MH community, ACA gear up for June 10 parity rally

The American Counseling Association and other mental health advocacy groups are rallying to call attention to the need for passage of comprehensive mental health parity legislation before Congress adjourns in late summer. Mental health parity legislation (S. 486/H.R. 953) is long overdue and has overwhelming bipartisan support in both chambers of Congress. However, opposition by leaders in the House of Representatives has prevented the "Paul Wellstone Mental Health Equitable Treatment Act" from passing either chamber.

On Thursday, June 10 at noon, the mental health community will hold a rally in support of mental health parity legislation outside of the U.S. Capitol.

Continued on page 20

Emotional cycle of deployment

Information for civilian counselors about the military family

BY ANGELA KENNEDY
STAFF WRITER

If they say it takes a village to raise a child, then it must take a family to defend a nation.

With current world conflicts, the pressure is on the family unit to support their military members in order for that soldier, airman, seaman or Marine to carry out the missions at hand. The military has made great strides toward taking care of its own — physically, mentally and spiritually — here and at the forward deployed location. With mobilization troops "doing more with less" the demands, stress and danger associated with deployment can be great. However, for many service members, the idea of leaving their spouse or children is what scares them the most.

In an effort to suppress that fear and alleviate worrying on the war front, the military counsels its members and their dependents on the stages of deployment, and the emotional ramifications of each stage. With the help of family support centers and family advocacy offices, every branch of the military offers counseling, support and advice to family members of deployed personnel.

Though mental health services are provided on bases and installations, military members and their families are a growing special population within the counseling field. Civilian counselors are seeing more and more military dependents walk in the door looking for understanding and support.

Continued on page 12

ACA fighting for fair testing rights in Indiana

COMPILITED BY
COUNSELING TODAY

After years of private consideration, the Indiana State Psychology Board has developed a list of 235 different tests and assessments, the use of which would be restricted to psychologists. Counselors, social workers and marriage and family therapists would be prohibited from using any of the tests and assessments on the list.

The American Counseling Association joined the Indiana Counseling Association and a host of state and national organizations, including the American Mental Health Counselors Association, the National Board for Certified Counselors and others involved in the Fair Access Coalition on Testing, in fighting the adoption of the restricted test list in Indiana.

The proposed restricted test list is being reviewed by the state's attorney general, which at press time was expected to rule on May 20 on whether the restricted test list was developed following appropriate procedures. If the restricted test list passes this hurdle, it will then be sent to Indiana Gov. Frank O'Bannon for his approval. A copy of the restricted test list is available on the state psychology board's website at www.in.gov/hpb/boards/ispb/final_rule.pdf.

In an effort to raise awareness and push for action, ACA sent out a mass e-mail to Indiana Counseling Association members encouraging them to contact their state legislature and governor's office and express their opposition to the current list of tests.

The Indiana State Psychology Board was tasked with developing a list of tests and assessments restricted for use...
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Counseling offers extended benefits for Alzheimers caregivers

Caring for a loved one with Alzheimers disease is among the most difficult of all life’s demands. It’s no surprise, then, that many of the five million or so Americans who care for someone with Alzheimer’s or another form of dementia feel quite overwhelmed at times, a burden that can lead to serious feelings of stress and depression. But, as a study conducted at the New York University School of Medicine shows, a targeted program of counseling and support services can do much to allay these feelings of depression and stress, offering benefits that may last for years.

Research was part of the ongoing NYU Spouse-Caregiving Intervention Study. Components included:

Education of caregivers and family members about Alzheimer’s disease.
- Counseling and ongoing support for the care partner and family.
- Improving social support and reducing family conflict to help the caregiver withstand the hardships of giving and helping family members understand the primary caregiver’s needs, and how best to be helpful.
- Counseling and ongoing support for the care partner and family members — including both individual and family counseling — encouragement for caregivers to join support groups, and telephone counseling for the caregiver and other family members when needed are listed as critical and necessary in delaying the need to place a patient in a nursing home or other residential facility and leading to improved well-being and less depression among caregivers.

After a year, fewer than 30 percent of the caregivers receiving enhanced treatment had symptoms of depression, compared with more than 45 percent of those receiving standard care. Three years later, those receiving enhanced therapy showed fewer symptoms of depression than their standard-care peers. Benefits persisted even after the occurrence of stressful events, including the need to send a spouse to a nursing home or having a loved one with Alzheimer’s die.


The Last Word

“Will our grandchild remember his father when he comes back from Iraq?”

— Col. David Fenell, U.S. Army Medical Services Corps Reserve

(See story “Emotional cycle of deployment” on page 1)

J.D. Crowe

HEADLINES

SAMHSA, FDA, AoA celebrate Older Americans’ Month

The Substance Abuse and Mental Health Services Administration, the Food and Drug Administration and the Administration on Aging, agencies under the U.S. Department of Health and Human Services are educating older Americans of the dangers of mixing certain prescription drugs or prescription medications and alcohol.

“As You Age” education materials are geared to help draw attention to the need to manage prescription medication intake as well as the dangers of mixing some medications with alcohol. The effort highlights the need for more vigilance and monitoring of prescription intake by older adults. “As You Age” consists of a series of materials including print ads, radio and television public service announcements, a brochure and a website housing all of the materials which can be downloaded for adaptations and other use.

HHS is also releasing an Older Americans Kit. The kit provides useful information from various sources to help aging organizations, faith-based and community groups, policymakers, the media, and other groups educate older people and their caregivers about programs and services available to assist them.

People with MIs seeking ER care rising

A recent upsurge in people with mental illness seeking treatment in emergency departments is taking a significant toll on patient care and hospital resources nationwide, according to a new survey of emergency physicians conducted by the nation’s leading mental health organizations and the American College of Emergency Physicians. Six in 10 emergency physicians surveyed report that the increase in psychiatric patients is negatively affecting access to emergency medical care for all patients, causing longer wait times, fueling patient frustration, limiting the availability of hospital staff and decreasing the number of available emergency department beds.

One in 10 emergency physicians report there is nowhere else in the community where people with mental illness can receive treatment. Mental health leaders note that without ongoing, community-based services, people may see their illnesses worsen and be forced to seek care in emergency departments.

The new survey by the American Psychiatric Association, National Alliance for the Mentally Ill and National Mental Health Association is part of a larger campaign on the issue of access to treatment and services for people with mental illness.

Seventy percent of emergency physicians report an increase in people with mental illness “boarding,” which is when patients are admitted to the hospital and forced to wait in the emergency department until inpatient beds are available in the hospital.

Untreated MIs cost more over time

Two of the most important but often unexplored stories about failures in the mental health care system are the shift in costs to other sectors of society — and the degree to which mental illnesses represent a dimension of broader problems in American society, such as unemployment.

As part of its Campaign for the Mind of America, the National Alliance for the Mentally Ill’s Policy Research Institute has prepared six fact sheets on Hospital Emergency Departments, Homelessness, Jails & Prisons, School Failure, Unemployment and Uninsured. View these fact sheets at www.nami.org/costshifts. This campaign aims to fight for making smart choices with the broadest possible public benefits at the national and state levels while raising greater awareness about the costs of untreated mental illnesses.
Portability possibilities
While I applaud the efforts of the American Counseling Association and the American Association of State Counseling Boards to make licensure portability a reality ("ACA, AASCB making licensure portability a reality," Counseling Today, April 2004) I have concerns regarding the two-tiered system. My graduate program was 54 credit hours; I have 6,000 hours of supervision and more than 15 years of continuing education credits. Does this qualify me for a tier and a half? I am also licensed in two disciplines. I am a Licensed Professional Counselor and a Licensed Marriage and Family Therapist. Even so, I apparently would not qualify for Tier II.
I believe that those of us who have been duly licensed for years and who have accumulated many hours of CEUs should be considered for two-tier status, even if our initial graduate program consisted of less than 60 credits. At 54 credits, I am only six hours shy of the two-tiered standard. Shall I be given the opportunity to take two graduate courses in the counseling field to make up the six-hour difference between the tiers? Suppose that North Carolina, the state in which I reside, becomes a Tier II state. Do I have to move to a Tier I state in order to practice? Also, I am concerned about how a Tier I counselor will be perceived by employers in a Tier II state. Obviously, employers will look for someone qualified toward the Tier II counselor.

These tiers appear to be yet another roadblock for those of us who have worked so hard to make counseling a viable profession. I believe that those of us who have already faced the fire of graduate school, supervision, licensure exams and continuing education standards should have the opportunity to begrandparented into Tier II status.

Finally, why do we need tiers at all? I believe that those of us who have already licensed in any state should be considered Tier II counselors. Let us standardize counseling education programs across the country so that no one graduating from such a program will have to deal with yet another handshake for counselors... the dreaded tier.

My choice was to become an LPC, and I have been a loyal advocate for our profession. However, I could avoid all of these battles by becoming a Licensed Clinical Social Worker. Do you, really want to put weed killer on your grassroots? As an LPC, I have had just about enough.

Patricia Peyer
Stautonsburg, N.C.

Editor’s note: ACA’s Associate Executive Director for Professional Affairs David Kaplan had this to say: "If I may, I'd like to first give you the good news and then give you some background information. The good news is that we are well aware of counselors who have substantial experience, training and supervision well beyond graduate school. Accordingly, the AASCB portability plan allows for additional years of counseling practice to replace up to 12 credits of educational requirements. Therefore, you should be covered with your 54-credit degree for both tiers. For more specifics, please see the 'equivalencies' section in the appendix of the portability document at www.aasco.org.

"Now to some background information. You asked why we need tiers at all. Historically, states have licensed counselors at either the 48-credit level or 60-credit level. Some have both. Older licensure laws tend to use the 48-credit level and states with newer laws tend to use 60 credits, with the extra credits focusing on diagnosis and treatment.

Therefore, the portability plan, therefore, had to deal with this reality. If we set the plan at 48 credits (which many of us would be comfortable with), state licensing boards that require 60 credits would refuse to honor it. If we set the plan at 60 credits, then counselors from 48 (or 54) credit programs would be excluded. So having a two-tier system with counselors having substantial experience at Tier I being eligible for Tier II seemed to be the way to go.

You mentioned getting an LCWS. Interestingly, this is the historical reason why 'diagnosis and treatment' LPC licensure laws are 60 credits. LCWS licensing laws are typically 60 credits, and states felt that LPC laws needed to match this number as LPC and LCWS laws are seen as equivalent level occupations. So one way or another, you will need 60 credits (or equivalent) for portability purposes.

"Finally, you asked about having to move to another state if NC enacts Tier II. The portability plan will not affect your licenses. It is unlikely that a state (such as North Carolina) that licenses counselors at less than 60 credits would choose Tier II for portability. If they did, they would be open to criticism (and lawsuits) that they are trying to keep counselors out of the state by making portability requirements more stringent than licensing requirements. But even if they did, your license would still hold. They are not about to rescind licenses because of the AASCB document. It is a portability mechanism, not a licensing mechanism. In other words, licensure is a different (if related) issue than portability.

Reader-to-reader
As I read Robert Wubbolting’s letter in the April 2004 issue of Counseling Today, which began by acknowledging the four white males that were honored as "living legends" at this year’s annual convention, I wondered what would make him omit Patricia Arredondo, the only female and person of color to be similarly honored. Actually, while I was attending the convention I also wondered, "How can our association honor four white male (who unquestionably deserve such recognition) but fail to include other women and persons of color who are equally deserving?" The names of persons like Janet Helms, Judy Lewis, Mary Ivey, Courtland Lee, Clemmont Vonpress, Donald Wing Sue and Thomas Paulum immediately came to mind. These are a few of the women and persons of color whom I believe are equally deserving of being recognized as "living legends." As a scholar who has investigated white racism and served as a women’s rights advocate for almost 30 years, I want to make a couple of brief comments.

First, any time someone fails to acknowledge a woman or person of color who has been recognized as an equal status to white males, as was done in Wubbolting’s letter, he or she helps to perpetuate the sort of insensitivity and disrespect and is inherently associated with racist and sexist attitudes.

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There shall be no discrimination against any individual on the basis of ethnic group, race, religion, gender, sexual orientation, age, and/or disability.
The king is dead, long live the king

This is just me being humorous (this should be relatively familiar to you by now). This column is for Sam Gladstone, Patricia Aronodono and all the future American Counseling Association presidents who are reading this (you know who you are). It’s my final column as your president. And I have quite mixed feelings about all of this.

On the one hand, I am sad to be stepping aside or down or mixed feelings about all of this. It’s been a good year in many ways. It’s been the hardest job I have ever had ... and yet it was quite rewarding as well (I know there’s a lesson in there somewhere). People treat you differently (that’s both good and bad). People listen to every word you speak/write, and they don’t always hear it the way that you meant it. And you are on the road every week of your year — going somewhere, doing something.

At the beginning of the year, you are overwhelmed by the amount and quality of activity. By December, you are exhausted both physically and emotionally. Usually, ACA presidents get sick during this time of the year. I never get sick (ask my partner Mario), but I got sick, really sick — twice during December with a fever and everything. Your immune system just gets run down.

I had a lot to do this year: planning and presiding over Governing Council meetings, Executive Committee meetings, COPARC meetings, and our first National Branch and Region Leadership Training Academy in Washington, D.C.

And then there are the meetings that you do not have direct responsibility for but have to attend, like the ACA Foundation, the ACA Insurance Trust, the regional business meetings, the standing committees and task forces of ACA and many, many more.

Then there are the meetings with lawmakers on Capitol Hill and with the presidents and executive directors of our sister domestic and international professional associations (American Psychological Association, National Association of Social Workers, National Association of School Boards, National Association of Elementary School Principals, National Association of School Psychologists, National Education Association, American Federation of Teachers, British Association for Counselling and Psychotherapy, Canadian Counselling Association and groups in Guam, Korea, China, Mexico, Turkey, and on and on).

Then comes the convention. In many ways, it’s the main event of your presidency. It’s your chance to shine. If you do a good job, everyone remembers it. If you do a bad job, everyone remembers it. One shot. “Enjoy and revel in your convention” was the sage advice of Thelma Daley, our 24th ACA president (actually the American Personnel and Guidance Association, but let’s not quibble). The point from Dr. Daley was to stay in the moment and enjoy every little bit of this year and maintain perspective. (Please note that no one has ever chosen to be ACA president more than once.)

Now, I’m not trying to dissuade anyone from running for this position (really I’m not), but the loneliest time for me was when I was at our headquarters. You wouldn’t think it would be lonely — what with the headquarters staff all around and the level of busyness all day long. But at night, when you go back to your hotel, no one is there that you know, except you.

Continued on page 18

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Executive Director's Message – BY RICHARD YEP

Twice in my life, the medical profession has told me to stop chewing gum. The first time was more than 30 years ago when my orthodontist was about to put braces on my teeth. The second time, some 20 years later, had to do with my physician telling me to slow down my pace (e.g., stop tapping your feet, stop chewing gum and relax a bit more).

I think that both scenarios were sound advice from professionals I trusted. I see counseling the same way. Counseling is something people should plan on having as they mature, change and face various life challenges. Counseling can be preventive, and its wellness base certainly supports the concept of scheduling regular “check-ups.”

Counseling should be seen as something that individuals obtain “across the lifespan.” People must realize that the challenges that you face in life as a high school student are much different than when you are a middle-aged parent of a troubled teen, or as you near the end of your career and search for how best to transition. While I know I am preaching to the proverbial choir on this point, I share it in order to remind you how important it is that you continue to spread this message to your clients and students.

Quite simply, if more people considered counseling as a lifelong and preventive method of staying healthy, there would be less conflict, less terrorism, less bullying and less anxiety in this world. Given all that is going on across the world, this seems to make sense now more than ever. In addition to being advocates for your clients and students, I implore you to continue your good work by being an advocate for the profession as well. I have met thousands of professional counselors during my 17 years with ACA, and I know that you are incredibly dedicated to truly bettering the lives of those with whom you work.

The challenges that the profession face can, at times, seem monumental. In some states, regulations are being written that would prohibit you from utilizing testing and assessment instruments that many of you are clearly qualified to administer (see “ACA fighting for fair testing rights in Indians,” page 1). At the national level, ACA is joining a number of other mental health provider groups to rally at the U.S. Capitol in support of parity issues (see “Washington Update,” page 1). And, while we have done good work during the past 30 years in passing counselor licensure laws, we are still working to succeed in the past last states that do not provide this type of regulation that benefits both professional counselors and the consumer.

At times, it can seem somewhat overwhelming. However, when you see what ACA and its divisions, organizational affiliates, regions and branches have been doing, you realize that the thousands of volunteer hours dedicated to improving the counseling profession is moving in the right direction. I think that, given this ongoing dedication by so many of you, this year’s theme — “The Professional Counselor: Integrating Practice and Science with Client Advocacy” — was especially appropriate.

ACA President Mark Pope has been a tireless advocate this year on behalf of the counseling profession. He traveled extensively to share his perspectives. He shared his message with other mental health professionals, with organizations with whom we work, with public policy-makers at the state and federal level and to numerous consumer groups. His writings, speeches and vision are things that will certainly be remembered long after he moves out of the role he has played this year. I consider it an honor to have worked with him, and we all wish him well as he joins the ranks of the “formerly famous.”

As you read through this issue of Counseling Today, you will find interesting articles that focus on family counseling. I know that our writers went to great lengths to develop stories that will be of interest as well as include some perspectives that will be provocative. I hope you will enjoy reading this issue as much as I have.

Also, in this issue, you will read about the professional life of Dr. Stephen Wainwisch, who died last month (see page 24). Steve was one of those dedicated members of ACA, who enjoyed scholarly pursuits as well as looking at how best to improve the human condition through the practical applications of counseling. In addition to that, he enjoyed a good laugh will be missed by many in the profession.

