What does counseling look like globally?

Also inside:
- Working with parents
- Counseling older adults
- Teaching clients about self-talk
Alleged unprofessional conduct and inappropriate treatment – lead to a malpractice suit.

The client, a 51-year-old woman uses her email correspondence with the counselor to mount a formidable legal case, suing for $500,000 in damages.

Read the details of this case study and how coverage through HPSO responded to protect our insured counselor at www.hpso.com/ct2
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Compiled by Lynne Shallcross

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Interested in joining with your peers on topics that you feel passionate about?

_Counseling Today_ is trying to help you get there. If you’ve visited ct.counseling.org lately, you know that two new American Counseling Association interest networks were approved recently.

_Counseling Today_ caught up with the leaders of the new interest networks — the Sexual Wellness in Counseling Interest Network and the Interest Network for Integrated Care — to find out more about each one and why counselors might want to participate in them.

Read on for an excerpt from each interview — and visit ct.counseling.org to access each article in its entirety.

**Wynn Dupkoski Mallicoat, facilitator of the Sexual Wellness in Counseling Interest Network,** shared this:

I have been working with adolescents with “sexual behavior problems” for about 13 years. Many of these “problems” were normal developmental experiences for which the parents and the kids had limited information. The problematic behaviors had often gone unaddressed until they escalated to the point of serious consequences. Both the parents and the kids struggled with differentiating between healthy and unhealthy sexual behaviors. In addition, my clients often reported that their previous counselors had either not addressed their sexual behaviors or had provided them with inaccurate information regarding their behaviors.

From my own experience, I knew that sexuality counseling training was limited. I had actively sought to educate myself through conferences, research and consultation/supervision out of necessity to meet the needs of the population I served. Often, even my supervisors and colleagues were unable to answer the questions that arose from working with this population. It was this pattern of observations that led me to pursue my doctoral degree, become a counselor educator and advocate for promoting sexual wellness in the counseling profession.

**Teresa Jacobson, facilitator of the Interest Network for Integrated Care,** had this to say:

The purpose of the ACA Interest Network for Integrated Care is to collaborate and share information regarding best practices for working in an integrated care setting. This interest network is relevant to professional counselors, counselor educators, new professionals [and] graduate students.

Multiple models of integrated care are in existence across the nation, with some states utilizing counselors and others not. Though the approach is not brand new, there is an urgency for states to join the momentum, not just because it means more money, but [because] it just makes sense.

For more information or to sign up for one of ACA’s 18 interest networks, email Holly Clubb at hclubb@counseling.org.
From the President

Transitions are what life is all about

Bradley T. Erford

The year has flown by very quickly and we have accomplished a great deal together, both as the American Counseling Association family and the larger counseling profession. There are many accomplishments I would like to share with you and many people to thank in the brief space available, but let me start by saying that ACA is on its strongest financial footing in many years. Our membership recently surpassed 52,700 individuals, reflecting a modern-day record of 25 straight months of membership increases. Denise Brown, Carol Neiman and the rest of the membership staff are magnificent examples of ACA’s “can do” attitude. We must do well as a business to do “good” as a profession, and our strong financial position means we have many years of promoting good works ahead of us. I am eternally grateful to ACA Treasurer Lynn Linde and ACA Chief Financial Officer Deb Barnes for their incredible fiscal stewardship.

I am exceedingly pleased with a half dozen new initiatives accomplished this year. First, the new and greatly improved ACA website (see counseling.org), which officially went live in March, looks spectacular and is far easier to navigate than its predecessor. Second, ACA created the Center for Counseling Practice, Policy and Research under the capable leadership of David Kaplan and Will Stroble, two of the six counseling professionals on staff at ACA. One of the center’s first initiatives was the Practice Briefs Project (see counseling.org/knowledge-center/center-for-counseling-practice-policy-and-research). These practice briefs provide concise information on counseling topics that keep practitioners current with research-based practice. Each brief is packed with information and linked to additional web-based resources. The first dozen briefs, on topics ranging from posttraumatic stress disorder and suicide intervention to intimate partner violence and adult attention-deficit/hyperactivity disorder, already have been posted to the website; there are plans to add several dozen more throughout the next year. This series was edited by Victoria Kress, Catharina Chang, Rick Balkin, Joshua Watson and Skip Niles.

A third initiative involved giving a larger voice and role to our student members, and I am pleased to announce that Anna Flores Locke was elected the first voting student representative to the ACA Governing Council. The fourth initiative was wide-scale implementation of the ACA mentoring program, a project developed by the ACA Graduate Student Committee under the outstanding leadership of Nicole Adamson (the first ACA student member to chair an ACA standing committee) and Victoria Kress. To date, more than 200 mentor/mentee matches have been made, and the program is off to an exceptional start. If you would like to become a mentor to the next generation of professional counselors, see counseling.org/aca-community/mentoring-program, send an email to mentoring@counseling.org and change the world!

The fifth initiative was the appointment of an ACA Task Force on Leadership Development under the leadership of Jane Goodman. This task
Now more user-friendly than ever, while continuing the legacy of excellence that Albert Hood and Richard Johnson began, the latest version of this best-selling text updates students and practitioners on the basic principles of psychological assessment, recent changes in assessment procedures, and the most widely used tests relevant to counseling practice today. Hays makes assessment highly accessible as she walks the reader through every stage of the process and provides practical tools such as bolded key terminology; chapter pretests, summaries, and review questions; self-development and reflection activities; client case examples; practitioner perspectives illustrating assessment in action; and handy tip sheets.

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

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

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Executive Director’s Message

Closing out the year with a huge thank you

Richard Yep

Each June, ACA experiences several transitions, from our employees who find the weather outside nice enough to do their lunchtime health walks, to closing out “the books” as we finish our fiscal year. There are also personal transitions, such as staff members with children switching from getting their kids to school to figuring out their summer schedules. And some staff might possibly be thinking about taking a well-deserved vacation.

June is also the month when we prepare to transition from the current volunteer leadership team to a new cadre of enthusiastic, engaged and committed ACA members. For the past year, ACA President Brad Erford has led our team. Although I have known Brad for many years through his work as an ACA author, division leader and member of the Governing Council, these past 12 months have demonstrated to me how strongly he feels about the association, its members and everything that professional counselors do to help people face the challenges of life. Brad has been an articulate and extremely hardworking president. He has traveled extensively to represent the profession, given freely of his every waking moment and served as a communicator who speaks confidently, while still being an empathic listener.

Clearly, Brad is a president who doesn’t like to blow his own horn. That being the case, I will let you know that he faced several professional issues during his presidency. His ability to find solutions to situations was often based on his respect for those with divergent views. During a year in which several challenges arose concerning the practice, and future, of professional counselors, Brad did an admirable job of representing the association.

But as Brad would say, those challenges and issues required a response that was built on team effort. Always willing to dodge the spotlight (as noted), Brad made sure that ACA’s committees and task forces, and the other groups with which we partnered, felt that they were part of the team. Those team members included the members and chairs of our committees and task forces, as well as the leaders of our branches, regions and divisions. They also included our interest network participants and Brad’s colleagues on the ACA Governing Council.

From my perspective, the sad part of each June is when many of our volunteers complete their terms and rotate off of their current assignments. We are fortunate at ACA that some of these individuals will be returning this year in new volunteer positions, while others will be back at the ACA table in the near future as authors, bloggers, presenters (either online or in person) or in other roles as volunteer leaders.

ACA has a broad and complex agenda, none of which could be addressed successfully without a talented group of volunteers. Some of these volunteers are still graduate students, while others are new professionals. We have both midcareer and retired folks as well. It really does “take a village,” but when we have a committed and dedicated community of volunteers, it shows that we are ready to face today’s business and lay the groundwork to address tomorrow’s challenges to the profession as well.

On behalf of the entire ACA staff, I want to thank all of you who have volunteered for the association in one way or another during the past 12 months. You don’t receive enough thanks for all of your efforts. Although this column does not come anywhere close to equaling your actions, please know how grateful we are for what you have accomplished. Put simply, job well done.

As always, I look forward to your comments, questions and thoughts. Feel free to call me at 800.347.6647 ext. 231 or email me at rye@counseling.org. You can also follow me on Twitter: @RichYep.

Be well. ◆
Linking diet and mental health

I am writing to express my appreciation for your decision to place the question “Does diet affect mental health?” on the February 2013 cover of Counseling Today. While it has always been clear that there is a link between diet and physical health, little attention has been given to the correlation between diet and mental health. As counselors, it certainly seems reasonable to add such a simple tool to the client’s resource kit. The article by Stacy Notaras Murphy, “Are you what you eat?” was a wonderful example of how important it is to have a holistic view of the client’s world.

During graduate school, I was struck by the lack of information on how nutrition can affect thinking and behavior. As a result, I wrote a thesis on the link between food and mood, with a focus on depression. My initial literature review showed there has been significant research on a variety of nutrients such as omega-3 fatty acids and B vitamins that demonstrates a relationship to depression, schizophrenia, bipolar disorder, self-harm and numerous other mental health disorders. The information was remarkable enough to result in a thesis committee member actually changing his family’s diet. This kind of information would be a welcome addition to any master’s program for the benefit of the students’ future clients.

The most impressive finding in my research was the American Psychiatric Association’s recommendations regarding the use of omega-3 fatty acids in the treatment and prevention of psychiatric disorders. The three recommendations are as follows:

- All adults should eat fish twice a week.
- Patients with mood, impulse control or psychiatric disorders should consume 1g/day EPA+DHA (found in oily fish or fish oils).
- Supplementation with 1-9g/day may be helpful for mood disorders, with any use over 3g/day being monitored by a physician.

In my private practice, I use educational information from research studies to explain to clients how certain foods or the lack of them can have a direct effect on their mental state. In addition, I refer them to their physician, pharmacist and/or nutritionist to make certain that the dietary recommendations are appropriate for their specific physical needs and are not contraindicated by any medications or other treatment plans already under way.

Jerry D. Ryan, M.S.
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After reading the article “Are you what you eat?” I found myself becoming extremely excited. Why? Well, I am actually a registered dietitian (as of 2011) and just graduated from New York University in May with my master’s in counseling psychology, mental health and wellness, so I can become a licensed professional counselor. Your article summed up my career ideals.

The article also gave me some extra motivation because I am currently applying for jobs, and individuals have been asking me why I decided to combine the two professional degrees. Many individuals seem shocked at first when they see that I am a registered dietitian and soon will be a licensed professional counselor. I have always felt that the two fields overlap. I definitely have a smile on my face after reading Stacy Notaras Murphy’s article, and I only hope that this topic continues to expand. Thank you!

Alexandra Sunberg, RD, M.A.
ars428@nyu.edu

Living in the digital world

As a certified professional in the field of addictions, I would like to respond to Laura Gallo’s article “Social media’s effects on children and adolescents” (The Digital Psyway, April).

Ms. Gallo makes a good point of explaining the digital world of Facebook, Twitter, blogs, Google, etc., and how ingrained this world is in our present lives. And yet for children and adolescents (she refers to this group as “digital natives”), it is their world, and their online world is a two-edged sword.

Tony Dokoupil wrote an article for Newsweek about “connection addiction.” The article refers to several scientific studies that indicate the Internet was originally thought to make us happy and productive, but studies also indicate that it is making us dumber and more anxious, [and] fosters greater levels of OCD and ADHD.”

The average person sends 400 texts monthly. In comparison, the average teenager processes 3,700 texts per month. Susan Greenfield, a pharmacology professor at Oxford University, is writing a book about how the digital culture is rewiring our brain — and not for the better — “where few people will survive unscathed.”

Peter Whybrow, director of the Semel Institute for Neuroscience and Human Behavior at the University of California in Los Angeles, refers to the computer as “electronic cocaine.” Media is addictive. Several studies have confirmed this observation, including a Stanford University study of 200 people and their iPhone habits, which concluded that 1 in 10 were fully addicted.

Finally, Dr. Michael Rich, a Harvard-educated doctor whose specialization is the impact of media on young people, notes that while media teaches, parents, educators and counselors need to be well aware of what is being taught. He shares a few statistics: 1) Facebook is currently the third-largest nation in the world; 2) the average child is exposed to media 7.5 hours a day; and 3) 42 percent of young people between the ages of 10 and 17 have been on a pornography site.

Ms. Gallo’s article is timely, and her message to the counseling professional should be taken seriously — we have a responsibility as counselors and educators to understand the digital world. We must be alert to the positives and negatives of navigating it, the consequences of too much exposure to it and the possibility of media addiction.

Marina E. Carbonell, Ed.D, LMHC, CAP, NCC, BCPC
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Certified Addiction Specialist
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Adding a new technique to the counseling toolbox

Thank you for publishing Richard E. Watts’ practical and easy-to-understand Knowledge Share article, “Reflecting ‘as if’” (April). The “as if” technique has many practical applications in the field of counseling, including its use with substance-abusing clients and youth involved in juvenile justice programs.

I currently use the Adlerian technique of encouragement in every aspect of my work, and now I will implement the use of “as if” into my work as well. Thanks again.

Gerald Syrkett, M.S., LMHC
St. Petersburg, Fla.

Letters policy

Counseling Today welcomes letters from ACA members; submissions from nonmembers will be published only on rare occasions. Only one letter per person per topic in each 365-day period will be printed. Letters will be published as space permits and are subject to editing for both length and clarity. Please limit letters to 400 words or less. Submissions can be sent via email or regular mail and must include the individual’s full name, mailing address or email address and telephone number.

ACA has the sole right to determine if a letter will be accepted for publication. Counseling Today will not publish any letter that contains unprofessional, defamatory, incendiary, libelous or illegal statements or content deemed as intended to offend a person or group of people based on their race, gender, age, ethnicity, religion, sexual orientation, gender identity, disability, language, ideology, social class, occupation, appearance, mental capacity or any other distinction that might be considered by some as a liability. ACA will not print letters that include advertising or represent a copy of a letter to a third party. The editor of Counseling Today will have responsibility for determining if any factors are present that warrant not publishing a letter.

Email your letters to c@counseling.org or write to Counseling Today, Letters to the Editor, 5999 Stevenson Ave., Alexandria, VA 22304.
Members of Congress push for more funding for school counseling

The Elementary and Secondary School Counseling Program (ESSCP) has been a lifeline for many school counselors, fostering the development of high-quality school counseling services and programs nationwide. Although getting ESSCP funded in the current budget environment is difficult, there are members of Congress who believe strongly in the program. Rep. Jim Langevin (D-R.I.), along with 30 of his colleagues, recently sent a letter to the House Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies requesting an allocation of $75 million for ESSCP in Fiscal Year 2014. Sen. Al Franken (D-Minn.) directed a similar letter to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies.

Please go to the American Counseling Association’s public policy webpage at counseling.org/publicpolicy to see if your members of Congress have joined Langevin and Franken in asking for funding for school counseling for FY 2014. If they have, please thank them for supporting our profession and students. And be sure to check out the other online advocacy opportunities while you are on the website.

Tennessee’s ‘Don’t Say Gay,’ religious discrimination bills stalled

Counselors succeeded in stopping two bills that would have adversely affected the ethical practice of counseling in Tennessee. Tennessee Senate Bill (S.B.) 234 and House Bill (H.B.) 1332 were titled the Classroom Protection Act but were more widely known as the “Don’t Say Gay” bills. The legislation would have prohibited school counselors and other personnel from teaching or discussing any information “inconsistent with natural human reproduction” and would have required school counselors to call parents if students discussed certain topics. An amendment would even have prevented school counselors from working with students on any personal or social issues. Fortunately, the bill never made it out of House committee.

Separate legislation, S.B. 514/H.B. 1185, would have allowed students in counseling, social work and psychology programs to refuse to counsel clients if doing so conflicted with the student’s “sincerely held religious belief.” The ACA Code of Ethics explicitly prohibits discrimination against clients on the basis of religion or other characteristics, and the ACA public policy team strongly opposes legislation that would allow such discrimination. Although the Tennessee Senate passed S.B. 514, the legislation was not approved by the Tennessee House.

ACA applauds Tennessee Counseling Association President Traci Tate, President-Elect Mike Bundy and Legislative Chair Randy McPherson for their hard work and successful leadership on fighting these bills. ACA will continue working with the state’s counseling association leaders to oppose discriminatory legislation if and when it is reintroduced.

Medicare bill gains co-sponsor

Senate legislation to establish Medicare coverage of state-licensed professional counselors now has an equal number of supporters among Republicans and Democrats. Following concerted lobbying by members and leaders of the Maine Mental Health Counselors Association and the Maine Counseling Association, Sen. Susan Collins (R-Maine) signed on as a co-sponsor of S. 562, the Seniors Mental Health Access Improvement Act of 2013. The legislation, introduced by Sens. Ron Wyden (D-Ore.) and John Barrasso (R-Wyo.), would establish coverage of licensed professional counselors and licensed marriage and family therapists under the same terms, conditions, reimbursement rates and settings as clinical social workers. Sen. Jeff Merkley (D-Ore.) is also a co-sponsor.

ACA applauds Collins for signing on to the legislation, and we are very happy to have her support. However, we need many more of her colleagues to join her. Co-sponsoring a bill is the only concrete, official way for a member of Congress to publicly endorse a bill before it comes up for a vote. Members of Congress can say that they “support” a bill or are “concerned about” or “interested in” an issue, but unless they are willing to sign on the dotted line and officially add their names as co-sponsors of that bill, their words don’t mean much. House and Senate leaders often won’t try to schedule legislation for a vote on the respective chamber’s floor or in committee unless they know it enjoys substantial support. This is true of S. 562, as well; Wyden may not be able to bring Medicare coverage of counselors up for consideration unless we first gain enough co-sponsors on the bill.

Please take a moment to ask your senators to co-sponsor S. 562, and say in your own words why you believe Medicare should cover counselors. All senators’ offices can be reached by calling 202.225.3121. Find out who your senators are at capwiz.com/counseling. For more information, contact Scott Barstow with ACA at sbarstow@counseling.org.

School counseling and common core standards

Members of the ACA School Counseling Task Force have created a handy document for our professional school counselors to read and share with their school communities. Called “Common Core State Standards: Essential Information for School Counselors,” the document can be found on the public policy section of the ACA website or by typing “Common Core State Standards” in the search box at counseling.org. If you have any questions about the document, contact Jessica Eagle at jeagle@counseling.org. ✪
Grassroots advocacy — at home and in Washington, D.C.

At the end of July, counseling leaders from across the country will descend on Washington, D.C., for the annual American Counseling Association Institute for Leadership Training. As in the past, part of the institute will be devoted to going to Capitol Hill to lobby on behalf of the counseling profession. Face-to-face meetings are the best way to communicate with legislators (just like with other people), and the lobbying visits during the Institute for Leadership Training will be the single biggest advocacy day of the year for ACA.

However, the upcoming “Day on the Hill” is just one day, and one day’s worth of work isn’t going to be enough to accomplish our goals. Successful work with legislators requires sustained communication, relationship development and engagement throughout the year. Viewed from this perspective, the Day on the Hill at the end of July is just one part of an ongoing process; what happens before and after those visits is vitally important to our effort. We will be talking to institute attendees about what we want to see happen after the lobbying visits, but we’re also working to ensure that what happens before the visits sets the stage for these visits to be as effective as possible.

One thing we need your help with is stories. When counseling leaders walk into congressional offices, they need to have examples of how the issues they are discussing affect their legislators’ states and districts. How has federal funding for education — particularly federal programs supporting school counseling services, such as the Elementary and Secondary School Counseling Program — made a difference in the community? How has the lack of ability of counselors to see Medicare beneficiaries affected seniors’ access to mental health services and their overall health? Are counselors being considered for mental health clinician positions with the Department of Veterans Affairs? If you have stories such as these to share, please send them to Guila Todd with ACA at gtodd@counseling.org. Your examples will help put a human face on these issues and show the real-world impact they are having.

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Terminating clients: A challenge without end

Admit it. We all dread endings. Existentially Oriented Counselor would say that’s because subconsciously we associate endings — even small ones — with death. Athlete faces “sudden death” in overtime. Traveler with nowhere to turn reaches a “dead end.” Columnist bristles at the thought of an impending “deadline.” So when a therapeutic relationship comes to a close, of course our healing profession refers to it with a warm and fuzzy label: termination. Softens the blow, doesn’t it?

Contemplating the conclusion of my postgrad internship recently, I felt all but orgasmic (from the Greek for “little death,” wink-wink). I had decided to leave the agency once I was eligible to submit my application for state licensure. The goal from Day One has been entering private practice — either on my own or in association with an established professional. Cloaked in glorious rapture, the feeling soon gave way to naked horror. That is, once I made the connection that “The End” meant dismissing My Entire Caseload. Client x 20. In a row. What? Followed by: Woe. And so, Internship’s final lesson would be an experiential “How-To,” guiding Client One & All through healthy closure. How fitting.

What about guiding ME through healthy closure?! Cool your jets, Counselor. It’s not about YOU.

@*#!

