25 years. We now protect more than 800,000 healthcare professionals. Our service includes support and advice when you need it from our experienced staff of customer service representatives.

We provide professional liability limits up to $6,000,000 aggregate, up to $1,000,000 each claim — for as low as $110 a year.

With Additional Features up to the applicable limits of liability:

- License Protection
- Personal Injury Coverage
- Deposition Representation
- Personal Liability Coverage
- Assault Coverage
- Off Duty Coverage — protects you on or off the job, 24/7!

Endorsed By:

[Image of Endorsement]

Need Risk Management Consultation?  The AACA Helpline is here to assist you!

AACA’s Helpline offers you an opportunity to discuss a potential claim, get advice and reduce the possibility of a lawsuit. The Helpline is staffed with attorneys experienced in the mental health field and can provide you with the information you need to protect and help you!

Call: 1-800-347-6647 extension 284

*The benefit is available to ACA members who participate in the associated professional liability insurance programs.

HPSO. Helping You Stay on the Right Track. Easy, Safe and Secure on-line application! Apply Now at:

www.hpsom.com/counselingtoday

Application: Professional Liability Insurance for Counselors

Mail To: HPSO • 199 East County Line Road • Hatboro, PA 19040-1216 • Fax: 1-800-739-8881

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

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

1. If am: □ Full-time □ Part-time* *(If you are incorporated or self-employed with employees please call 1-888-689-0504)

2. Indicate your classification or certification:

<table>
<thead>
<tr>
<th>EMPLOYED</th>
<th>SELF-EMPLOYED</th>
<th>STUDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>FULL-TIME</td>
<td>PART-TIME</td>
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<tr>
<td>□ Alcohol/Drug Counselor (AD)</td>
<td>$100/yr</td>
<td>$100/yr</td>
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<tr>
<td>□ Bodywork Counselor (BW)</td>
<td>$100/yr</td>
<td>$100/yr</td>
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<tr>
<td>□ Clinical Counselor (CC)</td>
<td>$100/yr</td>
<td>$100/yr</td>
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<tr>
<td>□ Counselor Educator (CE)</td>
<td>$100/yr</td>
<td>$100/yr</td>
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<tr>
<td>□ Forensic Counselor (FC)</td>
<td>$100/yr</td>
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<td>□ Gerontological Counselor (GC)</td>
<td>$100/yr</td>
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<tr>
<td>□ Licensure Professional Counselor (LPC)</td>
<td>$100/yr</td>
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<td>□ Life Coach Counselor (LC)</td>
<td>$100/yr</td>
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<td>□ Marriage/Family Counselor (MFC)</td>
<td>$100/yr</td>
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<td>□ Mental Health Counselor (MHC)</td>
<td>$100/yr</td>
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<td>□ Pastoral Counselor (PC)</td>
<td>$100/yr</td>
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<td>□ Rehabilitation Counselor (RC)</td>
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<td>□ School Counselor (SC)</td>
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<td>□ Social Worker (SW)</td>
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<td>$100/yr</td>
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<tr>
<td>□ Vocational Counselor (VC)</td>
<td>$100/yr</td>
<td>$100/yr</td>
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<tr>
<td>□ Psycho/Psychotherapist* (P)</td>
<td>$250/yr</td>
<td>$250/yr</td>
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<tr>
<td>□ Psychologist/Psychotherapist* (P)</td>
<td>$250/yr</td>
<td>$250/yr</td>
</tr>
</tbody>
</table>

3. Date of Birth __/__/__ Social Security # ____________

4. Requested Effective Date: __/__/__ (Date should be within 60 days from application date)

5. Are you a member of a professional association? □ Yes □ No Name of Association: ____________________________

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

7. Within the last 5 years, has any claim or lawsuit for malpractice ever been brought against you or any you aware of any incidents that may result in a claim or lawsuit? □ Yes □ No

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

9. Do you currently carry: □ Homeowner's policy, □ Condominium owner's policy, □ Tenant's homeowner's policy, □ None of the above.

10. If you answered "YES" to question 6, 7 or 8 please provide complete details on a separate sheet of paper and attach to application.

Insurance Agent: Michael J. Laughren Florida License #A158896

*Personal Injury Coverage

$10,000 per occurrence/aggregate

$250,000 per occurrence/aggregate

$1,000,000 each claim

$2,500,000 total annual

*Off Duty Coverage

$100,000 each claim

$250,000 total annual

* Malpractice Coverage

$100,000 each claim

$250,000 total annual

*Last Name of Business

*First Name of Business

*Address

*City

*State

*Zip

* dates on a separate sheet of paper and attach to application.

*Self-employed Psychologists/Psychotherapists and all Bodywork Counselors must be ACA members to be eligible for coverage.

**Psychologist and Psychotherapist Students, please call 1-888-982-9491 to apply for coverage.

CNA

Name ____________________________

Address ____________________________

City ____________________________ State: __________ Zip: __________

Date of Birth __/__/__

Social Security # ____________________________

Telephone (________) (________) E-mail: ____________________________

ACY M.

Date of Birth __/__/__

Social Security # ____________________________

Telephone (________) (________) E-mail: ____________________________

ACY M.

Date of Birth __/__/__

Social Security # ____________________________

Telephone (________) (________) E-mail: ____________________________

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Social Security # ____________________________

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Date of Birth __/__/__

Social Security # ____________________________

Telephone (________) (________) E-mail: ____________________________

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