As always, contact me via e-mail at ryep@counseling.org, or via phone at 800.347.6647 ext. 231 if I can be of help or if you would like to share some thoughts. Enjoy and be well.

Dr. Andrew A. Helwig

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Telephone: 303-466-3191 after 10AM Eastern
Trying to find my voice

There was a family reunion going on. My mother and father, and maybe three or four of my aunts and uncles, were sitting around the kitchen table talking, laughing, eating and drinking—all with lots of energy. Cousins were all about, running and making lots of noise. It was a happy scene, but also kind of chaotic. I remember really liking it when we all got together but also feeling quite bewildered by all the activity. After all, I was only 6 years old.

I recall coming into the house from outside and standing near the kitchen table. I really wanted to say something to the adults. I can’t recall now what it was, but most likely it was about losing another baseball in the bushes. Most likely it was about losing some sort of break in the multi-event.
Dear Webster's,
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"lose my voice" again, fail and run from the "stage" in tears, defeated. I always flirt danger-
ously with the idea of turning away and not showing up, not going through with it, just as I
did with the aborted audition.

So, I deal with these issues all the time. And yet I keep present-
ing, try to keep trying, keep seeking the stage. I often rumi-
nate about this. Why do I persist? It is for me, I am sure, a matter of
trying to keep growing by contin-
uing to challenge myself, a
form of courage. And I realize it
is for my students and the profes-
sion, too, because I sense an
obligation to give back, con-
tribution and model what I think
is for my students and the profes-
sion, too, because I sense an
obligation to give back, con-
tribution and model what I think
desirable professional behav-
iors. In many ways,
I think, this
is my personal therapy. I am
working out my demons.
I think I'm getting better at it.

Throughout the years,
sometimes people have commented
on my eloquence, my clarity, my
passion. Indeed, this happened a
couple of times at this latest con-
vention. Every time, though —
absolutely every time — I am
surprised. I am grateful, too, but
it is a way of realizing the power of
early experience in leading me
to hesitate about what I can do:
When I was in high school, we
lived as far north in upstate New
York as it is possible to live and
still be south of Canada. This is
the poorest county of New York
state, and it is often frigidly cold
there in the winter. We had little
heat in our house, and I studied
upstairs in my bedroom, often
having to wear my coat and
gloves. It was a sort of lonely
existence, way up there in rural,
cold, isolated (but beautiful —
let's not forget that!) upstate
New York. It can lead to feeling
a bit apart from the mainstream,
how you're out of sync, and to
worrying about the future. I
remember having framed a
quote by Abraham Lincoln,
which I put on the wall above
the card table desk I used for
studying. Lincoln said, "I will
study and get ready, and some-
day my chance will come."

This aphorism helped. I carry
Lincoln's words in my head still
today. I work hard and prepare.
I decided I needed to talk to
Lincoln's words in my head still
today. I work hard and prepare.
I decided I needed to talk to

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Gone too soon
How homicide affects a family

BY ANGELA KENNEDY
STAFF WRITER

The news of a death in a family sends many loved ones into a state of shock and numbness. Though initial reactions to this news may be similar in all cases, the grieving process surrounding an unexpected death, such as homicide, is complicated, utterly painful and unique in many factors.

Leslie Gorski is a private loss and grief therapist in Duluth, Ga., a small town outside Atlanta. She specializes in working with families and individuals who are the survivors of homicide victims.

With this type of unprepared and unpredictable death, she said, many people want to know every detail of the crime in an effort to comprehend why this has happened to their loved one. They go as far as examining police photos, reports and documents of the crime scene.

The family members of the deceased want to be there to try and understand the experience of what the victim went through in his or her last moments of life.

Currently, Gorski is working with a mother and grandmother of a young man who was murdered last year. She said that her clients actually saw, on the news, images and accounts of their loved one's death. "Fearing about it on the news made it very surreal for them. It didn't add to the sense of being real," Gorski said, adding that media coverage, police investigations and judicial procedures can delay the healing process for years in some cases.

Day in court

Families can become very frustrated with lengthy and problematical criminal investigations. "It's very discouraging for them because the criminal and judicial procedures are complex and can take a long time to unfold. They want this to come about in a very timely manor and get through it. They want answers — they want justice," said Gorski, noting that the arraignment is usually the first opportunity for the family to hear all of the facts from the police officers and witnesses of murder. "They get more of a complete and overwhelming imprint of what happened. It can be very traumatizing."

Brian Casfield, president of the International Association of Marriage and Family Counselors, agrees that a trial can hold a family in grief limbo. "Not only do they have to deal with the loss of a loved one passing away, but they also have the anger and rage that is a result of a criminal act — another human being took this person away from them." He said the family's grief is compounded with that rage and is continuously drawn out through the trial process. "To get closure on it often takes much longer. Capital offense cases can run years before the conclusion occurs."

Many people who are going through this feel that once the trial is over, their grief will be lessened. "When that doesn't happen, there is an enormous amount of disappointment. I try to help them understand that these events are going on outside of them and they will not influence their grieving process," Gorski said. "Their grieving process is internal and very personal. The verdict and sentencing do not have the ability to heal them. That is something they have to do in conjunction with their grief work. They are looking for it to heal them, and they realize afterward that it didn't make them feel any better."

For clients who will be witnessing the trial, she tells them to prepare for a tedious journey. She said they must give themselves permission to get away from the proceeding. "It's OK for them to leave the courtroom or not show up because they know what evidence or testimony is happening that day. I tell them to listen and accept their limitations, and I encourage them to take care of themselves," she said.

Gorski, who holds a doctorate in social psychology, invites them to talk and express their feelings about the trial during the counseling sessions. "Talking through the pain and recounting the trial details in therapy will help them face yet another day in court.

Time goes on

When someone dies in this manner, time doesn't heal all wounds, unlike what most people think in regard to death. "People actually don't get better as time goes by — they can actually get worse. They start off very numb — I call it emotional anesthesia," Gorski said. "That lingers with them for some time. The more unpredictable and unexpected the death is, the longer the individuals left behind stay emotionally anesthetized."

It can be as long as six to eight months after the incident before the shock and numbness begin to wear off, and the survivors start to feel on a deeper level. "That's when the real grief and impact of the loss hits the individual," she said, noting that, often, outsiders of the immediate family perceive that they have moved on and are doing well. It can be confusing for all when the family members start to show their real emotions of the loss. "This is a time when the longings for the loved one really hits hard. They also start to feel really angry," she said, adding that the anger has been with them since the incident, but
in the past they used it as a shield against the pain. "As long as they are able to get angry and feel the unfairness of it all, they don’t have to flip the coin and feel the pain of longing and missing for the victim."

Many times, when clients get to the first anniversary, they are still experiencing the beginning to the first anniversary, they are feeling the pain of longing and don’t have to flip the coin and feel the pain of longing and missing for the victim. Many times, however, family survivors of homicide victims stop talking and start internalizing. "It becomes a family secret. Part of that is that people often want to blame the family members — and the victim — for being the victim." Outsiders see it as the victim being the wrong place at the wrong time, or they question why he or she was in that situation. It becomes the victim's fault that the crime occurred.

"A lot of time other people will do that because, if they can find that the victim did something in their perception-wrong, then that will protect them against the horrible idea that this could happen to them or their loved ones."

She noted that if some community members can’t find blame in the victim, they will turn on the family members, specifically parents, and accuse them of not being more involved in the victim’s life. "If they can identify a reason, then all they think they have to do is make sure they don’t do the same thing. They and their children will be protected from this type of tragedy."

Talking it out

Talking about the details of the incident will lessen the effect it has on the person in the situation. Gorsk related it to when a lesser trauma happens to a person, like a car accident or mugging the individual will tell the story that happened a few minutes ago. Before they can identify a reason, then all they think they have to do is make sure they don’t do the same thing. They and their children will be protected from this type of tragedy.

Keeping the family together

Statistics show a very high separation rate for married couples who lose a child or teen to homicide. However, Gorsk disagreed and said the numbers do not necessarily reflect the truth. "If a couple is already having marital problems and they don’t have a solid marriage, then, in all likelihood, the loss of a child could dissolve that relationship. If their marriage is good prior to the incident, then that prediction does not apply to them. They are not doomed to get a divorce because their child has died."

Canfield noted that in his work, he has found that the death of a child can do one of two things to a marriage. He agreed that if the marriage was healthy prior to the loss, then it will often strengthen the bond between the couple: "I have worked with a number of couples who have lost a child, and they have been able to find strength in one another. If the relationship was on shaky ground to begin with, then this type of catalytic event can tear it apart. I don’t think it’s the event itself, but I think it just accelerates the process."

Counselors must normalize and legitimize this particular grief process and the feelings of what these families are going through. Each member of the family must grieve individually, and be respectful of the different ways they may deal with the grief process. Canfield said he would encourage all members of the immediate family to participate in counseling; however, "I’m reluctant to say that one size fits all. Often, depending on the age of the children, some therapists would prefer to focus on the needs of the adults." He noted that children tend to mirror their parents in how they handle this situation. "If the adults in the household are in an emotional, chaotic state, then the children will often start to act out with that. The key is to make sure that the adults are attended to. Children are much more resilient in many ways than adults are."

Siblings of the victim mourn the death of their brother or sister, and they also feel the loss a confidant and friend. They may experience feelings of guilt later in life, especially during life-affirming times like getting married or starting a family. These feelings can be very devastating if the victim was at a similar point in his or her life at the time of the homicide.

Family members affected by homicide may feel that they have no control in life; they feel anxious, unsafe and may even question their faith. For some clients, the need to share their grief with others who have been affected by homicide can be strong and beneficial. There are several national and regional peer support groups for survivors of homicide. Canfield noted that police agencies often know of local resources where clients can interact with other survivors.

When someone is murdered, the death is sudden, violent, final and incomprehensible. The loved one is no longer there, and the shared plans and dreams are abruptly destroyed. The amount of grief and loss felt by these families will never be fully understood by those not touched by the tragedy; however, a sympathetic and compassionate ear can help ease their pain.

Additional peer resources

- Parents of Murdered Children and Other Survivors of Homicide Victims
  www.pomc.com
- Murder Victims’ Families for Reconciliation
  www.mvfc.org
- In Loving Memory (Helps parents cope with the death of their only child or all of their children)
  www.inlovingmemoryonline.org
- The Dougy Center for grieving children and teens
  www.dougy.org

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through their doors. In order to better serve this patriotic population, counselors also need to be aware of the stages of deployment and the culture that is known as the United States Armed Forces.

Depending on the military branch, there are three to six stages of deployment that cover the grounds of pre-deployment, separation and reunion. Family members and the mobilized military person will experience a gamut of emotions during this time. Being aware of what to expect and ways to cope can help lessen the impact of separation.

**Pre-deployment**
- Increase in family and work stress
- Change in ability to cope
- Experience selfish, tense or guilty feelings
- Physical and mental exhaustion
- Detachment and withdrawal
- Arguments

The pre-deployment stage begins with orders to deploy in months, weeks or sometimes as little as a few days. Capt. Matthew Kleiman, a therapist with the Family Advocacy Office at Bolling Air Force Base in Washington, D.C., said this stage has an ebb-and-flow effect of denial and anticipation. The military member will be preparing for the mobilization with long hours at work, training and participating in military exercises. These long days will be the primer for the separation to come.

**Deployment**
- Mixed emotions/relief
- Disoriented/overwhelmed
- Numb, sad, alone
- Difficulty sleeping
- Security issues

This stage focuses on the first month of separation between the military member and his or her family. Kleiman said that many service members feel that deploying is just a part of their duty to their country. It’s a part of their job, and they are willing to make the sacrifices for this commitment.

“I’ve seen some families really struggling with deployment, especially during the last year with the deployment numbers going up. There are members deploying now who have not historically deployed often in their careers,” he said, noting that children often challenge boundaries and act out while trying to cope with the separation. Parents should anticipate behavioral changes during this time and talk with their children about the situation. “Younger kids will also regress. A child who once could dress himself can’t tie his shoes anymore. Parents just have to be supportive and expect those behaviors while trying to get him back into a routine.” He added that usually old problems with children and teens become exacerbated by the deployment, but they rarely cause serious new ones. Having a stable and predictable routine is very important for the children as well as the spouse who is left behind.

“If there is a good routine set up, a good solid relationship with the spouse and you can trust that things are being taken care of, then the member can focus on what he or she is supposed to be doing for the mission,” Kleiman said, noting that it’s up to the counselors working in the family support agencies to recognize problems with troops before deployment so that the individual can deploy and not be distracted.

**Sustainment**
- New routines established
- New sources of support
- Feeling more in control
- Independence
- Confidence

The sustainment stage lasts from the end of the first month until the month prior to the return home. This is when the family and the military member have accepted their new roles and have established set routines. This is a time when marital problems can arise due to lack of communication. Advancements in technology now allow military members to have various ways to “phone home.” Video conferencing calls, e-mail and instant messages exchanged online allow couples and families to stay connected. However, the old-fashioned care packages and mail still remain the favorites of the troops.

“It’s very powerful for the family to send something from home. Just making cards and personal letters is a huge moral boost (for the soldier),” Kleiman said.

**Re-deployment**
- Anticipation of homecoming
- Excitement, worry and fear
- Apprehension
- Burst of energy “nesting”
- Difficulty making decisions
- High expectations

Similar to the deployment stage, this phase can also be a roller coaster of emotions. The spouse at home may question the actions and choices he or she has made for the family during the separation. Others may throw themselves into a cleaning spree to make things “perfect” for the reunion.

**Post-deployment**
- Honeymoon period
- Loss of independence
- Need to “own” space
- Renegotiating routines
- Reintegrating into the family
- Personality and physical changes of military members and family members

Kleiman noted that some military members find that returning home is the most difficult stage. “The families can be very prepared for the separation and develop some pretty solid routines. They get comfortable being in the new roles,” he said, noting that sometimes, male military members come home to find it difficult to re-establish their role in the family prior to the separation.

**Talk the talk, walk the walk**

David Fenell is a counselor educator at the University of Colorado—Colorado Springs. He is also a behavioral science officer in the United States Army Medical Services’ Crops Reserves. The colonel is presently working with the Special Forces Personnel at Fort Bragg, N.C.

“I’ve seen it from a stateside perspective in terms of the preparation for the separation, and I’ve seen it from the soldier’s point of view during deployment,” said Fenell. During “Operation: Enduring Freedom,” Fenell spent six months in Afghanistan with the 20th Special Forces Group.

“I’ve lived it. In the past (when) I was mobilized, my wife and I were separated.”

While working with the deployed combat troops, Fenell lived in tents, ate MREs, parachuted from planes and was subject to the same dangers as they were. He said this has allowed him to connect better with his fellow members and help them maintain good mental health out in the field.

“One of the things I did in Afghanistan was become a sort of online marriage counselor. It turned out that some of the soldiers I was working with were having some difficulties with their families, and they would come and talk to me. I provided them some ideas of how to respond to the situations that were cropping up,” he said.

“Unfortunately, the soldiers were not able to correct the situation themselves based on Fenell’s suggestions. He asked their permission to contact their spouses directly and become involved in the online communications that were taking place. “I was copied in on the (e-mail) communications, and I was able to make suggestions to both of the spouses. My goal in this wasn’t to do marriage counseling per se, but to stabilize the marriages while the deployment was ongoing. Sometimes a battle can take place over e-mail and be just as brutal as the arguments that we see in ordinary marriage counseling.”

Fenell said that e-mail and other electronic forms of communication are wonderful advancements to the deployed locations, when they are available. However, he agrees with Kleiman that the tradition of “mail call” is very special to a military member far from home. “As wonderful as e-mail is — and it’s a great thing — when they have mail call and someone calls your name and hands you a letter, that is such a morale boost. The old small mail is just so nice. You open it up and read the words — there is a whole emotional process around actually getting the mail that makes it very nice,” he said.

The military also offers occasional “morale calls,” where
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Men and women: there really is a difference

Although it hasn't always been politically correct to say so, women and men really are different, and not just in the obvious ways. But rather than be frustrated by such differences, as many of us sometimes are, it can be helpful to understand both how and why the two sexes differ.

In their book, "Why Men Don't Listen and Women Can't Read Maps," Barbara and Alan Pease hypothesize that some of these differences date back to prehistoric times. Back then, men were the hunters; women were the gatherers. Men were the providers; women were the nurturers. To be successful in these roles, men and women needed different characteristics. Women needed a stable community in which to raise their children with a social support system and a network of relationships. Men needed to achieve dominance over others — to be the better hunter and protector in order to survive.

Those types of demands upon men and women in early society eventually affected how the most successful, the survivors, developed. Today's modern brain-scanning equipment has shown that such early conditioning is now hardwired in our brains. We know that men's and women's brains actually do operate differently. Many of these differences are described in "Brain Sex" by Anne Moir and David Josselson.

On average, women have better sensory skills than do men. They generally have better peripheral vision and can usually see better in the dark. Helpful skills that enabled women to better defend their nests. Men, on the other hand, have more acute distance vision and can see better in bright light — qualities that enabled them to see prey better when hunting.

Women also hear better, especially high-pitched sounds such as a baby's cry. But men are better at distinguishing where a sound is coming from, another plus for a hunter. Women are more easily disturbed by loud noises and more easily confused by soothing sounds like singing. In fact, six times as many women as men can carry a tune.

These sensory advantages also help to account for women's "intuition." Actually, there's nothing mystical about it. Women simply notice more details and changes in the appearance and behavior of those around them than men do. Women are better at interpreting nonverbal cues to emotion with one exception. Men are more sensitive to signs of anger in other men.