As usual, Supervisor had a checklist for me. “Start telling clients three or four weeks before,” she began. “And make sure you fill out this form indicating whether they are terminating or transferring so we can close the file or reassign the ones who are staying.”

She also directed me to outline for Client the options — taking a break from therapy if advisable, or seeking therapy elsewhere.

“Let them know they are welcome to return to this agency at any time, and we will be happy to match them with someone else on staff.”

Suddenly I noticed acute symptoms of countertransference. Comorbid with a rash of pomposity. I’ve been working with Client Numbers 1 through 20 for months — even more than two years in some cases. How could Any One possibly go on without me?! Supervisor answered my pretentious question without hesitation or judgment. Perhaps because I had not voiced it out loud. No witnesses, I always say. “It is a unique form of intimacy we create in this setting,” she continued. “At the same time, a change can be exactly what the client needs. Someone who can offer a new perspective, a different skill set. Someone who sees the client with fresh eyes, meeting them where they are right now.”

Supervisor had prescribed a liberal dose of humility. Fast-acting, though with an unfortunate side effect that came in the form of a cruel internal dialogue. To wit: Have you considered that if you’ve been seeing Any Given Client for more than, say, two years, maybe you haven’t been such a great therapist anyway? Talk about swallowing your pride. I was gagging on it.

Again, Supervisor swooped in all Mary Poppins-like with the remedy. This time, her response helped the medicine go down in the most delightful way. “I’ve given you some very tough cases,” she said. “Those clients return week after week because they continue to benefit from what you’re offering. We’ve discussed your cases. I’ve read your progress notes. Believe me, you have been a valuable support to your clients.” Suddenly I had the inexplicable urge for karaoke. Anyone up for an off-key rendition of “Supercalifragilisticexpialidocious”?

Now I knew what I had to do. Maybe I didn’t know how to do it, but thanks to Supervisor’s spoonful of sugar, at least I was confident I could do it. Good thing I had been conscientious during Informed Consent at initial appointments: My pronouncement wouldn’t blindside anyone. “You might remember when you first began therapy I explained that I am a postgrad intern completing the required number of hours practicing under supervision for my state license and that I expected to complete the internship within X number of months …”

Interestingly and invariably, the reactions fell under one or more of the five categories outlined in Elisabeth Kübler-Ross’ Stages of Grief model: Denial, Anger, Bargaining, Depression and Acceptance. For Client No. 18, it was Anger. Even though he had Frequent Spinner Miles in the revolving door of Community Mental Health, my news caught him flat-footed. “You plan to go into private practice, eh?” he said. “Do you REALLY think you’re ready for that?” Unwilling to process his reaction more deeply despite my best efforts, Angry Client stayed angry to the bitter end.

Sessions later, as I walked him to the door for our final goodbye, he couldn’t resist a parting shot. “I’ll be seeing you. Oops. No I won’t.” Slam.

Client No. 14 clung to Denial like a burr on a pant leg. “I’ve decided you can’t leave,” he said. He played it like he was cracking a joke but didn’t even crack a smile when he said it. For Client No. 7, who worked in used car sales, Bargaining was second nature. No surprise there. “I can follow you, right?” he asked. “Maybe I could see you just once a month instead of once a week, since I don’t have insurance and you’re telling me your fee will probably be about four times what I pay here.”

And then there was Client No. 1, who hop-skip-jumped directly to Acceptance. I was gratified and honored to have witnessed her transformation over the
course of our time together. This woman had come to me sloshing in a puddle of grief, distraught after losing her children in a vicious custody battle. Look at her now! Beyond surviving to thriving. To the extent that when I told her I was leaving and why, she was happy for me.

As it turns out, the nuts and bolts of closure were not complicated. Review treatment goals, reframing any leftover challenges from a strengths-based perspective. Inventory contents of Client's take-home “toolbox” of therapeutic interventions. Conduct motivational interviewing to address Client concerns about taking a break from therapy, starting anew with a stranger or just plain saying goodbye to Therapist.

Now for the What-About-ME part. Setting Someone Else's noggin straight hadn't been that hard. So what prevented me from giving a healthy twist to the screw on the loose in my own Bobblehead? I had developed sleeplessness and a hair-trigger temper. I found myself engaging in a frenzy of inessential activity: baking cookies for a friend (who was on a diet), reorganizing and cross-referencing my digital photo collection (a tad ambitious, considering I have amassed 5,987 images) and cleaning out my medicine cabinet (Ex-Lax from 2003?! OK, maybe that task was essential after all). As if that weren't enough to deal with, my kishkes were twisted in knots over the decision to leave before setting up the next phase of my career. And me without my Ex-Lax!

Just as a fish in the ocean doesn't realize it is surrounded by water until it's not, at the time I had no idea I was flopping in my own grief puddle. That is, until my last day at the agency. In session, I seized every opportunity to glance at the clock, willing the Big Hand to reach 12. How can it be 10 minutes before the hour? It's been AT LEAST a half-hour since I peeked at the time, and it STILL says 10-to!

Eagle Eye Client noticed I had stopped listening. He contorted his neck, following my gaze to the clock hanging on the wall above his head. “Oh, look at that! It’s still ticking, but the arms are stuck. That’s kind of poetic, that time would stop on your last day.” Ding! Ding! Ding! Wake-y wake-y time! In that single interminable second, I realized I had been resisting an ending of my own. In that moment, I reclaimed myself. My thoughts turned to Angry Client, the one who had slammed the door after slamming my clinical skills. I know his question was a rhetorical one. But I had my answer now. Yes, Client No. 18. I am ready to take off the training wheels. Good grief! And I mean that literally.

Suze Hirsh recently completed her postgraduate internship at a community social services agency in South Florida and announces this is her final Learning Curve column. Suze expresses wholehearted appreciation to Editor-in-Chief for his encouragement, validation and flawless editing (hee hee hee). Suze also offers her unending gratitude to you, Dear Reader, for sharing her journey from Student to New Professional. Contact her at suze.hirsh@gmail.com.
Do I need an LLC if I’m starting a counseling practice?

For clinicians venturing into private practice, a common question is whether establishing a limited liability company (LLC) is necessary, advisable or even possibly detrimental. In preparing this column, I consulted with an attorney, an accountant and the IRS in an attempt to determine whether an LLC is the best choice of business structure for counselors in private practice.

What is an LLC?

An LLC is a business structure allowed by state statute. Each state may use different regulations regarding starting and owning an LLC. Although LLCs blend elements of both partnership and corporate structures, an LLC is not a corporation and, therefore, calling an LLC a corporation is technically incorrect. An LLC is a legal form of company that provides limited liability to its owners in the vast majority of U.S. jurisdictions.

Owners of an LLC are called members. Typically, states do not restrict ownership, so members may include individuals, corporations and even other LLCs. There is no maximum number of members an LLC is allowed to have, which makes it a common choice when two or more health care professionals start a practice. However, many LLCs are “single member,” meaning they have only one owner.

Will an LLC lower my taxes?

According to Virginia-based certified public accountant Bryan Johnson, whether someone with an LLC will enjoy greater tax benefits in comparison with a sole proprietorship depends on two things: the amount of income a counselor plans to make and whether the individual elects to be taxed as an S corporation or a single-member LLC.

“You are likely to have tax savings under current tax law if you are planning on the LLC being your main occupation and source of income, and if you elect to be taxed as an S corporation,” Johnson says. “The savings will come in the form of reduced self-employment tax.” However, if you are building only a part-time practice, “tax savings might not be enough to justify the cost of the yearly filing of an LLC and the cost of an additional tax return,” he says. Also, if you do not elect to be taxed as an S corporation, any possible tax savings will be “in general, very minimal,” Johnson adds. (Tax tip: If you are a single-member LLC, you can file a Form 2553, which allows you to be taxed as an S corporation without actually becoming an S corporation.)

That said, Johnson notes that tax law is nuanced and always changing, and different states will have different fees and taxes, so what makes sense for one person won’t necessarily make sense for another. “Each person needs to consult with their own tax professional to see what would be best for their situation,” he explains.

Is an LLC desirable if I have a business partner?

LLCs are particularly desirable when two or more partners are going into business together. It can serve to document how much ownership each “member” has in the company, and the LLC also provides a platform for establishing company bylaws that document what happens in the event of a member’s death, retirement, divorce, desire to sell or other circumstance.

According to Florida-based licensed attorney Chad Shimel, “An S corporation can serve to do some of this, but an LLC is more flexible.” For example, an LLC allows the members to choose how they will distribute profits, while an S corporation does not.

Shimel adds, “An LLC can distribute profits in a manner not necessarily equal to ownership interests. Even when two members own 50 percent each, an LLC can still distribute profits to one owner more or less than the other. This is useful at times when one member is more active in the business.” In contrast, with an S corporation, if the business is owned 50-50, distribution is always 50-50.

In many states, if one doesn’t have an LLC or another business structure in place (such as an S corporation), business owners are treated under the default rules of a partnership, which often are not ideal. Shimel explains, “You don’t ever want to get into a ‘partnership structure.’ They are somewhat archaic. As a general principle, it would not be a good thing.”

Will an LLC limit my legal liability?

An LLC will provide some liability protections. For instance, if someone trips and falls at your office, a person can pursue litigation against the LLC, but members will be personally protected. Or if the LLC defaults on rent (and a member did not personally guarantee the lease), your personal liability would be limited. When it comes to malpractice lawsuits, however, it is common for a patient (or client) to sue the company and also sue the health care provider personally. “If you find yourself in the middle of a malpractice suit,” Shimel says, “having an LLC won’t harm you but also won’t provide protections because you are being sued personally.”

private practice strategies - By Anthony Centore
LLCs limit liability, but they don’t eliminate it. As a tip, the limited liability of an LLC holds up best when the owners (members) are careful not to mingle their personal funds with the funds of the business. The less clearly the line between personal and business finances is drawn, the more likely it is for someone to “pierce the corporate veil” and pursue members personally for damages.

An LLC is a flexible, popular and modern corporate tool. However, Shimel emphasizes, “An LLC may or may not be the best type of incorporation to do. A person may find that they are better off with an S corporation for various reasons. It all depends on what they’re doing, how many employees they have, how they want to distribute profit and other factors.”

One of those other factors is the state in which the counselor operates. “An S corporation could, depending on the state, have a more favorable track record in terms of protecting owners in lawsuits,” Shimel explains. One negative aspect of an LLC, because it is a newer product, is that it has less legal precedent compared with older company structures.

**Decision tree**

Contrary to common hopes, an LLC won’t absolve anyone of all the professional liabilities that come with working in the mental health field. Also, an LLC won’t guarantee lower taxes.

As is often the case in the realms of tax and law, there are few simple answers. Although an LLC remains a common and often preferred business structure choice for many, it is not the right fit for all counselors in all cases. Ultimately, counselors will need to do their own due diligence to determine what business structure makes sense for their unique practice and financial situation. ♦

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

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"David Lawson has presented a clearly written, well-organized, and fascinating review of current treatments for victims and perpetrators of family violence. This book will have universal appeal to students as well as to those already in practice. The author’s expertise is noteworthy and this book makes a vital contribution to the field."

—Ola Barnett, PhD  
Author, Family Violence Across the Lifespan  
Distinguished Professor Emerita Pepperdine University

Counselors-in-training, educators, and clinicians will benefit greatly from this in-depth and thought-provoking look at family violence, its effects, and treatment options. This book examines the major issues and current controversies in the field, provides background information on each type of family violence, and offers strategies for combating domestic abuse. In an informative discussion designed to enhance counselors’ ability to assess and treat each type of family violence, Dr. Lawson covers both well recognized forms of maltreatment, such as the abuse of women and children, and less understood issues, such as female-on-male intimacy violence, parent and elder abuse, same-sex violence, and dating violence and stalking. Case studies throughout the text illustrate clinical applications in action, and recommended readings are provided for further study.

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Recent Book Releases

Newer titles of interest to the counseling community

Values Clarification in Counseling and Psychotherapy: Practical Strategies for Individual and Group Settings
By Howard Kirschenbaum, Oxford University Press

Helping clients determine their priorities, set goals, make decisions and take action to improve their lives are common tasks for virtually all counselors. This process is known as “values clarification.” This comprehensive guide demonstrates how counselors in many fields can ask good clarifying questions, conduct clarifying interviews and employ dozens of values clarification strategies with individuals, couples, families and groups. It is filled with hundreds of clinical examples covering a wide variety of counseling issues, case transcripts, practical guidelines, theory, research, multicultural issues, value and moral conflicts with clients, and more.

Family Wellness Skills: Quick Assessment and Practical Interventions for the Mental Health Professional

This book provides mental health professionals with a map to guide their clients from recognizing a need for change, to deciding to make a change, to achieving change itself. The author lays out the core ideas behind family wellness and shows all helping professionals how to develop effective treatment plans and practical interventions that take into account a family’s inherent assets.

Career Development for Transitioning Veterans
By Carmen Stein-McCormick, Debra Osborn, Seth Hayden & Dan Van Hoose, National Career Development Association

The purpose of this book is to increase career practitioners’ awareness of the transition issues and resources specific to veterans and to provide several examples of how a practitioner might walk a veteran through the career planning process. Case studies based on interviews with real veterans by the authors and military consultants are used throughout the chapters to demonstrate the thoughts and feelings involved, as well as career practitioner strategies for helping the individual make a career decision.

A Borderlands View on Latinos, Latin Americans and Decolonization: Rethinking Mental Health
By Pilar Hernandez-Wolfe, Jason Aronson

Latinos in the United States are a combination of diverse populations that differ on a range of factors, including length of time in the country, migration background, ethnicity and socioeconomic status. This book assists readers in understanding how the colonization of the Americas is still tied to current issues of migration and how mental health practices have been created and maintained from the wound of coloniality. It offers an alternative foundation for approaching trauma, identity and resilience through the integration of a decolonization paradigm, borderlands theory and social justice approaches in couple and family therapy.

Love, Intimacy, and the African American Couple
Edited by Katherine M. Helm & Jon Carlson, Routledge

This exciting text on counseling African American couples outlines critical components to providing culturally sensitive treatment. Built around a framework that examines African American couples’ issues and specific contextual factors that can negatively affect their relationships, it addresses threats to love and intimacy for Black couples; provides culturally relevant, strengths-based approaches and assessment practices; and includes interesting case studies that illustrate important concepts. Readers will find information on working with lesbian and gay clients in relationships, pastoral counseling, intercultural Black couples and a chapter for non-Black therapists who work with Black clients.

Exercise Psychology, Second Edition
By Janet Buckworth, Rod K. Dishman, Patrick J. O’Connor & Phillip Tomporowski, Human Kinetics

This book addresses the psychological and biological consequences of exercise and physical activity and their subsequent effects on mood and mental health. From this unique perspective, readers will learn the biological foundations of exercise psychology within the broader contexts of cognitive, social and environmental influences. By exploring the biological mechanisms associated with individuals’ behavior, this resource challenges students and researchers to critically examine less-explored methods for positive behavior change.
Accelerated Ecological Psychotherapy: ETT Applications for Sleep Disorders, Pain, and Addiction
By Steven R. Vazquez, Jason Aronson

This book describes a number of therapeutic breakthroughs for a diverse array of conditions. The means for accomplishing these advances are specific attachment-based interpersonal processes that are radically amplified by using precise elements of the client’s visual ecology. Forms of visually initiated brain stimulation include 1) an innovative form of eye movement, 2) a specialized type of peripheral eye stimulation, 3) a spectral resonance technique that uses intense color and 4) a tunable light device from which hundreds of precise wavelengths of light can be selected to emit into the client’s eyes. The method is called Emotional Transformation Therapy.

Family Violence: Explanations and Evidence-Based Clinical Practice
By David M. Lawson, American Counseling Association

Counselors-in-training, educators and clinicians will benefit greatly from this in-depth and thought-provoking look at family violence, its effects and treatment options. This book examines the major issues and current controversies in the field, provides background information on each type of family violence and offers strategies for combating domestic abuse. The author covers both well-recognized forms of maltreatment, such as the abuse of women and children, and less understood issues, such as female-on-male intimacy violence, parent and elder abuse, same-sex violence, and dating violence and stalking. Case studies illustrate clinical applications in action.

Body Sense: The Science and Practice of Embodied Self-Awareness
By Alan Fogel, W.W. Norton & Co.

When we are first born, before we can speak or use language to express ourselves, we use our physical sensations, our “body sense,” to guide us toward what makes us feel safe and fulfilled. As we develop into adults, it becomes easy to lose touch with these crucial mind-body communication channels, but they are essential to our ability to navigate social interactions and deal with psychological stress, physical injury and trauma. This book provides therapists and their clients with the tools to attain mind-body equilibrium and cultivate healthy body sense throughout their lives.

How to Impress Your Instructor Online: Quick Tips to Success for the Virtual Student
By Harold T. Gonzales Jr., College Path Publications

This is an essential resource guide for online students and a must read for educators working with students in higher education settings. The author offers an overview of the keys to success for virtual students as they delve into their online learning experience. The book covers a broad range of topics, including learning styles, time management techniques, online etiquette and communication skills, evaluation and the challenging problems of plagiarism and cheating.

The Self in Schooling: Theory and Practice — How to Create Happy, Healthy, Flourishing Children in the 21st Century
Henry G. Brzycki, BG Publishing

Grounded in scholarly research and 30 years of counseling and teaching experience, the author offers a comprehensive framework of psychological and well-being research and practice as they relate to prevention. The book’s first section provides the research background for teaching self-knowledge, and the second section offers a framework for including self-knowledge within the academic curriculum and counseling best practices. With practical and useful suggestions, the book is accessible not only to educators and health practitioners, but also to parents and students.

Becoming a Published Therapist: A Step-by-Step Guide to Writing Your Book
By Bill O’Hanlon, W.W. Norton & Co.

This practical, witty and no-nonsense book helps readers learn how to leverage their own strengths as mental health professionals, providing advice about finding a topic and making it their own. All the big issues are discussed: writer’s block; getting an idea; how to keep motivated; developing a platform; how to think about self-publishing; how to find a traditional publisher and what to do once you have one. An accompanying DVD includes worksheets, handouts, audio and video that supplement and expand on the material in the book.

Titles that include a cover image indicate the book was either written or edited by a member of the American Counseling Association.

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Integrative Assessment: A Guide for Counselors
By Andrew Gersten, Pearson

In this guide, helping professional practitioners, students in training and those preparing for licensure get valuable assessment information and guidance they can apply in various mental health, school, community and organizational settings. Using a case study approach — in a practitioner’s voice — this resource helps beginning and future counselors understand and use various assessment methods, from interviewing and observing to tests and counselor- and client-friendly standardized measures. Based on the premise that assessment is an ongoing information-gathering process that relies on multiple methods and sources for making decisions or answering questions, this guide looks at much more than the traditional coverage of psychological testing alone.

Relational Suicide Assessment: Risks, Resources, and Possibilities for Safety

Knowing what questions to ask a suicidal client is essential, but it is just as important to know how to ask questions and how to join through empathic statements. Beyond this, clinicians need to know how to make safety decisions, how to construct safety plans and what to include in case note documentation. This resource provides the theoretical grounding, empirical data and practical tools necessary for clinicians to feel prepared and confident when engaging in this most anxiety-provoking of clinical responsibilities.

Internal Family Systems Therapy: New Dimensions
Edited by Martha Sweezy & Ellen L. Ziskind, Routledge

Internal family systems (IFS) therapy is one of the fastest-growing models of psychotherapy today. Focused on psychic multiplicity and the healing effects of compassion, this nonpathologizing therapy has been adopted by clinicians around the world. The book builds on Richard Schwartz’s foundational introductory texts, illustrating how the IFS protocol can be applied to a variety of therapy modalities and patient populations. Each chapter provides clear, practical guidance and clinical illustrations.

The Bullying Workbook for Teens: Activities to Help You Deal With Social Aggression and Cyberbullying
By Raychelle Cassada Lohmann & Julia V. Taylor, New Harbinger

This workbook incorporates cognitive behavior therapy to help ease anxiety, fear, stress and other emotions associated with being bullied. The resource is composed of 42 step-by-step self-help activities designed to help readers learn anti-bullying tips and strategies; manage emotions such as anxiety, fear, anger and depression; and learn constructive communication skills to help them express their feelings. With the workbook as their guide, teens will also learn how to identify toxic friendships, build their own self-confidence and, most important, ask for help when bullying gets out of control or if they are feeling suicidal.

Social Skills Deficits in Students With Disabilities: Successful Strategies From the Disability Field
Edited by Helen Nicole Frye Myers, Rowman & Littlefield Education

Social skills may affect a student with a disability more than the disability itself. Learn the social deficits and challenges associated with disabilities as well as strategies to support social skill development. Included are strategies from special educators, school counselors, licensed professional counselors, an occupational therapist and a psychologist. Current issues such as bullying are explored, in addition to ways that professionals and universities should be involved in supporting social skills of students with disabilities. A special section on working with parents includes strategies parents can use while social skills are developing in their child.