Researchers have found that the left side of girls' brains develop earlier. The result is that girls usually speak sooner, read earlier and learn foreign languages more quickly. In boys, the right side of the brain develops earlier, giving them better spatial and logical skills. This may explain the dominance of males as chess players. Women, however, tend to have more connections between the two sides of the brain, enabling them to be better multitaskers.

Studies find that even as babies, girls respond more to people and faces. Boys babies are just as happy gazung at objects. At 2 to 4 days of age, girls spend twice as long maintaining eye contact with adults, showing greater interest in communicating even then. By 4 months of age, girls can distinguish photos of people they know from those of strangers. Boys can't. The groups formed by school-age girls emphasize cooperation. Boys' groups feature competition but are more inclusive. Girls also have more freedom to cross over into more typically male activities without raising parental eyebrows. In other words, it's still easier for a girl to be a tomboy than it is for a boy to play with dolls.

By the time they can stand, boys already show greater interest in exploring their small worlds. Boys enjoy taking risks and daring. One unfortunate result of that is, by adulthood, more men than women commit violent crimes.

Because men are generally taller and heavier than women, they outperform them in sports requiring strength and speed. They also have better hand-eye coordination. But women usually have more endurance. However, the differences in many sports are shrinking.

Although we no longer have to pick berries from a bush or throw rocks at a mastodon in order to have dinner, we probably still could if we had to. The traits our ancient ancestors needed to survive are still a part of our genes, and one of the main reasons why men and women aren't the same, yet they bring very complementary elements to a relationship. Appreciate your differences.
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Glasser approach to couples counseling

BY ANGELA KENNEDY
STAFF WRITER

The key to helping couples achieve happiness is Choice Theory. That's according to counseling legend, William Glasser, a trained psychiatrist and founder of this brief and practical approach.

Choice Theory focuses on responsibility and choices, and states that all people do is behave, that almost all behavior is chosen and that we as humans are driven by our genes to satisfy the five basic needs of survival, love and belonging, power, freedom and fun.

Glasser said that in practice, the most important need is love and belonging, because closeness and connectedness with the people we care about is a requisite for satisfying all of the needs. Choice Theory and the "Seven Caring Habits" are offered to replace external-control psychology and the "Seven Deadly Habits;" the present psychology of almost all the people in the world. Unfortunately, this forcing, punishing psychology is destructive to relationships. When used in a relationship, it will always destroy the ability of one or both to find satisfaction in that relationship and will result in people becoming disconnected from those with whom they want to be connected. He noted that this disconnectedness and unhappiness is the source of almost all human problems, including mental illness.

"As time goes on, I feel like I'm the only psychiatrist left who is concerned with mental health. Many other psychiatrists have deeply involved themselves with what they call 'mental illness and drugs.' I, myself, have never prescribed a psychiatric drug," said Glasser at the recent American Counseling Association Annual Convention, when he presented the presidential-invited session, "Choice Theory and A Successful Marriage."

"Psychiatrists deal with what they call mental illness, 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," he said. "You are mentally healthy if you enjoy being with most of the people you know, especially the important people in your life such as family and friends. Generally, you like people, and you are more than willing to help unhappy family members, friends or colleagues feel better. You lead a mostly tension-free life, laugh a lot and rarely suffer from aches and pains that so many people accept as an unavoidable part of living. You enjoy life and have no trouble accepting other people are different from you. That's perhaps the most important sentence in the whole thing. The last thing that comes to your mind is to criticize or try to change anyone."

He added that, basically, mental health has much to do with relationships. If a person has no relationships at all, or he or she is not relating well to the important people in his or her life, especially a spouse, then that person is not mentally healthy.

"That doesn't mean you are mentally ill. You can be less than mentally healthy, meaning you are not enjoying life and relating well with your important people. You can improve your life and improve your mental health if you can learn to how to do it," he said. "Choice Theory is the theory of getting along well with the people you get along with. If you put this theory to work in your life, then you are going to be mentally healthy."

He made the keen observation that happy people do not go to counseling. "No one comes in and says, 'I just feel so different because I'm happy all the time and I want to know if there is something wrong.' If someone said that, I would tell him or her that there is nothing wrong with you, but maybe you could help me a little."

Unfortunately, there are many unhappy people in the world, and statistics show that about half the marriages fail and result in divorce.

"I think you will succeed in counseling better if you can understand what's wrong and what makes so many people unhappy - what's wrong is not complicated; you can use this explanation and be very successful," he said to the audience.

"When a person comes to your office, you know they are unhappy. That person begins to tell you why they are unhappy, but what they are really talking about are the symptoms - they are depressed, anxious, upset, panicked. Those are the ways they have chosen to deal with the unhappiness."

Glasser said that there is a hidden, underlying source to the client's unhappiness and symptoms associated with it. The source of the unhappiness is an unsatisfying relationship with someone they want to relate to better than they are now. In some cases, there is no relationship at all because the individual is totally disconnected and looking for a connection. "Regardless of their symptoms - their symptoms are not important - if you can help them to become happier, then their symptoms will disappear," he said adding that the client could also help him or herself become happier. He noted the case of John Nash. "The man who recovered from what they called a mental illness schizophrenia. Well, Nash was certainly crazy, but he had very, very poor relationships in him and he also had some unsatisfying things in his career. All of this led to a great deal of unhappiness, and in 1959, his brain got very creative - that's one of the things your brain can do when you are unhappy - he started to have delusions and hallucinations," Glasser said, "which were created in his brain to deal with the unhappiness. And he stayed creatively crazy for about 30 years - until a very happy event came into his life."

As the story goes, that event occurred when Nash's work was finally acknowledged and he was awarded the Nobel Prize in Economics.

"His wife stuck with him and didn't desert him - even though she loved him and didn't remarry him until a couple of years ago, when she was pretty sure he wasn't going to be crazy anymore. And he's not, he says he's not, and he hasn't been for seven years," Glasser said. "When he was offered the Nobel Prize, around 1994, a man asked him if he would be able to deal with this - because he had been walking around Princeton, 'rants' for about 30 years. Nash said to the man, 'I'll be fine, don't worry about it.' He was so rational at that moment that the man didn't worry about it. Nash was rational throughout the whole ceremony, and he has been rational and not crazy ever since. He has also been much happier now than in his whole life ever since."

Glasser used the story of Nash to illustrate the power of choice and choosing to be happy and mentally healthy. "All the people in the DSM-IV - or, the big book of unhappiness - they are all unhappy and they all have symptoms, but they are not mentally ill. There is nothing wrong with the brain of any of those people in the DSM-IV, even though the drug companies hire researchers and pay them to deliver the idea that there is something wrong in the brain. There is no chemical imbalance until they take drugs; then they have a chemical imbalance," he said, noting that humans suffer from much more unhappiness than anyone could imagine.

"We have genetic motivation to survive and to be social creatures. We want freedom, fun. If we stopped there, we would be fine and we would all get along and not need any counseling. But, we go beyond there," he said. "We have trouble with each other because we begin to try and force people to do the things we want them to do, which leads to destroying relationships, war, killing and all kinds of terrible things." Glasser noted that we see the only creatures that have the need for power. The problem lies within how people choose to attain that power. "You can feel a good deal of power without any desire to change anyone else. Respect is a crucial thing that human beings have learned but don't pay a great attention to when they are having difficulties with one another. That difficulty is because we have a psychology, a way of relating with people. Our psychology is very destructive to human relationships," he said, noting that this external-control psychology is practiced - everywhere and by everyone in one situation or another. It is practiced when people try to make someone get along with one another, because everyone wants things done his or her way, whether it is done on a global scale involving war and terrorism or on a personal level within a home and family. He said that he and his wife Carleen try to teach everyone to
remarkably successful. The thing as positive or constructive power in their lives to perpetuate the "Seven Deadly Habits" to what is right for other people. He noted that if there is one choice in a particular situation, then there are often many choices. When counselors use Choice Theory in their practice, they are literally counseling clients to make more effective choices, so they get along better with the people in their lives.

Glasser, his wife and an audience member participated in a role-play scenario in which he was a counselor meeting with a married couple dealing with past infidelity.

Going through the scenario, Glasser pointed out the following to the couple:

■ No one can change what happened in the past.
■ Whose behavior can you control? We can only control our own behavior.
■ What is not good about the marriage at the present time?
■ What are you doing that is good for the relationship? All you can change is what you own present behavior.
■ What, right now, are you doing that is good for the marriage? The work to start building a happier marriage begins now.
■ What could you do that would be beneficial for the relationship? If what you do depends on the other person, then it won’t work to help the marriage.

"Each person must choose to do something for the relationship. That is the connectedness that is between two people. If you feel that you are having difficulty with your partner, then you should say to yourself, ‘I’m going to use Choice Theory to resolve this problem, and I’m not going to force the other person to do something that he or she doesn’t want to do.’" Glasser said. "If you lose your relationship, you lose your mental health and your happiness. I use Choice Theory all the time in my life when I have to relate to anyone, even strangers. I mean, why take a chimp?"

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**Counselors tout the benefits of play in relationships**

**BY ANGELA KENNEDY STAFF WRITER**

Being disconnected and bored with a mate can cause major problems in a relationship and may lead to separation or divorce. However, a faculty member at the University of Central Florida believes that relationships can be strengthened by simply taking time to enjoy shared interests and activities—a couple that plays together, stays together.

Montse Casado, an assistant professor of counselor education at UCF, who is also a Licensed Marriage and Family Therapist and Play Therapist, has integrated play therapy into couples counseling. "Play therapy is a modality used in counseling children, in which ‘play’ is the medium to facilitate change and promote therapeutic progress. ‘Couple’s play’ refers to the amount of play that couples invest together to enhance their relationship. Play is defined by the couples and is never competitive, but personal," she said.

Casado became interested in how the importance of play in relationships, particularly couples, affects the levels of satisfaction and intimacy. She was inspired to incorporate play therapy into her practice, in counseling children, in which “play” is the medium to facilitate change and promote therapeutic progress. "Couple’s play” refers to the amount of play that couples invest together to enhance their relationship. Play is defined by the couples and is never competitive, but personal," she said.

Casado shared this idea of play therapy in couples counseling with two of her doctoral students,Pago Thanasia and Linda Venderbleek. The trio presented the topic at the 2004 ACA Annual Convention in April and is currently doing some qualitative research on how couples actually define play together.

"We’ve done a lot of research into the physical well-being part of adult play. It really increases their antibody levels, endurance, oxygen levels. It can lower serum cortisol, a stress hormone, while in some cases exercising the lungs, stomach and chest," Venderbleek said. She noted that they also found that as couples increase their amount of play in the relationship, they are more likely to increase their positive well-emotions to draw from during a difficult time. By playing, they have increased their creativity and good feelings toward one another, so conflict resolution becomes easier for the couple.

"They become more emotionally stable and able to deal with life’s challenges. They feel good about themselves and about their relationship, and they have a more optimistic approach to life," she said, adding that couples who play together are liberated from routine and enjoy rekindling the early stages of childhood freedom and spontaneity. Casado noted that play shifts the focus from “‘I’ and ‘you’ to ‘we.’”

"Play allows people to get a better understanding of who they are and effect themselves and about their relationships. It’s hard to incorporate play and not solely focus on what the couple did for fun when they were dating or in the ‘honey-moon’ phase may not be appealing to both parties when they are rearing children or even later on in life.

Whatever the agreed upon activities are, couples must make the time to do that and to commit to the play date. "What was surprising to me as a clinician was that we don’t really emphasize the importance for couples to really devote time to one another. So, very often, we give them a lot of communication skills and tools, but we don’t emphasize that it could be a very simple thing that they are not doing that could make the biggest difference in the relationship," Casado said. "That simple thing is just making the time for one another and in that time playing together. We live in such a busy society that it’s very easy to fall through the cracks and forget that you have to make time for a relationship—it just doesn’t happen on its own.”

Venderbleek added, "There are a lot of cultural messages against couples play and making time for having fun. There are societal norms that make play seem shameful and childish, that work and other things are more important.”

Casado said that it’s important for any clinician working with couples to acknowledge what is working within the relationship and not solely focus on what is not working. She noted that counselors should try to incorporate play therapy into couples counseling and point out to clients the benefits it has on a relationship.

"Counselors should help couples figure out their styles of play and encourage couples to assess their commitment to play activities," she said.
President
Continued from page 5

(Actually, you do get to know the hotel staff, but that doesn’t count.) I rarely wanted to impose on the ACA staff to go and have dinner with me. They have done their work for the day and want to go to their homes and see their loved ones. There isn’t a convention going on or another meeting of counselors, and so you are not able to call up Jase Goodman or Judy Lewis and go have a drink and dinner together. When I was at our headquarters, I usually worked 12-hour days. And then called Mario every night. I am now convinced that I can do anything for a year. Smile.

Anyway, based on my experiences this past year, here are my Top 10 Rules of the Road for Future ACA Presidents. (Some are serious and some are serious— you decide.)

1. When you meet strangers on the road, embrace them. You never know when you’ll need a dinner companion.

2. Pay attention and focus on what you are doing at each moment—for example, a relative simple behavior like dialing the telephone. On several occasions throughout the past year, I thought that I was dialing home when what I had actually dialed was the ACA headquarters telephone number. (This is very sad.)

3. Don’t stand in the airplane seat with your shoes on. This is pet peeve of mine and has to do with the transfer of dirt from shoes to the seat cushion. You never know who will be sitting there next, like someone in a pink chiffon prom dress.

4. Never take more than seven pairs of underwear or socks or seven T-shirts in your luggage. Does the phrase “hotel laundry service” mean anything to you?

5. Pack light. At the end of a convention or a conference or a big meeting, instead of carrying with you all of the Governing Council materials, “Robert’s Order of Business” books and sci-fi novels you finished reading during your airplane trips, get a box from the hotel and ship your non-immediately-needed materials back home.

6. That way, you’ll also have lots of room in your luggage for the hotel amenities (shampoo, conditioner, mouthwash, etc.) that you have collected.

7. Busy doesn’t always mean effective. There are always places you can go and things you can do, but you must learn to say no and limit your activities to be congruent with your goals, or else you will not accomplish your vision.

8. Don’t get bogged down in all of the details. Do the duties that are required: make decisions, handle crises, use your political skills to decide strategy and tactics, respond to questions and complaints, plan your convention, plan the governance meetings for which you have responsibility, But focus on the big picture. (This is a variation on No. 6 regarding learning to say no.)

9. Honor and empower your governance and advisory groups. Touch them personally, individually and humanely. You never know when you may want and need them to reciprocate.

10. Exhibit confidence, compassion, fairness and patience at all times (especially when presiding over Governing Council meetings).

Stay in the moment. Love every minute of this experience, because there’s nothing like it.

Finally, I want to leave you with this. In 1991, one of my heroes, Ruth Fassinger, wrote an article titled “The Hidden Minority: Issues and Challenges in Working With Lesbian Women and Gay Men.” In that article, she spoke so eloquently about why many of us have chosen the profession of counseling as the focus of our career. She wrote, “Inherent in its philosophy is an approach that fosters problem-solving, not solutions, in terms of normality and day-to-day problems in living and eschews a singular focus on pathology and diagnosis. We emphasize positive mental health and focus on strengths and adaptive strategies in our clients. We see ourselves as educators and advocates for clients, and we emphasize empowerment of individuals. We value preventive as well as ameliorative intervention efforts, and we work toward enhanced functioning of all people. Our scope of vision includes environmental as well as individual interventions, promotion of mental health at the level of groups and systems, the effective use of community resources and political involvement when relevant. We see ourselves as versatile—able to function in a variety of settings and to work collegially with other diverse professionals. We emphasize developmental approaches to working with people, including attention to their cultural context and the influence of gender, race, age, ethnicity, sexual orientation, (dis)ability and socio–history.” It is a clear and powerful statement. I have truly been blessed to have found our profession. I have been so honored to be your representative to the world this past year. I believe so very passionately in professional counseling—in the good that we do in the world. Proud talked about “love and work” as the hallmarks of the mature life. I count myself among the lucky ones in this world, for I have found what I love in my life; it is mine—Mario, my big inclusive family, my St. Francis River Band of Cherokees, my friends and you, my colleagues. Thank you for this—your acceptance, your respect and, yes, your love.

This is why I am here, involved with ACA. Where else could a poor, gay Cherokee boy from rural southeast Missouri grow up to be so honored, to be your president? Thank you for this important message to our students, our profession and our world. I thank you from the bottom of my heart.

This final column is for Sam, Patricia and all the upcoming ACA presidents. “Enjoy and revel in your year as president—this is your time. More later. Bo seeing you.

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1. Kleinman emphasizes the importance of __________
   - a) counseling
   - b) routine
   - c) correspondence
   - d) listening

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2. The best ways to connect with a military member are:
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   - b) snail mail and care packages
   - c) both a and b
   - d) none of the above

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3. Who is eligible to use the Indiana State Psychology Board's tests and assessments?
   - a) marriage and family therapists
   - b) social workers
   - c) counselors
   - d) all of the above
   - e) none of the above

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4. The Indiana State Psychology Board has responded to a Freedom of Information Act request regarding the tests included on its list.
   - a) True
   - b) False

   **ACF fighting for fair testing rights in Indiana**

5. A court trial __________ a family's grieving process.
   - a) prolongs
   - b) does not affect
   - c) expedites
   - d) brings closure to

   **6. Confidell believes post-homicide counseling should focus most on: \**
   - a) the surviving children
   - b) family relationships
   - c) individual adults
   - d) none of the above

   **Glasser approach to couples counseling**

7. Glasser defines mental illnesses as:
   - a) chemical imbalances
   - b) ways people express unhappiness
   - c) products of relationships
   - d) symptoms of bad choices

   **Glasser approach to couples counseling**

8. Choice Theory states that all people can give is:
   - a) information
   - b) respect
   - c) compassion
   - b) their own points of view

   **"Play dates for adults"**

9. Which of the following is NOT a benefit of couples play?
   - a) better physical health
   - b) improved communication
   - c) self-knowledge
   - d) increased confidence

   **Vanderheel notes that play makes __________ easier for couples.**

10. Vanderheel notes that play makes __________ easier for couples.
    - a) sexual intimacy
    - b) daily routine
    - c) conflict resolution
    - d) communication

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Mental health parity legislation would require private group health insurance plans to cover mental health treatments in the same manner as medical and surgical benefits. It only affects those private health insurance plans that offer a mental health benefit. Sponsors of mental health parity legislation, Sens. Pete Domenici (R-N.M.) and Edward Kennedy (D-Mass.) and Reps. James Ramstad (R-Minn.) and Patrick Kennedy (D-R.I.), have compromised in order to make headway on the legislation. Instead of requiring mental health insurance plans to cover all mental health conditions defined in the DSM-IV, the compromise language uses the same definition of "mental illness" as the 1996 Mental Health Parity Act and its implementing regulations. This change makes it even more clear that health plans can use medical management to provide mental health benefits as they see fit (as long as they don't use arbitrary limits or cost-sharing requirements not used for general medical benefits), and that the bill does not require plans to cover certain types of mental illness, or indeed to cover mental health at all.

Despite being supported by 69 senators, 245 representatives and 360 organizations, the parity bill continues to stagnate. It has now been two years since President Bush expressed support for parity of mental health benefits. With the shortened legislative cycle in this election year, supporters of parity legislation are feeling a sense of urgency to pass the bill before time runs out. ACA and other organizations have ramped up their grassroots and lobbying efforts to maintain pressure on Congress to pass the bill.

For more information, contact Dana Alpert in ACA's Office of Public Policy and Legislation at 800.347.6647 ext. 242 or e-mail dalpert@counseling.org.

Budget resolution, issues in pay
Despite intense congressional focus on the abuse of Iraqi prisoners by U.S. prison guards, work continues on a budget resolution and budget procedure issues that will significantly affect domestic programs. At presstime, House and Senate conferees were continuing to work toward a compromise budget, despite having missed a statutory deadline for completing a budget resolution. Congressional leaders are trying to work out a budget resolution not only to speed consideration of appropriations bills, but also to smooth the way for consideration later in the year of key Republican priorities such as extending expiring tax cuts and increasing the limit on the national debt. Raising the debt limit will be a necessity; it is projected that the 2004 federal deficit will be even larger than last year's record $375 billion deficit.

The current standoff is centered on so-called "pay as you go" rules. The Senate's budget resolution reinstates such rules (first adopted with bipartisan support in 1990 during a previous period of federal deficits), requiring that any tax cuts or increases in spending on entitlement programs (such as Social Security, Medicare, Medicaid, Supplemental Security Income and veterans' benefits) be offset by increases in other taxes or cuts in other entitlement spending. Under the House budget resolution (and the proposal put forward by the Bush administration, spending on entitlement programs would be subject to "pay as you go" rules, but tax cuts would not. The American Counseling Association is joining other organizations in urging Congress to treat both tax cuts and entitlement spending the same under "pay as you go" rules. Key Senate moderates including John McCain (R-Ariz.), Olympia Snowe (R-Maine) and Ben Nelson (D-Neb.) have so far opposed adopting different rules for tax cuts than for spending, despite heavy arm-twisting.

House and Senate appropriation staff are said to be considering plans for "302(b)" allocations — the amount of money each subcommittee of the House and Senate Appropriations Committee may spend — based on the total aggregate spending number of $821 billion for discretionary spending. However if there is no budget resolution they will revert to the spending figure contained in last year's budget resolution, which is significantly lower at $414 billion.

While budget resolution negotiations continue, the House is considering separate proposals (H.R. 3973, H.R. 3800 and H.R. 3925) to adopt far-reaching changes to the budget process for the next few years. While unlikely to be brought up in the Senate, parts of any budget process change legislation passed by the House could be adopted later in the year as part of a budget reconciliation bill and will serve as a starting point for consideration of budgetary legislation next year.

The budget process proposals being considered by the House would set caps on spending for entitlement programs, thus ending their status as entitlement programs. While some versions of the proposals being considered would increase these caps based on the much in number of beneficiaries for entitlement programs, increases for health care cost inflation.
would not be allowed. The Congressional Budget Office has projected that $1.8 trillion in cuts to entitlement programs would be needed during the next 10 years to comply with the caps called for under H.R. 3800 and H.R. 3925. The proposal would apply "pay as you go" rules only to entitlement programs, not tax cuts, and would stipulate that increases in entitlement spending can only be paid for by cutting other entitlements. The proposals would also establish caps on domestic non-defense spending and would remove inflation adjustments from future calculations of baseline spending on domestic discretionary programs.

Budget analysts predict that the House proposals may signal the start of a long policy debate surrounding the issues of federal deficits, spending, and tax cuts. For more information regarding budget policy issues, contact Scott Barstow with the American Counseling Association at 800.347.6647 ext. 234 or e-mail sbastow@counseling.org. For more information regarding federal appropriations, contact Chris Campbell at 800.347.6647 ext. 241 or e-mail campbell@counseling.org.

Perkins Act re-authorization beginning

The Bush administration released on May 11 its revised blueprint for the reauthorization of the Perkins Act, the federal statute governing career and technical education programs, which was last re-authorized in 1998. The Administration's "Carl D. Perkins Secondary and Technical Education Excellence Act of 2004" makes clear that Perkins funds may not be transferred to Title I of the "No Child Left Behind Act" ("NCLB"), which is a significant positive change in the administration position. The administration’s original Perkins re-authorization plan would have shifted Perkins funds away from career and technical education entirely and used the funds to alleviate costs and pressures associated with "NCLB."

Unfortunately, the administration’s proposal still contains numerous provisions that its advocates fear would undermine career and technical education programs. The proposal calls for the elimination of the Tech Prep and career information programs, a reduced focus on technical skill attainment and a requirement that local funding be directed only to mandatory partnerships between local school districts and postsecondary partners.

The administration’s "Perkins Act" Re-authorization Blueprint is available online at www.ed.gov/policy/sectech/leg/cte/04blueprint.doc, and a summary can be found at www.ed.gov/policy/sectech/leg/cte/04summ.doc.

The House Education and the Workforce Subcommittee on Education Reform held two hearings recently on "Perkins Act" re-authorization, and a re-authorization bill is expected to be introduced in the House sometime before the end of May. To date, the Senate has not held any hearings on "Perkins" re-authorization.

Custody relinquishment bill passes Senate

On May 6, the Senate passed the "Family Opportunity Act (S. 622)," or FOA, legislation that would help families who have children with disabilities to pay for treatment for their kids. Surprisingly, the Senate passed the bill with little debate and without a recorded vote. The bill has an uncertain future, as House leaders are reportedly opposed to the legislation. The House version of the legislation (H.R. 1811) has not yet been through the committee consideration process.

The bill would allow families earning up to 250 percent of the federal poverty level ($46,650 for a family of four) to purchase Medicaid coverage to cover treatment costs for children with disabilities, including emotional disorders. All too often, these middle-income families run through their insurance coverage quickly and earn too much to qualify for Medicaid. The federal-state public health care program for low-income Americans. In thousands of instances, parents are relinquishing custody of these children to the state in order to access care.

The bill, sponsored in the Senate by Charles Grassley (R-Iowa) and Edward Kennedy (D-Mass.), allows families to access the more comprehensive care of Medicaid without having to give up custody of their children or take pay cuts to qualify for Medicaid. Originally, the bill covered families earning up to 600 percent of the federal poverty level, but the cost of that version raised too much opposition in Congress from fiscal conservatives. Some members of Congress are still concerned about taking any steps that would raise Medicaid costs and are instead trying to cut the federal contribution to the program.

Despite the cloudy outlook for the FOA, the mental health community is pleased that Congress finally took a proactive step on mental health legislation. The American Counseling Association supported efforts to raise awareness of the issue among our members and members of Congress. Thank you to all American Counseling Association members who wrote to Congress and called their lawmakers in support of FOA.

For more information, contact Dara Alpert in ACA's Office of Public Policy and Legislation at 800.347.6647 ext. 242 or e-mail dalpert@counseling.org.

ACA, AMHCA join in contacting state organizations on Medicare

American Counseling Association President Mark Pope and American Mental Health Counselors Association President Gail Adams recently sent a joint letter to counseling organizations in key states in the ongoing effort to shore up support among House members for Medicaid coverage of counselors. The mailing was sent to counseling leaders in 17 states to urge them to set up lobbying visits on the issue with targeted representatives in their district offices. ACA and AMHCA are attempting to raise the profile of counselor coverage in that chamber in order to ensure passage of our provision the
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Michigan counselors work to add amendments to social work licensing law

BY LAURIE L. HAYES
FOR COUNSELING TODAY

In April, Michigan became the last state in the nation to pass a licensure bill for social workers. This new law, which will take effect July 1, 2005, represents years of perseverance on the part of that profession.

Public Act 61 creates two levels of social work licenses—Licensed Master Social Worker and Licensed Bachelor's Social Worker.

The licenses will have to be renewed every three years, and during the three-year licensure period, a social worker will have to undergo a minimum of 45 hours of continuing education.

Michigan has approximately 10,400 registered and nearly 13,000 certified social workers. The legislation allows these individuals to join a host of other health-related professionals who must be licensed. Counselors achieved licensure in that state in 1988.

A social work licensing bill was originally introduced 12 years ago, but was repeatedly rejected by then Michigan Governor John Engler. Senate Bill 189, sponsored by Sen. Beverly Hammeister (R–Temperance), was introduced in September 2002.

Hammeister backed the bill, hoping that it would not only remedy problems of reciprocity for social workers who move from Michigan to practice in other states but would also increase the public’s respect for the profession.

Betsy Brown-Chappell, president of the Michigan Chapter of the National Association of Social Workers (NASW), echoed these sentiments in a statement before the state’s House Health Policy Committee last February. "(The Chapter) supports licensure... because it will increase the protection of the public and enhance reciprocity with other states," Brown-Chappell said.

The bill ultimately passed in both the House and Senate with little opposition. The bill did undergo some significant changes during the legislative process, however, when some wording in the bill created unease among those in the counseling profession.

Of particular concern, according to Scott Barstow, ACA's director of public policy and legislation, was the fact that "the scope of practice allowed under the bachelor's-level certification was very similar to that of masters-level social workers, but had never been in the bill before."

Michigan Counseling Association President Susan Hamilton was the first to sound the alarm regarding the language of the bill. She alerted Barstow, who, in turn, consulted with ACA Executive Director Richard Yep and ACA President Mark Pope. Together they crafted an amendment to resolve the issue.

This change, and several other amendments suggested by ACA, were ultimately incorporated into the bill.

"We were fearful that the Michigan proposal would become a model for social work licensure," Hamilton said. "Fortunately, the social workers were willing to hear our concerns."

Even though ACA's input was not received until late in the game, Barstow says, "the end result was a good one."

Jean Doss is the senior associate lobbyist with Capital Services, Inc., which represents MCA as well as the Michigan Chapter of the National Association of Social Workers. Doss noted that she did not follow the social work licensure efforts as closely as she might have, in part because of their long history of failed attempts.

A level dispute of conflict regarding the scope of practice between both counselors and social workers, Doss believes that both groups received fair and equal representation. The dual relationship might actually have had a beneficial effect, according to Doss, because it may have helped to "streamline the negotiation process."

Once the counselors' worries were brought to light, Doss was instrumental in resolving what she termed "items of concern" regarding the social work legislation.

As mentioned, one of these was the need to clarify the scope of practice at bachelor's level of social work.

Originally, the bill stated that the "practice of social work at the bachelor's level" means all of the following... not to include the practice of medicine or the practice of osteopathic medicine and surgery and including, but not limited to, the prescribing of drugs, the administration of electroconvulsive therapy, the practice of psychotherapy, or, except as provided in subparagraph (ii), the administration or interpretation of psychological tests...

As passed, Doss said, "the language limiting scope is established in a new, separate section and clearly refers to the advanced clinical skills in the MSW's scope."

"The need to address the potential split of counseling and psychotherapy as distinct mental health services within the context of the bill was also raised by MCA."

"When introduced," Hamilton said, "the language separated psychotherapy and counseling as different treatment practices."

This issue is important to MCA, Doss added, because "'counseling' and 'psychotherapy' are defined in the Board of Counseling's Administrative Rules (which have the weight of law), in the application of basic counseling and psychotherapy skills and theories..."

While the term "psychotherapy" continues to stand alone in certain parts of the law as passed, it was agreed that the "psychosocial" and "counseling" would not be separated when the identifiers appeared together in a section.

Doss also worked with MCA and the social worker interests to "clarify that Board of Social Work must promulgate administrative rules that distinguish between the education and training needed for the application of 'macro social work processes and systems,' as opposed to the application of 'specialized clinical knowledge and advanced clinical skills.'"

The following passages are among the relevant language added to the bill to accomplish this:

"The department shall promulgate rules regarding the minimum training requirements for the practice of social work at the bachelor's level and for the practice of social work at the master's level."

Finally, Doss also negotiated to ensure that the exemption from the licensure act for religious practitioners refers to practice of social work, rather than more general use of term "counseling."

As introduced, the bill exempted "An ordained cleric if counseling is an element of his or her religious duties performed under the auspices or recognition of a church, denomination, religious association or sect that has tax-exempt status pursuant to section 501(c)(3) of the internal revenue code of 1986, 26 U.S.C. 501, if he or she does not hold himself or herself out as a social worker licensed, registered or otherwise authorized under this article."

This was changed in the final version to read as follows: "An ordained cleric or other religious practitioner if elements of section 18501(2) or (g) are incidental to his or her religious duties performed under the auspices or recognition of a church, denomination, religious association or sect that has tax-exempt status pursuant to section 501(c)(3) of the internal revenue code of 1986, if he or she does not hold himself or herself out as a social worker licensed, registered or otherwise authorized under this part."

While MCA admittedly did not secure all of the changes for which they hoped, they did reach a compromise on those aspects of the bill the group found most troubling. In the end, Hamilton stressed that MCA supported the efforts of the social workers in their quest and expressed sympathy for the obstacles the profession had faced.

"When their licensing bill was first proposed more than 10 years ago, the political climate was not receptive," Hamilton said. "Fortunately, our new governor was much more supportive of their efforts."

The passage of the bill in the Senate had special significance for NASW as it occurred during the Association's Legislative Education Day. More than 200 social workers were present in the capital on March 24 when that body voted to approve the bill.

Michigan Gov. Jennifer Granholm signed SB 189 into law on April 12.
Stephen G. Weinrach
Counselor educator, scholar, humorist, critic dead at 61

Editor's note: The following is Dr. Weinrach's self-written obituary that he requested to have published in Counseling Today. We are pleased to share the last words written by this remarkable man.

Stephen G. Weinrach, a counselor educator, scholar and critic died on April 24 (from complications of chronic lymphocytic leukemia.) He had been a professor at Villanova University, Villanova, Pa. since 1972. Weinrach began his career as a school counselor in the inner city for the School District of Philadelphia in 1966.

At heart, Weinrach was a humorist and aspired to make people laugh. In 1994, Weinrach wrote about his turning 50 in an article titled “Closing One Chapter and Opening Another: An Existential Search for Meaning or Underwear That Fits.” Privately, he reported that he was never to have found either existential meaning or underwear that fit -- the latter being of greater importance to him. If this, his own obituary were to make some readers laugh and others wince, as much of his writing was intended to do, Weinrach would be content -- finally.

Obituaries, especially those written by themselves, are, as the case here, tend to recount in narrative form one's resume and thus often miss what really mattered to the deceased. What mattered more to Steve than his professional achievements was his relationship to Esther, to whom he was married since 1967. They enjoyed a particularly close relationship and spent considerable time together. He relied upon her counsel, insight, wisdom and, above all, her caring supportive love. Steve's perennial search for meaning led to deeper and psychologically. Until poor health forced him to retire, Weinrach was often seen a month or more each year in London — going to the opera, ballet and theater. According to Esther, the Royal Opera House at Covent Garden was the only place in the world where she and Steve felt truly relaxed. It was his temple. It was where he found inner peace. It was the closest he ever got to spirituality. Existential meaning for Steve meant a fist full of tickets to Covent Garden.

Weinrach was a contrarian and an apostate who railed against authority (secular and religious), dogmatism (equally from the left or the right) and self-righteousness — especially from within the counseling profession (1999). Two chance encounters with, like-minded colleagues, had an enormous impact on Steve's personal and professional life. The first was at a Pastover seder, which he organized in conjunction with the 1974 American Personnel and Guidance Association Convention in New Orleans, where he met the late Martin Gerstein. Gerstein, who was several years Steve's senior, was a mentor, close friend and confidant. It was Gerstein who first helped Steve become actively involved in the National Vocational Guidance Association (now the National Career Development Association). Marty and Steve laughed a lot together.