Money Energetics: An In-Depth Look at Why You Are Paid What You Think You Are Worth
By Susan Ozimkiewicz, CreateSpace

The themes, patterns and paradigms that are contained in myth and story are used to show that the relationship to money as a value has hardly changed through cultures and time. It is the attitude and approach to the relationship with money that appears to alter and transform as people’s behavior and their movement toward their sense of richness adjust to new circumstances. This book shows the fantasies, anxieties, fears, desires and wanting as a way for people to find and be in a right relationship with their money, as the symbol of their own wealth, resources and richness of being.

The Oxford Handbook of Social Class in Counseling
Edited by William Ming Liu, Oxford University Press

This handbook summarizes and synthesizes available research on social class and classism in counseling practice and research. It provides comprehensive coverage of life span issues related to social class; how social class is studied and empirically understood; implications of social class in career counseling, psychological assessment and diagnosis, and the therapy relationship; how social class is implicated in positive psychology, career and work psychology, and health psychology; and social class and classism’s connection to whiteness, racism, sexual orientation, religion and spirituality, and social justice.

Restoring the Shattered Self: A Christian Counselor’s Guide to Complex Trauma
By Heather Davediuk Gingrich, IVP Academic

The challenge of counseling survivors of complex trauma is one that many Christian counselors are not adequately equipped to handle. Too often the result is the painful re-experience of the traumatic event in a way that can further damage survivors’ personhood and alienate them from the church. In such sensitive cases, empathy and care must be wedded to the skilled application of foundational counseling principles. The author integrates the established research on trauma therapy with keen insights from her own experience and an intimate understanding of the special concerns related to Christian counseling, including a discussion of prayer. ♦
Limits to providing online counseling services

Question: As a licensed professional counselor in private practice, I would like to serve clients through online counseling. Are there any legal prohibitions against providing such services to clients in states other than the one in which I reside and practice?

Answer: This is a very important question that must be investigated before you begin offering online counseling (sometimes called technology-assisted services or distance counseling). Although professionals such as nurses may practice nursing in multiple states under a “nurse licensure compact,” such a vehicle does not exist for counselors. Unfortunately, the counselor licensure laws and interpretation of those laws vary considerably from state to state. Many states take the position that the counselor practicing online must be licensed in the jurisdiction where the client resides. In reality, this would limit most counselors from practicing online beyond the one or more states where they hold licenses. Counselors may also need to investigate laws of other countries if they plan to conduct online counseling on a global scale.

If counselor licensure portability ultimately becomes a reality, it may be easier for counselors to practice online, as well as face-to-face, in those states that adopt licensure portability or reciprocity. However, due to the complexity of issues involved, implementation of licensure portability is likely years from fruition. In the meantime, what should you do?

First, contact the licensure board of the state where you hold a current license and find out whether you are legally permitted to perform online services for clients who do not reside in your state. Second, contact the licensure board of the states in which your anticipated clients reside. If you begin to counsel clients in states where you are not authorized to perform services, you could be subject to a “cease and desist” order and may also be subject to discipline and/or penalties in your own state. You may also want to keep abreast of literature on emerging regulation of online practice and use of social media. For example, “Legal and Ethical Issues Surrounding the Use of Social Media in Counseling,” published in the April 2011 issue of Counseling and Human Development, discusses positions taken by a number of state counselor licensure boards on the issue of online counseling (retrieved from counseling.org/docs/ethics/legalethicalissuessurroundingsocialmediaincounseling-(2011).pdf?sfvrsn=2).

Realize that exceptions may exist for certain limited online activities with clients. For example, if a client asks you to have a counseling session via a secure, encrypted online provider while the client is away temporarily on vacation or business travel, that may be considered acceptable because the client’s permanent residence and your office location remain unchanged. This situation would likely be viewed as appropriate continuity of care. However, when in doubt about any online or distance activities, contact the applicable licensure boards.

The question addressed in this column was developed from a de-identified composite of calls made to the Risk Management Helpline sponsored by the American Counseling Association. This information is presented for educational purposes only. For specific legal advice, consult your own local attorney. To access additional risk management Q&As, go to counseling.org/knowledge-center/ethics and scroll to the bottom of the page for the ACA members-only link to the Risk Management Section of the ACA website.
Counseling adolescents: A practice-based perspective

In 1997, I took my first outpatient counseling job at an agency that specialized in treating adults with addictions. One day my supervisor told me the agency was going to start serving adolescents and asked if I would be interested in taking on a few cases. I said what any recently graduated staff member would say: “Sure.”

Thus began my foray into adolescent addictions treatment. At that point, I had zero experience working with adolescents and hadn’t taken a single course. I had been trained to work with adults. But how different could it be?

Looking back, I can say that a combination of clinical experience, trial and error, good supervision, training, reading and client feedback have contributed to my development as an adolescent counselor. The essential and most “robust” of my lessons learned are as follows:

- Developmentally speaking, adolescents are not adults.
- Treatment approaches developed for adults need to be modified for adolescents.
- Adolescents have adult demands across many systems (school, family, community).
- Comorbidity in adolescents is often the norm, not the exception.

Adolescent development

It took me awhile to realize that my adolescent clients were not adults. That seems like a no-brainer now, but I had to change my approach to treatment in consideration of adolescent developmental characteristics. When treating adolescents, it is critical to involve adults in the treatment process, including parents, extended family members, mentors, coaches and so forth. Adolescents are still in the process of experientially and neurologically developing the skills to self-start, self-monitor and channel their life experiences into better choices the next time something “bad” happens. Even if you work in the community as a case manager or home-based therapist, you need additional adults to mentor and monitor adolescents. This is easier said than done in some cases, but it is essential all the same.

Adolescence is a time characterized by hormonal changes, identity development, increased attention to peers, experimentation and questioning. Adolescents have an acute awareness of what adults are saying and doing, and adolescents do look for discrepancies. Regardless of whether we agree with their logic, it is essential to value the need of adolescents to express their voice, and this is why we need to provide them with choices, including when it comes to counseling interactions. If I had a dollar for every adolescent who “didn’t want to be in counseling,” I would be writing this column from my villa in Tuscany.

Adolescent, not adult treatment

Be sure the treatment you are selecting and providing is mindful of adolescent characteristics and development. For example, when I was doing substance abuse counseling, I learned that adolescents’ resilient bodies and developing prefrontal cortices were affected differently than were adults by alcohol use. Adolescents rarely reported physical problems as a result of drinking but more frequently reported difficulties with concentration. This was a frequent pattern across my adolescent clients and became a practice-based “norm.” My supervisor and I revised our assessment protocol as a result. One could argue that the substance use diagnostic nomenclature doesn’t account for adolescent development.

I also learned that “depression” can have a lot of external behavioral characteristics for youth who lack experience or opportunities with emotional expression. Frankly, some of my clients were at risk if they expressed sadness (for example, their peers perceived it as weakness, and emotional expression was met by adults with indifference or anger). The long and short of it is, think about how the treatment you are providing was developed. Was it designed for youth? Adapted for youth? Or do you need to make the adaptations? Are the concepts associated with the treatment approach too abstract?

The following links contain evidence-informed treatments that have been developed for or adapted to the needs of adolescents.

- Cannabis Youth Treatment Series; Mike Dennis, senior researcher: tinyurl.com/cmja5ub (if status says “out of stock,” click on the individual link for each publication to download the PDF)
- Multisystemic Therapy; Scott Henggeler and Associates, developers: mstservices.com
- Multidimensional Treatment Foster Care; Patricia Chamberlain, developer: mfc.com
- Functional Family Therapy; James Alexander, developer: ffinc.com
- Brief Strategic Family Therapy; Jose Szapocznik, developer: bsft.org
- Motivational Interviewing; William Miller, developer: motivationalinterviewing.org
- National Registry of Evidence-Based Programs and Practices: nrepp.samhsa.gov

Adult demands and assistance across systems

I also realized adolescents were navigating multiple aspects of their world, most notably their respective homes, schools, peers and community settings. My clients informed me that navigating multiple worlds meant dealing
with multiple demands from adults and family members, school expectations, peer pressure, legal concerns, safety issues, cultural differences and so on. In practice, issues that occurred in the adolescents’ multiple worlds often had a direct impact on treatment barriers and progress. Thus, my clients’ success in implementing desired change was somewhat contingent on having understanding and supportive adults in these various worlds. After all, I couldn’t be there 24/7.

To best help my adolescent clients, I learned it was essential to stay informed about events across the multiple aspects of their lives. I made it standard practice to obtain releases, make phone calls, attend school meetings, make home visits and become familiar with the adolescent’s community and its resources. I had to be very deliberate about the frequency and nature of cross-system communication to develop and sustain relationships with my clients. In other words, it was important to honor the counseling relationship and not appear to be a “spy” for the powers that be. I made it clear that confidentiality would be upheld, but I would be checking on their progress outside of the office. Frequently, I would communicate with other adults while clients were in the room in an effort to be completely transparent. This was especially helpful with youth on probation or parole.

Multiple problems are the ‘norm’

I realized that in addition to substance use concerns, adolescents were dealing with learning difficulties, mental and emotional health concerns, conflict with family members and a variety of systems, including the courts, schools and peers. As it turns out, this phenomenon had a name, or variety of names: comorbidity, dual diagnosis and co-occurring disorders. I began to discuss my observations with my supervisor, read the literature and attend trainings to increase my learning and improve my clinical skills, which continued until 2011, when I went back to school to obtain my doctorate in counseling.

Through the years I have been exposed to some great thinkers, practitioners and researchers in the area of co-occurring disorders. I am including a list of resources that I still utilize for developing trainings and supervision. I hope readers will find these as interesting and helpful as I have.

- Substance Abuse and Mental Health Services Administration (SAMHSA) website for co-occurring disorders (samhsa.gov/co-occurring): This is a comprehensive site that includes definitions, suggestions for programming, recent research, tools and materials, and links to additional information. It is a “must see” site for professionals interested in co-occurring disorders.

- Substance Abuse Treatment for Persons with Co-Occurring Disorders Treatment Improvement Protocol Series, No. 42, Center for Substance Abuse Treatment: ncbi.nlm.nih.gov/booksnBK64197

- Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices Kit, including downloadable PDFs and CD-ROM (store.samhsa.gov/product/SMA08-4367): The free site information provides practice principles about integrated treatment for co-occurring disorders, an approach that helps people recover by offering mental health and substance use services at the same time and in one setting.

The Self in Schooling: Theory and Practice

How to Create Happy, Healthy, Flourishing Children in the 21st Century

Dr. Henry G. Brzycki, PhD
Paperback: $34.95 | 250 pages ISBN: 978-0-9887161-0-0
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A call for mindfulness

As I write this article, I am reminded of ways I can use my previous experiences to give back to my clients and students during my doctoral studies. Occasionally, I am able to draw on my clinical experiences while teaching or providing supervision to graduate students. I humbly encourage all counselors, regardless of experience level, to keep an open mind, learn from your experiences, speak up and find ways to give back that are rooted in your counseling experiences. This is our responsibility to ourselves, our profession and, most important, our clients.

Find complete links from this article or contribute your own on The Digital Psyway companion site at digitalpsyway.net. Did we miss something? Submit your suggestions to column editor Marty Jencius at mjencius@kent.edu.

Eric Baltrinic is a professional clinical counselor and licensed supervisor in Ohio and a doctoral student in the counseling and human development services program at Kent State University. Contact him at ebaltrin@kent.edu.
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I recently spoke with licensed professional counselor and American Counseling Association member Margery Fridstein. What a delight! She has “almost retired” after 35 years as a professional counselor. Here is her story.

Rebecca Daniel-Burke: What led to you becoming a counselor?
Margery Fridstein: I started out wanting to become an actress. I was at the Northwestern Drama School. As a side job, I began substitute teaching. I realized I wanted to do something with kids that was not teaching. So I went to school to become a counselor.

RDB: What was your first job after graduate school?
MF: I worked as a counselor at a Catholic girls college.

RDB: Tell me more about that.
MF: It was a long time ago. Things were different then. Some of the girls had decided not to be nuns and they came to school after they left the convent. They needed to work through that. Also, some girls had to deal with unwanted pregnancies when abortion was forbidden. That was tough on them.

RDB: Was there a particular school of thought you embraced in the beginning?
MF: Carl Rogers has always been my thinking guru.

RDB: Why Rogers?
MF: I’ve never really liked telling clients what to do. His nondirective approach appealed to me. It was by accident that I got into heavy psychoanalysis.

RDB: Tell me about that.
MF: I began working in a community mental health clinic in Chicago. The clinic was very well regarded. I began as the director of community education. I saw all of the therapists around me doing interesting work, and they were all oriented toward psychoanalysis. An M.D. psychoanalyst took me under her wing and started mentoring me. Before you knew it, I was becoming trained in psychoanalysis and was practicing there as a therapist.

RDB: Did you develop a specialty?
MF: Yes. When I was working there, the young adolescent daughter of a very wealthy family had committed suicide. It was in the papers and everyone was talking about it. My mentor and I ended up writing a book about adolescent suicide. I ended up presenting at a conference in Alaska on the topic.

RDB: What did you learn about suicide?
MF: Today, everyone is trained to ask the question during an assessment if it seems appropriate. Back then, a parent might say, “How dare you ask that question!” Maybe because of these concerns, so many around the disturbed young person were in denial.

RDB: It baffles me when I hear a parent say they had no idea.
MF: They say that because they didn’t pick up on the clues.

RDB: Where did you go next?
MF: My husband got a job in Aspen [Colo.], and we moved to the Aspen area. I started a private practice there that I had for 20 years.

RDB: That must have been different, counseling people in a tourist community.
MF: The locals had all the problems everyone else does.

RDB: Did you continue doing suicide work?
MF: At first I spoke on panels regarding suicide, but I began pulling away. I was tired of it by then, and I wanted to do something different. It doesn’t work for me to do a lot of [counseling around issues of] death and dying or a lot of work with alcoholics. I like to see clients with a variety of symptoms.

RDB: How do you take care of yourself?
MF: I like to play. Play tennis, play bridge, have fun. One of my strongest beliefs is that counselors need to get counseling for themselves. That does not seem so popular these days.

RDB: I have a theory about that. We have become so oriented toward cognitive behavioral brief therapy that we don’t want to get counseling that is longer term and insight oriented. We want to believe every behavior can be extinguished quickly through cognitive behavioral approaches.

MF: That is exactly what I am — insight oriented. I agree completely with what you just said. I can think of nothing more important than helping clients develop insight into the root of their problems.

RDB: Are there certain go-to books that you have used through the years?
MF: I have always been fond of Selma Fraiberg’s The Magic Years and Heinz Kohut’s books on self-psychology.

RDB: Do you still see clients?
MF: I will have phone sessions only with established clients whom I have seen for a long time. I do not have space in my home to see them and do not want to have an office for these few clients.

RDB: How has it been for you discussing all of these topics?
MF: It is interesting how many people have come back into my mind and my realization of how very much each and every one of my clients has meant to me.

RDB: Thank you so much for the privilege of learning from you.

Margery Fridstein wrote an article in March for the Counseling Today website about the many things clients have taught her in her 35 years as a counselor. Read “A counselor learns” at ct.counseling.org/2013/03/a-counselor-learns/.

Rebecca Daniel-Burke is the director of professional projects and career services at ACA. Contact her at rburke@counseling.org.

Letters to the editor: ct@counseling.org

New!

Counseling Around the World: An International Handbook

edited by Thomas H. Hohenshil, Norman E. Amundson, and Spencer G. Niles

“This book delivers on the promise to increase counselors’ global literacy through the collection of country ‘snapshots’ about the status of counseling. Counselors will view their professional identity in new ways as they read about common issues between countries and the unique country contexts that influence the practice of counseling.” —Nancy Arthur, PhD University of Calgary

This fascinating book provides a global exchange of information about counseling activities and services, counselor training, and existing professional practices, beliefs, and values. Native counselors and leading experts from 40 countries discuss the opportunities for growth in their countries and the challenges they face. After an introductory section that discusses global diversity themes and issues, chapters focus on key countries in Africa, Asia, Europe, the Middle East, North America, Oceania, and South and Central America. Each chapter covers the history and current state of counseling in the country, theories and techniques that have been shown to work best in meeting the needs of the population, diversity issues specific to the region, counselor education and training, and possibilities for the future of counseling in the country. A comprehensive list of international resources and counseling organizations is also included.

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Global influence
Compiled by Lynne Shallcross
To American Counseling Association President Bradley T. Erford, the globalization of counseling is not about creating a mirror image of the profession as it is practiced here at home. In fact, Erford thinks counseling’s global spread offers valuable opportunities for professional counselors in the United States to absorb new techniques and new ways of thinking about counseling from every corner of the earth.

“We have much to learn from how counseling is evolving in other cultures and nations,” says Erford, a professor in the school counseling program at Loyola University Maryland. “Regardless of where we live and practice, professional counselors share a core identity, and that identity is modified and molded by culture. Because all counseling is multicultural counseling, some of the ‘best practices’ we use in the United States may miss the mark when counseling clients and students from diverse cultures. We have much to learn from counseling professionals working all around the world who are using diverse and culturally sensitive approaches to build strong connections and create therapeutic changes that help promote mental health and wellness.”

Although counseling is comparatively new in the mental health arena, it is a fast-growing profession globally, says ACA President-Elect Cirecie West-Olatunji. “As international students acquire their training in U.S. programs, offered abroad and stateside, they are taking a message back to their home countries about the value of counseling in relation to the needs of their nations,” says West-Olatunji, associate professor and director of the counseling program and the Center for Traumatic Stress Research at the University of Cincinnati. “Many of these countries are developing counseling as a discipline and have integrated an understanding of social justice and advocacy as core values. Others have woven in culture-centered counseling concepts that honor religious and ethnic differences. Counselors in the U.S. can learn a lot by exchanging [ideas] with their counterparts in other regions of the world.”

Counseling is happening in some form in nearly every nation around the world, Erford says. In fact, counseling is even the primary mental health discipline in some nations, he says. As an example, he points out that counselors in Malaysia have licensure, while psychologists and social workers do not.

As counseling spreads across the globe, Erford notes the efforts of ACA and its colleagues to be involved in the growth process. For instance, ACA is exploring the idea of offering a low-cost electronic membership option to international counselors to make professional development and networking affordable to those in developing nations. In addition,
Erford points out, the Council for Accreditation of Counseling and Related Educational Programs has developed the International Registry of Counselor Education Programs, while NBCC (National Board for Certified Counselors) International is collaborating with a number of countries to develop licensing and certification mechanisms to meet diverse needs.

West-Olatunji knows from personal experience how beneficial it can be to interact with international colleagues and learn more about how counseling is practiced in other nations. “Having conducted several international outreach trips and provided consultation in multiple countries to help advance our profession, I have been greatly informed by the philosophical and procedural differences that exist in counseling programs outside of the U.S. In particular, I was amazed to see the use of dance and movement as part of the repertoire of interventions used in South Africa, Romania and India. Additionally, I was intrigued to learn about the infusion of religious and moral values in counseling from a counselor educator in Botswana. I have since incorporated a greater range of nonverbal counseling interventions within my training and research.”

“I was amazed to see the use of dance and movement as part of the repertoire of interventions used in South Africa, Romania and India.”

**International insights**

- **Tolga Nasuh Aran** lives and works in Izmir, Turkey. He graduated from the Middle East Technical University Guidance and Counseling Program and has been working as a counselor since 1997. He works as a rehabilitation and family counselor with high-risk families, including those with children who are autistic. He is the president of the Turkish Counseling and Guidance Association of Izmir Regional Branch and the co-president of the Turkish Marriage and Family Counselors Association.

- **Becky Aud-Jennison** moved from Springfield, Ill., to New Zealand in 2011. She teaches counseling at the local tertiary education institute to second- and third-year students working on their bachelor’s degrees in social services.

- **Buthaina Mohamed Baqir** lives in Muscat, Sultanate of Oman, and works in the counseling center at a local university.

- **Raymond Cheong** lives and works in Singapore and is a third-generation Singaporean. He is a clinical child/youth counselor and operates a learning/counseling clinic that handles academic, social and emotional learning issues among children.

- **Grazia Di Giorgio** is a counselor in private practice in Bari, Italy. She also sees some counseling clients and provides some clinical supervision via Skype.

- **Nahla Eltantawy** lives in Cairo, Egypt, and runs a private practice with a steady clientele of about 15 clients. Eltantawy received a master’s degree in social work from the University of Pennsylvania.

- **Rachel Erhard** is a senior faculty member in the School of Education at Tel Aviv University in Israel. She is a past chair of the master’s graduate program in counseling and past chair of development and research in the Psychological and Counseling Services in Israel. She is currently writing a book called *School Counseling: A Profession in Search of Identity*.

- **Nathan Fischer** lives in Austria. Not currently working as a counselor, he instead sees clients as a self-employed coach and took a full-time job teaching English to make ends meet. Fischer earned his master’s degree in counseling in the United States, and he and his wife will be returning stateside this summer, when he will work toward his counselor licensure and begin a doctoral program.

- **Yukio Fujikura** runs a private practice in Yokosuka, Japan.

- **Klaus Lumma** founded and is the senior adviser for the German Institute for Humanistic Psychology. In addition to working in private practice in Germany, Lumma is a part-time counselor with the Faber-Castell Academy, the Catholic University of Aachen and the Gestalt Institute of New Orleans, where he lives six weeks out of the year.

- **Erik Mansager** lives in Switzerland. He and his professional and life partner, Jane Pfefferlé, run a private practice with offices in Geneva and Morges. Mansager works exclusively with the expatriated English-speaking community, while his partner works with that population as well as the native French-speaking community.
If you introduce yourself as a counselor to someone on the street, what does that mean to them? What is the concept of counseling in your country?

Nahl Eltantawy, Egypt

If I introduce myself to someone on the street, they probably wouldn’t know what counseling is. Most of them wouldn’t fully understand even after an explanation, while some will think I am either a psychiatrist or a life coach. The concept of counseling doesn’t exist in Egypt; the closest thing would be talking to a religion figure (sheikh) or “wise people.”

Huguette Ostiguy, Malawi

Here in Malawi, the work [of] “counselling” came with the recognition of the reality of HIV and AIDS in the early 1980s when the Ministry of Health introduced the HIV Testing and Counselling (HTC) guidelines. So the work [of] counselling has been and still is strongly connected to that, as there are HTC sites all over the country. So for people, [counselling] mainly means to be tested for HIV and to be explained about risky behavior or to avoid getting infected, etc. … With the development of a more professional training in psychosocial counselling — to underline the difference with HTC — slowly, the word counselling [is] taking a new meaning.

Raymond Cheong, Singapore

Counselling in Asia is a taboo word. Hence, we combine learning and counselling to create a holistic place for the children and parents to come for learning counselling. … Combining counselling and learning is our mode of operation here in Singapore. In Asia, it is not common that an adult goes for counselling, although they know the importance of it. It has to do with the misunderstanding that if you were to visit a counselor, you have an issue and, hence,

“Counselling in Asia is a taboo word. Hence, we combine learning and counselling to create a holistic place for the children and parents to come for learning counselling.”

Amandi Mboya works as a community counselor with the Ruben Centre, a faith-based organization in Nairobi, Kenya. Mboya, who graduated from Fordham University’s Graduate School of Religion and Religious Education, works with preadolescent boys and girls, offering crisis intervention, ongoing support and life-skills activities.

Hildah Mokgolodi works as the principal education officer of guidance and counseling at the Ministry of Education and Skills Development headquarters in Botswana. Mokgolodi directs implementation of the guidance and counseling program in the nation’s primary through senior secondary schools, including some tertiary institutions. Mokgolodi also acts as a referral for teachers on difficult guidance and counseling cases and sees walk-in clients.

Usha Nair is from Singapore and worked there as a counselor until 2007, when her husband was posted to Mumbai, India. Nair obtained a job as a counselor with a local airline in Mumbai in 2010. She works with airline staff members who, stationed away from their homes, cope with work-related stress and being away from their families.

Helena Ng lives in Macau. She works in private practice in both Macau and Hong Kong and also works as an assistant professor at a university in Macau. In addition to teaching, she manages the university’s counseling service and supervises counseling students in their clinical work.

Huguette Ostiguy is from Canada but has been working in Malawi since 1979. Ostiguy works for the St. John of God Community Services, teaching at St. John of God the College of Health Sciences, which offers a two-year counseling training.

Gilberto Salinas is an assistant professor of psychology and clinical director of the Department of Student Counseling and Disability Services at Texas A&M International University in Laredo, Texas, just across the border from Nuevo Laredo, Mexico. Salinas, who also has a small private practice, has done counseling work in Nuevo Laredo, but not since 2007 due to violence associated with the drug cartels. He works with many people from Mexico who have been displaced or have come across the border and sought counseling help.

Arleen Swan works as an “adjustment counsellor” at a secondary school in Bermuda, where she provides mental health counseling and support services to students in grades nine through 12. She has worked as a school counselor in Bermuda for 24 years.

Gudbjörg Vilhjálmsdóttir is a professor in a two-year master’s program in career guidance and counseling at the University of Iceland. She has been teaching there since the counselor education program began in 1990.

Gerardo Alfonso Steele Zúñiga is from Costa Rica, where he runs a private counseling practice in the capital city of San José.
you are not normal. Asians live in a very judgmental society basically.

Becky Aud-Jennison, New Zealand
I don’t have a sense that counseling has strong identity in New Zealand. It appears, and this is speaking from a naïve newcomer’s position, that although New Zealand is very progressive when it comes to thinking of, and accepting, nontraditional treatments — energy modalities, acupuncture, various hands-off alternative approaches — counseling and therapy are looked at from a more “medical” or “traditional” perspective. There doesn’t appear to be a norm of going to counseling with issues. Self-referrals appear limited. Most referrals — and word is, those are relatively few — go through a [general practitioner] and are for an average of six sessions. New Zealand counsellors will tell you that they feel their services are not being utilized appropriately. Counselling doesn’t appear to be a service that people are as willing to seek privately in New Zealand as they do in the U.S. The counsellors I meet are very serious about their work and appear very knowledgeable. There seems to be a use gap, as if they are being phased out or were never welcomed in.

Helena Ng, Macau and Hong Kong
In Hong Kong, the concept of counseling is attached to a stigma — only “crazy people” would seek counseling. I heard many people describe counseling as “talking with someone.” It seems acceptable to them that they are “talking with someone” rather than receiving counseling. In my experience with clients coming from different backgrounds, I notice that people who have received more education seem to support the idea of counseling. There are some people who appear to be familiar with the concept of counseling. These people are eager to refer their relatives and friends to the counselor. Yet when they are asked to see a counselor, they would say that they are fine.

In Macau, the situation is slightly similar, even though people here seem to be less familiar with the concept of counseling. People perceive social work as a major helping source, and counseling is merely a component that supports social workers’ task. Generally speaking, people in Macau are less willing to pay a high fee for counseling service.

Rachel Erhard, Israel
The evolution of school counseling in the USA and in Israel is actually quite similar. Both evolved from a vocational/educational model. Today in Israel, there is less focus on the vocational guidance and more emphasis on social-emotional development of the students.

Gilberto Salinas, Texas and Mexico
Sadly, the general Mexican populace believes that a counselor is a “loquero,” someone who works with “crazy people.” Those who do seek services generally have the expectation that the counselor will give them advice and answer their questions. However, once the concept of psychotherapy is understood, they embrace it and tend to be faithful.

Hildah Mokgolodi, Botswana
Counselling in Botswana is still a [less] understood concept. Many still believe anybody can offer counselling and that they can counsel themselves, so what is the big deal? There was an influx of nongovernmental organizations which claimed to offer counselling through lay counsellors with the advent of [the] HIV and AIDS pandemic. The lay counsellors would have from a day’s training of HIV and AIDS counselling training to a few weeks. This support was not all that bad, but I think it went against all, if not most, ethical codes. It, however, highlighted the need for professional counselling in the country.

Some who understand it somewhat still think counselling is for individuals who are insane. The biggest challenge is the issue of confidentiality. Many individuals do not trust counsellors, and it is reflected even more in schools, where many learners are usually referred [to counsellors] rather than [doing] self-referrals. Having said that, those who understand counselling for what it is make full use of it and keep coming back or making referrals where [they] see fit.

Usha Nair, India
Most people respect the profession, aware that it requires a college degree
and practical training. They do not differentiate between counselors and psychologists. Many think it is an interesting job, especially since counselors are privy to others’ personal issues/struggles. However, most Indians also believe that only the “mentally ill” or those unable to handle issues on their own seek counseling. Hence, there is a stigma attached to seeking professional help.

Gerardo Alfonso Steele Zúñiga, Costa Rica

Usually the translation to Spanish of the [word] counseling or counselor concepts is “orientación” or “orientador,” and what people in need of mental [and] emotional help tend to look for is the psychology professional. Thus, counseling, in the people’s mind, has to do with [a] school setting.

“The role and function of a counselor in my experience is that of a teacher — someone who knows and understands another person’s struggles, whether intrinsic or extrinsic issues. His or her role is to guide the one seeking help toward some kind of healing or better coping with the situation.”

Grazia Di Giorgio, Italy

The role of a counselor in Italy is starkly separated from that of the psychologist or the psychotherapist. As such, we are required to clarify for each prospective client that we do not provide medical or psychological cures and that counseling sessions don’t have a diagnostic or therapeutic function, which is instead reserved for the psychologist, the psychotherapist, the doctor or the psychiatrist. Except, then, for those of us who are also [included] in one of these latter categories, counselors here have only a very marginal role — if one at all — as consultants or service providers within public and/or private organizations. But for the most part, we seem to operate out of a private office or within a counseling training program.

Because of this limiting definition of our area of expertise, which of course ends up having a detrimental impact on the training standards and the competence levels of the counselors who train and practice here, I would say that people who come to see a counselor in Italy must generally be at a rather high level of functioning. Often, I would say that people are motivated to begin this work by an interest in the specific technique or model that the counselor is trained in.

Arleen Swan, Bermuda

Counsellors in Bermuda have become an integral body of professionals providing a variety of services and resources. The largest setting of employment for counsellors is the school setting. Since approximately 1995, we have seen counsellors placed in every level of the Bermuda government educational system: preschool, primary, middle and senior school.

Amandi Mboya, Kenya

The role and function of a counselor in my experience is that of a teacher — someone who knows and understands another person’s struggles, whether intrinsic or extrinsic issues. His or her role is to guide the one seeking help toward some kind of healing or better coping with the situation.
Where has counseling come from over the past decade in your country, and where do you see it headed in the next decade?

Erik Mansager, Switzerland

There has just been a major legal decision on behalf of counselors, who had petitioned the federal government to be granted the privilege of earning a federal diploma, which is necessary for federal recognition of the profession’s standing. This was granted over the objection of the Swiss Psychological Society. …

The psychologists objected on several accounts: that counsellors would take away their business; that the name and objective of providing psychotherapy would be confusing to the public; and that counsellors were not trained in treating psychopathology. The court struck down the complaint, observing that the market would take care of the business angle; other new professions come and go without confusion to the public that education can’t address; and the counsellor application already noted that severe psychopathology would always be referred to appropriate helping professionals. This was a major win for our profession here. Promoting its outcome, designing the exam and proffering it are the immediate tasks in front of us.

Gilberto Salinas, Texas and Mexico

People still hold on to familismo and tend to keep things in the family. Nevertheless, the stigma of seeking professional services outside of the family unit or the church appears to be slowly decreasing, especially among the college-age individuals. Theoretically, counseling in Mexico historically has been very Freudian. Nevertheless, more theories have been gaining favor, such as Gestalt and person-centered, lately. I believe there will be a proliferation of diverse theoretical practices in the future decades. Because of the years of drug cartel violence, I see Mexico as a crucible for development and consumption of trauma-focused approaches to therapy.

Raymond Cheong, Singapore

Over the past decade, I have observed counselling practice moving up the professional ladder here in Singapore, with more awareness from the public about the importance of counselling. I trust with more regulatory control, we can make counselling a profession that is more respected by the mainstream as a holistic way to seek human mental, learning and perspective help without the use of medication and reckless classification of people into disadvantaged learning spectrums out of convenience by other professionals.

Gudbjörg Vilhjálmsdóttir, Iceland

Counseling is changing fast. In 2008, we had legislation that said that all students should have a right to counseling. The counseling profession was licensed in 2009. [Since] the 2008 [economic] crisis, adult counselors have been very active in creating innovative and very successful interventions to the unemployed. I see counseling in Iceland heading toward a more organized and comprehensive program that has less emphasis on personal counseling and more emphasis on career counseling and career education. For the moment, I would like us to have a more common vision and, fortunately, there is a growing emphasis on policymaking at the ministry of education.

Hildah Mokgolodi, Botswana

Botswana has improved in its training of professional counsellors, with the University of Botswana having its first graduates of master’s degrees a decade ago. The university has started an undergraduate program. There was an association that was started and died a natural death. However, I am proud to say we now have a strong counselling association that, together with relevant stakeholders, is working on having a counselling act approved by Parliament. The Ministry of Education and Skills Development has increased the number of teachers who have gone for long-term training in counselling or psychology, and it is still the intention for the next few years.

Tolga Nasuh Aran, Turkey

There are many signs of progress visible in Turkish counseling today. In short, there are questions concerning
the roles and functions of counselors, as well as the credentials required to be a counselor, that remain unanswered today. As a result, the counseling profession in Turkey, as in many countries, still seems to be in search of a professional identity of its own.

Amandi Mboya, Kenya

Traditional counseling has been in existence for years. On the other hand, professional counseling is a new concept that is gaining ground with most people. Probably the emerging of the HIV/AIDS pandemic has [sped] up the professional counseling concept. Professional counseling is here to stay.

What would you most want someone reading this article to know about counseling in your country?

Nahla Eltantawy, Egypt

The idea I would like to share with counselors in the U.S. is that after working in both [the] U.S. and Egypt with individuals, couples and families, people are the same everywhere. They are humans. Yes, there are cultural differences the counselor should be aware of and sensitive toward, but they are not barriers. People everywhere share the same fears, insecurities and dreams.

Yukio Fujikura, Japan

For most Japanese, there are no differences between counselors and clinical psychologists. To be a rinsho shinrishi (clinical psychologist), however, you need to know how to use and interpret a Rorschach test. The problem is that more and more Japanese came to see that only rinsho shinrishi, with their credential partly and indirectly supported by the Ministry of Education, were legitimate counselors. On the contrary, clinical psychologists working as part-timers without appropriate training should not be called a school counselor. In my view, we don’t need Rorschach tests to help students suffering from bullying and school refusal or to help a couple overcome marital problems.

Rachel Erhard, Israel

One thing that stands out in school counseling in Israel is its constant growth and the spread of counseling across many facets of the education system. More and more issues are perceived as [being part of] the counselor’s role. The good news is that school counseling is seen as an integral part of the Israeli education system. The difficulty is that school counselors have, in addition to the traditional roles, more and more professional responsibilities — sexual harassment, learning disabilities, crisis interventions, children of divorced families and more — without receiving additional time resources (hours) in their contract to complete all of the tasks at hand.

Klaus Lumma, Germany

I would like the readers to know that counseling in Germany has two roots, both of which started in 1913: Alfred Adler’s individual psychology from Vienna and Frank Parsons’ personal guidance concept starting off from Boston. The first has been used for

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different developments in the field of individual psychodynamic/biographical counseling, the latter for strategic supervision and guidance in relation to professional issues.

Buthaina Mohamed Baqir, Oman
Counseling is still in its infancy stages in the region, and it [will require] a lot of collaborative effort to make it a recognized discipline. The family support is ample in this region. However, due to the transitioning period and the generational gaps between the parents and children, counseling is needed at this stage. People still seek family and friends to discuss matters. They may be resolved in a good or otherwise manner, but they are resolved. Counseling as a discipline is still marginalized by many at the various levels of society.

Nathan Fischer, Austria
Establishing yourself as the same kind of professional you would be in the U.S. seems to be about establishing your authority. Austria has made a science out of bureaucracy, and establishing your credentials is a tedious, lengthy and expensive process, one which I still have been unable to fully complete. If you plan to work here as a counselor, you will need to come with the correct paperwork and go through the proper channels. In short, do your research first! Second, of course, is the language barrier. I came to Austria expecting to get a job in an English-speaking school as a school counselor. When that job fell through, I was left seeking other employment. Obviously, counseling is a speaking profession — we talk to our clients. Not only do we talk; we must have a real command of the language in which we counsel. My German has come a long way in the last three years, but I still do not feel confident enough to discuss a client’s inner world in German.

Helena Ng, Macau and Hong Kong
First, I would want readers to know that people in Hong Kong and Macau are not completely ignorant about or unfamiliar with the concept of counseling. There [have been] people seeking counseling in Hong Kong and Macau for some years. Second, the identity of counseling is very weak. How can it not be weak? There is no pure counseling program here that is offered by major higher educational institutions. Third, the credentials and standards of providers can be quite diverse as a result of the lack of requirement to obtain a license or certificate to practice. It is crucial that the profession establishes an agreed [upon] set of ethical standards to guide ethical behaviors of professional counselors. Finally, the demand for counseling is apparent, but it seems that such demand is still not being heard. The reasons behind this situation is possibly due to the weak identity of counseling; the stigma or negative connotation attached to counseling; the lack of empirical data to support the effectiveness of counseling; and the absence of pertinent publicity of counseling services.

Gudbjörg Vilhjálmsdóttir, Iceland
I would like you folks out there to know that if it wasn’t for international associations like the American Counseling Association or the International Association for Educational and Vocational Guidance, as well as the Nordic associations of counselors, we here in Iceland would not have progressed as real professionals. International cooperation is vital for us.

What lesson or idea from your country would you like to share with counselors in the United States? In what way do you think counseling in the United States might benefit from the way counseling is practiced in your country?

Hildah Mokgolodi, Botswana
Counselling is not diagnostic, and few labels are put on clients in Botswana, except when done by counselling psychologists. We believe lack of diagnosis reduces stigma.

Usha Nair, India
Most people in India have a strong belief in destiny/fate. While this sometimes leads to apathy in resolving personal issues, it also increases their patience and tolerance for frustrations/suffering. Rather than rely heavily on “textbook” counseling techniques or focus on which theory/approach to adopt for clients, it sometimes helps to explore and reinforce the client’s spirit through active listening, encouragement, positive thinking and, where appropriate, humor. Also, I feel U.S. counselors may be somewhat generous in dispensing “positive regard” to one and all. I think it is all right occasionally to have a client “earn” it.

Becky Aud-Jennison, New Zealand
My word to U.S. counselors would be to count your blessings that counseling has accrued the respect and professional regulation to legitimize and advance the practice that it has in America. Don’t assume other countries are more progressive. And don’t lose sight of the fact that this profession will not magically stay afloat. Support the standards of best practices and regulation that help cement counseling as a permanent fixture in American society.

“Counselling is not diagnostic, and few labels are put on clients in Botswana, except when done by counselling psychologists. We believe lack of diagnosis reduces stigma.”
The following resources can help counselors get involved in and learn more about international counseling issues.

- ACA International Counseling Interest Network (contact Holly Clubb at hclubb@counseling.org to join)
- ACA’s Journal of Counseling & Development features a special international counseling section in each issue.
- Counseling Around the World: An International Handbook, edited by Thomas H. Hohenshil, Norman E. Amundson and Spencer G. Niles, and published by ACA. Native counselors and leading experts from 40 countries discuss the opportunities for growth in their countries and the challenges they face (visit the ACA Online Bookstore at counseling.org/publications/bookstore).
- International Association for Counselling (iac-irtac.org/)
- The International Journal for the Advancement of Counselling is published under the auspices of the International Association for Counselling and promotes the exchange of information about counseling activities throughout the world (springer.com/psychology/psychotherapy+%26+counseling/journal/10447)
- NBCC International (nbccinternational.org/)
- Counselors Without Borders (counselorswithoutborders.org/)
- The Journal for International Counselor Education, published by the University of Nevada, Las Vegas, is a peer-reviewed scholarly journal that promotes counselor education and supervision internationally (digitalscholarship.unlv.edu/jice/)

What would you like to see counseling in your country absorb from the way counseling is practiced in the United States?

Erik Mansager, Switzerland

Although it was also a long struggle in the U.S., it would be nice if the helping professions could cooperate here as the U.S. professions do more and more nowadays. Here, social workers and psychologists seem quite protectionist and, worse still, exclusive. It tends to be the case that if you don’t have a Swiss psychological education or its strict equivalency, you are not welcomed to practice here.

Usha Nair, India

From my experience, many clients here upon seeking professional help expect the counselor to solve their issues for them or offer solutions and answers within one or two sessions. They are somewhat reluctant to do “homework” or explore options before making a decision to improve their situation. Counseling here would benefit from the practice of encouraging clients to be proactive in their own healing and empowerment rather than focusing on solutions [solely from the counselor].

What obstacles does the counseling profession face in your country?

Nahla Eltantawy, Egypt

1) Lack of awareness of the profession.
2) The stigma. Most people think that only crazy people or people who cannot deal with or tolerate life hardships go to counselors. Media actually play a big role in this.
3) Men’s perception of therapy. Most men in Egypt perceive counselors as someone who is invading their privacy, so they don’t allow their wives to seek their help. Plus, men think it is a shame to ask outsiders for help since “men know better and can fix their own issues,” if they can admit they have any to start with.
4) Lack of laws that determine certain qualifications or certificates needed to practice the profession.
5) Financial issues. Egypt is a developing country where 40 percent of the population lives under [the] poverty line — $2 a day — so very few people can afford to see a counselor. Plus, we don’t have a health care system that can pay for this kind of service. To add to the mix, the nongovernmental organizations won’t provide these services since they have more essential priorities, such as providing the poor with some of the basic needs. Unfortunately, counseling in a country like Egypt is considered a “luxury.”