A second chance encounter took place at a professional meeting in Vienna, Austria, in 1987 and resulted in Weinrach and Kenneth R. Thomas becoming close friends and co-authors. In Thomas he found a kindred spirit — a common interest in the mid 1990s, Weinrach and Thomas embarked upon the joint task of writing a series of articles, some of which were critical of the more strident voices, common at the time, of the diversity-sensitive counseling movement. Weinrach and Thomas' collaborative work on diversity-sensitive counseling subsequently had a subtle impact on the public stances taken by many of his colleagues, who began to take a tad less strident and some even a bit more inclusive.

Weinrach was proud of his role as an outspoken critic of the profession and some of its leaders. Among his most painful wounds of all was his self-righteousness from the left or the right) and an apostate who railed against anti-Semitism and embrace the notion of Jews as a culturally distinct group, represents the most painful wound of all.”

This article will likely become a classic and serve as the capstone to his career as a scholar.

Weinrach was a fellow of both NCD and the Albert Ellis Institute in New York and a member of its Board of Professional Advisers and wrote frequently on Rational-Emotive Behavior Therapy. He was a major contributor to the counseling profession. In a study that Weinrach, Lustig, Chan and Thomas (1998) conducted, Weinrach was ranked among the top 1 percent of contributors to The Personnel and Guidance Journal of Counseling & Development (P&G/JCD) for the period 1978–1993. Weinrach was the Re:Views editor for the P&G (1976–1978), the Other Voices editor for the Vocational Guidance Quarterly (1980–1982), and the Personally Speaking Editor for JCD (1989–1993). At various times throughout his career, Weinrach served on JCD's editorial board, several divisional journals' editorial boards as well as the editorial boards of the Journal of Rational-Emotive and Cognitive Behavior Therapy and the British Journal of Guidance and Counselling. He was the author of more than a hundred articles and numerous reviews and columns and presented frequently at national and international conferences. The reiteration of his numerous professional achievements matters little now, if ever mattered at all. While all of us are easily replaced, and Weinrach is no exception, one must wonder when and by whom the roles of critic and humorist in the counseling profession will be assumed. Who's around to make us laugh? Who will make us wince? Who are the contrarians and apostates waiting in the wings? Contributions in honor of his life may be made to the American Counseling Association Foundation, 5999 Stevenson Ave., Alexandria, VA 22304-3300. Please note on the check that it is for the Stephen G. Weinrach Fund.

Editor's note: This document was revised May 18, 2003, by Stephen Weinrach and revised again April 28, 2004 by Mike Frumer (mfrumer@ecn.org). For a complete list of referenced work, e-mail mfrumer@ecn.org.
Weinrach leaves legacy of controversy, caring

BY DAWN A. PENNINGTON
EDITOR-IN-CHIEF

Longtime American Counseling Association member and advocate of the profession Stephen G. Weinrach, 61, passed away in April. Dr. Weinrach, of Havertown, Pa., was a psychologist and a professor at Villanova University for more than 30 years. Since 1972, he was a faculty member of the university’s Department of Education and Human Services. His areas of expertise were rational emotive and cognitive behavior therapy, multicultural counseling, and lifestyle and career development counseling.

“He was a serious scholar and a funny guy,” said his wife, Esther Budenstein Weinrach, noting that he enjoyed bantering and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turned 50, his wife said, he wrote an article about the existence of counseling and making people laugh. When he turne...
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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 — in 1998 and again in 2001. Technical concerns regarding the rulemaking process led to the withdrawal of the last proposed list in 2001. Following a hearing last January, the psychology board finalized the restricted test list and forwarded it to the state for approval.

While the psychology board has been working on this issue for years, very little is known about how it arrived at the list it has presented for approval. The board has so far failed to respond to three separate Freedom of Information Act requests — dating as far back as 1998 — for information regarding its deliberations and rationale for including certain tests on the list.

Scott Barstow, ACA’s director of public policy and legislation, noted that during the last conference call that took place on May 12 with above representatives opposing the list and the Attorney General’s office, ICA inquired why Freedom of Information Act requests have been ignored by the psychology board. The government officials were unaware of those requests of the board, and no satisfactory response was returned.

“We are looking at a legislative approach to this as well as, if necessary, maybe a lawsuit action. That is to be determined,” said Frank Chandler, executive director for the Indiana Counseling Association. “We are fighting the good fight.”

He noted that there is great interest in this issue on a national level because if this list is approved and made into a law, it could set a precedent for other states to follow.

“Testing companies have their own guidelines for people being able to order their tests and use them. When you order a test from a publisher, you have to give your credentials. If you are not qualified, then they don’t allow you to purchase the test. The psychology board, for all intents and purposes, ignored that,” Chandler added.

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next time Medicare legislation is considered by Congress. Last year, the Senate passed counselor coverage legislation as part of the broad Medicare prescription drug legislation, but the provision was dropped by the House-Senate conference committee, which developed the prescription drug bill that was ultimately enacted.

ACA is also sending out a mailing to mental health counselors who are constituents of key House members. Without significant grassroots support for counselor coverage, members of Congress are unlikely to get involved. An article regarding our lobbying focus on key House members was included in the April 2004 Counseling Today. For more information, contact Dara Alpert with ACA at 800.347.6647 ext. 242 or e-mail at dalpert@counseling.org.

On May 5, Reps. John Boehner (R-Ohio) and Howard "Buck" McKeon (R-Calif.) introduced H.R. 4283, "The Boehner (R-Ohio) and Howard McKeon (R-Calif.) introduced H.R. 4283, "The College Access and Opportunity Act of 2004," which reauthorizes the "Higher Education Act" ("HEA"), including the federal student financial aid programs. In introducing the bill, Boehner — who chairs the House Committee on Education and the Workforce — said that he hoped to complete committee work on the legislation by the Memorial Day recess. Provisions of H.R. 4283 include the following:

**Pell Grants**
- Maintains the current annual maximum Pell Grant award at $5,800.
- Adopts a Bush administration proposal to give an extra $1,000 grant for first- and second-year Pell-qualified students who have completed a merit-based "State Scholars" program (a federal K-12 grant program now in 13 states).
- Permits year-round Pell Grant aid for students attending four-year institutions with graduation rates above 30 percent.
- Repeals the tuition sensitivity requirement, which dictates a grant reduction in the Pell program for low-income students if the charges for tuition and fees are below a certain level.

**Student Loans**
- Increases Stafford loan limits from $2,625 to $3,500 for first-year students and from $3,500 to $4,500 for second-year students; aggregate undergraduate loan limit of $23,000 would remain unchanged.
- Reduces the origination fee for all federal student loans gradually from 3 percent to 1 percent.
- Increases annual unsubsidized loan limits for graduate student borrowers from $10,000 to $12,000.
- Institutes variable interest rates for Stafford and Consolidation loan programs.
- Adds an interest-only repayment option for Stafford Loans.
- Expands the amount of student loan forgiveness from $5,000 to $17,500 for highly qualified math, science and special education teachers as well as reading specialists who commit to teaching in high-need K-12 schools for five years.

**‘TRIO’ and ‘GEAR UP’**
- Increases the minimum grant levels for "TRIO" programs.
- Provides more flexibility for institutions to serve different populations at multiple campuses and address needs of low-income working adults.
- Extends "GEAR UP" grants lifetime to six years.
- Allows "GEAR UP" funds to be used to help students make the transition from high school to college.

**Drug-related offenses**
- Clarifies current federal law prohibiting students from receiving federal grant, work or loan assistance if they have been convicted of an offense involving the possession or sale of a controlled substance.
- Clarifies that the law applies to students who are currently enrolled, receiving federal Title IV aid and convicted of the offense.

**College costs**
- Requires public identification of institutions that increase tuition and fees at more than twice the rate of inflation over a three-year interval. Institutions doing so would face extensive reporting requirements — including providing the Secretary of Education with an explanation of campus revenues and expenditures, and developing an extensive action plan for controlling tuition prices. These provisions would take effect in June 2008.

A summary of the legislation is available on the committee’s website at http://edworkforce.house.gov/heasummary.pdf. For more information, contact Chris Campbell with the American Counseling Association at 800.347.6647 ext. 241 or by e-mail at ccampbell@counseling.org.
Former grad student Governing Council rep, aspiring leader Williams passes away

BY ANGELA KENNEDY
STAFF WRITER

"My life's creed has become: pass it on. When others invest in our lives - no matter the type or how great or small the investment - it is incumbent upon us to then also in like manner invest in others' lives."

— Franklyn Williams, September 2003, excerpted from "Journey to the Ph.D."

Franklyn Conroy Xavier Williams, 53, a former graduate student representative for ACA's Governing Council passed away on April 1, 2004 after several weeks of illness.

Just days before his death, Dr. Williams earned his Ph.D. in counselor education from the University of Central Florida.

His dissertation focused on the career readiness of African American high school students. Dr. Williams was also the 2004 recipient of the prestigious Order of Pegasus Award for outstanding academic excellence, leadership and community service.


Dr. Williams was the elder of two children born to Rodney Williams and Frances Williams of Nassau, Bahamas. He was born on November 29, 1970 in Nassau and completed his high school education there. He graduated from St. John's College in 1987, and attended Trinity College in Port Hope, Ontario. He graduated from the University of Western Ontario (London, Ontario, Canada) in 1991 with a bachelor's degree in sociology and administrative studies. After a short stint in Freeport, Bahamas, he studied at the Assemblies of God Seminary in Springfield, MO., and was awarded a master's in counseling in 1995. Further studies led to his obtaining a master's in school counseling from the University of Nebraska-Kearney.

Dr. Williams is survived by his parents Rodney and Frances Williams of Nassau, Bahamas. He was born on Nov. 29, 1970 in Nassau and was considered a leader, mentor, friend and hero to those he knew.

Chi Sigma Iota, Upsilon Chi Chapter of the UCF, has created an award in his name to honor his spirit and the legacy he has left behind, the Dr. Franklyn Williams Eagle Spirit Award. "Eagles represent strength, courage and have the ability to soar and guide others. Like an eagle, you have guided us and left a legacy with CSI-Upsilon Chi. Your spirit has touched many and remains with us," is part of a tribute to Dr. Williams, written by faculty at UCF and CSI leadership.

Recently, Dr. Williams had accepted an assistant professor position of counselor education at George Mason University in Virginia. "We had a faculty search at GMU with 85 applicants. Franklyn was the person we chose and hired out of that large national pool. Based on his commitment to social justice, social equity and multiculturalism, he stood out above the crowd and was offered the position," said Fred Bemak, professor and coordinator of the Counseling and Development Program. "To rise above a very strong group of applicants was a sign of his national leadership and scholarship. He had tremendous potential and had accomplished a remarkable amount during his graduate studies. He was certainly a special person."

David Kaplan, associate executive director of professional affairs said he felt privileged to able to work with Dr. Williams. "Franklyn was wonderful at observing and synthesizing discussions and debates. He was such an eloquent speaker," he said. "I will miss Franklyn as a person. I will also carry a sadness in knowing that we have lost an ACA leader who would have had a positive influence on our profession of counseling."

Michelle Mitchell-Smith, a close colleague of Dr. Williams at the University of Florida, said she will cherish his memory "as a friend, mentor, counselor and humanitarian. She 'adopted' him into her own family. 'We always had a place for him at our dining room table.'" She said Dr. Williams went out of his way to mentor and encourage her to reach her full potential. "Franklyn was my hero and the counseling profession has suffered a great loss. He will truly be missed, but his legacy will live on."

Dr. Williams is the elder of two children born to Rodney and Frances Williams of Nassau, Bahamas. He was born on Nov. 29, 1970 in Nassau and mother Alma Brown and numerous friends and relatives.

The Holmes Partnership, the National Association of Holmes Scholars Alumni and the Holmes Scholars Program launched a collaborative campaign to raise funds to assist his family with the expenses associated with caring for a terminally ill loved one in a foreign country and for funeral arrangements. Contributions can still be sent to:

The Holmes Partnership, Attn: Bob Yingst, Baylor University, P.O. Box 97304, Waco, TX 76798-7304; or to: National Association of Holmes Scholars Alumni, Attn: Wanda J. Blanchett, University of Wisconsin-Milwaukee, P.O. Box 413, Milwaukee, WI 53201.

Second, it is irresponsible for any member of our profession to provide misleading and inaccurate information about multiculturalism. In his letter to the editor, Wubbolding pointed out that the four white males who were identified as "living legends" "stand in glaring opposition to the outdated oppression/victimology model espoused by a dwindling number of counselors." Having read hundreds of multicultural journal articles, research publications and books throughout the past 29 years, I have not found a single multicultural advocate who has supported a "victimology" model. In fact, every multicultural/feminist theorist, practitioner and advocate I have read or known has consistently emphasized two things in their work: one, that it is the responsibility of every person who continues to be subjected to various forms of injustice and oppression because of their gender, sexual orientation and/or cultural-ethnic-racial background to develop the knowledge and skills that are necessary to lead effective and satisfying lives, and two, it is the responsibility of these persons and all counselors who support social justice in our society to help ameliorate the complex forms of sexism, racism, heterosexism and other forms of oppression that are known to adversely impact the mental health and psychological well-being of millions of persons in our society.

Wubbolding owes our president-elect an apology for demonstrating a callous and disrespectful racist and sexist attitude by failing to recognize Arredondo as one of the five persons identified as "living legends" in our profession. He also owes an apology to every member of ACA who works hard to promote personal responsibility and social justice as they strive to ameliorate various forms of injustice and oppression that undermine people's mental health and psychological well-being in this country. Despite Wubbolding's chauvinistic comments, ACA would do well to continue to remain strong and exercise an increased commitment for multiculturalism, women's rights and social justice. History has shown and will continue to show that this is the right course of action for the counseling profession to follow.
MEMBERS ONLY

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Lessons learned by being non-traditional

There were certainly initial reservations about re-entering college as a full-time student after being removed from the college scene for close to 30 years. Taking classes with students half my age raised concerns about being able to keep up and about fitting studying and writing papers into an already packed schedule of family, commitments and career. My priorities were going to be different from those of most of my classmates. The only Friday night events I was fitting into my schedule were my children’s birthday and graduation parties.

It wasn’t long into graduate school until I realized that my organizational skills developed during the past 20 years were paying off. Managing a full-time career, children and a household demanded organization to hold all the pieces together. So here I was entering the university classroom on the first day with my accompanying three-ring binders complete with organized sections for classes and assignments. Fellow students were impressed that such motivation could come from a mid-career changer old enough to be their mother. We were all a little amused as they stuffed the masses of papers into their backpacks while my syllabus and handouts got neatly tucked into the specific sections prepared for them.

As classes progressed, the realization began to emerge that experience really was my best teacher. My need to avoid procrastination and devise a plan of attack helped accomplish things and reduce stress in comparison to younger classmates. Reading all of those journal articles and writing critiques by the first week instead of waiting for the due date left me with something of tremendous value that the other students did not have — TIME! It gave me more time to study for midterms, write papers in American Psychological Association style and read the volumes of chapters demanded in every class. Fellow students came to class groaning that they stayed up until 3 a.m. to complete their papers, while I silently sunk in my seat, not admitting that my paper was completed two weeks earlier and proofread by the professor in a one-to-one conference. It had been tucked away in my binder beside the other assignments that were due even later in the semester.

As word escaped that half of the syllabus was already completed in my binder, my classmates soon labeled me as “the overachiever.” Could an obsessive-compulsive disorder be present that I did not recognize? Would Johari’s window identify a weak area in my life that has gone unrecognized? Could my classmates’ humor be right that I might have this disorder? The truth is that I attribute my obsessive-compulsiveness to being a Girl Scout. The motto “always be prepared” seemed like a good one to follow. Perhaps a little of the same motto would have helped my classmates with their deep depression and stress?

Starting my second year of grad school with a 4.0 GPA seemed to confirm the personal philosophy of organizing school, home and work by establishing priorities and action plans.

Continued on page 32
establishing priorities and action plans. Ten suggestions seem most effective for me and perhaps for others who are contemplating grad school — particularly those who already have "their plate full" in balancing major life areas.

Meet your professors. Plan a day to get acquainted with your professors before the classes begin. It was amazing what they told me up front in an interview that was never said in class. Student/teacher synchronization is important. The relationships between class members and the professor are critical. It is to everyone's benefit later when I needed to tap their expertise and they knew me as a serious student, not just an ID number.

Plan ahead. Try to obtain a syllabus before the class begins to get a running start. Reviewing the syllabus and assignments with a second thought about the first day of class classified course expectations for me well before the rest of the students got over their confusion by about the third week of class. A week or two of preparation in advance proved to be much more valuable than a week or two at the middle of the first term.

Be first. If there is a request for a volunteer to present first, do it! Get as much of the course work (sometimes called "busy work") completed as soon as you can. There will be less over your head to distract or stress you later in the semester. I volunteer to be the first one to present a journal article review for the next day. Knowing that my APA writing skills were polished, I had no fear in proceeding with the project, knowing that it would be out of the way. Researching, reading and writing the review overnight did give me some second thoughts about my manic obsession of always wanting to be first. Twenty-four hours later, after the review was presented in class, I still felt the back from the professor made me realize that the bar was raised for my fellow classmates to follow. Their job was just beginning and mine was finished.

Start research right away. The more journal articles and critiques you read immediately, the more time you have to process them. This showed up in a research class as I watched classmates scamper to the library the day before the 30 journal articles were due. They volunteered to give me some second thoughts about my manic obsession of always wanting to be first. Twenty-four hours later, after the review was presented in class, I still felt the back from the professor made me realize that the bar was raised for my fellow classmates to follow. Their job was just beginning and mine was finished.