Nathan Fischer, Austria

I would say the biggest obstacle is cultural perception of how change happens and the meaning of asking for help. Counselors are in the business of helping people to change various aspects of their lives. In the past three years, it has been my experience that when the average Austrian seeks to change something in their life, they mostly struggle on their own. They are not inclined to seek the help of a professional. This is a proud, strong, resilient and hardworking culture with many wonderful qualities. I only wish I could do more to educate people looking for more?
here about the benefits of reaching out to a counselor and how much it really helps people to improve the quality of their lives and relationships.

Hildah Mokgolodi, Botswana
Counseling in Botswana has not been professionalized for a long time and it is not regulated by an act [of government]. Therefore, counselors — professional, para or lay — cannot be held accountable for flouting ethical codes.

Buthaina Mohamed Baqir, Oman
Awareness about what counseling can offer [and] the variety of counseling services and specialties. [Also], legal protection is not present, where if a client commits suicide, there is no law that would protect us [as counselors].

Erik Mansager, Switzerland
While we have been given professional recognition and have been granted diploma authorization, it will remain an uphill struggle for insurance coverage. This will take time but is likely inevitably going to happen.

How do you hope to see the counseling profession evolve in your country?

Gudbjörg Vilhjálmsdóttir, Iceland
I am now working on creating an integrated web system for the country, which means that I think it is essential to use technology to reach out to everyone in the community. I would like the counseling profession to evolve hand in hand with the users of [technology] toward a situation where every citizen can have easy access to counseling, where she and he will learn how to manage her or his career and that the assistance given is well organized and really helpful.

Usha Nair, India
Counselors can help their clients and the public to view their service as yet another avenue to achieve wellness. Stakeholders — government, health care institutions, schools, nongovernmental organizations, etc. — need to work together to improve infrastructure and increase funds so that this service is available to all who need it or can benefit from it. They can also dispel the negative image of mental illness through education and outreach programs.

Klaus Lumma, Germany
I’d like to hear the Germans use the international term counseling instead of the German term psychosoziale beratung, which is misleading and also too narrow. The counseling profession in Germany would have more political support and power if the different schools of counseling would really unite within one counseling association [and use] the term counseling.

Tolga Nasuh Aran, Turkey
The most important and necessary movement will be the approval of professional counseling. We have to make the laws for our profession. We have to build an organization like NBCC and CACREP. A counselor should finish the supervision. After supervision, the council should approve the license. Thus, a counselor can work with a license. Graduate programs must be opened not only for researchers but also practitioners. There should be a core program in counseling in all universities.

Nahla Eltantawy, Egypt
I hope one day counseling can be a structured, regulated, stigma-free, available and affordable service in Egypt.

Read each individual’s complete responses at ct.counseling.org.

Lynne Shallcross is the associate editor and senior writer for Counseling Today. Contact her at lshallcross@counseling.org.

Letters to the editor: ct@counseling.org
The Byodo-In Temple in Oahu is a replica of the more than 950-year-old Byodo-In Temple located in Uji, Japan. Situated against a backdrop of tall cliffs and landscaped with traditional lush Japanese gardens and koi ponds, it is a nonpracticing Buddhist temple, which welcomes people of all faiths to worship, meditate, or simply appreciate its beauty. Byodo-In is accessible from Waikiki by bus. Don’t miss a chance to walk the grounds of this breathtaking destination.
Avoiding the parent trap

By Lynne Shallcross
Parenting is often referred to as the hardest job in the world. Just how hard is it, then, to counsel someone who is struggling in that role?

Hard enough that John Sommers-Flanagan and Sara Polanchek teamed up to present a session titled “How to Listen So Parents Will Talk and Talk So Parents Will Listen” at the American Counseling Association 2013 Conference & Expo in Cincinnati in March. The session was based on the book of the same title that Sommers-Flanagan co-wrote with his wife, Rita Sommers-Flanagan, and which was published by Wiley in 2011.

“Parenting is a very challenging endeavor,” says Polanchek, who worked for 12 years as a parent educator and counselor at a nonprofit organization that provides education and support to parents in Missoula, Mont. Parents are hard on themselves, often evaluating themselves — and feeling judged by others — on the basis of their children’s behavior, says Polanchek, who is now a doctoral candidate in the Department of Counselor Education at the University of Montana but continues to supervise some of the nonprofit’s counselors and parent educators. In addition, she says, the United States has a kind of pull-yourself-up-by-the-bootstraps mentality that suggests parents should be able to figure everything out on their own; if they seek any help, society seems to suggest they are failures as parents.

And although the Internet offers a plethora of information on the topic of parenting, that information can be as confusing as it is helpful. For any given problem, Polanchek says, parents can find a proposed “solution” online, but if they spend a few minutes digging deeper, they are likely to uncover an opposite solution being offered for the same problem. Parents who come to see a counselor for help have likely already exhausted the tips from their neighbors, their child’s school counselor and their co-workers, Polanchek says. In addition, they have probably read more than a few books on parenting.

“When I last checked, there were 107,000 parenting books available on Amazon,” Polanchek says. “That number is daunting, and when we consider that many of these resources are in conflict with each other, it is no wonder parents feel overwhelmed. By the time parents come to us [counselors], they’ve likely tried lots of techniques and believe they’ve failed.”

Regardless of whether parents decide on their own to seek advice from a counselor or are ordered to do so by a court, when they arrive at a counseling session, they are feeling vulnerable, Polanchek says. As a result, they are also often defensive and leery of the counselor.

Not surprisingly, approaching those vulnerable and sometimes defensive parents can be daunting for counselors. Sommers-Flanagan and Polanchek, both members of ACA, say it isn’t uncommon for counselors to feel afraid of or even angry at parent-clients. But those emotions interfere with a counselor’s effectiveness, they warn.

“Everyone I know needs some parental guidance, but there is so much out there that it’s overwhelming, so parents put up walls,” says Sommers-Flanagan, professor and acting chair of the Department of Counselor Education at the University of Montana. The first and best thing counselors can do to encourage parents to lower those walls, Sommers-Flanagan and Polanchek say, is to provide an accepting
space, free of judgment and criticism, where the counselor's job is to listen and be supportive rather than to offer well-meaning advice straight off the bat.

“Don’t start with, ‘Well, Julia, I have a few ideas I can share with you about how you can be a better mom,’” Sommers-Flanagan says. “If you offer advice too soon, you raise their defenses.” He suggests that counselors not offer any advice until parents confirm it is OK or ask for guidance themselves.

“I think the first few moments, sometimes before we’ve even sat down, are crucial because this is when parents are deciding whether or not they can trust me,” Polanchek says. “There is an attitude of acceptance that I hope to communicate when I greet parents and initiate the session.”

“Like many people, I have very protective feelings for children,” she continues, “and it is tricky to discuss parenting behaviors that might be perfectly acceptable but don’t necessarily line up with what I might consider ideal. This is where a lot of self-reflection about my values and triggers is necessary so that my wish to be accepting is authentic.”

**Empathize, accept, collaborate**

Sommers-Flanagan recalls leading a divorce education class in which one father made it blatantly obvious how much he did not want to be there. A judge had set attending the class as a condition the man had to meet so he could have unsupervised visits with his daughter.

One of the first things the man announced to Sommers-Flanagan and the rest of the group was that he didn’t “need a stupid-ass parenting class.” Sommers-Flanagan says that as a counselor, it was important for him to ignore a natural reaction to bristle at the comment and to find instead empathy for the man and understand how difficult it was for him to be going through a divorce. “Thank you for sharing that,” Sommers-Flanagan told the father. “You must really love your daughter to be here.”

At the end of the class, Sommers-Flanagan gave the man his certificate of completion and tried to joke with him, saying he probably would really want to put the certificate up on a wall at home. The man gave Sommers-Flanagan a funny look, took the certificate and left.

But about a week later, the same client called Sommers-Flanagan to apologize for his behavior in class. He told Sommers-Flanagan he had indeed hung the certificate on the wall of his trailer, and when his daughter had come for a visit, she saw the certificate, hugged him and told him she was proud of him.

The story illustrates two of the main principles Sommers-Flanagan recommends when working with parents: empathic understanding and radical acceptance.

Offering empathic understanding means seeing through any negativity the client presents and understanding that, underneath it all, parents really just want to love their children, says Sommers-Flanagan, who has an independent practice that includes parenting consultations in collaboration with a local nonprofit agency. The idea behind radical acceptance, he says, is that counselors should receive and accept anything and everything a parent says in session without judgment. “Obviously, that’s basically impossible, because being judgmental is a natural human tendency,” he says. “Nevertheless, we make an effort to be nonjudgmental [as counselors].”

Sommers-Flanagan offers an example he used in the book *How to Listen So Parents Will Talk and Talk So Parents Will Listen*. A parent might say, “I believe in limiting my children’s exposure to gay people. Parents need to keep children away from evil influences.” The counselor might respond with, “Thanks for sharing your perspective with me. I’m glad you brought up your worries about this. Many parents have similar beliefs but won’t say them in here. So I especially appreciate you being honest with me about your beliefs.”

A key point about radical acceptance is that it doesn’t involve agreeing with the client, Sommers-Flanagan says. At the same time, he says, radical acceptance is especially helpful in situations when parents say something extreme that might push a counselor’s emotional buttons.

Polanchek says collaboration, the third important principle when working with parents, means striking a balance between respecting parents as the best experts of their child, taking the necessary time to truly understand the situation and offering enough of what parents are looking for in terms of “answers” to make the counseling session worthwhile for them.

Polanchek acknowledges that when she first started working with parents, she was nervous and often overcompensated by letting her clients know up front how much knowledge she possessed and how many tips she could offer. In a well-meaning effort to help parents, Polanchek says, she rushed too quickly to provide solutions. “Sometimes the first instinct is wrong,” she says. “But even if the counselor’s first instinct is right, the counselor will then have denied parents the process and ability to get to the solution on their own.”

One of Polanchek’s favorite couples came to her office via court order. “They were clearly not happy about being forced into a parenting session, and when they came into my office, they said something like, ‘Don’t even tell us not to spank. We know our rights, and we know we can legally spank our kids,’” Polanchek remembers. “I acknowledged that I understood their concerns, and I made an agreement with them on the spot that I would not tell them what to do. It was rewarding to see how they made a shift from feeling angry about being with me to feeling relief in being able to tell their story.”

Ironically, Polanchek says, one of the couple’s biggest concerns was that their children were getting into trouble for hitting others at school. “I’m afraid that
**Article: Global influence**

**Learning Objectives: Reading this article will help you:**
1. Understand trends, issues, challenges and successes of professional counseling outside the United States.
2. Obtain a global perspective of the future of counseling.

**Continuing Education Examination**

1) Counseling is practiced in some form in nearly every nation around the world.
   - True  
   - False

2) This article discussed trends in international counseling. Which of the following was not addressed:
   a) There is less focus on vocational guidance and more emphasis on social-emotional development.
   b) Counselors are seeing a gradual decrease in the stigma associated with mental health counseling.
   c) Developing countries are using more empirically based treatments.
   d) Training opportunities for counselors are expanding.

3) The growth of counseling as a global profession is a priority for many counselors. Therefore, ACA and other professional bodies are currently exploring:
   a) Ways to offer a low-cost electronic membership option to international counselors
   b) Affordable options for counselors in developing countries to network and seek out professional development opportunities
   c) Ways to collaborate with other countries to develop licensing and certification mechanisms
   d) All of the above

4) A variety of counselors discussed obstacles the profession faces in their countries. Counselors from which countries reported a need for legal qualifications and/or certifications for professional counselors?
   a) Austria and Mexico
   b) Botswana and Egypt
   c) United States and Egypt
   d) Thailand and Australia

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in my neo-counselor days, I may have
drawn the connection for them between
being spanked at home and then hitting
at school. Luckily, I resisted this impulse.
Two sessions later, they came to me and
proudly announced, ‘We are no longer a
hitting family.’ In the process of sharing
their struggles, they came to their own
conclusions about the message their
spankings were sending to their children.”

**Letting the client lead**

Parents come to counseling with a
variety of concerns and issues. Among
the most common, Sommers-Flanagan
says, are strong-willed children; children
who are angry, irritable or distressed;
children who are impulsive; and
teenagers who are engaging in potentially
destructive behaviors. Parents may also
seek a counselor because of how angry or
upset they are feeling about their child or
their own behavior toward the child,
says Sommers-Flanagan, who with his
wife Rita co-authored the book *Tough
Kids, Cool Counseling: User-Friendly
Approaches With Challenging Youth*,
published by ACA.

Also common are parents who are
concerned about managing their child’s
emotions, Polanchek says. “I think this
comes up a lot because, as adults, we are
often surprised by how demonstrative
our children can be when they have big
feelings,” she says.

“When we pay attention
to will grow. We want to
be watering the flowers
instead of the weeds.”

When he begins working with parents,
Sommers-Flanagan says he communicates
openly about his counseling approach.
For instance, he says, he might tell them,
“I want to listen as much as possible to
you and ask you a few questions because
you’re the best expert on your child. And
halfway through the session, I might
begin sharing some ideas with you about
what might be helpful. And yet, I want
you to know that this is your hour. If I
am listening too much and not offering
enough ideas, just ask me. Please tell me
if you want more suggestions and ideas,
but also please tell me if you want me to
be quiet and listen.”

After sharing that with parents,
Sommers-Flanagan says they almost
always say to him, “Oh, I want advice.”
And that means they’re inviting him —
and his advice — in. “Then when I do
offer something, it’s not a surprise,” he
says. “We’ve already agreed on it.”

If a counselor listens well, validates,
summarizes and shows empathy,
parents will typically ask for advice
eventually, Sommers-Flanagan says.
“If not, then after listening well,
validating, summarizing and showing
empathy, the counselor can ask for
permission to offer up parenting ideas
or solutions, and usually the parent
will be receptive,” he says. “If not,
then it’s generally advisable to keep on
listening.”

The model that John and Rita
Sommers-Flanagan emphasize in
their book on listening and talking
to parents is a combination of
person-centered principles and
solution-focused approaches. “This
is a challenging integration,” John
Sommers-Flanagan says, “but I think
it’s helpful because parents want and
need empathy, but they also want
quick solutions.”

Counselors must gently pursue as
many details as possible, Sommers-
Flanagan says. If a parent comes in
and says her children are playing video
games in the morning and don’t listen
to her when it is time to get ready for
school, Sommers-Flanagan will dig for
more details. For instance, when do
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they start playing the games? What does she do when the kids don’t pay attention to her? Was there a time when this problem didn’t exist?

During the process of talking with the mother, Sommers-Flanagan might tell her it sounds like she knows her kids very well and that it is obvious how much she loves them. He also might listen for things she would like to see happen and then ask her if he can write those items down as goals.

Backward behavior modification is one common issue among parent-clients, Sommers-Flanagan says. He explains that parents tend to reinforce negative behaviors by paying too much attention to them, while essentially ignoring positive behaviors. “This is the opposite of what we should all be doing,” he says. “When working with parents, we often emphasize they should switch to using boring punishment/consequences and exciting rewards. In one case, after only one session, the parents returned and said their household had completely turned around and become more pleasant just by using boring consequences and exciting rewards.”

Polanchek likens the idea of backward behavior modification to growing plants in a garden. “What we pay attention to will grow,” she says. “We want to be watering the flowers instead of the weeds.”

Although the counselor may transition into problem-solving at some point during the session, Polanchek says the key components of empathy, radical acceptance and collaboration should continue throughout. “For example, I have a lot of empathy for parents who are trying something new, and as a parent myself, I’m able to be very genuine in my appreciation for how hard it can be,” she says. “Also, I always ask permission before moving into problem-solving strategies.

Communicating respect to parents in this way goes a long way in helping parents feel like the process is collaborative and that they aren’t being told what to do.”

Polanchek says she tries to use the same language the parents use when talking with them about their child. “I also do a lot of checking in to see if what I’m saying feels right to them,” she says. “In this, I’m trying to let them know that I understand their child is not just a cookie-cutter version of every other child — their child is unique and only they, the parents, know what might work for their child.”

**Do’s and don’ts**

Working with parents can be a challenge, but Sommers-Flanagan and Polanchek offer some basic do’s and don’ts that counselors can follow to strengthen the working relationship and achieve better outcomes.

- **Do** trust the process of collaboration, empathy and radical acceptance.
- **Do** notice and appreciate the strengths that parents possess, even when those strengths aren’t readily apparent at first.
- **Do** be respectful because parents, much like teenagers, can sense disrespect a mile away.
- **Don’t** offer information or advice before you have listened.
- **Don’t** give too much advice.
- **Do** comment on some of the strengths you hear in parents’ descriptions of their children. Too often, parents hear very little that is positive about their kids.

Sommers-Flanagan also says counselors need to let parent-clients know the limits of confidentiality up front as part of the profession’s ethical mandate. “I like to say something like, ‘What you say here stays here. It’s private. However, in cases where there may be danger or abuse, I will need to make a report to the police or Child Protective Services. Not that I suspect this is the case with you — I’m just required to tell you up front about the limits to your privacy or confidentiality in here.’”

Counselors also would be smart to stay abreast of the currently popular parenting literature so they will be familiar with what their clients might be reading. Sommers-Flanagan says. And, he says, prepare to respond to questions about your credentials. “Clients might ask, ‘Do you have children?’ Don’t say, ‘I don’t have kids, but I do have a dog.’ Instead, capture the essence of the message: Can you help me? Reflect back to [the client], ‘I don’t have children, and what I understand from what you’re saying is that maybe you’re concerned about whether I can understand your situation and if I can help,’” Sommers-Flanagan says.
Often times, the parent will speak up at that point, Sommers-Flanagan says. If not, he says, the counselor might continue on to say, “If by chance you’re worried about that, I hope you’ll let me know, but I also hope you’ll give me a chance to help you. But in the end, you’ll be the one to decide that.” It is critical that the counselor not be defensive about this questioning, Sommers-Flanagan says.

Sommers-Flanagan suggests that counselors just starting out spend some spare time outside of the office with children and parents. This will help fledgling counselors to become more comfortable with children and child development, with parents, and with the ways that children and parents tend to interact. “Work on understanding the types of interactions that happen between parents and children that are problematic and those that are helpful,” he says.

Close supervision is also recommended. Sommers-Flanagan suggests sitting in on parent counseling sessions to get a feel for them in person.

Polanchek says she would talk to new counselors about this topic in much the same way she works with parents. “I would emphasize with their anxieties, and I would probably throw in a bit of self-disclosure regarding my own anxieties from when I first started,” she says. “After asking permission to offer some tips, I’d tell them to trust the process. It can be very powerful for parents to hear their struggles reflected back to them in a safe environment. It is easy to feel nervous about not having the right solutions, but the real magic is in the process.”

Helpful,” Polanchek says. “Maybe because we were empathic, a parent was able to use a softer voice with his or her child that day. Maybe because we noticed a strength, the parent was able to notice a new strength in a child. It can be daunting to work with some parents whose values are so different from our own, but I think keeping focused on the small ways we are effective is helpful.”

To contact John Sommers-Flanagan, email john.sf@mso.umt.edu. To contact Sara Polanchek, email sara.polanchek@umontana.edu. For a variety of tip sheets for parents, visit johnsommersflanagan.com. For parenting education resources and an electronic mailing list, Sommers-Flanagan recommends visiting the National Parenting Education Network at npen.org.

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Letters to the editor: ct@counseling.org
Knowledge Share -
By SeriaShia Chatters & Carlos Zalaquett

Dispelling the myths of aging
Our experience working with students and professionals in training and research suggests the necessity of re-examining the issues affecting older adults. This population, defined for the purposes of this article as individuals age 65 and older, is quickly increasing in number and will need our services in multiple ways, including assisting them in adapting to the natural changes associated with the aging process, encouraging them to embrace activities that increase wellness and vibrancy, and reducing the myths associated with this developmental stage.

This is underscored by the misconception that sadness must accompany aging. Our research revealed insights quite contrary to commonly held beliefs. Recent epidemiological studies have found that adults ages 40-59 exhibit higher rates of depression than do older adults. Subsequently, older adults develop a sense of integrity and achieve a level of happiness and life satisfaction that in some cases surpasses the happiness of their younger counterparts.

As counselors, we must dispel myths associated with aging, advocate for the needs of older adults and help this population adapt, thrive and maintain a sense of life satisfaction and achievement as they go through the multiple changes associated with reaching the last stages of adulthood.

**Myth 1: Various mental disorders are inherent to the process of aging.** The potential of experiencing a reduction in physical and mental abilities as we grow older leads many people to believe that feeling sad and depressed is an inherent part of the aging process. Depression and anxiety are not mandatory to aging, however. In fact, in many cases, aging is associated with resilience and happiness. An example of this resilience was illustrated during the recent economic crisis when this age group weathered the storm better than others. In 2011, a Pew Research Center survey found that 54 percent of older adults gave their personal financial situations a “high” rating, compared with roughly one-third of younger and middle-aged adults. This was a noticeable increase from the 50 percent of older adults who applied that rating in 2004.

Of course, aging does bring on well-documented changes such as decline in physical, perceptual and mental functions, with subsequent slower reaction times and limited or impaired memory. But many older adults deal successfully with these challenges. They learn to cope, modify their activities, change roles and wisely apply their resources and capabilities to newer goals and objectives that are age appropriate. Role modification may be demonstrated in the shift from parent to grandparent or by modifying lifestyle.

Highlighting successful older adults may aid in dispelling this myth, while simultaneously encouraging other older adults to increase social interaction, expand their social networks and continue to contribute to society. Furthermore, social interaction may serve as a promoter of mental and physical health.

Braulio Alonso exemplifies the ability of older persons to continue leading a full, meaningful life after age 65. The city of Tampa, Fla., named Alonso “best Tampian” because he embodied the morals and values held most dear by its residents. At age 70, Alonso had a high
school named after him, provided math tutoring once a week to high school students, served as a driver and delivery person for Meals on Wheels and participated on many community boards. Additionally, Alonso continued to be a contributing member of society and earned many accomplishments later in life.

Myth 2: Older adults should feel down and blue as they age. Two important issues are worth mentioning here. First, the belief that aging inevitably brings sadness should be questioned. In 2012, the Centers for Disease Control and Prevention reported rates of depression to be lower among adults ages 60 and older than among adults in all other age groups. Second, negative stereotypical views can have detrimental effects on our understanding of and service to older adult clients. The commonly held belief that older adults should feel “blue” because of aging can mask symptoms of clinical depression.

We have previously reported on the “ invisibility” of depression among older adults due to misdiagnosis by mental health professionals. Symptoms of clinical depression were often overlooked because these symptoms were assumed to be part of aging, indicating that feeling blue is inevitable and chronic. It is true that disorders such as depression tend to acquire chronicity, especially if left untreated. However, the issue of treatment leads to our discussion of Myth 3.

Myth 3: There are no treatments for what older adults are experiencing. This myth, which complements the first two myths, suggests we lack effective treatments to help older adults with the problems they are experiencing, such as symptoms of depression. Contrary to this belief, a number of treatments are currently available to serve this age group. Some treatments, such as cognitive therapy (a la Beck) and interpersonal therapy, have enough research evidence to describe them as efficacious. These psychosocial models of counseling interventions have been shown to be as successful as medication in the treatment of depression and work better than medication in the prevention of recidivism among older adults. Modifications of these therapeutic approaches, by integrating spirituality and religion, have demonstrated significant effectiveness in the treatment of older adults. Additionally, counselors should consider using strength-based approaches to counseling such as developmental counseling and therapy and interventions such as Therapeutic Lifestyle Changes. These psychosocial interventions may aid in highlighting the positive aspects of aging and decrease the “problem” focus of traditional psychotherapy.

Myth 4: There is only one age bracket of “older adults.” Ordinarily, we define 65 as the beginning of the older adult stage and assume this stage spans from 65–75, a calculation based on life expectancy. However, the number of individuals joining the 75–100 age group is rising. Today, more than 53,300 individuals have reached 100 years of age or older in the United States alone. This group is known as the centenarians or the “very old,” but a sizable number could be described as the “very old in good spirits” group. Many of the characterizing issues, tasks and challenges facing this group are largely unknown, which presents a key opportunity for further research. We will benefit from gaining a better understanding of the very old and investigating what helps this group continue to grow and thrive.

Myth 5: A significant number of agencies, support networks, events and activities are available for older populations. The assumption is that a sufficient number of shelters, nursing homes and facilities exist for older adults. However, restrictions in Medicaid and Medicare, threats to Supplemental Security Income, and issues with insurance and coverage have reduced the number of outlets available. Some of the current resources deny admission to older adults with psychological, social or mental disorders. There is also a shortage of long-term hospitalization beds, leading some older adults with mental disorders to become homeless or incarcerated. This is a major issue, as illustrated by the fact that many nursing homes and assisted living facilities are not equipped to handle older adults in the mid to late stages of Alzheimer’s disease if they are ambulatory.

Myth 6: Older adults are gender homogeneous. The number of older adults by gender is not similar. The male-to-female ratio falls rapidly as individuals move into the older and very old age brackets, with women outnumbering men. According to statistics provided by the U.S. Census Bureau, by the time individuals reach the age group 80 and older, the male-to-female ratio reaches 38.1 to 61.9; by 90 and older, the male-to-female ratio reaches 27.8 to 72.2; and by 100 and older, the male-to-female ratio reaches 17.2 to 82.8. This predominance of women should lead to increased focus on issues such as poverty, health care, social security and housing from a woman’s perspective.

Dispelling the myths of counseling older adults may help to reduce ageism and improve the effectiveness of services. On the other hand, identifying the real issues that affect older adults will aid in providing services. This is important because failing to recognize their issues is a helping opportunity lost. In the absence of adequate services and care, older adults’ quality of life may be significantly affected and can deteriorate quickly. In turn, the ensuing conditions can further debilitate the bodies, abilities and cognitive functioning of older adults, reducing their quality of life and accelerating the aging process.

Meet Grandmother Tita

The following example provides an illustration of the challenges involved in transitional situations for older adults and provides some evidence of the preventative nature of intervening during the transitional period. This example also demonstrates how a cognitive behavior therapy (CBT) approach can be applied in a modified form to counsel an older adult in her transition to a nursing home, which is often characterized by significant anxiety and sadness. Embracing a more accurate perspective and strengths-based approach should lead practitioners to include evidence-based practices (see examples under Myth 3) to help older adults improve their physical and mental health and wellness. A comprehensive counseling and therapeutic approach should work with older adult clients to make life changes known to positively affect the aging process, such as appropriate diet, exercise, cognitive training and social engagements, to name a few.
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July 10
Todd Lewis, PhD, LPC.............................................Bi-Polar Disorders

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Shannon Ray, PhD, LMHC ...............................Anxiety Disorders

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Developing rapport and incorporating a strengths-based approach

Developing rapport with Grandmother Tita is central during the initial session because multicultural clients may be less likely to return to therapy if they do not feel a connection or common understanding with the therapist. Establishing rapport may be difficult if you do not understand some of the issues common to older people that may require some modifications to the CBT process. Integrating effective modifications can increase positive therapeutic outcomes by ensuring homework completion and adherence to treatment. Consider the following tips in the early stages of the case conceptualization process:

- Consider the belief systems, values and healing practices of the older adult client.
- Ensure you are knowledgeable of the services available within the client’s community.
- Be knowledgeable of indigenous healing practices.
- Understand that immigrants face multiple stressors, some of which may include the incongruence of belief systems between first-generation and second-generation immigrants.
- Consider environmental factors during assessment and diagnosis.
- Acclimate your client to the process of receiving mental health services.

During the case conceptualization process, it is important to consider integrating various techniques while you are developing your problem list and treatment plan. Consider focusing on the client’s strengths and integrating language that highlights the possibility of overcoming issues. An example would be changing the word problem to challenge (as suggested by Allen Ivey).

To strengthen your working hypothesis, it is important to discuss the working hypothesis with the client.

Guidelines and summary

Although CBT has been found to be effective in treating generalized anxiety disorder in older adults, it is important to consider the way this disorder may present. In some cases, older adults’ symptoms of anxiety and/or depression may not meet criteria from the Diagnostic and Statistical Manual of Mental Disorders. This does not mean, however, that these clients’ symptoms should be ignored. In the case study of Grandmother Tita, she might have declined into depression or suffered from significant symptoms of anxiety if her family and community had not intervened.

Furthermore, it has been suggested that in the absence of treatment, generalized anxiety disorder can develop into major depressive disorder. Preventative measures such as helping older adults manage daily tasks, including doctors’ appointments and medication regimens, can be effectively integrated into problem-solving-based counseling techniques. These techniques can help older adults organize daily activities that were seen as trivial in their younger years. Failing to master these simple tasks can exacerbate the older client’s symptoms of anxiety, depression and anger.

Practical tips

The practical tips that follow can help counselors provide evidence-based interventions for older adults.

Tip 1: Tackle cognitive changes:
Mild to moderate cognitive changes are common in older adult populations. To improve therapeutic outcomes, a counselor should present information in the session in multiple modalities. Additionally, a counselor should repeat and summarize as often as necessary and use folders and notebooks to aid in organization. Finally, consider offering memory training or additional activities to improve cognitive functioning.

In this section, we discuss the use of CBT with an older adult suffering from generalized anxiety disorder due to her impending transition into an assisted living facility. This transition has the capacity to produce a mood disorder or anxiety due to the issues she may face as her ability to live independently becomes severely challenged or limited.

Grandmother Tita is a 74-year-old Bahamian woman. Her daughter, Natalie, has brought her to therapy at the urging of Grandmother Tita’s pastor. Grandmother Tita immigrated to the United States approximately 30 years ago. She recently broke her hip and found out from her primary care physician that she will have to be transitioned into long-term care, Grandmother Tita would like to live with one of her children (she has two sons and one daughter). However, none of her children are able to provide the care she needs.

Grandmother Tita reports feeling worried about leaving her home permanently. She is afraid of long-term care because of what she has heard about the associated conditions from some of her friends. She has experienced problems sleeping due to nightmares about living in the assisted living facility. In addition, she complains about neck and back pain and shortness of breath. She says that when she thinks about moving, her heart beats fast, she breaks into a cold sweat and she experiences dizzy spells.

When asked if she has received previous treatment, Grandmother Tita reports seeing her pastor on a weekly basis. In fact, she has spent many hours with her pastor as she tried to make a decision concerning her transition. When Grandmother Tita started complaining about issues related to anxiety, her pastor recommended that she see a counselor. She is skeptical of the therapeutic process. However, she has come to therapy after her children encouraged her to attend.

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Developing rapport with Grandmother Tita is central during the initial session because multicultural clients may be less likely to return to therapy if they do not feel a connection or common understanding with the therapist. Establishing rapport may be difficult if you do not understand some of the issues common to older people that may require some modifications to the CBT process. Integrating effective modifications can increase positive therapeutic outcomes by ensuring homework completion and adherence to treatment. Consider the following tips in the early stages of the case conceptualization process:

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Tip 2: Tackle sensory impairment: Older adults may experience sensory impairment that can hinder the counseling process. A culturally sensitive office environment should include informational material, pamphlets and handouts in bold print. Encourage clients to use tape recorders and assistive devices. Maintain a list of community resources, including optometrists and audiologists, that specialize in older adult populations.

Tip 3: Tackle issues of physical health: Many older adults experience a decline in physical health. This decline can adversely affect an individual’s mental health and ability to access social services. Ensure that your client has had a recent physical, especially if increased physical activity may be considered as part of the treatment plan. Develop a treatment plan that includes realistic goals, challenges dysfunctional thinking that may hinder physical activity and includes input from other health care professionals, if needed.

Tip 4: Develop a culturally sensitive therapeutic environment: Although a percentage of older adult populations reside in assisted living facilities, the majority of older adults reside in their own homes, in senior living communities or in partial assisted living facilities. A counselor may consider offering outreach services such as providing in-home therapeutic services. Your office environment should provide materials in multiple modalities as well as multiple entrances or office areas that are accessible to individuals who may have mobility issues. You might ask your office assistant to go into the lobby to help older clients with the sign-in or intake process. Also ensure that you are aware of your client’s perception of the aging process. There are varying perceptions of aging from culture to culture. Counselors should not assume all mental health issues are related to the aging process.

Tip 5: Consider successfully aging older adults a great resource for younger generations: In The Longevity Project, a 2011 book by Howard S. Friedman and Leslie R. Martin, it was reported that individuals who were sociable, helped others, stayed physically active and associated with other healthy individuals were more likely to lead long, healthy lives. Many individuals in this research study who exhibited these traits lived to be 100 or older. As Braulio Alonso demonstrated, older adults can be significant resources, provide assistance and become positive role models for younger generations. Encouraging your older adult clients to develop a social circle and connect with their communities can be mutually beneficial.

In summary, we need to be more optimistic about aging and develop a more accurate picture of this population if we are to provide effective help. As counselors, we can be advocates and aid in the process to change common myths and widely held assumptions regarding older adults and the aging process.

As the baby boomer generation approaches retirement age, the need for augmented mental health services will continue to rise. It will become essential for mental health professionals to be aware of and have working knowledge of best practices when providing services for the older adult population.

“Knowledge Share” articles are adapted from sessions presented at American Counseling Association conferences.

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Letters to the editor: ct@counseling.org
Think this, not that
Imagine two women standing in front of a mirror. The first one has the following thoughts: “I can’t stand the way I look. I’m so fat.” She feels anxious, insecure and depressed.

The other woman says to herself, “I’ve gained a few pounds, but it’s not the end of the world. I can relax and start eating better next week.” She feels calm and accepting of herself.

The scenario is the same for both women, but their interpretation of it is significantly different because of one thing — their self-talk.

What we say to ourselves has a powerful impact on our emotional state. That’s why teaching clients to notice their self-talk is such an important part of therapy. Today more than ever, attachment- and mindfulness-based therapies are helping clients experience emotional healing. Drawing from mindfulness therapy, I coined the term “the art of noticing.”

Noticing helps clients pay attention to their internal monologues and understand how their negative inferences affect their emotional states. Noticing is particularly helpful when working with clients who experience anxiety, depression and eating disorders because these clients are especially prone to negative self-talk. Because self-talk is so automatic, it is easy to dismiss its effect on clients’ moods and belief systems, but noticing is a first step in helping clients to:

- Recognize cognitive distortions
- Slow down their thinking
- Take note of negative internal monologues
- Identify and pay attention to triggers
- Practice a nonjudgmental stance
- Use effective counterstatements

The voice

According to Edmund Bourne, a clinical psychologist who has written best-selling anxiety workbooks, each of us has a personality subtype that contributes to our mental health distress. This negative “voice” falls into the following four categories:

- The worrier
- The perfectionist
- The critic
- The victim

Each of these subtypes perpetuates negative self-talk. Our job as counselors is to help clients recognize and change those negative internal monologues by replacing them with positive counterstatements.

An effective way to begin this practice is to help clients identify which voice(s) fits them. Identifying the self-defeating statements of each voice helps clients to notice these statements and train themselves in the use of thought-stopping techniques and thought replacement.
Thought stopping requires teaching clients to ask key questions. For example:

- How is what I’m telling myself contributing to my distress?
- Will this thinking facilitate movement in the direction of my goals?
- Do I want to choose to be upset?
- What can I do differently?

**Digging deeper into dysfunctional thoughts**

Another tool therapists use to help clients with awareness is the Dysfunctional Thought Record, developed by Aaron Beck. The thought record requires clients to list negative self-talk (thoughts), then refute that self-talk by considering and listing rational counterstatements.

In my practice, I have incorporated several additional components to the thought record to help clients facilitate change. My goal is to help them focus not only on their thoughts but also the beliefs that are driving them. Linking their current beliefs to where the original hurt or attachment wound occurred is key to healing. I include the following topics in the thought record:

- **Situation causing distress:** This is the presenting problem.
- **Feelings about the situation:** Clients record their emotions and rate their intensity.
- **Beliefs:** List clients’ beliefs about self, God and others.
- **Attachment wound:** This is the original hurt from the past that helped strengthen the client’s present core belief. An example might be a client who was abandoned by her father.
- **The fear that became attached to the past hurt:** Once the original hurt has been identified, I work to help clients explore the underlying fears they attached to the hurt. Examples include fear of rejection, fear of being abused, fear of being taken advantage of and fear of being abandoned.
- **Coping strategies the client developed:** I explore with clients what defense strategies or coping skills they have used to deal with their pain. Examples include emotional withdrawal, people pleasing, performance, “try harder” strategies, avoiding conflict, codependency and anger.

**Irrational beliefs:** I ask clients to write down each of their irrational beliefs.

**List of cognitive distortions for the current belief:** After teaching clients about cognitive distortions, I integrate this into the thought record by having clients list all possible thinking errors that contribute to their negative attributions and false beliefs.

**Positive counterstatements:** I assist clients in constructing some positive counterstatements to refute or replace each dysfunctional thought or belief.

**Putting it into practice: A case study**

Debbie came to see me because her husband had an affair. She felt anger, hurt and anxiety. Her current belief, “I can’t trust others,” first took root in her past as a result of her father’s abandonment. Her husband’s infidelity further strengthened Debbie’s core belief that others can’t be trusted. Her father’s betrayal was the original hurt that established this belief.

This is where destructive vows come in. Vows are promises we make in our hearts to shield us from pain and rejection. Vows made early in life can live on in our actions, sometimes for decades, until something or someone comes along to prove them unnecessary. Debbie made a vow she would never allow someone to hurt her like her father had. When she met her husband, she took a risk and opened her heart, only to have it shattered again.

Debbie attached a fear (“Others will abandon me because of my flaws”) onto her belief (“I can’t trust others”). As we went through the steps on the dysfunctional thought record, she started to see the connection between the past hurt with her father, her fear and her current belief that she couldn’t trust others.

Finally, I wanted to help Debbie see what coping strategies she had developed to protect herself from the pain and rejection of the early attachment wound. These strategies, which developed out of her belief that she couldn’t trust others and her fear that others would abandon her because of her flaws, included people pleasing, trying harder, performing for acceptance, emotional withdrawal, avoidance and anger.

For the last part of the thought record, I had Debbie consider her cognitive distortions. I previously had spent a session teaching Debbie about cognitive distortions and showing her the connection between distorted thinking and mood states. She identified several cognitive distortions that she was prone to make consistently, and she immediately recognized the downward spiral her mood took when she engaged in this thinking.

Thought replacement and the use of positive counterstatements were the final pieces we implemented in Debbie’s thought record. Together, we developed a list of her beliefs and chose appropriate counterstatements for her to consider. Debbie now had some concrete tools to move forward.

When using counterstatements, it is important that clients have some measure of belief in their veracity. As a Christian counselor, I help clients develop a God-centered focus by rooting their counterstatements in their faith. This allows them the opportunity to connect with God on a personal level for healing. Debbie chose to memorize a Bible verse, “God will never leave you or forsake you,” to refute her negative belief that she would always be abandoned. This also helped to ease her anxiety.

Whatever treatment modality the counselor chooses, the goal is the same—to help clients become aware of their negative attributions and the beliefs that are driving them. Without addressing core belief systems, clients’ negative attributions will persist and continue to have a negative impact on their life’s trajectory.

Rita A. Schulte is a licensed professional counselor and host of the podcast **Heartline.** She has a private counseling practice where she specializes in the treatment of eating disorders, anxiety and depressive disorders, and grief and loss issues. Her book **Shattered: Moving Beyond Broken Dreams** will be released by Leafwood Publishers in September. Contact her at ritaundergrace@cox.net.

**Letters to the editor:**

ct@counseling.org
Center of Influence
Our nation’s capital has long been considered a center of influence. This summer take the opportunity to influence your profession; join us for our Day on the Hill event to advocate for or against issues and bills important to our profession.

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Active duty troops, veterans and their families are at the heart of our nation. As this population grows, the mental health community continues to find ways to support their changing needs. Attend the 2013 AMHCA Conference for the latest trends and therapies.

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Friday Keynote
The Righteous Mind: Why Good People are Divided by Politics and Religion
Jonathan Haidt, Ph.D.
Since the "culture wars" began in the 1960’s, American politics have been characterized by two sides bitterly and stubbornly locked in a stalemate—Democrats on the left, Republicans on the right. Why does it seem impossible to find bipartisan solutions? Why do both sides seem more entrenched in their worldviews and policy decisions than ever before? For Jonathan Haidt, the only way to understand the modern political landscape is through the lens of morality. Haidt draws on his extensive research in human morality to reach new conclusions about the struggle between conservatives and liberals. The most important differences aren’t about political issues—rather, it is each side’s respective understanding of morality. With a timely, optimistic message, Haidt cuts through the rhetoric and presents a fascinating and engaging interpretation of modern politics at this crucial moment.

Saturday Keynote & Invited Track
Keynote: The Challenges of Reintegration Following Deployment
William Brim, Psy.D., Center for Deployment Psychology
This keynote address is intended to provide civilian mental health providers with an overview of the demographics of military families and the impact of reintegration on the service member and family unit. It will explore the unique experiences that service members and their spouses and children face upon return from deployment.

Invited Track: Evidence-Based Treatments for Post-traumatic Stress Disorder
Evidence-based treatments for Post-traumatic Stress Disorder (PTSD) are reviewed so participants become familiar with effective interventions for combat-related trauma. This talk is consistent with Department of Defense and Veterans Affairs guidelines for the treatment of PTSD in military populations. Overviews of Cognitive Processing Therapy (CPT), Prolonged Exposure (PE) therapy, and Eye Movement Desensitization and Reprocessing (EMDR) are presented. Participants will also be guided to additional resources that will prove useful in working with service members and veterans.

Pre-Conference Workshop
DSM-5: A User’s Guide
Gary G. Gintner, Ph.D., LPC
The DSM-5 represents a fundamental shift in how disorders are conceptualized and diagnosed. The workshop provides an overview of the manual’s new organization and other innovations such as spectrum disorders. Changes to major psychiatric diagnostic groups are reviewed and participants have the opportunity to practice using the new system.