Collect examples. Try to obtain from a classmate who has taken the course the previous semester an example of "everything" that the professor expects. I learned late in grad school that following a quality template is a tremendous help in producing the polished piece the first time around. One special friend loaned me her binder from the same class that she had taken the previous semester. Reviewing her notes, articles and professor critiques made the instructor's expectations clearer and reduced guessing on my part. This form of sharing proved valuable and productive not only in achieving good grades, but also in quality understanding of the material taught.

Read before sleeping. Have you ever noticed that the TV program you saw last night is still running in your bedroom? I have reviewed volumes of note cards weeks before the test as bedtime stories. Strangely enough, the information easily sticks — probably during the deep REM cycle. Grandma really knew what she was talking about when she advised reading calming bedtime stories for a peaceful sleep. Study at night, recall in the morning. It works!

Respect your elders. Listen to classmate(s) who are close to graduating. They are much wiser than the new students. They know what classes to take with which professors, what combinations of classes first to take together and what classes are better to take during the summer. I quickly abandoned the plan to take one group of summer classes when a classmate advised me to tackle more difficult classes during the summer session. It did work better to attack these classes during the four weeks in summer session instead of waiting to take them for five agonizing months in the fall. What sound advice that turned out to be!

Look ahead to next semester. The relationships established with professors at the beginning of the educational journey need to be tapped later as resources. Professors can help identify the best major field to focus on later. In addition, the author of the books you will be ordering for the next semester. Bookstores are great, but you can save up to a third of the cost by placing online orders early. The best part is that the books arrive at your door weeks in advance of the class. Make family therapy and theory your bedtime stories so that, when classes begin, your chapter reading is virtually completed and the only thing left is to review.

Know your priorities. Full-time graduate students with a family at home create double responsibilities and quite an endeavor for everyone concerned. The family needs to know in advance that life at home as they know it is not going to be the same for a few years. You need their support because there is just too much to do for one person. A few weeks of not having mom home at bedtime and the kids not going to bed made it apparent that self-monitoring would become much more critical in our home. One week with the kids rising at 5:30 a.m. to do the before-school routines without adequate sleep was the best teacher of the need for an early bedtime, even without mom there to make it happen. By the end of my first semester, the family had acquired a new set of skills in helping to take care of themselves.

Allow time for yourself. Don't get caught up in the business of a schedule so detailed that it leaves you out. The strenuous activity of balancing home or work with school allows less time for the most important person who makes it all happen — you! Spend time with yourself. Don't allow seasonal affective disorder to get you down. Exercise! Go for a morning speed walk before you get caught up with the business of the day. It became apparent that weight gain seemed inevitable because of the long hours in class and study. A late-morning work schedule left me with time without kids that could be turned into an exercise session. A mile and a half walk each morning followed by crunches, aerobics and weightlifting left me feeling energized and ready to tackle the day's activities, both mentally and physically.

The struggle to balance graduate school and life will, before you know it, culminate in a degree and a better job, and even family members and friends will have developed new perspectives and skills while you were learning yours. You will have survived, and so will they. Entering graduate school later in life may be easier in some respects because of skills you already have acquired, but only if you make them work for you.
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Intersex awareness, advocacy, counseling issues

On Sept. 6, 2002, Paul Alexander “Alex” MacFarlane, of Perth Hills, Australia, was issued a new birth certificate with the sex status of “Indeterminate, also known as Intersex.” This adjustment draws light upon a significant issue not currently on most counselors’ maps. To continue Alex’s story, from 1954 until this date, he was officially considered to be male, despite the fact that he was born with XXY chromosomes and ambiguous reproductive organs. Alex’s certificate was the first with an intersex designation issued in Australia and possibly any industrialized nation in the world. This all came to pass because of a severe back injury Alex suffered in 1998, leading to numerous medical visits. Due to the heightened medical scrutiny, a new general practitioner informed him that Alex had some “abnormality” between his legs. Upon further investigation, remnants of female reproductive organs were discovered in Alex’s body. These reproductive organs were apparently modified and/or removed six months after he was born, as also evidenced by changes made to his birth certificate in 1954.

After significant effort, in January 2003, Alex was issued a passport with the sex category marked “X” instead of “M” or “F.” Alex now reports ongoing work toward similar changes in Australian voter registration and driver’s licenses. Alex’s efforts are based on hope that these changes allowed on his behalf will open the door for other intersex people to become empowered and for children yet unborn to have the opportunity to not be altered without their consent. He explained his efforts to create legal changes to recognize him as he was born by exclaiming, “I do not want to change the world but just the way some of the way it thinks. Intersex individuals should not have to break the law by pretending to be male or female in order to vote, marry, hold a license or own property.”

The only thing unusual about this story is Alex’s tenacity to make a difference. According to the Intersex Society of North America (ISNA), five children are born intersex every day in the United States. The instance of intersex anomalies has been estimated to be between 1 in every 100 to 1 in every 4,500 (1 in 2,000 is cited most often). This means that it is likely that more babies are born intersex than those born with cystic fibrosis, the incidence of which is 1 in 2,500.

Although the term “intersex” is most commonly used to refer to developmental anomalies that result in ambiguous differentiation of external genitalia, it may be used to describe the lack of concordance in the chromosomal, gonadal, hormonal or genital characteristics of an individual. Thus, a person with an intersex condition is born with sex chromosomes, external genitalia or an internal reproductive system that is not considered “standard” for either male or female.

Traditionally, physicians and parents encountering the birth of an intersex child perceive that they must choose a treatment strategy that promises the “best outcome,” given the current understanding of the complex genetic, hormonal, psychological and social factors that form an individual’s sense of gender identity. This traditional medical approach is assumed to “normalize” the abnormal genitals using cosmetic surgical technologies, cosmetic hormone technologies, and so on. It is assumed that doing so eliminates, or at least diminishes, the potential for psychological distress.

In the past several years, growing numbers of intersex people have risen together to advocate for other responses to the birth of intersex peoples. Advocacy groups such as ISNA recommend that, when an intersex child is born, the whole family should receive psychological support. Such support would include referrals to qualified counselors and peer support groups as well as complete information regarding their child and options available. Actual medical problems (such as urinary infections) are recommended to be treated medically, but all cosmetic treatments should be postponed until the patient can him or herself consent to them. Cosmetic “normalizing” treatments should occur only if and when the intersex person requests them, and then only after he or she has been fully informed of the risks and likely outcomes. The intersex person should be able to talk to others who have had the treatments to get their views of them. Such actions are impossible when the intersex individual is an infant.

At the most recent meeting of the American Counseling Association’s Governing Council, a motion was passed to “Protect Intersex Children from Unwanted Surgery, Secrecy and Shame.” The motion clarified that ACA defends the rights of intersex children to be protected from medical procedures including surgical and hormonal interventions that influence the sexual appearance of their bodies and from unnecessary medical displays. We also champion the rights of children too young to consent to be protected from medical procedures including surgical and hormonal interventions that influence the sexual appearance of their bodies and from unnecessary medical displays.

Presently, the common “counseling” offered to families with intersex children is surgical and genetic in nature. I believe that, instead, a trained counselor familiar with the grief process common to parents facing traumatic surprises in newborns should be engaged in each of these cases. There is also a call for the creation and use of peer support groups. In addition, information about intersex should be made as widely known as possible so that all expectant parents will have heard of intersex, just as they have heard of cleft palate. Finally, parents and intersex people as well as the public should be provided with non-pathologizing images of intersex people. Numerous human rights issues affect our clientele on a daily basis. In order to remain competent, ethical counselors, it is our duty to become increasingly educated, aware and active. ■

Hugh C. Crethar is a counselor educator and school counseling team leader at Governors State University in University Park, Ill.
In Brief

"Ellen" promotes counseling

During a monologue on the "Ellen DeGeneres Show" recently, she talked about finding a career you love and made reference to professional career counselors.

ACA, MH professions provide testimony to Institute of Medicine

The Alliance of Mental Health Professions—of which the American Counseling Association is a member—provided testimony in late April to the Institute of Medicine’s Committee on "Crossing the Quality Chasm: An Adaptation to Mental Health and Substance Abuse Disorders." The Alliance is a Center for Mental Health Services work group that addresses the workforce concerns of all mental health disciplines, including psychiatry, social work, psychology, nursing, counseling, marriage and family therapy, school psychology, psychosocial rehabilitation, sociology, and pastoral counseling—well over a million mental health providers throughout the country.

Rex Stockton, a professor in the Department of Counseling and Educational Psychology at Indiana University and a member of ACA’s first class of fellows, serves as ACA’s liaison to the group, and he and David Kaplan, ACA’s associate executive director for professional affairs, assisted the Alliance in preparing the testimony, which answered three questions posed by the committee. The following is an excerpt from the testimony:

Importance of accurate data, targeted research

For 18 years the Alliance of Mental Health Professions has focused its attention on improving data collection on mental health providers, tracking their education, training, geographical distribution and service delivery capabilities. Our most recent efforts are seen to be published in Chapters 3 and 20 of the Mental Health United States, 2002, which Ron Manderscheid has provided to the Committee. These data document that significant segments of the workforce are aging and not being replaced. For example, the average age of a psychiatrist is 55, who received his/her training 30 years ago. This aging of the workforce is reflected in each profession and will lead to severe shortages in the next decade. We also know that the behavioral health workforce is primarily Caucasian and its makeup is quite discrepant from the populations in need of services, raising many questions about cultural competence.

We are acutely aware that to build an effective system of behavioral health service delivery that is not fragmented and is adequate to meet the growing numbers of persons with mental disorders, policy-makers are in need of comprehensive data on the distribution and demographic characteristics of all behavioral health providers. Currently, such detailed information that is consistent across all behavioral health professions is not available. Therefore, the Alliance strongly recommends the following as the first step in good behavioral health care delivery: A national study should be conducted to survey the behavioral health workforce and provide basic demographic data of the availability of providers throughout the country. Such a survey needs to include information on demographics, education and training, practice patterns and services provided, continued education and population served.

The development of a solid foundation of research to define effective evidence-based practices is an absolute necessity to ensure quality services. But research in our field is developed in an unfocused and often serendipitous manner. Many of our accepted practices today appear effective, but insufficient research has been done to demonstrate the value of these interventions. Promising practices may be in existence for many years before a body of research is developed to provide evidence of effectiveness. We suggest:

- Consumers, families and providers should have a significant role in the development of a structured research agenda. We need a "services to science" approach to the development of research, just as we need a strong "science to services" process for the adoption of effective practices.

- Increased funding and support for services research, including research that transcends traditional clinical trials when appropriate.

A common set of criteria and data standards be developed and adopted for evaluating evidence and encouraging its use in all services research. To date, only a small fraction of published studies supply the information needed to evaluate interventions as evidence-based practices.

Legal, policy, financial barriers

While we know a great deal about the services that need to be provided to ensure quality behavioral health care in our country, there are serious barriers to the delivery of these services. With an existing shortage of providers and services, any restrictions on access to care can be catastrophic. Some of our concerns and recommendations are as follows:

- Both public and private insurers often do not reimburse providers for the delivery of services that have a clear evidence base. Examples of such services include assertive community treatment, family psychoeducation and peer-operated services for adults with serious mental illness; family therapy for adolescent substance abuse; and couples therapy for depression. These barriers need to be removed.

- At the same time, services that have been demonstrated to be ineffective continue to be funded and/or reimbursed. Examples include critical stress debriefing for trauma and the DARE program for substance abuse prevention. Policies that allow this process to continue need to be changed.

- Evidence-based practices are often not reimbursed by insurers. We must identify and implement a process to fast track approval and reimbursement of those evidence-based practices.

- Insurers often place significant and discriminatory limits on mental healthcare. For example, Medicare requires every participant to pay a 50 percent co-pay for all ambulatory mental healthcare compared to 20% for outpatient physical healthcare. Private insurers often have inequitable co-pays, deductibles and visit limits for mental health services. As a result of these barriers, it is not unusual for the cost of providing good quality and effective services to exceed the reimbursement rate available to providers. Policies and laws restricting access to behavioral health services must be changed and removed.

- Public and private payers often restrict access to qualified mental health providers to deliver behavioral health services. These arbitrary restrictions further limit access to care, particularly in underserved areas. In fact, in many rural areas where only one provider may reside, such restrictions result in denial of services. All laws and policies restricting access to qualified behavioral health providers should be removed.

Ensuring a competent, sufficient mental health workforce

The behavioral health workforce is made up of different professions with substantial disparities in training both across and between disciplines. In order to ensure that all providers are well trained and competent, we suggest the IOM address the following issues:

- A set of core, state of the art competencies for all behavioral health providers should be identified and regularly updated.

- Providers need to be trained and proficient in additional competencies that address the characteristics of the specific population being served, in addition to the basic set of competencies.

- Current training practices need to become more effective and efficient. Effective models from other fields should be explored.

- The licensing and credentialing process needs to be improved in the area of continuing education to ensure continued competence.

- There is an insufficient supply and continuum of behavioral health providers and services in many communities. For example, there are severe shortages in rural settings, impoverished urban settings and a lack of capacity to address cultural and ethnic diversity. Effective incentives to encourage behavioral health providers to locate in these underserved areas should be developed.

Ensuring primary care providers are competent in behavioral healthcare services

Studies indicated that the most frequent provider of behavioral health services in the U.S. is the primary care provider. This fact cannot be ignored in addressing the quality of behavioral health service delivery. The Alliance recommends that the IOM Committee:

- Identify and evaluate the feasibility of various models of integrating behavioral health care into the primary care setting.

- Identify, develop and implement strategies for the delivery of behavioral healthcare services through primary care settings for both primary care and behavioral healthcare providers.

- Develop effective strategies for collaborations between behavioral healthcare and primary care.

- Implement ongoing monitoring and evaluation of behavioral health outcomes in all aspects of the healthcare delivery system.

Members of the Alliance include:

- American Association for Marriage and Family Therapy
- American Association of Pastoral Counselors
- American Counseling Association
- American Psychiatric Association
- American Psychological Association
- Commission for Applied and Clinical Sociology
- International Association of Psychosocial Rehabilitation Services
- National Association of Social Workers
- National Association of School Psychologists
- Psychiatric Nursing.
Continued from page 25

“With Steve gone, much of the color will be gone from my life,” Thomas said. “He called and wrote to me regularly about both professional and personal issues. He respected me as much or more than any colleague I have ever had, and he was unwavering in his affection for me as a person, even when my narcissism and inherent non-sociability got the best of me. He could literally be on his deathbed and still ask me about my health, how (my wife) was doing, and how my children and grandchildren were.”

“Over time, we developed a true friendship,” McNamee said. “He was unfailingly thoughtful and never missed an occasion to ask how I was and how my children, husband, mother, nieces, nephews, brothers and great-nieces were. These were no cursory inquiries — Steve really wanted to know. He listened patiently and intently to the happy and sad events of my life. It was apparent that he reviled in sharing these important things with me. He never failed to mark my Christian holidays with greeting cards and the heartfelt wish that these would be joyful and meaningful occasions for me and my loved ones.

“My husband Jack and I spent the afternoon with Steve the day before he died,” she continued. “I will not forget his courage and grace of spirit in using his final hours to reminisce about and express the gratitude he felt to those who had helped him one way or another over a lifetime — those he felt honored to call friends, both personal and professional.”

Those friends vow to keep him in their memories and, in one case, in the telephone’s speed-dial memory.

“Speed Dial No. 9. That is how Stephanos was known in our house,” Lichtman said. “After we plugged in our kids and the doctors to the speed dial system, Steve came next. Basically, Steve and Marty were fast telephone friends. While they lived in different cities, and so saw each other rarely, they spoke on the phone two to three times a week. And during the last year before Marty died in 2003, Steve was a daily caller to our home. They talked about the profession. They talked about health. They talked about our children. And they laughed a lot. What a wonderful support these two men were for each other — we could all take lessons from them.

“Even though both Marty and Steve are gone — they died less than one year apart — the message I take from their friendship is very powerful,” she continued. “They were there for each other. They listened to each other. They commiserated with each other. And they loved each other. My heart is heavy with the missing. To Marty, Steve was ‘boy chick.’ I will miss you, boy chick. But you are still Speed Dial No. 9 on my phone.”

“Steve Weinrach was one of the most productive and incisive scholars in the history of the counseling profession. He was, in fact, regarded as ‘the conscience of the counseling profession,’ even by many individuals who might other-wise have disagree with him,” Thomas said. “His death creates a void that will severely hamper the development of the profession, and that will be felt by scores of graduate students and counseling professionals who will no longer be exposed to Steve’s incredible creativity and insight. For me, that void will be felt much more personally, and it will be felt on a daily basis.”

Dr. Weinrach graduated from Germantown High School and earned bachelor’s and master’s degrees in counseling and guidance from Temple University, where he met his future wife. Before earning a doctorate from the University of Toledo, he was a guidance counselor at Rush Middle School in Philadelphia for two years.

In addition to his wife of 37 years, Dr. Weinrach is survived by his mother, Mildred Berkowitz, and brother, Arthur. “Reading the eulogies delivered by his closest friends, I was humbled to realize that I had learned so little about Steve,” McNamee said. “I am saddened that the opportunity to do so is no longer an option.

“Steve made me laugh, made me cry, made me crazy, made me think, made me cry and made me proud that he considered me to be his friend. I miss him,” she added.

“At this moment, I am reminded of the moving song from A Fiddler on the Roof, ‘Sunrise, Sunset’ — which celebrates the bittersweet replacement of one generation by the next with the words, ‘One season following another, laden with happiness and tears.’ I feel this way because when I think of my students who have just graduated and all of their talents — their sensitivity, their perceptiveness and their intelligence — I am grateful that I have yet another generation of friends whose lives enrich my own at the very moment I am grieving the loss of another.”