Pre-Conference Workshop
Ethical Implications of Electronic Technology, Teletherapy and Technotherapy
Mary Alice Fisher, Ph.D.
With technology constantly changing around us, Dr. Fisher investigates the ethical and legal implications of electronic client communications and electronic data storage. Explore the boundaries regarding communicating with clients via email, Facebook, Twitter and other social networks, or other electronic formats such as mobile phones or tablets. Discuss the necessary safeguards counselors should have in place and where should the line be drawn. Investigate the distinctions between counselors’ professional ethical requirements and HIPAA’s legal requirements and the implications for training our clinical and/or non-clinical staff, supervisees, or students.

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2013 ACA Fellows

Fellow status is given to ACA members of professional distinction who have been recognized for significant and unique contributions in professional practice, scientific achievement, governance, or teaching and training.

Patricia Arredondo is the newly appointed president of the Chicago School of Professional Psychology. She has dedicated her career to addressing cultural competency development that leads to more access to ethical and culturally effective mental health interventions. She served as the first Latina/o president in ACC’s history. Among her awards, Arredondo was recognized as a Living Legend by ACA and received an honorary degree from the University of San Diego for her extensive and consistent contributions to the multicultural counseling and psychology literature. She is also a fellow of the American Psychological Association.

Joyce Breasure-Herrick was ACA president in 1995-1996. At that time, she was the youngest counselor to hold that position, the first certified clinical mental health counselor and certified gerontological counselor, and the only ACA officer from Delaware. She was also the only counselor to sit on the boards of directors for the National Board for Certified Counselors, the National Academy of Certified Clinical Mental Health Counselors and the Commission on Rehabilitation Counselor Certification. She taught at Delaware State University for 28 years before retiring, and also worked in long-term care and in private practice.

Brian S. Canfield’s academic career has included faculty positions and administrative roles as department chair, associate dean and vice president for academic affairs. He currently teaches at Southern Arkansas University as a professor of counselor education. A licensed professional counselor, licensed marriage and family therapist and licensed psychologist throughout his career, he has been a practicing counselor, specializing in work with couples and families. Canfield is the author of numerous publications in the areas of applied cybernetics, family counseling and intercultural counseling. He has served as ACA president, ACA treasurer and president of the International Association of Marriage and Family Counselors.

Donna R. Chiles served as president of ACA in 1972-1973. After practicing for 30 years, mostly as a school counselor, she retired in 1992. Her honors include Illinois School Counselor Association School Counselor of the Year and Illinois Personnel and Guidance Association C.A. Michelman Award for Outstanding Contributions to Guidance in Illinois. She lives in Bloomington, Ill., where she enjoys volunteering, travel, summers in Wisconsin, golf, gardening, supporting Illinois State University women’s athletics and reading. Chiles participates in many activities with family and friends that are enriching and entertaining.

Brooke B. Collison, the 36th president of ACA, worked as a school counselor and counselor educator and is professor emeritus of counselor education at Oregon State University. Collison, a member of ACA since graduate school in the 1960s, remains connected with association activities. Most recently, he and his wife, Joan, were in Kenya for four months where Brooke taught at Kenya Methodist University and Joan volunteered in the Kenya Methodist Church Children’s Home in Meru. During that four-month period, Collison blogged for ACA. He has served on the editorial boards of the Journal of Counseling & Development, Counselor Education and Supervision and the American School Counselor Association journal.
Tom Davis has served as a professor in the counselor education program at Ohio University for the past 27 years. He has been a professional counselor for 37 years, during which he has focused much of his attention on professional leadership and enhancing professional counselor identity, both within Ohio and across the country. He has served on the ACA Ethics Committee, served a six-year term on the Ohio Counseling Licensure Board and was elected president of the American Association of State Counseling Boards. Davis has maintained a continuous line of scholarship, including juried articles, a book, numerous book chapters and a significant number of presentations.

Marcheta P. Evans is the associate dean for the College of Education and Human Development-Downtown Campus at the University of Texas at San Antonio. She served as the 59th president of ACA and is also a past president of the Association for Creativity in Counseling. Additionally, she is a past chair of ACA Southern Region. Evans is a licensed professional counselor and supervisor, distance-credentialed counselor and national certified counselor. Furthermore, she has served as a team chair and a site team member for numerous CACREP site visits. Currently, she is serving as a consultant/evaluator for various nonprofit agencies and community organizations.

Donna Ford, as president of ACA in 1999-2000, provided leadership, awareness and a foundation for members concerning best practices for cybercounseling. She was a driving force behind the first ACA publications on online counseling, ethical standards and cyberlearning, and also advocated for articles in Counseling Today and sessions at the ACA Annual Conference on best practices for cybercounseling. She has served in many leadership positions at the state and national levels and has received numerous leadership awards throughout her career.

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A new action model
George M. Gazda has been an associate professor, professor, research professor, and research professor emeritus in the College of Education at the University of Georgia. He concurrently held the positions of consulting and clinical professor in the Department of Psychiatry, Medical College of Georgia, and consultant to the VA Hospital in Augusta, Ga. He served as associate dean for research at the University of Georgia College of Education from 1984-1994. Gazda has been president of five national associations: ACA, the Association for Counselor Education and Supervision, the Association for Specialists in Group Work (which he co-founded) and Division 17 (Counseling Psychology) and Division 49 (Society of Group Psychology and Group Psychotherapy) of the American Psychological Association.

Kelley R. Kenney is a professor in the Kutztown University Department of Counseling and Human Services. A member of ACA for more than 20 years, she is serving her second term on the ACA Governing Council. She is a former president and executive board member of ACA’s North Atlantic Region, and co-founder and co-chair of the ACA Multiracial/Multietnic Counseling Concerns Interest Network. She has produced more than 120 examples of scholarly activity on counselor competency and advocacy, emphasizing the needs of multiple heritage individuals and families. Through her individual and collaborative efforts, Kenney has carved out a special field within the counseling profession.

Betty Jean Emmett Knox is a retired national certified counselor. Her professional career included teaching and counseling positions in public high schools in North Carolina and Florida; administrative and teaching positions in colleges and universities in North Carolina; and consulting roles with educational institutions, the U.S. Department of Education, business and industry. She is a highly respected leader nationally and internationally in education and counseling. Knox’s colleagues elected her to top leadership positions, including president of ACA, president of the North Carolina Counseling Association and president of the North Carolina School Counselor Association.

Harriet L. Glosoff is a professor and counselor education doctoral program director at Montclair State University. She is a member of ACA, the Association for Spiritual, Ethical and Religious Values in Counseling, the Association for Counselor Education and Supervision, the Association for Multicultural Counseling and Development, Counselors for Social Justice, the Association for Specialists in Group Work and the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling. She has served as an ASERVIC board member, ACES Best Practice in Clinical Supervision Task Force member, Commission on Rehabilitation Counselor Certification Code of Ethics Revision Task Force member, ACES president and secretary, ACA Ethics Committee co-chair and ACA Code of Ethics Revision Task Force member.

Judy Lewis was a professor at Governors State University until her retirement in 2008. She is a past president of ACA and chaired the task force that was charged with developing the ACA Advocacy Competencies. She co-edited ACA Advocacy Competencies: A Social Justice Framework for Counselors, which was published by ACA to help counselors apply the advocacy competencies across settings and specialties. Her other books related to counseling and advocacy include Community Counseling: A Multicultural-Social Justice Perspective, Management of Human Service Programs and Substance Abuse Counseling. Since her retirement, Lewis has spent her time in volunteer work that is focused on community organizing and social justice.

Kelley R. Kenney

Betty Jean Emmett Knox

Harriet L. Glosoff

Judy Lewis

Don W. Locke is dean of the School of Education and professor of counseling at Mississippi College. He served as ACA’s 60th president following more than 45 years as an active member of the association. He has been elected to terms on the ACA Governing Council representing several divisions during each
of the past five decades and has also served as parliamentarian and as a member of the Executive Council. He is a past vice-chair of CACREP and has also served as president of the International Association of Marriage and Family Counselors, the Association for Humanistic Counseling and the Association for Counselor Education and Supervision Southern Region.

Colleen Logan serves as the coordinator for the marriage, couple and family counseling master’s program at Walden University. Previously, she held academic and administrative positions at Argosy University and the University of Houston-Victoria. Logan provided counseling services in a private practice from 1997-2009, specializing in HIV services, adolescent intervention and enrichment counseling. She has also served as president of ACA and the Texas Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling. She has been recognized for her contributions to the field of counseling and affirmative therapy with lesbian, gay, bisexual and transgender individuals and their significant others. Logan has been instrumental in working with school counselors and administrators to implement zero-tolerance policies toward bullying.

Mary Finn Maples is a past president of ACA and professor emerita of counseling and educational psychology at the University of Nevada, Reno (UNR), having “retired” in 2008 after 54 years in the field of education. In addition to receiving the Wrenn Award for a Humanitarian and Caring Person as well as the first Kitty Cole Award for Human Rights, Maples served as president of the Association for Spiritual, Ethical and Religious Values in Counseling. Following her years at UNR, she devoted three years as CEO of Transition Life Coaching. Together with her husband, Maples has visited 27 countries since 1997. She continues accepting speaking engagements, including a recent presentation on “Cooperation, Collaboration, Communication and Commitment: Ingredients of a Lifelong Marriage.”
Marianne H. Mitchell is professor emeritus, Department of Counseling and Educational Psychology, School of Education, Indiana University. She has served as president of ACA and the Association for Counselor Education and Supervision. Mitchell's research activities include international investigations of pupil personnel services and pupil achievement and common educational problems in the United States, United Kingdom and Europe. She has been the principal investigator in studies of career information delivery systems, career placement programs and adolescent girls’ attitudes toward vocational education. Mitchell co-founded and directed Indiana University’s programs in Bermuda and Scotland. She also chaired Indiana University’s Athletics Committee and served as the faculty representative to the NCAA and Big Ten Conference.

Robert J. Nejedlo spent his career as a counselor educator at Northern Illinois University. Early on, he was influential in changing the professional focus to more of a growth and development model. Nejedlo went on to serve in various leadership roles, including as president of ACA, the Illinois Personnel and Guidance Association, the Association for Counselor Education and Supervision and the Illinois Association for Adult Development and Aging, where he provided direction in identifying important issues in the profession as well as guidance into the future. He was instrumental in his work in the areas of career development, the professional role of counselors, college student counseling and professional organizations.

Beverly J. O’Bryant is a past president of ACA and was the second African American president elected to lead the association. She is also a past president of the American School Counselor Association and the Association for Multicultural Counseling and Development. She is currently founding dean and full professor of the School of Professional Studies at Coppin State University (CSU), with responsibility for 10 undergraduate degree programs, five graduate degree programs and seven advanced certificate programs. She founded the CSU collegiate section of National Council for Negro Women, initiated a cross-disciplinary study abroad program and opened the Bishop L. Robinson Justice Institute.

Robert Schaffer is professor emeritus at Indiana University and was ACA’s first president in 1952-1953. He was active in the National Vocational Guidance Association and the American College Personnel Association prior to discussion about forming a major umbrella organization. These were two of the major associations interested in becoming affiliated. In addition, he served on the “Unification Committee,” the body that visualized and proposed the new institute that is now ACA. The challenge of the new president and the board was primarily one of providing for its future growth rather than leadership to the general field of counseling and student personnel services. The success of its founders is evident in the vibrant and diverse divisions that constitute ACA today.

Bruce Shertzer was a school counselor from 1952-1956 before being appointed director of guidance in the Indiana Department of Public Instruction. He
was appointed associate director of the North Central Association of Colleges and Schools gifted student project in 1958. He later became a professor of education at Purdue University. He served as chair of counseling personnel services and head of the Department of Educational Studies. Shertzer was a Fulbright senior lecturer in 1967-1968 at the University of Reading in England. He was elected president of the Association for Counselor Education and Supervision in 1971 and president of ACA in 1973, later serving as president of the association’s foundation in 1976.

Marie A. Wakefield is a visiting lecturer in educational and clinical studies at the University of Nevada, Las Vegas. She has served as president of ACA, the Southern Nevada School Counselors Association, the Nevada Counseling Association and the Association for Adult Development and Aging. Other roles have included ACA Western Region chair and ACA Governing Council representative for the Western Region. She continues to provide creative workshops in the areas of cultural competency, research mentorship and building effective organizational teams. Additionally, she volunteers in her community in a variety of ways to mentor and support African American teenage girls.

Additional 2013 Fellows

Dugald S. Arbuckle
ACA President, 1959-1960

Rose A. Cooper
ACA President, 1985-1986

Gail F. Farwell
ACA President, 1968-1969

Jean A. Thompson
ACA President, 1984-1985

Helen R. Washburn
ACA President, 1982-1983

Eating disorders and body image issues
Brief therapy
The spiritual integration toolbox
Becoming a manager in mental health settings

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Coming up in the July issue of Counseling Today:
Jessica A. Jackson earns top marks in Ross Trust Essay Contest

Jessica A. Jackson of Loyola University submitted the grand-prize-winning essay in the Ross Trust Graduate Student Essay Contest for Future School Counselors. The competition was open to all counseling graduate students working toward a career in school counseling at the elementary, middle or high school level.

For writing the winning essay, Jackson received a $1,000 scholarship grant, free registration to the ACA 2013 Annual Conference & Expo in Cincinnati and a $250 ACA eGift Certificate.

The five counseling graduate students who wrote the top runners-up essays received free registration to the ACA 2013 Annual Conference & Expo in Cincinnati and a $250 ACA eGift Certificate.

Note: The following essays have been reprinted as they were submitted, without editing. The views expressed are those of the essay authors.

Grand Prize Winner: Jessica A. Jackson, Loyola University

Question

In an economy being tested regarding its ability to “do more with same” or “do same with less,” how can professional counselors make certain the vital services they provide to citizens are not disproportionately cut or eliminated?

Essay

In trying to survive in an economy where financial resources are scarce, it is important to remember that the most important tool we have to help our clients is ourselves. If we can always begin with the end in mind, we will be better able to effectively and efficiently guide our clients to a healthy, more productive outlook on life.

It is important to remember our training. We were taught to absorb knowledge about counseling. From the beginning works of Rogers and Adler to the current issues and trends presented in journals, the internet, and TV, useful knowledge for working with the public is all around us. Our ability to adapt what we know to who we are working with is the best tool in our human services arsenal.

We were taught to ask questions. Ask your clients what they need. Ask the community what it needs. And then ask how they can help you meet those needs. We can only help clients if they are held accountable for their own needs. Our ability to help clients define values and set goals is the best tool we have to help clients be autonomous.

We may not have been taught to answer questions. In session, our opinions and experiences are often not important to our work with clients. Out of session, however, they are vital to drawing clients in to counseling services. Speak up. You know why you are important to your community. If you do not know, then track some data and find out. Have ready measurable data to prove your effectiveness with clients. Our ability to advocate for our position is the only way to ensure that we are around to help.

We were taught to use what we learned. We have learned that our profession is in danger. Go out and talk publicly about your profession. Talk candidly about what the profession means to you. Ask questions to gauge what the public knows about counseling, and answer any questions they may have about it. Be a visible counselor. Measure your effectiveness with clients, and share this research within your professional circle and with your community. Read the research of others, and let it inspire you. Do more research. Our ability to communicate fact, feeling, and meaning is one of the most impactful and effective tools we have to advocate for our profession.

To ensure that we are around to help clients, we must begin with the end in mind. We must begin each interaction thinking about effectively communicating our professional value. We must begin each treatment plan thinking about efficiently reaching client goals. We must begin each session thinking about client autonomy. We must begin everything we do as a professional counselor thinking about the vitality of our profession.

Runner-up: Mary Carideo, DePaul University

Question

Why must professional counselors accept an advocacy role in representing the interests of clients and becoming actively engaged in creating and supporting public policy initiatives that advance the role of counseling in addressing those interests?

Essay

Counselors are at the forefront of new, pressing issues daily; it is imperative that counselors use this information to
advocate for their clients not just on a local platform but on state and national levels. Counselors hold the key to what new public policies should be initiated due to clients’ interests, specifically advocacy for social justice. As Oprah Winfrey stated: “With every experience, you alone are painting your own canvas, thought by thought, choice by choice.” This quote by Oprah alludes to the fact that a person, in this case a counselor, can become an agent of change and let her voice and experiences impact others.

At Phoenix Military Academy, I work with underserved students who struggle every day for equal opportunities in order to achieve success. These are students that do not have a voice. As a school counselor, I have the opportunity to speak for those that do not have the ability or the power to implement change. During my counseling sessions with students, there have been recurring problems of verbal bullying targeted toward the LGBTQ students. As a counselor and a strong advocate for the LGBTQ community, the anti-bullying legislation, and social justice, I decided to actively engage in changing a state law in Illinois. I spent a day in Springfield, IL, with other students, colleagues and counselors advocating for the new bill HB5290 mandating that schools “develop a template for a model bullying-prevention policy and set forth requirements concerning the template.” If passed, this Illinois bill can help build a model for a national anti-bullying bill.

While in Springfield, I spoke with Illinois State Representative Ken Duncan of Illinois’ 5th District about bullying. I told him about how I learned of the rampant problem of bullying by counseling high school students. I explained how I helped involve the students, the students’ parents and the school by planning, organizing and implementing a No Name Calling Week. Through my counseling, I learned of my students’ issues and helped advocate for my students on not only a school level but a state level as well. It is important for counselors to reach out to multiple platforms in order to maximize the exposure and awareness that needs to happen to implement change.

When advocating for a client, it sometimes only takes one person to make a difference. In a documentary by Lee Hirsch entitled Bully, a victim committed suicide due to bullying and one of the parents created an organization; thousands showed support for anti-bullying through rallies held throughout the nation. This shows the essence of advocacy where one person can make a difference. Counselors should take that lead. School counselors can have a strong role in educating the staff members, parents, students, and administration on bullying and related issues.

It is our responsibility as counselors to be directly involved in public policy, advocating on behalf of our students, so that we can help change not only policies in our school but laws throughout the state and nation.

Runner-up: Elizabeth Drumm, Xavier University

Question
In an economy being tested regarding its ability to “do more with same” or “do same with less,” how can professional counselors make certain the vital services they provide to citizens are not disproportionately cut or eliminated?

Essay
Anyone trying to promote a good or service during difficult economic times is faced with a challenge. First, the product’s suppliers must be able to show that their product is able to effectively satisfy a consumer need. Second, consumers must be made aware of the product and its potential benefits, or else the demand will not exist. Accordingly, to ensure counseling services do not experience disproportionate cuts, counselors providing mental health services must commit to providing a quality product and be proactive in communicating their value to the public.

Few would argue that society has a wide variety of needs that demand attention. Counselors can advocate for the profession’s potential to address some of these needs by taking to heart the ethical duty to deliver the very highest-quality services to clients. By seeking out professional development opportunities, staying abreast of current research, and selecting good, evidence-based interventions, counselors can be proactive in their efforts to be effective helpers.

Collecting and interpreting relevant data to track outcomes is also a powerful way to convey one’s commitment to producing results. In the face of budget cuts, being able to demonstrate a dedication to high-quality care that produces demonstrable benefits is a valuable tool when communicating the vital nature of counseling services to the public.

In addition to maintaining a positive attitude toward professional accountability and striving to provide the highest-quality services possible, counselors also must be creative in communicating the types and potential worth of services they provide. School counselors, for instance, have a variety of channels for connecting with stakeholders to clarify and promote their roles in schools. Presenting at parent meetings, writing a regular school newspaper column, hosting a page on the school website, attending school board and administration meetings, maintaining a bulletin board, and providing regular content for parent newsletters are all potential strategies for increasing one’s visibility in the school community. Some school policies even permit faculty to use social media, such as Twitter, to reach students and parents. Forming a school counseling program advisory committee is also an option for inviting involvement from other invested parties, such as local businesses and community leaders.

All of these channels enable school counselors to better communicate the types of services they offer to those who can best benefit from them. Stakeholders are often unaware of the role counselors play in schools, which is why conveying the types of outcomes that counselors are poised to induce is essential for establishing a counselor’s value and relevance in a school.

Although economic fluctuations and potential funding cuts are inevitable, professional counselors have a variety of methods for advocating for the work that they do. Using available communication channels to convey the profession’s dedication to high-quality care and evidence of positive outcomes can only help society appreciate the value of access to mental health services. In an economy driven by supply and demand,
the need for counseling services is great; the challenge now is to stimulate the demand.

**Runner-up: Susan Gallagher, George Washington University**

**Question**

What can the counseling profession do more effectively to integrate counseling delivery mechanisms addressing the needs of clients in varied settings (e.g., school, mental health, community agency, etc.) so that articulated, effective services are available to diverse populations across the life span?

**Essay**

We live in an age when technology has a great impact on our daily lives. In the words of J.G. Ballard, “Science and technology multiply around us. To an increasing extent they dictate the languages in which we speak and think. Either we use those languages, or we remain mute.”