“With Steve gone, much of the color will be gone from my life,” Thomas said. “He called and wrote to me regularly about both professional and personal issues. He respected me as much or more than any colleague I have ever had, and he was unwavering in his affection for me as a person, even when my narcissism and inherent non-sociability got the best of me. He could literally be on his deathbed and still ask me about my health, how (my wife) was doing, and how my children and grandchildren were.”

“The Johnsons noted that the loss of Dr. Gerstein seemed a context.”

The Johnsons noted that the loss of Dr. Gerstein seemed a context. "I find it hard to accept that I have lost my friend. I am grateful for what he has taught me." Thomas said. "It's the way Steve would want it," Thomas said.

Editor's note: Dr. Weinrach asked that donations in his memory be made to ACA. Please make checks payable to the ACA Foundation and mail to Theresa Holmes, 5999 Stevenson Ave., Alexandria, Va. 22304.

ACA member driving force behind newly released ‘Brown v. Board of Education’ book

American Counseling Association member William E. "Bill" Cox has added another feather to his distinguished career cap with the publishing of “The Unfinished Agenda of Brown v. Board of Education” in May 2004. Cox, president and founding partner of Black Issues In Higher Education magazine, collaborated with John Wiley & Sons to generate this important series of essays examining the progress made in the nation's schools and colleges to provide access to a quality educational experiences for all students of color. His personal guidance aid commitment were evident throughout every stage of the publishing process. The book is the first in a three-book contract with Wiley on “Landmarks in Civil Rights History.”

Published in conjunction with the 50th anniversary of “Brown v. Board of Education,” this book is a collection of essays offering a range of enlightening, thought-provoking and, at times, highly controversial views by the likes of civil rights activist and jurist Derrick Bell, National Public Radio host Tavis Smiley, Harvard Law School professor Charles Ogletree, internationally known educator Mary Hatwood Petrell and others. Representing a wide array of voices, this book is filled with poignant oral histories from many of those involved with the case — plaintiffs, attorneys, teachers, students and activists — all of whom share their firsthand experiences with segregation and the struggle for
Well, maybe not, but stick with me here. I think I've got at least some of it figured out.

This past month, I completed my first full year of performing marital therapy. It wasn't a very promising beginning — 10 minutes into the first session with my first clients, the husband walked out in anger, proclaiming, "She needs counseling, not me. I'm leaving." No place to go from there but up.

I didn't intend on specializing in marital counseling when I got my degree. I wasn't intending on specializing in anything other than just trying to learn my degree. In marital counseling when I got my first clients, the husband walked out proclaiming, "You need counseling, not me. I'm leaving." My new place to go from there was up.

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The chapters are not definitive; rather they are reflections of the transformation of the United States during the past 50 years. Khalil Chism provides an overview of the case; Juan Williams gives readers a close-up of Thurgood Marshall, showing us how he won over an all-white Supreme Court; and Evelyn Hu-Dehart and Marco Portales discuss the legacy of struggle against racism and educational equality.

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In his personal essay, Cox, former president of the Association of Counselors and Educators in Government and former chair of the ACA Foundation, traces his youth in the segregated schools of Alabama and the individual challenges he had to address on his way to becoming a student at Alabama A&M University and then pursuing a career in government and the business world. He talks about the men and women like himself who faced similar tests, conquered them and went on to make vital contributions to their careers and communities. This new book answers many of the questions that the half-century since the decision has generated. How much educational progress have African American and other students of color experienced since Brown? What is the state of access and opportunity in American education today? What remains to be done before true equity is achieved?

Counseling Today readers can obtain this publication directly from Black Issues in Higher Education. Send a check (made payable to Black Issues) for $27.50 ($24.95, plus $2.55 shipping and handling) per book to Black Issues, Empire State Building, Suite 1215, New York, NY 10118-0165 or place your order on the Internet at www.blackissues.com. Individuals using the website can elect to get a bonus one-year subscription to either Black Issues or Black Issues Book Review.

Quarterly fiscal report

Association stable despite steady membership decline

BY M. CAROLYN THOMAS
FOR COUNSELING TODAY

In an effort to keep the membership fully informed and simultaneously comply with Governing Council policy, quarterly fiscal reports are issued in Counseling Today. This quarterly report represents the third report for the fiscal year ending June 30.

The Balance Sheet, which is presented with this report, is intended to reflect the organization's financial position at any given point in time. The Balance Sheet gives a picture of the organization's financial position as of March 31, 2004. At March 31, 2004, the American Counseling Association owned $8,194,743 in assets. Of these assets, $5,720,381 was in cash and investments. In addition, ACA holds a $1 million note from its landlord at an above-market rate (8.25 percent).

At March 31, the association's liabilities included vendor fees of approximately $865,559, staff salaries and benefits of $384,868, and fees collected on behalf of related organizations of $74,645. Member benefits to be fulfilled total $3,667,412 and appear as a liability only because ACA receives membership revenues annually while providing member benefits monthly.

As this Balance Sheet indicates, ACA's net worth at March 31 was $74,645. This indicates that the association remains financially positive. However, efforts must continue to be made to ensure the association's long-term stability.

At the end of the third quarter of the current fiscal year, ACA's revenues are $550,008 higher than those reported at the end of the second quarter last year. Conversely, expenses are $488,784 lower when compared to the same period. The association's membership has fallen during eight of the last nine months and is among the association's significant concerns. The ACA Financial Affairs Committee will continue to monitor ACA's revenues and expenditures on a monthly basis as we continue through the fiscal year. ACA intends to continue developing new programs as it realizes greater success in its legislative activities and continues to provide established programs and benefits to its members.

The ACA Financial Affairs Committee, in collaboration with the administrative staff and the Governing Council, convenes monthly to evaluate the financial position of the Association and to recommend pertinent action. Quarterly reports are provided to the membership via Counseling Today. If you have questions about this report or need clarification, please contact ACA Treasurer M. Carolyn Thomas by telephone at 334.244.3437 or by e-mail at mcthomas@msu.edu.

M. Carolyn Thomas is the ACA Treasurer (July 1, 2003–June 30, 2004).

| AMERICAN COUNSELING ASSOCIATION |
| BALANCE SHEET |
| MARCH 31, 2004 |

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| LIABILITIES AND FUND BALANCE |

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(AACE) ASSOCIATION FOR ASSESSMENT IN COUNSELING AND EDUCATION
Promotes the effective use of assessment within the counseling and education professions; addresses pressing assessment, testing and instrument concerns, such as proper test use, counselor and educator test competencies, test selection and fair testing instrument access; addresses pressing assessment, testing and instrument concerns, such as proper test use, counselor and educator test competencies, test selection and fair testing instrument access.
Quarterly newsletter with electronic updates; Journal: Measurement and Evaluation in Counseling and Development. Dues: Professional $35; Regular $35; New Professional $25; Student $25; Retired $25. If joining AACE, but not joining ACA, $10 processing fee applies.

*(AADA) ASSOCIATION FOR ADULT DEVELOPMENT AND AGING
Shares information, training and advocacy related to adult development and aging issues, and addresses counselor and educator test competencies, test selection and fair testing instrument access; addresses pressing assessment, testing and instrument concerns, such as proper test use, counselor and educator test competencies, test selection and fair testing instrument access.
Quarterly newsletter; Journal: Counseling and Values. ACA membership required. Dues: Professional $35; New Professional $22; Student $22; Retired $22. To join AADA, but not ACA, select Regular $35, plus processing fee.

(AACME) AMERICAN COLLEGE COUNSELING ASSOCIATION
Promotes college counseling and fosters student development in higher educational settings. Newsletter (3x annually); Journal: Journal of College Counseling. Dues: ACA voting membership requires ACA membership. Professional $35; New Professional $25; Student $22; Retired $22. To join AACME (as a nonvoting member), but not ACA, select Regular $35 plus $10 processing fee.

(ACEG) ASSOCIATION FOR COUNSELORS AND EDUCATORS IN GOVERNMENT
Dedicated to counseling and education professionals in local, state and federal government and military-related agencies. Quarterly newsletter; ACA membership required. Dues: Professional $20; Regular $20; New Professional $15; Student $15; Retired $20.

(ACES) ASSOCIATION FOR COUNSELOR EDUCATION AND SUPERVISION
Emphasizes the need for quality education and supervision of counselors for all work settings. Quarterly newsletter; Journal: Counselor Education and Supervision. ACA membership required. Dues: Professional MA; Regular $60; New Professional $25; Student $25; Retired $25.

(AGLBC) ASSOCIATION FOR GAY, LESBIAN AND BISEXUAL ISSUES IN COUNSELING
Educates counselors on issues related to gay, lesbian, bisexual and transgender clients; fosters sensitivity to the unique needs of client identity development; and creates a non-threatening counseling environment by aiding the reduction of stereotypical thinking and homophobia. Newsletter (3x annually); ACA membership required. Dues: Professional $35; New Professional $25; Student $15; Retired $15.

(AMCD) ASSOCIATION FOR MULTICULTURAL COUNSELING AND DEVELOPMENT
Provides leadership and strives to improve cultural, ethnic, and racial understanding in counseling by developing counseling programs and practices to foster, advance and sustain personal growth and improve educational opportunities for people from multicultural, ethnic and racial backgrounds. Newsletter (3x annually); Journal: Journal of Multicultural Counseling and Development. ACA membership required. Dues: Regular $40; New Professional $30; Student $30; Retired $30.

(AMHC) AMERICAN MENTAL HEALTH COUNSELORS ASSOCIATION
Represents mental health counselors in public or private practice and many behavioral health settings advocating for their right to practice. Newsletter (monthly); Journal: Journal of Mental Health Counseling. Call 800-336-2643 or visit www.amhca.org for membership information.

(AARCA) AMERICAN REHABILITATION COUNSELING ASSOCIATION
Advocates for quality services and increased opportunities for people with disabilities throughout the life span and promotes excellence in rehabilitation counseling. Quarterly newsletter; Journal: Rehabilitation Counseling Bulletin. Dues: Professional $70; New Professional $35; Student $35; Retired $40. To join ARCA only, processing fee applies.

(AASC) AMERICAN SCHOOL COUNSELOR ASSOCIATION
Promotes professional school counseling; encourages interest in activities that affect personal, educational and career development of students; and works with parents, educators and community members to provide a positive learning environment. Newsletter (5x annually); Journal: Professional School Counseling. Call 800-306-4722 or visit www.schoolcounseling.org for ACA membership information.

(ASERVIC) ASSOCIATION FOR SPIRITUAL, ETHICAL, AND RELIGIOUS VALUES IN COUNSELING
ASERVIC is an organization of counselors and other human development professionals who are convinced that spiritual, ethical and religious values are essential to the full development of the person and to the profession of counseling. Quarterly newsletter; Journal: Counseling and Values. ACA membership required. Dues: Professional $35; New Professional $22; Student $22; Retired $22.

*(ASGW) ASSOCIATION FOR SPECIALISTS IN GROUP WORK
Provides professional leadership in the field of group work, establishes standards for professional and ethical practice and supports research and the dissemination of knowledge. Newsletter: The Group Worker (6x annually); Journal: Journal for Specialists in Group Work. ACA membership required. Dues: Professional $35; New Professional $22; Student $22; Retired $22. To join ASGW, but not ACA, select Regular $35, plus processing fee.

(CAHSV) COUNSELING ASSOCIATION FOR HUMANISTIC EDUCATION AND DEVELOPMENT
Supports a belief in reason, education and knowledge in the service of mankind; states that humanity is responsible for its own destiny; promotes meaningful and ethical lives; promotes tolerance, nurtures diversity and upholds human rights. Quarterly newsletter; Journal: Journal of Humanistic Counseling, Education and Development. Dues: Professional $45; New Professional $25; Student $25; Retired $25.

(CSJS) COUNSELORS FOR SOCIAL JUSTICE
CSJS actively promotes individual and collective social responsibility and the eradication of oppressive systems of power and privilege develops and implements social action strategies through collaborative alliances with ACA entities, community organizations and the community-at-large. Newsletter (bi-monthly) via Internet. ACA membership required. Dues: Professional $25; Regular $25; New Professional $12.50; Student $12.50; Retired $12.50.

(IACDC) INTERNATIONAL ASSOCIATION OF ADDICTIONS AND OFFENDER COUNSELORS
IACDC serves those who are interested in issues pertaining to addictions and/or criminal justice, especially the areas of prevention, treatment, education, and advocacy. IACDC supports research, training, education certification and networking for counselors, counselor educators and students. Quarterly newsletter; Journal: Journal of Addictions and Offender Counseling. Dues: Professional $40; Regular $40; New Professional $26; Student $26; Retired $26. ACA membership required for all categories except Retired, in which case a $10 processing fee applies.

(IAMEFC) INTERNATIONAL ASSOCIATION OF MARRIAGE AND FAMILY COUNSELORS
Promotes excellence in the practice of couple and family counseling. IAMEFC encourages systemic thinking and advocates for the worth and dignity of all families through dissemination of knowledge in systemic counseling practice. Newsletter: The Family Digest; Journal: The Family Journal. Dues: Professional $35; Regular $35, New Professional $24; Student $24; Retired $24. To join IAMEFC, but not ACA, $10 processing fee applies.

*(NCDA) NATIONAL CAREER DEVELOPMENT ASSOCIATION
Supports career professionals working in many settings to facilitate the career development of all individuals across the life span. Quarterly newsletter; Journal: The Career Development Quarterly. Dues: ACA membership required for Professional category $55; To join NCDA (but not ACA) as a Regular $55; New Professional $23; Student $23; Retired $35, $10 processing fee applies to non-ACA members.

*(NECA) NATIONAL EMPLOYMENT COUNSELING ASSOCIATION
Advocates for the rights of people employing people and helps people to make progress in the work of work through legislative advocacy, establishing standards and guidelines, showcasing best practices and networking. Website: Global Career Development Facilitation Training, quarterly newsletter; Journal: Journal of Employment Counseling. Dues: Professional $40; Regular $40; New Professional $24; Student $24; Retired $24. To join NECA, but not ACA, $10 processing fee applies.

*(NCDA) NATIONAL CAREER DEVELOPMENT ASSOCIATION
Promotes the effective use of assessment within the counseling and education professions; addresses pressing assessment, testing and instrument concerns, such as proper test use, counselor and educator test competencies, test selection and fair testing instrument access; addresses pressing assessment, testing and instrument concerns, such as proper test use, counselor and educator test competencies, test selection and fair testing instrument access.
Quarterly newsletter; Journal: Measurement and Evaluation in Counseling and Development. Dues: Professional $35; Regular $35; New Professional $25; Student $25; Retired $25. If joining AACE, but not joining ACA, $10 processing fee applies.

*Add $10 division processing fee when you join one or more of the following, or an ACA Division or Organizational Affiliate.

Join Now or an Organizational Affiliate.

The way to network and stay current within your discipline or field of expertise.

Call Member Services 800-347-6647 x222 for information on joining your branch (state) association.
ASCA to honor outstanding counselors, schools at June 29 ceremony

Contact: Russell A. Sabella
rsabella@fcgu.edu

The American School Counselors Association is proud to announce the winners of its annual Professional Recognition Awards, as well as its honor to the charter class of its Recognized ASCA Model Program (RAMP) designation program, both groups of which will be recognized at an awards ceremony at ASCA's annual conference in Reno, Nev., on June 29.

The Professional Recognition Awards, which honor individuals throughout the country who have made major contributions to the school counseling profession, will recognize:

- Elementary School Counselor of the Year — Michael Brian Law, J.M. Odom Elementary School, Moultrie, Ga.
- Middle/Junior High Counselor of the Year — Gina Vines, J.E. Richards Middle School, Lawrenceville, Ga.
- Multilevel School Counselor of the Year — Maxine M. Bedwhit, South Heart School, Hazen, N.D.
- Counselor Educator of the Year — Patrick Akos, University of North Carolina, Chapel Hill, N.C.
- Supervisor of the Year — Kathleen C. "Kae" Kindle, Henrico Public Schools, Richmond, Va.
- Legislator of the Year — Sen. Patty Murray (D-Wash.).

The 2004 award winners, though different in their methods, all have a shared motif — putting students and their needs first. "This group of honorees is one of the most passionate about the profession," said Russell A. Sabella, ASCA's 2003-'04 president. "They continue to set the bar high and remind all of us what really matters. With leaders such as these — coupled with our members' vision, one voice — school counselors nationwide can be inspired to help all students succeed."

The RAMP designation, awarded to schools that align with the standards set in the "ASCA National Model: A Framework for School Counseling," recognizes schools that are committed to delivering a comprehensive data-driven school counseling program and an exemplary educational environment. Congratulations go out to:

- Brea Olinda High School — Susan Brosche, lead counselor; Brea, Calif.
- Davidson Elementary School — Barbara Howes, counselor; Tucson, Ariz.
- Joseph Gale Elementary School — Shirley Pate, counselor; Forest Grove, Ore.
- Nan Lyons Elementary — Julie Dodd, counselor, Tucson, Ariz.
- Reynolds Elementary School — Angela Robinson, counselor; Tucson, Ariz.

This charter class of recipients is to be commended for its dedication to serving all students with a comprehensive school counselor program that shows how students are different as a result of what school counselors do.

RAMP applications are reviewed three times a year by a panel of school counseling professionals. The next submission deadline is Oct. 1. The application fee is $150.

For more information on either program, visit www.schoolcounselor.org.