Although personal interaction is at the core of the counseling profession, we must become adept with using technology to enhance and extend awareness of the services we provide. It is vital that our organization regularly and consistently conveys its message in the digital age.

In order to integrate counseling more effectively, we should proactively use technology to address the needs of our clients. Although often confused, publicity and public relations are not the same thing. Publicity means communicating that you have a service to offer. By contrast, public relations is defined as starting and maintaining a meaningful dialogue to promote the relationship between two or more parties.

There is room for the counseling profession to broaden its relationships with other associations and groups, both within the mental health field and outside the field. Counselors and counselor groups should look to expand their networks in order to more effectively engage and provide services to diverse populations. The networking can begin with something as simple as providing a link on a related page, for example, a link to the American Counseling Association on the CenterLink Resources page. It is possible that an LGBT community group would benefit from counseling services or support. Maintaining good health as you age entails more than going to the doctor and taking your pills. How about a link through the American Association of Retired Persons website to offer resources to older generations as they face issues of loneliness and loss of independence? The National Education Association, in its pursuit of facilitating student learning, could use the support and assets of both school and community counselors. Each of these groups would benefit from collaboration with counseling professionals.

Additionally, since the use of technology is more natural for younger clients, it is essential that counseling professionals encourage and maintain a technological presence with young people. As such, awareness of counseling services and access to those services will be an intrinsic part of their lives.

Over time, the goal is to encourage all counselors and counseling groups to strategically and purposefully reach out to other groups to establish and maintain mutually supportive partnerships. This slightly different take on what the business community may call cross-promotion is one way to use technology to work to meet the needs of diverse client populations. Building collaborative relationships through the targeted use of technology strengthens the network of available options and allows the counseling community to provide more effective services across the life span.

**Runner-up: Ora C. Smith, Central Michigan University**

**Question**

What can the counseling profession do more effectively to integrate counseling delivery mechanisms addressing the needs of clients in varied settings (e.g., school, mental health, community agency, etc.) so that articulated, effective services are available to diverse populations across the life span?

**Essay**

The counseling profession in the twenty-first century must bridge the gap to student success by placing precedence on student safety. While the counseling profession is aware of the impact of technology in counseling, focusing on real-life experiences makes for a great portfolio. Mental health stigma among many populations continues to threaten the delivery mechanisms of many great counseling services. However, as a graduate student, my communication and listening skills are an essential aspect in prioritizing issues and interventions for student success with sensitivity. Authenticity certainly helps the progress of the counseling process, as well as in establishing a therapeutic relationship.

Generation Y students born into technology are exasperated with sexual media content and violence, while the demand for rigorous college preparatory curriculum lures amidst serious concerns for school safety, violence prevention, and emergency preparedness. A Career Technical Education program well-articulated with organizations such as the American Red Cross allows students full access to leadership development relating to academic, career, and personal/social domains of a comprehensive counseling program. The American Red Cross has presented an open invitation for schools to collaborate by initiating humanitarian missions, including global awareness, while saving lives. The “Masters of Disaster” curriculum for elementary/middle school students accounts for a simple tool to complement any school counseling program. Scholarship competitions based on participation throughout academic terms sets the foundation for career development and promotes universality. A School-to-Work program encourages the development of people soft skills and extended learning experiences of which students may account for on Educational Development Plans. The promotion of life-saving skills through first aid and cardiopulmonary respiratory (CPR) training for students and community members is just the beginning of a potential success story.

According to the American Red Cross, there are five basic steps to setting up a high school club. Step one: Recruit three to six people to start logistics of club; teachers, school counselor, school nurse, and students. Step two: Elicit a teacher sponsor commitment. Step three: Acquire approval from local Red Cross Chapter and identify a primary contact person.

According to the American Red Cross, there are five basic steps to setting up a high school club. Step one: Recruit three to six people to start logistics of club; teachers, school counselor, school nurse, and students. Step two: Elicit a teacher sponsor commitment. Step three: Acquire approval from local Red Cross Chapter and identify a primary contact person.
Step four: Seek approval from your school administration. Step five: Register your club and collect parental consent forms.

Methods of evaluation measures at pre-intervention and post-intervention may include demography statistics, participation logs, certified training completion, technology use, and one-year follow-up data. A student’s exposure and participation in workshops offered, such as babysitting basics and water safety, will open doors to a new world of hope, one life at a time.

As an advocate for students and families, having high expectations for student success links directly with access to essential resources that provide opportunities to gain experiences that they never imagined performing. What a student has experienced may be an important aspect of future success. Job shadowing and practicum possibilities are methods that should be promoted to encourage science, technology, engineering, and math. Developmental guidance programs which are practical and available to all students encourage mental health as a system-wide effort.

Runner-up: Angeline T. P. Teoh, Regent University

Question

The American Counseling Association is currently in the process of revising the ACA Code of Ethics. What changes or additions would you recommend for the 2014 edition? Why?

Essay

I recommend refining the definition of “Multicultural/Diversity Competence” (ACA, 2005, p. 20) in the Glossary of Terms. Developmentally, the counseling profession has become aware and has addressed multicultural/diversity issues. Nevertheless, this “competence” has room to grow by relooking at the existing definition, which, in turn, would have implications for the ethics code pertaining to the education and supervision of multicultural/diversity competency (ACA, 2005, F.2.b.; F.6.b.; F.11.c.).

Scientifically informed therapeutic methods have, undoubtedly, made a positive difference to the quality of lives for non-white clients even when the methods were not always directly transferrable to their unique contexts. This might perhaps be attributed to recent human history of non-white populations’ general acceptance of and assimilation into Euro-centric worldviews, whether voluntarily or not.

It might also have been due to the deliberate efforts of professional helpers to transfer all that textbook and practical knowledge into an approach that would mesh well with the worldviews and psyches of their non-white clients so that there is minimal rejection of the helpers’ attempts — much like how surgeons labor to minimize the risks of rejection during organ transplants. Surgeons monitor the organ recipients’ heart rate and other indicators of readiness before making an incision cautiously. Inspection of the donor organ is done prior to transplanting it and blood flow checked before proceeding with further connections. Medications are closely monitored and continued observations made to ensure the patient’s gradual return to optimal functioning with the support of others in the medical team and patient’s family or social circle.

This thoughtful process could be similarly applied to counselors’ approach with clients from diverse cultural backgrounds. Being aware of and discussing the clients’ diversity do little to improve their quality of life in most cases. Multicultural competence requires being intentional about finding the best possible fit between one’s approaches and the client’s personhood so that a more sustained and effective healing process would have been enabled for the client.

The more you learn about counseling and psychology, the more you realize you do not know enough. In the same breath, the more you learn about multi-cultural or non-white populations in counseling, the more you may realize you do not know enough to claim competence in this specialized area. True competence could, perhaps, only be beheld by the recipients who know in the depths of their hearts whether their helpers had understood them and had not rejected them despite that understanding. I believe many have been helped this way, and thus been able to embrace what might have been a foreign approach that their hearts or learned immune systems would otherwise have quietly rejected.

Infusing multicultural competency in counselor training is key to helping clients from varied cultural backgrounds, though let’s be more specific about our diverse clients’ needs. Let’s learn from the tireless endeavors of those who remain ever seeking by articulating the very nature of their multicultural sensitivity and their intentionality. Let’s move on now. It is time. ✝

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![Advertisement for Cal Southern University](image)
The National Board for Certified Counselors recently revised its Code of Ethics to make it more user friendly and easier to understand. A counselor-led nonprofit organization, NBCC provides voluntary certifications for counselors who have met specific criteria based on fundamental counseling knowledge and national counseling standards. NBCC is committed not only to its certified counselors but also to the protection of the individuals receiving services. The NBCC Code of Ethics stems directly from this desire to protect the public. All individuals applying for national certification and those who are certified by NBCC are required to adhere to these minimum conduct standards.

The first phase of the revision process involved an extensive internal review by NBCC staff members, including a dozen certified counselors. During this phase, previous and current ethics cases — as well as emerging legal matters related to counselor education, distance services, social media and so on — were considered. The second phase collected feedback from recognized leaders in the counseling profession. Next, legal experts in counseling and certification submitted recommendations. The process culminated in a comprehensive review by the NBCC Board of Directors.

The NBCC Board of Directors adopted the new Code of Ethics and established an implementation date of March 1, 2013, to give counselors ample opportunity to review and consider personal professional practices.

The revised Code of Ethics features several fundamental changes. First, the code has a new structure. Rather than being organized into sections — such as general, counseling relationship, counselor supervision, measurement/evaluation, research/publication, consultation and private practice — it is organized according to the following principles:

1. National certified counselors (NCCs) take appropriate action to prevent harm.
2. NCCs provide only those services for which they have education and qualified experience.
3. NCCs promote the welfare of clients, students, supervisees or the recipients of professional services provided.
4. NCCs communicate truthfully.
5. NCCs recognize that their behavior reflects on the integrity of the profession as a whole, and thus, they avoid actions that can reasonably be expected to damage trust.
6. NCCs recognize the importance of and encourage active participation of clients, students or supervisees.
7. NCCs are accountable in their actions and adhere to recognized professional standards and practices.

Each principle has a number of enforceable directives associated with it that identify minimum conduct standards. The directives reflect the comprehensive review of the 2005 Code of Ethics standards, as well as important advancements in the counseling profession. There are 95 directives in total. The revised policy is not designed for piecemeal application, and counselors should familiarize themselves with all of the directives.

Beyond content, the revision process included extensive discussion regarding how professional counselors use technology. As a result, the revised Code of Ethics was released in two formats: a downloadable PDF and an interactive version. The downloadable PDF makes it easier for counselors to provide a printed copy to clients or other individuals who inquire about professional services. The interactive version on NBCC’s website allows users to filter directives according to professional activity subjects and topics. For example, if an individual would like to see the directives specifically related to confidentiality, he or she could use the drop-down menu to easily locate those specific directives. The interactive version also provides clarification for key words and phrases, which are underlined in blue.

The NBCC Board also approved changes to the Practice of Internet Counseling. Like the Code of Ethics, the Practice of Internet Counseling policy was reviewed and modified to make it consistent with technological advances. Due to the increasing number of providers and types of distance counseling services offered, the decision was made to name the revised policy the NBCC Policy Regarding the Provision of Distance Professional Services. The new policy acknowledges the following fundamental concepts:

1. Counseling through distance means presents unique ethical dilemmas to professional counselors.
2. Related technology continues to advance and be used more by increasing numbers of professional counselors.
3. Use of technology by counselors continues to evolve.

Both the PDF and interactive versions of the NBCC Code of Ethics and the NBCC Policy Regarding the Provision of Distance Professional Services are available for review at nbcc.org/ethics. Visit today and experience the unique and friendly format firsthand.

Kristi McCaskill is the director of professional advocacy and ethics at the National Board for Certified Counselors and Affiliates.

Letters to the editor: ct@counseling.org
force identified more than 40 emerging ACA leaders, and these individuals are being nurtured and encouraged to become more active in ACA leadership at every level.

A final initiative just now getting off the ground is related to this month's cover story topic: What does counseling look like globally? ACA is deeply interested in helping to develop counseling around the globe and has several international counseling initiatives in the works. Key among these is developing the capacity to offer electronic international memberships to counseling professionals and students in developing countries within a cost structure that is sensitive to economic realities. Through the outstanding effort of Daya Singh Sandhu, we have established an International Counseling Interest Network that is poised to become an organizational affiliate and, eventually, an ACA division. Counseling has gone global, and ACA can play a key role in nurturing the counseling movement around the world. I was delighted to meet so many international students at the ACA Conference & Expo in Cincinnati, an event seamlessly implemented by ACA staff under the leadership of the incomparable Robin Hayes, Theresa Holmes and Trinh Le.

On the subject of new organizational entities, please join me in welcoming our 20th ACA division, the Association for Child and Adolescent Counseling. In addition, the Traumatology Interest Network is petitioning to become an organizational affiliate, also with hopes of becoming a division of ACA. The future of our profession is evolving, and ACA is growing and changing along with it.

Although a number of new initiatives were begun and accomplished, another very important initiative sponsored by ACA and the American Association of State Counseling Boards was brought to a successful conclusion. The 20/20: A Vision for the Future of Counseling initiative began in fall 2005 with a meeting of the Steering Committee, but it truly got under way in earnest when the 30 original delegates convened for the first time in Montréal in March 2006. The goal of 20/20 was simple: to work together as colleagues from diverse counseling constituencies and backgrounds to forge consensus on issues of importance to the future of our counseling profession. We have accomplished a great deal since that inception: a consensus definition of counseling; consensus principles for unifying the profession; a consensus licensure title; a consensus scope of practice; and a consensus endorsement of the concept of a single counseling accrediting organization. This year we celebrate the culmination of seven years of work to ensure that the future of our counseling profession is far better than the one we leave behind.

All of this progress, these changes and initiatives, would not be possible without the superb support and skills of ACA’s incredible 64 staff members and the best executive director in the world, Rich Yep. I have known and worked with Rich in leadership for more than a dozen years. I recently had the opportunity to observe him in his role as a volunteer leader in his own professional organization, the American Society of Association Executives. It will come as no surprise to anyone who has worked closely with Rich that he is as revered in ASAE as he is in ACA. We are truly fortunate to have an executive director with Rich’s skills and panache at the helm of ACA. Change is a natural part of life, and Rich is prepared to guide us through whatever transitions lie ahead. And there will be many.

My son runs track, the 400- and 800-meter distances, at his university. I never really considered track to be a “team sport” the way basketball and football are, but track clearly is a team effort when it comes to the relays. Every member of the relay team has the responsibility to move as fast as they can during their leg of the race and then to ensure a smooth handoff of the baton to the next runner. I have witnessed disastrous handoffs and marveled at others that seemed like poetry in motion. Once the handoff has been accomplished, all eyes focus on the next runner (as they should). Rarely do spectators notice the exhausted runner who just finished and is now gasping for air and coping with the aftereffects.

July 1 marks the 61st ACA baton handoff, as Cirecie West-Olatunji becomes the 62nd president of ACA. Cirecie and I have worked side by side over the past four years on Governing Council, and her stated goals of promoting mentoring, volunteerism, leadership development and the internationalization of counseling are fully supported by leadership and staff. We all look forward to another strong year of progress on these and other strategic initiatives under Cirecie’s very capable leadership.

On July 1, as Cirecie takes off full speed for the next leg, I will be that exhausted runner on the sideline. But rather than gasping and doubling over, I will feel immense gratitude for the accomplishments we achieved and the transparent, respectful and professional way in which these accomplishments came to fruition. I will also feel greatly relieved knowing that you — our ACA members, future leaders, current leaders and outstanding staff members — will continue to give it your all as we continue our journey to build and transform the counseling profession.

As is always the case, I am sure I have missed some colleagues specifically deserving of thanks. After all, I am getting old and my memory is waning. ACA president years seem to me a lot like dog years; I feel like I have aged about a decade in the past dozen months. And as my grandma used to say, “There are two things you always remember about getting older. Memory is the second thing to go … and I can’t remember the first.” So I want to close this final column by saying, “Thank you!” for all that you do to keep elevating the counseling profession to greater and greater levels of respect, dignity and competent performance! All the best! — Brad
ACCA announces research grant opportunities
Submitted by Taffey Cunnien
tcunnien@scad.edu

The American College Counseling Association is announcing research grant opportunities for 2013. These grants, ranging in amounts between $1,000 and $5,000 depending on the scope of the study, provide support for comprehensive research studies that have implications for college counseling at universities as well as community, vocational and technical institutions.

Any professional or student member of ACCA can apply for the grants. Detailed proposals must include a rationale for the study, proposed methodology and a budget of all anticipated expenses. Proposals will be evaluated based on the appropriateness and quality of the research to the field of college counseling, as well as the financial need and plans for dissemination of results.

Award winners will be recognized at the ACCA conference in late September. Winners will be expected to submit a manuscript to the Journal of College Counseling and/or a proposal for the ACCA conference based on the outcomes of their studies. Winners must also agree to present findings during a 90-minute webinar that will be available to ACCA members. Explicit instructions for proposals can be found at collegecounseling.org/2013-acca-research-grant-application. Grant proposals are due electronically by June 3.

AADA summer conference
Submitted by Catherine Roland
rolande@montclair.edu

Do you need CEUs? Would you like to learn more about developmental issues of adults of all life stages? Would you like to spend several days in an iconic hotel on Madison Avenue in Manhattan, dine in the most interesting restaurants in the world — and do it all as a professional activity? Then join us for the Association for Adult Development and Aging’s annual Summer Conference at the Roosevelt Hotel, July 18-19. In addition to a day of preconference learning on Thursday with a total of six CEUs available, there will be 22 workshops offered on Friday, for the possibility of earning seven additional CEUs.

Topics include the following:
- Growing Up in Midlife: Development of an Adult Sense of Self: A Precursor to Integrating Core Childhood Issues
- Addressing Current Challenges of LGBTQ Adults in the Counseling Process
- Aftereffects of Campus Bullying: Strategies and Casework for Counseling Clinically Marginalized Students
- The Shame Dialogues: Saying Hello to Men’s Shame
- A Musical Chronology and the Emerging Life Song: Reconciling Life Stories During Times of Transition
- Managing Transitions: The Interplay of Workplace and Sexual Identities
- Trauma-Interrupted Development in Adulthood
- Creative Interventions for Mid-Course Career Corrections

There will be many more sessions, plus 12 poster presentations and a reception at the Roosevelt. Registration is available through the AADA website at aadaaweb.org. For information, contact Suzanne Degges-White at sdegges@olemiss.edu.
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gender issues and concerns. Workshops on handling job talks, effective/affective use of the Internet/social media for academics and professionals, and securing postdocs and tenure track positions will also be addressed.

KCA Annual Conference
Oct. 23-25
Louisville, Ky.

The 2013 Kentucky Counseling Association Conference will take place at the Galt House Hotel with the theme “Counseling in a World of Need: Providing Hope and Help.” A variety of preconference workshops are scheduled for Oct. 23. The opening session will feature Travis Brown, who is on his nationwide “No Bullying” Tour. ACA President Bradley T. Erford will keynote the general session. The Awards Brunch will feature motivational speaker and singer Gary Griesser. Special programming on a variety of counseling issues is planned for a range of counseling professionals, including graduate students. Registration includes the opening reception and school counselor and LPCC/LPCA luncheons. Program proposals for breakout sessions will be accepted until July 1. For more details and registration information, visit kyca.org.

FYI

Call for editorial board members

The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling is accepting applications for editorial board members to The Journal of LGBT Issues in Counseling. This journal focuses on articles addressing important issues relevant to gay, lesbian, bisexual and transgender peoples and their significant others. We are looking for potential editorial board members who have background and experience with this population, including those who work in the following arenas: counselors, counselor educators and other counseling-related professionals who work across a diversity of fields. Preferably, these individuals will also have a history of publication or expertise in areas benefiting the journal as submissions are sent in. Send a cover letter outlining your interest, reasons for applying and current vita to Ned Farley at efarley@antioch.edu.

Call for editorial board members

The Journal of Counseling & Development (JCD) is seeking applications for positions on its editorial board. Board member appointments begin July 1 and extend for a three-year term, including review responsibilities during the summer. Reviewers must hold membership in the American Counseling Association and have experience publishing in counseling-related journals. Preferred qualifications include experience with quantitative, qualitative, mixed-methods or single-case research designs, and/or expertise in the counseling field with respect to theory and practice. Because the journal utilizes an electronic review process (Scholar One), applicants must have email capabilities and access to the Internet. Please email a letter of application specifying areas of expertise and qualifications, including ACA membership number, commitment to board service and a current curriculum vita, to Shinhwa Lee, editorial assistant for JCD, at Shinhwa.Lee@tamucc.edu.

Call for papers

The Journal of Poetry Therapy: The Interdisciplinary Journal of Practice, Theory, Research and Education is seeking manuscripts on the use of the language arts in therapeutic, educational and community-building capacities. The journal purview includes bibliotherapy, healing and writing, journal therapy, narrative therapy and creative expression. The journal welcomes a wide variety of scholarly articles, including theoretical, historical, literary, clinical, practice, education and evaluative studies. All manuscripts will be submitted for blind review to the editorial board. Style should conform to the Publication Manual of the American Psychological Association (6th edition). All articles must be original material, not previously published or soon-to-be-published elsewhere. Manuscripts should be submitted in electronic format (Microsoft Word) as an email attachment to editor Nicholas Mazza at nfinaazzi@fsu.edu.

Submit your news and upcoming events

All divisions, regions and branches of the American Counseling Association may submit monthly news articles of 350 words or less to “Division, Region & Branch News.” In addition, divisions, regions and branches are invited to list their upcoming events in “Bulletin Board.” For submission guidelines, contact Heather Rudow at hrudow@counseling.org. Be advised of the following upcoming deadlines for submitting items to either section.

July 2013 issue: May 30 at 5 pm ET
August 2013 issue: June 27 at 5 pm ET
September 2013 issue: July 25 at 5 pm ET
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