ACCA: executive board meeting agenda

Submitted by Mark Freeman
marks.freeman@rollins.edu

The following topics will be discussed and voted at the American College Counseling Association's next Executive Board meeting in July 2004:

- As leaders of ACCA, our role is to advocate for college counselors wherever and whenever we can. This can take the form of writing articles for the media, doing interviews about our work, writing in professional journals and newsletters as well as speaking out nationally regarding the importance of our role on campus. We need to encourage our members to do likewise. As board members we will decide on how much, where and what we will all contribute in this area for the coming year.

- We are going to work on how to pool our collective resources, which are scattered around the field of college counseling in various organizations. We plan to build better liaison relationships with the other organizations that support college counseling that can provide one voice to the nation and government in promoting college counseling.

- We will examine the notion of our future role as professional development facilitators and educators for counselors at low cost. The content of the sessions will include our most effective presenters on the topics most requested by college counselors. These topics would cost us an initial investment of $700 to $1,000 for two three-credit courses.

- We will explore, perhaps vote on and possibly implement plans for ACCA to co-sponsor with a region or state our highly desirable, relevant workshops and best presenters for an all-day drive-in workshop. One state, Louisiana, has already expressed interest in this idea.

- We plan to fill all of the vacant leadership positions in ACCA with new and motivated leaders. We will develop a recruitment system for new leaders in the organization by cultivating motivated people. We plan to articulate leader role expectations for ACCA.

- We will be compiling the needs assessment collected from our membership at our ACCA conference in Biloxi, Miss. Summaries will be distributed and discussed at our summer retreat for further exploration and implementation of member ideas and needs.

- We will proceed in developing and hopefully voting on an RFP—research grant proposal related to the impact that college counseling has on overall student satisfaction, retention and persistence in college.

MCCA: seeking help in preventing elimination of college counseling positions

Submitted by Carol Quigley
quigley@ferris.edu

The Michigan College Counseling Association, in conjunction with a task force formed by the Michigan Counseling Association, is charged with developing a strategic plan to address the evaluation/termination of college counseling positions on college campuses in Michigan.

Presently, the task force is gathering data within the state of Michigan from colleges and universities that have completed comprehensive cost benefit analysis studies of their counseling services; studies that quantify the value and contribution of counseling services; studies that correlate costs and benefits to the college and community as a whole as a means to advocate for our profession's maintenance of positions in higher education.

Studies such as these are few and far between, so we are reaching out to other states', individuals and institutions that have completed this type of research. Please e-mail Carol Quigley at quigleyc@ferris.edu. The Association for Creativity in Counseling seeks new members

ACC: creative counselors wanted

Are you interested in using creativity in counseling? Join the new ACCA organizational affiliate, Association for Creativity in Counseling. The purpose of this interest group is to create a forum for counselor educators and practitioners to come together to explore creative means for facilitating relational movement and therapeutic change within a counseling setting.

For more information about ACC, contact Committee Chair Theda Duffey at td05@cox.net or visit its website at www.creativityeaps.us.

NECA honors past-presidents' contributions

American Counseling Association's divisional and regional leaders joined the National Employment Counseling Association's members at a Leadership Reception in Kansas City, Mo., to celebrate the contributions of NECA past-presidents at its annual professional development workshop. Pictured left to right are Michael Lazoichick, Kay Brawley, Andy Helwig, Roger Kantzaron, Bill Fenson and Maryann Radebech. The NECA workshop and summit focused on critical issues related to its theme, "The Professional Employment Counselor: An Advocate for Job-seekers and Employers." Summary highlights are available on the NECA website at wwwemploiementcounseling.org.
ACA hosts counseling awareness reception

In April, the American Counseling Association hosted a reception for counselors, counselor educators and students in the Washington, D.C., metro area in honor of Counseling Awareness Month. Baskin-Robbins was on hand to provide ice cream treats to attendees.

How did you celebrate Counseling Awareness Month? E-mail ct@counseling.org with your story and photos, and your event may be featured in a coming issue of Counseling Today!
Master Therapists: Exploring Expertise in Therapy and Counseling


Often, beginning therapists—especially counseling students in practicum and internship—question their skill levels to actually deliver "helping" services to their clientele. Increasingly, they become more tentative in their beliefs about their own abilities to positively impact the lives of people whom they wish to assist. Despite our best efforts as counselor educators, the idea of therapeutic mastery is often a very elusive and abstract construct. Recognizing the complexity of human existence and being able to verbally elucidate the skills necessary for transforming human life is what the authors purport to do.

The organization of the text makes for a fascinating and thought-provoking reading. In fact, the authors present the qualitative research that forms the basis of the book in an engaging and thoroughly readable fashion. The authors describe the current views on therapeutic expertise and then move to their own proposal of a three-pronged model of psychotherapy effectiveness. They state that "expert therapists" have exceptionally developed cognitive, emotional, and relationship-building traits. By delving into each of these "expert domains," the authors encourage a bolder and more innovative approach to what may have become tired and "old hat" not only for the beginning therapist, but also for the more seasoned therapist as well.

While the focus of the book was the recognition that, to be truly "at the top of the game," one has to openly acknowledge and really embrace the concept of the need to take care of oneself and to include thought-stretching and relaxation activities in one's busy schedule. All too often, especially with beginning therapists, this aspect of therapeutic efficacy is glossed over or totally ignored.

The book is an excellent resource for students in practicum and internship classes. For the novice therapist wishing to become a master therapist, the book provides key insights into the process of how to develop the necessary efficacy to succeed in the therapeutic process. For the practicing therapist, the book offers an opportunity to contemplate on what makes their counseling effective. Reviewed by Mary Ann Jones, an associate professor at Wright State University.

The Mental Health Desk Reference: A Practice-Based Guide to Diagnosis, Treatment and Professional Ethics


Close your eyes and travel back (or forward) in time to graduate school and your first day of internship with the local community counseling agency, school site placement or college counseling center. If you are like most counselors in-training, you remember thinking, regardless of the thoroughness of your training experience, "OK, whose idea was this?"

A big part of this anxiety arises from the fact that, no matter how hard we wish we could preview our clients, we never know who is going to walk in our door and the kinds of issues they will bring trailing 100-plus "Who's Who" of experts contributing to the 70-plus chapters have given us a valuable field guide to this complicated terrain.

Paging through the book, the reader will find a wealth of information in the chapter on The Prevalence of Adult Disorders, followed by a soon-to-be-bookmarked chapter on Counseling Clients with Underlying Medical Problems. A chapter sampling finds information on, for example, divorce counseling, the effective use of the DSM, intervention for attention-deficit/hyperactivity disorder, counseling intervention with suicidal clients, counseling diverse populations, group and family work, practice management, and ethical/legal issues to be aware of in counseling. Even with all of the wealth of information, this is a relatively portable volume, and one that is going to occupy a place on the desktop.

Mindful Loving: 10 Practices for Creating Deeper Connections


This healing manual for relationships provides excellent theory into practice readings, diagrams and step-by-step practices for couples interested in a metaphysical framework. "Mindful Loving" has evolved from the author's audio course, "The New Physics of Love." In this book, Grayson demonstrates how to break a cycle of negative interaction by first examining core beliefs about oneself, then discovering how these beliefs influence him or her way of seeing the other person. Recognizing that "if you keep on doing what you're doing, you will keep getting what you're getting" and owning this pattern, clients have the opportunity to respond differently.

"Mindful Loving" is a helpful guide for clients seeking a nontraditional spiritual approach for dealing with challenges in their marriage or other intimate relationship. The author distinguishes between the ego or false self, the transcendent, and the spiritual/universal selves as the basis for relationship changes.

Accepting responsibility for one's behavior and how it contributes to, or as the author would say, causes the reaction one gets is at the heart of the matter. "Mindful Loving" minces no words as to what must be done to turn matters around. His examples regarding how changing perceptions and harboring positive thoughts have yielded successful results are encouraging.

Of course, to benefit from working with such a model, both parties must accept 100% responsibility for what is happening in the relationship. There is no room for blunting, blaming, or bargaining.

Chapter 7, "Identifying Your Barriers to Love," includes tests to distinguish between counterfeit and empowering love. These simple assessments can help identify why love is not given freely within the relationship. For example, couples are asked to consider the extent to which they are attached to particular outcomes or if they can accept the idea that all things will work together for the ultimate good. This section in particular could be used well in combination with any other relationship model of counseling.

Only at the very end of the book does the author address emotional or physical abuse. In cases where divorce is considered, guidelines are provided on when to divorce (e.g., when you are feeling vindictive) and when it is time to move on (e.g., when you have learned the lessons this relationship brought).

In sum, Grayson succeeds in doing justice to the words of Ernest Holmes that enable couples "to see through the mist to the Eternal and Changeless Reality"—seeing each other interconnected in love. This love needs only to be expressed to others, but first and foremost, to partners. For counseling prospects who aim for such an ideal, "Mindful Loving" is an indispensable roadmap.

Reviewed by Sally A. Kochendofer, a writer who retired from private practice and counselor education.
Call for editorial review board members

Applications are now being sought for a three-year appointment on the editorial board of The Journal for Specialists in Group Work, beginning Jan. 1, 2005.

Interested applicants should send a letter of application, vita and an electronic copy of the vita in IBM-compatible Microsoft Word format and reprints of recent articles in hard copy to Donald Ward, Editor, Journal for Specialists in Group Work, Department of Psychology and Counseling, Pittsburg State University, Pittsburg, KS 66762.

Applications are being accepted until Sept. 1. For more information, e-mail Ward at dward@pittstate.edu.

The Journal for The Professional Counselor invites the submission of manuscripts to address the interests of counselors in school, college, agency and private practice settings. Scholarly and practice-oriented articles and related topics are welcome. Submissions may address varied domains such as disability, wellness, peak performance, spiritual awareness, advocacy, diagnosis and treatment, but practical implications should be explicit. JCP is a refereed journal based in current professional issues, theory, scientific research, innovative programs and effective practices.

Manuscripts may be sent to Paul M. Parsons, Editor, The Journal for the Professional Counselor, Medaille College, 18 Agassiz Circle, Buffalo, NY 14214-9985. The guidelines for authors are listed in each issue including the use of the reference style of the Publication Manual of the American Psychological Association, Fifth Edition.

Applications are now being sought for a three-year appointment on the editorial board of The Journal for Specialists in Group Work, beginning Jan. 1, 2005.

Interested applicants should send the following to: Dr. Donald Ward, Editor, Journal for Specialists in Group Work, Department of Psychology and Counseling, Pittsburg State University, Pittsburg, KS 66762.

A letter of application, vita, and an electronic copy of the vita in IBM-compatible Microsoft Word format and reprints of recent articles in hard copy. Applications are being accepted until September 1, 2004. For more information, contact Dr. Ward at Email: dward@pittstate.edu.

The Association for Treatment and Training in the Attachment of Children (ATTACH) 16th Annual Convention will be held Oct. 3-6 in Richmond, Virginia. For more information contact Linda Eisele at 866.453.8224, or info@attach.org.

Scholarship opportunity

The Jack Kent Cooke Foundation announces the first National Graduate Scholarship Competition offering large awards for exceptional students with financial need, including recent graduates.

The Graduate Scholarship Program to graduating seniors and recent alumni from any accredited college or university in the U.S. College senior at more than 2,000 accredited institutions, and alumni who have graduated from those institutions since May 1999, may compete for the scholarships, which can total as much as $50,000 per year for up to six years.

The Foundation plans to award as many as 35 scholarships in summer of 2004 for use during the 2004-2005 academic year, and will award each award in subsequent years based on performance. Candidates must be nominated by the faculty representative at their undergraduate institution. The list of faculty representatives and application materials are available on the Foundation’s website, www.jackkentcookefoundation.org, or by calling 800.498.6478.
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Counselors for Counselors"

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We need your help! Letters and phone calls from constituents are the most effective way of getting members of Congress to take action. Following are a few of the current high priority federal policy issues on which the American Counseling Association is working, and contacts by counselors can make a big difference in level of success. If you are unsure who your Representative and Senators are, visit the ACA legislative action center on the internet at http://capwiz.com/counseling, or contact Chris Campbell with ACA’s Office of Public Policy and Legislation at 800.347.6647 ext. 241, or via e-mail at ccampbell@counseling.org. Remember, in any communication with your elected representatives — whether by letter, postcard, phone, fax or e-mail — be sure to leave your name and postal address.

Appropriations for the Elementary and Secondary School Counseling Program.

President Bush’s FY2005 budget request to Congress once again would eliminate all funding for the Elementary and Secondary School Counseling Program (ESSCP). ESSCP serves thousands of students in 32 states and the District of Columbia in 98 school districts and hundreds of schools. ESSCP is the only federal program focused on providing school districts with the necessary resources to expand school-based counseling services. In fiscal year 2005, ACA is asking Congress to provide $75 million for ESSCP. In FY2004, the program received $33.8 million. Why the increase? The law includes a financial trigger that requires the first $40 million appropriated for the program to go to elementary schools. Thus, more funding for the program is needed in order to allow secondary schools to participate.

Who to Contact
Your Senators and Representatives

Message
“I am deeply concerned about President Bush’s budget proposal to eliminate the Elementary and Secondary School Counseling Program (ESSCP). ESSCP is the only federal program devoted solely to counseling programs in our nation’s schools. I’d like the [Senator/Representative] to support an appropriation of $75 million for ESSCP for FY 2005. This would allow support of counseling services in secondary schools, which have yet to receive funding under the program.”

ACA Resource
Chris Campbell
800 347-6647 x241
ccampbell@counseling.org

Internet briefing paper:
http://www.counseling.org/public
Capwiz ‘contact Congress’ site:
http://capwiz.com/counseling

Medicare Reimbursement of Licensed Professional Counselors

Congress is in a short legislative cycle due to the impending November election. Because of the limited timeframe and the passage of major Medicare legislation in 2003, ACA’s major goal on Medicare in 2004 is House introduction of legislation covering Medicare mental health services provided by state-licensed professional counselors. This legislation passed the Senate as part of the Medicare prescription drug bill in 2003 but was excluded from the final bill because of opposition in the House. Therefore, we must push House members (especially Republicans, who are in the majority) to sponsor and support Medicare reimbursement legislation for counselors. It is imperative that we maintain the momentum established through Senate passage of counselor coverage legislation in order to be on members’ “to-do” list when the next significant Medicare legislation moves through Congress.

Who to Contact
Your Representatives

Message
“As a constituent, I am calling to urge the Representative to sponsor and support legislation to establish Medicare coverage of state-licensed mental health counselors. This legislation, the ‘Seniors Mental Health Access Improvement Act,’ sponsored by Craig Thomas in the Senate, passed the Senate but was excluded in the final Medicare bill. The bill is a cost-effective way to address the devastating problem of mental illness among the elderly, which contributes to older Americans being the demographic group most at risk for suicide. Please call Sen. Thomas today to ask how to become an original sponsor of the legislation.”

ACA Resource
Dara Alpert
800 347-6647 x242
dalpert@counseling.org

Internet briefing paper:
http://www.counseling.org/public
Capwiz ‘contact Congress’ site:
http://capwiz.com/counseling

Access to Rehabilitation Services Under Temporary Assistance for Needy Families (TANF) Programs

Legislation re-authorizing the welfare program (properly known as Temporary Assistance for Needy Families, or “TANF”) has been passed by the House of Representatives (H.R. 4), and is being considered by the Senate. In general, the legislation fashioned by the Senate Finance Committee is far less draconian and punitive than the House-passed bill. However, ACA and other advocacy organizations are working to improve the Senate’s legislation even further before it is passed on the floor. Currently, the Senate’s welfare bill would allow states to count as “working” those beneficiaries receiving rehabilitative services for up to three months, with eligibility for an additional three months of rehabilitation services allowed if the beneficiary is also working part time. After six months, states would no longer be allowed to classify those beneficiaries as meeting "work activity" requirements, even if further services were needed. (This compares to only three months of eligibility for rehabilitative services under the House-passed welfare re-authorization bill.)

S. 1523, bipartisan legislation introduced by Senators Gordon Smith (R-Ore.), James Jeffords (L-Vt.), and Kent Conrad (D-N.D.), would address this issue by extending recipients’ access to rehabilitative services beyond six months, for as long as necessary, provided the recipient is also engaged in work half time. After six months, states would no longer be allowed to classify those beneficiaries as meeting "work activity" requirements, even if further services were needed. (This compares to only three months of eligibility for rehabilitative services under the House-passed welfare re-authorization bill.)

Who to Contact
Your Senators

Message
“I am contacting the Senator to urge (him or her) to co-sponsor S. 1523, legislation introduced by Sens. Gordon Smith, James Jeffords and Kent Conrad to expand eligibility for rehabilitation services under welfare programs, and to contact one of these Senators’ offices to express support for the bill. The Senate Finance Committee’s welfare re-authorization bill allows beneficiaries to receive a maximum of six months of rehabilitation services. The Smith–Jeffords–Conrad bill would extend eligibility for rehabilitation services beyond six months, provided that beneficiaries are also working. Individuals with disabilities overwhelmingly want to participate in the workforce but frequently need ongoing rehabilitative services in order to do so. Please support the Smith–Jeffords–Conrad bill’s provision to give individuals with disabilities this chance. This is an extremely common-sense proposal and should be adopted as part of any welfare re-authorization passed by the Senate.”

ACA Resource
Scott Barstow
800 347-6647 x234
sbarstow@counseling.org

Capwiz ‘contact Congress’ site:
http://capwiz.com/counseling
So, Make a Wise Decision.

Protect yourself with top quality Professional Liability Insurance offered through Healthcare Providers Service Organization (HPSO).

The American Counseling Association Insurance Trust has selected HPSO to make available this affordable insurance for all counselors.

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

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

✓ Assurance Coverage* ✓ Deposit Protection Coverage ✓ Dependent Defense Benefit
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